

PATIENT AGREEMENT TO SYSTEMIC ANTI-CANCER THERAPY:

Capecitabine + Radiotherapy

HOSPITAL NAME/STAMP: _____

RESPONSIBLE HEALTH PROFESSIONAL:

Name: _____

Job title: _____

PATIENT DETAILS

PATIENT'S SURNAME/FAMILY NAME: _____

PATIENT'S FIRST NAME(S): _____

DATE OF BIRTH: _____

NHS NUMBER: _____

(or other identifier)

MALE FEMALE

SPECIAL REQUIREMENTS:

(e.g. other language/other communication method)

NAME OF PROPOSED COURSE OF TREATMENT (include brief explanation if medical term not clear)

- Capecitabine chemotherapy in combination with radiotherapy for the treatment of gastric cancer.
- Tablets are taken orally twice a day for 5 to 6 weeks.
- A separate consent form must be completed for the radiotherapy.

WHERE THE TREATMENT WILL BE GIVEN:

outpatient day unit/case inpatient other: _____

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in the hospital/Trust's consent policy)

I have explained the procedure/treatment to the patient. In particular, I have explained:

all relevant boxes

THE INTENDED BENEFITS

- 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 to reduce the risk of the cancer coming back.
- NEO-ADJUVANT** – therapy given before surgery/radiotherapy to shrink the cancer, allow radical treatment and reduce the risk of the cancer coming back.

TO BE RETAINED IN PATIENT NOTES

Prepared by Pharmacist: Victoria Fashina
Checked by Pharmacist: Sanna Eestila
Checked by Consultant: Asad Qureshi

Date of issue and version: Aug-17; Version 1;
Review date: Aug-20
Approved by: Janine Mansi (National Chemotherapy Board)
Check www.cruk.org/sact_consent for latest version

STATEMENT OF HEALTH PROFESSIONAL (continued)

Patient identifier/label

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:

- Diarrhoea, sore hands and feet (some people develop soreness, redness and peeling on the palms of the hands and soles of the feet), feeling sick (nausea) and being sick (vomiting), loss of appetite, abdominal (tummy) pain, sore mouth and ulcers, taste changes, anaemia (low number of red blood cells), bruising and bleeding, skin changes, and tiredness and feeling weak (fatigue).
- 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 (99.5°F) or over 38°C (100.4°F), depending on the advice given by your chemotherapy team**
- **you suddenly feel unwell (even with a normal temperature)**

OCCASIONAL SIDE EFFECTS:

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

- Hair loss or thinning of the hair, headaches, dizziness, constipation, an increased production of tears and a runny nose and changes in the way the liver works (usually temporary).

OTHER RISKS:

- Chest pain (angina), and swollen ankles are rare side effects.
- Potential side-effects with the anti-sickness medication may include: constipation, headaches, indigestion, difficulty sleeping and agitation.
- Cancer can increase your risk of developing a blood clot (thrombosis), and having treatment with anti-cancer medicines 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 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.
- 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 while you are having treatment and for several months afterwards. It is important to use effective contraception during and for several months after treatment. You can talk to your doctor or nurse about this.
- Very rarely complications of treatment with anti-cancer medicines can be life-threatening or even result in death. The risks are different for every individual. You can talk to your doctor or nurse about what this means for you.

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STATEMENT OF HEALTH PROFESSIONAL (continued)

Patient identifier/label

ANY OTHER RISKS:

- 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 discussed the intended benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

THE FOLLOWING LEAFLET HAS BEEN PROVIDED:

- Information leaflet for capecitabine chemotherapy.
- 24 hour chemotherapy service contact details
- Other, please state: _____

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 s/he can understand.

Signed: _____ Date: _____
Name (PRINT): _____
Job title: _____

