Patient agreement to systemic anti-cancer therapy (SACT):

Aflibercept + Irinotecan - Fluorouracil (FOLFIRI)

Hospital/NHS Trust/NHS Board:_____

_____

_____

Responsible consultant:

Name: _____

Job title:_____

Patient details

Patient's surname/family name: _____

_____

Patient's first name(s): _____

_____

Date of birth: _____

NHS number: _____
(or other identifier)

Special requirements:
(e.g. other language/other communication method)

_____

_____

_____

_____

_____

_____

Name of proposed course of treatment (include brief explanation if medical term not clear)

☐ Aflibercept in combination with irinotecan and fluorouracil chemotherapy for the treatment of colorectal cancer.

☐ Aflibercept, irinotecan, fluorouracil are given intravenously. Aflibercept and irinotecan are given intravenously on day 1, and fluorouracil is given by injection on day 1 and then by continuous infusion over 46 hours.

☐ Treatment is given every 14 days and is continued until disease progression or unacceptable toxicity.

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/NHS board's consent policy)

☑ Tick all relevant boxes

☐ I confirm the patient has capacity to give consent.

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)

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:

- ☐ 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)**
- ☐ Diarrhoea (which can happen a few days after receiving treatment). You may be given medicines to help with the symptoms.
- ☐ Sore mouth and ulcers, loss of appetite, feeling sick (nausea) and/or being sick (vomiting), abdominal (tummy) pain, tiredness and feeling weak (fatigue), weight loss, hoarse voice.
- ☐ Thinning of the hair or hair loss, sore hands and feet (sometimes redness and peeling), headache, nose bleed, changes in heart rhythm, high blood pressure, shortness of breath.
- ☐ Anaemia (due to low red blood cells), bruising or bleeding (due to low platelets), changes in liver and kidney function, high uric acid levels in the blood, protein in the urine.
- ☐ Acute cholinergic syndrome occurring during or within 24 hours of irinotecan infusion. Effects include diarrhoea (which may be severe), sweating, stomach cramps, increase in saliva, watery eyes. You may be given an injection of atropine before to reduce these side-effects.

Occasional side effects:

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

- ☐ Stuffy and/or runny nose, toothache, allergic reactions, skin changes, nail changes.
- ☐ Constipation, piles (haemorrhoids).

Other risks:

- ☐ All intravenous drugs may leak outside of the vein and damage the tissue around. Tell the nurse straight away if you have any stinging, pain, redness or swelling around the vein as, although uncommon, it's important that this is dealt with quickly.
- ☐ Fluorouracil can rarely cause heart problems (e.g. chest pain, heart attack), confusion and unsteadiness.
- ☐ There is a risk of potentially life-threatening side-effects if your genetic make-up is such that you cannot break down fluorouracil properly. This is called DPD deficiency. Please contact your hospital straight away if you get even minor side-effects in your first cycle of treatment.
- ☐ Aflibercept may affect wound healing or cause an abnormal opening between parts of the digestive tract (gastrointestinal perforation). Contact your doctor or nurse if you experience sudden intense abdominal (tummy) pain.
- ☐ An uncommon side-effect on the nervous system can cause seizures, headache, altered mental status, and visual disturbances. This is called posterior reversible encephalopathy syndrome (PRES).
- ☐ You should have a dental examination, and it would be advisable to have any infected or very diseased teeth removed before starting Aflibercept to reduce your risk of jaw problems.
- ☐ Potential side-effects with the anti-sickness medication may include: diarrhoea, constipation, headaches, indigestion, difficulty sleeping and agitation.
- ☐ Fluorouracil and steroids can raise your blood sugar. This usually goes back to normal after your treatment. If you have diabetes, it may lead to higher blood sugar levels.
- ☐ 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.
- ☐ 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 for at least 6 months afterwards. 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.

Statement of health professional

(continued)

Patient identifier/label

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 leaflet for aflibercept + irinotecan - fluorouracil (FOLFIRI)

☐ 24 hour alert card or SACT advice service contact details

☐ SACT treatment record (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

Patient identifier/label

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.

CANCER RESEARCH UK

Patient identifier/label

Guidance for health professionals (to be read in conjunction with the hospital's consent policy)

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 **s**).

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
2. Cancer Research UK: https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/cancer-drugs
3. Macmillan Cancer Support: https://www.macmillan.org.uk/information-and-support/treating/chemotherapy/drugs-and-combination-regimens
4. Guy's and St. Thomas' NHS Foundation Trust, Chemotherapy consent form