



Case-by-Case Review Program (CBCRP) Renewal Form

Requests for funding under the CBCRP are adjudicated against the eligibility criteria set forth in the *Case-By-Case Review Policy for Cancer Drugs*.

This form is to be used to **request a renewal for funding** of a drug previously approved by CBCRP. Funding is not retroactive.

Section 1: Applicant Information			
Treating Oncologist			
First Name	<input type="text"/>	Last Name	<input type="text"/>
		CPSO No.	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
		email	<input type="text"/>
Affiliated Hospital / Cancer Centre		<input type="text"/>	
If the treating oncologist is not the primary contact person for questions relating to this request, enter the contact information for the primary contact person :			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
		email	<input type="text"/>

Section 2: Patient Information			
CBCRP Request Tracking Number from initial request (e.g., CBC_REQ_00000001)		<input type="text"/>	
First Name	<input type="text"/>	Last Name	<input type="text"/>
		Date of Birth	<input type="text"/>
Gender	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other
Height (cm)	<input type="text"/>	Weight (kg)	<input type="text"/>
		BSA (m ²)	<input type="text"/>

Section 3: Treatment Information			
Cancer Diagnosis (i.e., requested indication)		<input type="text"/>	
Drug Name (brand or generic)		<input type="text"/>	
Date FIRST dose dispensed	<input type="text"/>	Date LAST dose dispensed	<input type="text"/>
No. of cycles administered (at the time of this request)	<input type="text"/>	How many cycles are you requesting?	<input type="text"/>
1. Explain your treatment and monitoring plan: <i>List the dose, frequency, and route of administration for the requested drug. Indicate if used in combination with another regimen or treatment modality. Describe the frequency and method of evaluating the treatment response.</i>		<input type="text"/>	

2. Did you modify the treatment regimen described in the initial request? Yes No

If yes, describe and explain the reason for regimen modification
(e.g., dose reductions, adding or omitting another drug)

3. Describe both the clinical benefits and any toxicities that your patient has experienced by using the requested drug.
(If applicable, provide a rationale for treatment interruptions)

Required Documentation

Attach supporting documentation that demonstrates a subjective and objective response to the requested therapy (e.g., CT scans, bone marrow aspirate or biopsy). **Clinic notes with the patient assessment, from the last 2 clinic visits prior to this renewal, must be included.** Refer to the initial approval letter for any other documentation requirements.

CCO may request additional information as necessary to adjudicate your case.

Consents and Approvals

By checking this box, I confirm that the patient named above, or relevant substitute decision-maker where applicable, has been informed by the Applicant that the patient's Personal Health Information (PHI), as such term is defined in the *Personal Health Information Protection Act, 2004*, as amended, will be disclosed to and used by Cancer Care Ontario (CCO) in order to determine the patient's eligibility to receive funding for specific cancer drugs pursuant to the eligibility criteria as set out in the Case by Case Review Program. In order to determine eligibility for a specific drug, it may be necessary for CCO to disclose the patient's PHI to the Executive Officer (EO), Ontario Public Drug Program, as well as the patient's treating pharmacist.

By checking this box, I confirm that the patient, or relevant substitute decision-maker where applicable, has provided his/her express consent for the disclosure and use of their PHI in accordance with the above stated purpose.

By checking this box, I certify that the information set out in this Renewal Form is true and accurate, to the best of my knowledge.

Date Completed

Please upload this Renewal Form and all supporting documentation via CCO's secure upload tool at <https://pdrp.cancercare.on.ca>. To avoid unnecessary delays in processing, ensure that the Renewal Form is complete and that all relevant documentation is provided.

Should you have any questions about the Renewal Form or the program, contact CBCRP at (416) 971-9800 or cbcpr@cancercare.on.ca.