EC (epirubicin and cyclophosphamide) chemotherapy, followed by docetaxel chemotherapy, pertuzumab and trastuzumab for the treatment of breast cancer.

Epirubicin and cyclophosphamide are given intravenously on day 1, every 14* or 21* days for 3 to 4 cycles (*delete as appropriate), followed by docetaxel given intravenously on day 1, every 21 days for 3 to 4 cycles in combination with pertuzumab and trastuzumab.

Pertuzumab and trastuzumab are given by intravenous injection every 21 days, for 18 cycles*, OR to complete a total of 9 or 18 cycles with trastuzumab alone either intravenously or subcutaneously* (*delete as appropriate).

I confirm the patient has capacity to give consent.

Tick all relevant boxes

I have explained the course of treatment and intended benefit to the patient.

The intended benefits (there are no guarantees about outcome)

☐ Curative – to give you the best possible chance of being cured.

☐ Disease control/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/radiotherapy to reduce the risk of the cancer coming back.

☐ Neo-adjuvant – therapy given before surgery/radiotherapy to shrink the cancer, allow treatment and reduce the risk of the cancer coming back.
Statement of health professional

(continued)

Significant, unavoidable or frequently occurring risks

Common side effects:
More than 10 in every 100 (>10%) people have one or more of the side effects listed:

☐ An increased risk of getting an infection from a drop in white blood cells - it is harder to fight infections and you can become very ill.

☐ If you have a severe infection this can be life threatening. Contact your doctor or hospital straight away if:
  - your temperature goes over 37.5°C or over 38°C, depending on the advice given by your chemotherapy team
  - you suddenly feel unwell (even with a normal temperature)

☐ Anaemia (low number of red blood cells), bruising or bleeding, tiredness and feeling weak (fatigue), diarrhoea, feeling sick (nausea) and being sick (vomiting), sore mouth and ulcers, loss of appetite, taste changes, numbness or tingling in the hands and feet which may be temporary or permanent, watery and sore eyes, shortness of breath, skin changes (temporary skin pigmentation especially on face and hands, rash, itching, redness, dryness), nail changes, thinning of the hair or hair loss, and allergic reactions.

☐ Pertuzumab and trastuzumab: administration-related side effects are flu-like symptoms which include a headache, high temperature and chills, feeling sick or being sick. You may notice these while the drug is given or within 1-3 hours and they are usually most noticeable with the first dose and less noticeable with following doses.

☐ Muscle and joint aches and pain which may be severe, red urine, diarrhoea, fluid retention (you may notice you gain weight and/or your ankles and legs swell).

Occasional side effects:
Between 1 and 10 in every 100 (1-10%) people have one or more of these effects:

☐ Darkening of the skin or an itchy rash. Thickening of the veins can occur in the skin following the line where the chemotherapy is injected. If you’ve had radiotherapy (either recently or in the past), the area that was treated may become red or sore.

☐ Changes in blood pressure, abdominal (tummy) pain, constipation, sore hands and feet (some people develop soreness, redness and peeling), and liver function changes picked up in blood test, inflammation of the bladder lining causing difficulty in passing urine and/or blood in the urine.

☐ Docetaxel may cause an allergic reaction while it’s being given. You will have medicines before your treatment to help prevent this.

☐ Problems with how your heart functions and abnormal heart rhythms. You will have regular tests throughout pertuzumab and trastuzumab treatment to check your heart function (usually an echocardiogram).

Other risks:

☐ Epirubicin or docetaxel may leak outside of the vein while it is being given (extravasation) and can damage the tissue around the vein. Tell the nurse straight away if you have any stinging, pain, redness or swelling around the vein. Extravasation is not common but if it happens it’s important that it’s dealt with quickly.

☐ Occasionally hair loss may be permanent and nail loss temporary. Changes in lung tissue may lead to cough or breathlessness during treatment or developing in the future.

☐ Late effects include a very rare chance of a second cancer (years later) and problems with your heart. Potential side-effects with the anti-sickness medication may include: constipation, headaches, indigestion, difficulty sleeping and agitation.

☐ If growth factors are prescribed following chemotherapy to maintain number of white cells to prevent infection, you may experience bone pain, headaches, red and itchy skin around the injection site.

☐ Cancer and treatment for cancer can increase your risk of developing a blood clot (thrombosis). A blood clot may cause pain, redness and swelling in a leg, or breathlessness and chest pain. Tell your doctor straight away if you have any of these symptoms.

☐ Some anti-cancer medicines can damage women’s ovaries and men’s sperm. This may lead to infertility in men and women and/or early menopause in women. Early menopause can cause symptoms such as hot flushes, vaginal dryness.

☐ Some anti-cancer medicines may damage the development of a baby in the womb. It is important not to become pregnant or father a child during treatment and or for up to 12 months afterwards and 7 months after last dose of trastuzumab. Use effective contraception during this time. You can talk to your doctor or nurse about this.

☐ Complications of treatment can very occasionally be life threatening and may result in death. The risks are different for every individual. Potentially life threatening complications include those listed on this form, but, other exceedingly rare side effects may also be life threatening.
Any other risks and information:

☐ I have discussed the intended benefit and risks of the recommended treatment, and of any available alternative treatments (including no treatment).

☐ I have discussed the side effects of the recommended treatment, which could affect the patient straight away or in the future, and that there may be some side effects not listed because they are rare or have not yet been reported. Each patient may experience side effects differently.

