

Pembrolizumab 200 mg + carboplatin AUC 5 / paclitaxel → AC

Triple-negative breast cancer · neoadjuvant and adjuvant immunotherapy · NCCP 00857 · version 3 · 21-day cycle

Patient name

DOB

Hospital no.

Date

Treatment context

Treat the cancer before surgery as part of a plan intended to reduce the risk of it returning.

Schedule

Phase 1: four 21-day cycles; paclitaxel on Days 1, 8 and 15, carboplatin on Day 1. Phase 2: four AC cycles every 21 days. Pembrolizumab 200 mg every 21 days during chemotherapy; after surgery, nine 21-day doses or five 42-day doses (400 mg). See the whole-treatment map for monitoring and sequencing.

1. TREATMENT DISCUSSION

- | | |
|--|--|
| ☐ Purpose, expected benefit and alternatives explained | ☐ Platinum/taxane and AC phases explained |
| ☐ Surgery and postoperative plan discussed | ☐ Separate supportive prescriptions and growth-factor plan agreed |
| ☐ Blood tests, ECG / cardiac and imaging checks explained | ☐ Fertility, contraception and pregnancy precautions discussed |
| ☐ Common, serious and lasting medicine-specific risks discussed below | ☐ Questions and the individual consent discussion recorded |

2. REGIMEN / AGENT-SPECIFIC MATERIAL RISKS

Pembrolizumab

IMMUNOTHERAPY

- ☐ Immune inflammation of bowel, lungs, liver, kidneys or skin
- ☐ Hormone-gland problems, sometimes permanent
- ☐ Rare serious heart or neurological inflammation
- ☐ Infusion reaction
- ☐ Effects can first appear after treatment ends

Carboplatin

PLATINUM CHEMOTHERAPY

- ☐ Low blood counts, infection and bleeding
- ☐ Nausea, vomiting and fatigue
- ☐ Allergic reaction, sometimes after previous exposure
- ☐ Kidney or electrolyte changes

Paclitaxel

TAXANE CHEMOTHERAPY

- ☐ Low blood counts and infection
- ☐ Numbness / tingling, sometimes lasting
- ☐ Hair loss, muscle or joint pain
- ☐ Infusion reaction
- ☐ Mouth, bowel, skin and nail effects

Doxorubicin

ANTHRACYCLINE CHEMOTHERAPY

- ☐ Low counts, infection and mouth ulcers
- ☐ Nausea, hair loss and fatigue
- ☐ Heart damage, sometimes delayed
- ☐ Severe tissue injury if the infusion leaks
- ☐ Rare later blood cancers

Cyclophosphamide

ALKYLATING CHEMOTHERAPY

- ☐ Low counts and infection
- ☐ Nausea, vomiting and hair loss
- ☐ Bladder irritation / bleeding
- ☐ Fertility effects and menopause
- ☐ Rare later blood cancers

Discuss treatment aim, alternatives, expected benefit, common and serious risks, fertility, pregnancy precautions and the full sequence. Immune effects can be delayed or permanent; explain the postoperative option and when it is not appropriate. The treating team completes the individual consent discussion; this guide does not determine personal benefit.

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 _____