

Pembrolizumab + pemetrexed + carboplatin

First-line metastatic non-squamous NSCLC without EGFR or ALK alterations · NCCP 00568 · version 5 · 21-day cycle

Patient name	DOB	Hospital no.	Date
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Treatment context

The combination aims to control metastatic non-squamous lung cancer. Your team checks cancer markers, your health and your preferences. Chemotherapy and immunotherapy work in different ways.

Schedule

Induction: all three medicines on Day 1 every 21 days for up to four cycles. Maintenance: carboplatin stops; pembrolizumab and pemetrexed may continue every 21 days while appropriate.

1. TREATMENT DISCUSSION

- ☐ Purpose, expected benefit and alternatives explained
- ☐ Indication, medicines, sequence and duration confirmed
- ☐ Blood tests and any individually indicated heart checks discussed
- ☐ Support medicines and phase changes explained
- ☐ Fertility, contraception and breastfeeding discussed where relevant
- ☐ Common, serious and lasting drug-specific risks discussed below
- ☐ Urgent symptoms and local contact details confirmed

2. REGIMEN / AGENT-SPECIFIC MATERIAL RISKS

Pembrolizumab
IMMUNOTHERAPY

- ☐ Immune inflammation of lungs, bowel, liver, kidneys, glands, skin and other organs
- ☐ Serious infusion reactions
- ☐ Effects can develop after treatment ends

Pemetrexed
CHEMOTHERAPY

- ☐ Low blood counts and infection
- ☐ Fatigue, nausea, mouth soreness and rash
- ☐ Kidney toxicity; folate and B12 supplementation are required

Carboplatin
CHEMOTHERAPY

- ☐ Low blood counts, infection or bleeding
- ☐ Nausea and vomiting
- ☐ Allergic reactions
- ☐ Kidney, hearing and nerve effects

Discuss expected benefit, alternatives and important short- and longer-term risks. Tell the team about all medicines, existing illnesses, pregnancy possibility and symptoms that matter to you.

Individual aim / benefit, alternatives, material risks and questions:

3. CONSENT CONFIRMATION

- ☐ Expected benefit, important risks and reasonable alternatives discussed
- ☐ Patient questions invited and answered; patient-specific material risks / priorities considered
- ☐ Emergency contact / toxicity advice and written information offered where appropriate
- ☐ Patient understands consent is voluntary and may be withdrawn

Patient / person giving consent Date

Clinician obtaining consent Date

Prototype only. This one-page form is a regimen-specific consent aid and requires formal governance, consultant and oncology-pharmacy review before clinical use. The current NCCP regimen, local/national consent policy, current medicine information, patient-specific material risks and clinical judgement remain authoritative.
Base regimen: NCCP 00568 v5.

SACTCheck v0.84.21
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