☐ I have discussed what the treatment is likely to involve (including inpatient / outpatient treatment, timing of the treatment, blood and any additional tests, follow-up appointments etc) and location.

☐ I have explained to the patient, that they have the right to stop this treatment at any time and should contact the responsible consultant or team if they wish to do so.

☐ I have discussed concerns of particular importance to the patient in regard to treatment

(please write details here): __________________________________________________________

________________________________________________________

Clinical management guideline/Protocol compliant (please tick):

☐ Yes  ☐ No  ☐ Not available

If No please document reason here: __________________________________________________

The following written information has been provided:

☐ Information leaflets for EC (epirubicin and cyclophosphamide) and TPH (docetaxel, pertuzumab and trastuzumab) and/or for the individual drugs.

☐ 24 hour alert card or SACT advice service contact details

☐ SACT treatment record (www.cruk.org/treatment-record)

☐ Other, please state: ____________________________________________________________

Health professional details:

Signed: ____________________________________________

Date: ____________________________________________

Name (PRINT): ______________________________________

Job title: __________________________________________

Statement of interpreter (where appropriate)

Interpreter booking reference (if applicable): ________________________________

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand.

Signed: ____________________________________________

Date: ____________________________________________

Name (PRINT): ______________________________________

Job title: __________________________________________
Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of the form which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

☐ I have had enough time to consider my options and make a decision about treatment.

☐ I agree to the course of treatment described on this form.

A witness should sign below if the patient is unable to sign but has indicated their consent. Young people/children may also like a parent to sign here (see notes).

Patient’s signature: ____________________________ Date: ______________

Name (print): ____________________________________________

Parent’s/Witness’ signature: ____________________________ Date: ______________

Name (print): ____________________________________________

Copy accepted by patient: yes / no (please circle)

Confirmation of consent
(health professional to complete when the patient attends for treatment, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed that the patient has no further questions and wishes the course of treatment/procedures to go ahead.

Signed: ____________________________ Date: ______________

Name (print): ____________________________________________

Job title: ____________________________________________

Important notes: (tick if applicable)

☐ See also advance decision to refuse treatment

☐ Patient has withdrawn consent
(ask patient to sign / date here)

Signed: ____________________________ Date: ______________

Further information for patients

Contact details (if patient wishes to discuss options later):

Contact your hospital team if you have any questions about cancer and its treatment. Cancer Research UK can also help answer your questions about cancer and treatment. If you want to talk in confidence, call our information nurses on freephone 0808 800 4040, Monday to Friday, 9am to 5pm. Alternatively visit www.cruk.org for more information.

These forms have been produced by Guy’s and St. Thomas’ NHS Foundation Trust as part of a national project to support clinicians in ensuring all patients are fully informed when consenting to SACT. The project is supported by Cancer Research UK. This does not mean you are taking part in a clinical trial.

To be retained in patient notes
Prepared by Pharmacist: Alia Nizam
Checked by Pharmacist: Denise Wong
Checked by Consultant: Anne Armstrong

Date of issue and version: Mar-20; Version 1; Review date: Mar-23
Approved by: Janine Mansi (UK Chemotherapy Board)
Check www.cruk.org/sact_consent for latest version
EC-TPH
What a consent form is for

This form documents the patient’s agreement to go ahead with the treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoir to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

The law on consent

See the following publications for a comprehensive summary of the law on consent. Consent: Patients and doctors making decisions together, GMC 2008 (available at www.gmc-uk.org/guidance), and Reference guide to consent for examination or treatment, Department of Health, 2nd edition 2009 (available at www.doh.gov.uk).

Who can give consent

Everyone aged 16 or over is presumed to have the capacity to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has “sufficient understanding and intelligence to enable him or her to understand fully what is proposed”, then the child will have capacity to give consent for himself or herself.

Young people aged 16 and 17, and younger children with capacity, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent, someone with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where children are able to give consent for themselves, you should always involve those with parental responsibility in the child’s care, unless the child specifically asks you not to do so. If a patient has the capacity to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is 18 or over and lacks the capacity to give consent, you should use an alternative form (form for adults who lack the capacity to consent to investigation or treatment). A patient lacks capacity if they have an impairment or disturbance of the brain, affecting the way their mind works. For example, if they cannot do one of the following:

- understand information about the decision to be made
- retain that information in their mind
- use or weigh this information as a part of their decision making process, or
- communicate their decision (by talking, using sign language or any other means)

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

Relatives cannot be asked to sign a form on behalf of an adult who lacks capacity to consent for themselves, unless they have been given the authority to do so under a Lasting Power of Attorney or as a court deputy.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about ‘significant risks which would affect the judgement of a reasonable patient’. ‘Significant’ has not been legally defined, but the GMC requires doctors to tell patients about ‘significant, unavoidable or frequently occurring’ risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on the consent form or in the patient’s notes.

NHS Scotland

NHS Scotland staff should refer to Healthcare Improvement Scotland. Guidance on consent for SACT and local NHS Board guidance on consent aligned to the Scottish legal framework.

References

1. Summary of Product Characteristics (SmPCs) for individual drugs: https://www.medicines.org.uk/emc
4. Guy’s and St. Thomas’ NHS Foundation Trust, Chemotherapy consent forms.