

Patient name	DOB	Hospital no.	Date
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Treatment context

Treat HER2-positive early breast cancer as part of a plan intended to reduce the risk of it returning.

Schedule

All four medicines are given by infusion on Day 1 of a 21-day cycle, for six cycles before surgery. Surgery findings guide the postoperative treatment. There is no routine take-home chemotherapy pump.

1. TREATMENT DISCUSSION

- ☐ Purpose, expected benefit and alternatives explained
- ☐ Duration and treatment setting discussed
- ☐ Supportive medicines and urgent contact advice discussed
- ☐ Common, serious and lasting agent-specific risks discussed below
- ☐ Correct HER2 medicine and formulation confirmed
- ☐ Heart and other required monitoring explained
- ☐ Pregnancy / contraception / breastfeeding discussed where relevant
- ☐ Companion cancer medicines reviewed using their own information

2. REGIMEN / AGENT-SPECIFIC MATERIAL RISKS

Docetaxel
TAXANE CHEMOTHERAPY

☐ Low blood counts, infection and sepsis

☐ Hair loss, mouth soreness and fatigue

☐ Numbness / tingling; sometimes lasting

☐ Fluid retention and nail changes

☐ Allergic infusion reaction

Carboplatin
PLATINUM CHEMOTHERAPY

☐ Low blood counts, infection and bleeding

☐ Nausea, vomiting and fatigue

☐ Allergic reaction, sometimes after previous exposure

☐ Kidney or electrolyte changes

Trastuzumab
HER2-TARGETED ANTIBODY

☐ Heart pumping-function reduction / heart failure

☐ Infusion or allergic reaction

☐ Diarrhoea and fatigue

☐ Rare serious lung effects

Pertuzumab
HER2-TARGETED ANTIBODY

☐ Diarrhoea and dehydration

☐ Infusion / allergic reaction

☐ Heart pumping-function reduction

☐ Rash and fatigue

Discuss the treatment aim, alternatives, expected benefit, common and serious effects, fertility and pregnancy precautions, route, monitoring, practical support and the agreed contact plan. The treating team completes the approved individual consent process.

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- ☐ Patient understands consent is voluntary and may be withdrawn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