Patient Agreement to Systemic Therapy: Consent Form

Mitoxantrone & Prednisolone

Patient's details / addressograph:	☐ Male ☐ Female
	Special requirements (e.g. other language/other communication method)
	Consultant:

Name of proposed course of treatment:
Mitoxantrone & prednisolone
Mitoxantrone IV bolus on Day 1, repeated every 3 weeks for at least 6 cycles
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 to shrink the cancer before surgery or radiotherapy

Significant, unavoidable or frequently occurring risks:

Common side-effects: feeling sick (nausea) and being sick (vomiting), bruising or bleeding, anaemia (low number of red blood cells), tiredness, discoloured urine

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

Other less common side-effects include: hair loss, damage to your heart (which may be delayed or long-term), changes in the way your liver works, sore mouth and ulcers, diarrhoea; late effects include a rare chance of a second cancer

If mitoxantrone accidentally leaks outside the vein during administration, it can cause damage to the surrounding tissues, including potential long-term damage to both the function and appearance of the area. This is not common, but if it happens, nursing staff are trained to minimise the risks of longer term damage.

Prednisolone may cause irritation of the stomach lining, increase your appetite, changes in the blood sugar levels, fluid retention, increased chances of infection and delayed healing, changes in behaviour (mood swings, difficulty sleeping, anxiety or irritability) and occasionally eye changes, Cushing's syndrome (acne, puffiness of the face, dark marks on the skin), muscle wasting and bone thinning (osteoporosis).

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 men's sperm, with a risk of infertility.
I have warned the patient about the likelihood of infertility

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. The patient has been advised not to get a partner pregnant during the period of treatment, and for 6 months 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 ……..……..… 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