

| Patient Agreement to Systemic Therapy: Consent Form | |
|---|--|
| Lomustine | |
| Patient's details / addressograph: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Special requirements (e.g. other language/other communication method) |
| | Consultant: |

Name of proposed course of treatment:

Lomustine

Oral chemotherapy

A single dose taken once every 6 weeks

Repeated for cycles (fill in appropriately)

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

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 or radiotherapy to reduce the risk of recurrence of cancer

Neo-adjuvant – therapy given to shrink the cancer before surgery or radiotherapy

Significant, unavoidable or frequently occurring risks:

Common side-effects: bruising or bleeding (due to low platelets), anaemia (low number of red blood cells), feeling sick (nausea) and being sick (vomiting), tiredness and feeling weak.

A less common but potentially life threatening side-effect: reduced resistance to infection which can lead to a potentially fatal blood infection.

Other less common side-effects include: sore mouth and ulcers, loss of appetite, temporary changes to your liver, hair thinning, damage to the lungs

Cancer can increase your risk of developing a blood clot (thrombosis), and having chemotherapy may increase this risk further. A blood clot may cause pain, redness and swelling in a leg, or breathlessness and chest pain - you must tell your doctor straight away if you have any of these symptoms.

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)

Some chemotherapy drugs may damage the development of a baby in the womb (fetus), 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 12 months (women) / 6 months (men) after treatment has completed.

Any other risks:

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| | |
|---------------------------------|----------------|
| Clinician Signature | |
| Signed..... | Date |
| Full Name (print) / | Job Title..... |
| (Forename) | (Surname) |

Statement of patient

| | |
|---|------------|
| Patient Signature | |
| 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. | |
| I agree to undergo chemotherapy. I understand the treatment and am aware of the potential side-effects arising from this treatment. | |
| I understand 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..... | |
| A witness should sign below if the patient is unable to sign but has indicated his or her consent. | |
| 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 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 R Shaffer |
| Version: 1 | Date: 22.10.15 |