

<b>Patient Agreement to Systemic Therapy: Consent Form</b> <b>Sorafenib</b>	
Patient's details / addressograph:	<input type="checkbox"/> Male <span style="margin-left: 150px;"><input type="checkbox"/> Female</span>
	Special requirements (e.g. other language/other communication method)
	<b>Consultant:</b>

**Name of proposed course of treatment:**

**Sorafenib**

Sorafenib taken by mouth twice daily continuously  
 Treatment continued at the discretion of the treating doctor

Macmillan leaflet given

**Statement of health professional** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have discussed what the treatment is likely to involve (including inpatient / outpatient treatment, timing of the treatment, follow-up appointments) and location.

**The intended benefits**

- Curative – to give you the best possible chance of being cured
- Palliative – the aim is not to cure but to control or shrink the disease. The aim is to improve both quality of life and survival
- Adjuvant – therapy given after surgery to reduce the risk of recurrence of cancer
- Neo-adjuvant – therapy given before surgery or radiotherapy to shrink the cancer

**Significant, unavoidable or frequently occurring risks:**

**Common side-effects:** hand/foot skin reaction (redness of the palms of your hands or soles of your feet, sore or swollen hands or feet), effects on the skin (rash, redness, dryness or itching), high blood pressure, tiredness and feeling weak, diarrhoea, sore mouth and ulcers, feeling sick (nausea) and being sick (vomiting), hair thinning, joint pain (arthralgia), reduced resistance to infection.

**Less common but potentially life threatening side-effects:** heart problems, and problems with blood supply to your heart leading to chest pain or angina and breathlessness, gastro-intestinal perforation.

**Other less common side-effects include:** unusual bleeding and bruising (for example, your gums may bleed, you may bruise more easily or notice blood in your urine), hoarseness or husky voice.

Sorafenib may have an effect on fertility.

I have warned the patient that there is an unknown risk of sorafenib affecting fertility (in men and in women)

Sorafenib may damage the development of a baby in the womb (foetus), leading to the many risks associated with an abnormal pregnancy. Therefore, I have discussed the issues of protected sex. This is an issue for both men and women. The patient has been advised not to become pregnant / not to get a partner pregnant during the period of treatment.

Any other risks:

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 .....

<b>Clinician Signature</b>	
Signed.....	Date .....
Full Name (print) ..... / .....	Job Title.....
(Forename)	(Surname)

**Statement of patient**

<p><b>Patient Signature</b></p> <p>Please read this form carefully, which describes the benefits and risks of the proposed treatment. You have the right to change your mind at any time, including after you have signed this form.</p> <p>I agree to undergo chemotherapy. I understand the treatment and am aware of the potential side-effects arising from this treatment.</p> <p><b>I understand</b> that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate training and experience.</p> <p>Signed..... Name.....</p> <p>Date.....</p> <p><b>A witness should sign below if the patient is unable to sign but has indicated his or her consent.</b></p> <p>Signature ..... Date .....</p> <p>Name (PRINT) .....</p>
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**Statement of interpreter** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed ..... Date .....

Name (PRINT) .....

**Copy accepted by patient: yes/no** (please ring)

**Copy to be retained in patient's notes**

Reason for Update: N/A	Checked and approved by Consultant: Dr T Dhillon
Version: 1	Date: 20.8.15