

<b>Patient Agreement to Systemic Therapy: Consent Form</b>	
<b>Tretinoin</b>	
Patient's details / addressograph:	<input type="checkbox"/> Male <span style="margin-left: 200px;"><input type="checkbox"/> Female</span>
	Special requirements (e.g. other language/other communication method)
	<b>Consultant:</b>

**Name of proposed course of treatment:** Tretinoin

Tretinoin oral capsules twice a day for up to 90 days

Macmillan/CRUK/other leaflet(s) 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

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

As leukaemia cells die, their breakdown products can damage the kidneys (tumour-lysis syndrome). If you are at risk you will be given medicines to prevent this.

**Common side-effects:** risk of severe bleeding, feeling sick (nausea) and being sick (vomiting), tiredness and feeling weak, headache, dry skin, peeling of the skin

**Less common but potentially life-threatening side-effects:** severe infection causing organ failure. Tretinoin may cause differentiation syndrome. Symptoms include: a high temperature, difficulty breathing, cough, weight gain and fluid retention. You must tell your doctor if you experience any of these symptoms, especially during the first 4 weeks of treatment.

Some chemotherapy drugs can damage women's ovaries and men's sperm, with risk of infertility and early menopause in women. I have warned the patient about the likelihood of:

early menopause in women       infertility (in men and in women)

Tretinoin can 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, and for 1 month after treatment has completed.

Any other risks:

.....  
 .....

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

**Statement of patient**

<b>Patient Signature</b>	
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.	
<b>I agree</b> to undergo Tretinoin treatment . I understand the treatment and am aware of the potential side-effects arising from this treatment.	
<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.	
Signed.....	Name.....
Date.....	
<b>A witness should sign below if the patient is unable to sign but has indicated his or her consent.</b>	
Signature .....	Date .....
Name (PRINT) .....	

**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 ..... Name (PRINT) ..... Date.....

**Confirmation of consent** (to be completed by the chemotherapy nurse when the patient attends for the first cycle)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the treatment to go ahead.

Signed ..... Name (PRINT) ..... Date.....

**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 E. Grey-Davies
Version: 1	Date:06/02/2018