Patient Agreement to Systemic Therapy: Consent Form

Osimertinib

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

Name of proposed course of treatment:

Osimertinib
Tablets taken by mouth once daily continuously
Treatment is supplied every 28 days
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 to shrink the cancer before surgery or radiotherapy

Significant, unavoidable or frequently occurring risks:

Common side-effects: diarrhoea; acne-like rash; dry skin; nail changes; sore mouth and ulcers

Less common but potentially life threatening side-effects: breathing problems; you may suddenly became breathless or your breathing may worsen, possibly with a cough or high temperature – you must tell your doctor straight away if you have any of these symptoms, it may mean you have an inflammation of the lungs (interstitial lung disease)

Cancer can increase your risk of developing a blood clot (thrombosis), and having anti-cancer drug treatment 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.

Osimertinib 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 2 months (women) / 4 months (men) after the last dose.

Any other risks:
…….
……..

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