

Patient Agreement to Systemic Therapy: Consent Form	
Imatinib	
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:****Imatinib**

Imatinib taken orally once daily continuously

Advanced use: continued at the discretion of the treating doctor

Adjuvant use for GIST: once daily for 3 years

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:** dry/itchy rash, feeling sick (nausea), diarrhoea, leg aches/muscle cramps, fluid retention (you may gain weight and notice swelling around the eyes and ankles), bruising and bleeding, anaemia (low number of red blood cells), abdominal pain, tiredness, loss of appetite.

**Less common but potentially life threatening side-effects:** reduced resistance to infection which can lead to a potentially fatal blood infection, heart problems.

**Other less common side effects include:** visual disturbance (pain in the eyes, deterioration of sight and watery eyes), changes in your liver function, breathlessness or cough

Imatinib may have an effect on fertility.

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

Imatinib 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:

.....  
 .....

<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>
--

**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