

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

Tablet taken by mouth once daily for 21 days, then 7 days' rest. Repeated until disease progression
Taken along with an aromatase inhibitor, also taken by mouth, once daily continuously.

Macmillan/CRUK 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: sore mouth and ulcers, diarrhoea, feeling sick (nausea), tiredness and feeling weak, anaemia (low number of red blood cells), unusual bleeding and bruising (for example, nose bleeds, your gums may bleed or you may bruise more easily), hair loss, skin rash

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: watery or sore eyes, your liver may be affected

Cancer can increase your risk of developing a blood clot (thrombosis), and palbociclib 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.

Palbociclib may have an effect on fertility. Male fertility may be compromised, so men may consider sperm preservation before beginning therapy.

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

Palbociclib 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 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 at least 3 weeks (females) or 14 weeks (males) after completing treatment.

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 Laing
Version: 1	Date: 23.11.17