PENNSTATE HERSHEY Cancer Institute

Consent for ERLOTINIB (TARCEVA®)

Condition For Which Treatment is Propose	ed:
• • • • • • • • • • • • • • • • • • • •	, and/or such other staff physicians or resident to administer to me (or the patient for whom I consent) the
Erlo	tinib (Tarceva®)
The plan for my course of treatment is everydays.	s fordoses of therapy, with each dose given about
2. My physician has discussed with m	ne the items that are briefly summarized below:
(1)The nature and purpose of the pr	roposed therapy is to administer therapy (drugs to fight my cancer,

(2)It is unknown what effects this therapy may have on an unborn child in a pregnant woman, or any impact on your ability to have children in the future. For pregnant women, it is expected that there would be harm to the unborn child with this therapy. Please notify your doctor if you think you may be pregnant. It is important that both men and women who are being treated with these therapies and who are sexually active, fertile, and who have a fertile partner use a reliable form of birth control (birth control pills, a reliable barrier method or a hormonal implant.)

which may also have other effects on my body) by mouth and/or by vein or by other type of

The specific side-effects of Erlotinib (Tarceva®) include:

Most Common (>10%):

injection.

- Rash, itching, dry skin
- Diarrhea
- Nausea/vomiting, decreased appetite
- Mouth sores
- Conjunctivitis
- Irritation to the liver
- Shortness of breath or cough
- Increased risk of infection

Less Common (1-10%):

- Acne
- Weight loss
- Pneumonitis (inflammation of the lung tissue)
- Pulmonary fibrosis (scarring of the lung)
- Abnormal liver function (determined by blood test that measures liver enzymes)
- Severe skin rash- skin peeling

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Rare but serious (<1%)

- Acute kidney failure
- Liver failure
- Pancreatitis (belly pain)
- Hearing Loss
- Bleeding in the gastrointestinal tract
- 3. The feasible alternative treatments include no treatment, combinations of different drugs, or the same drugs given in different doses or on a different schedule.
- 4. Without the proposed treatment, my disease may progress; it could remain stable or, rarely, improve.
- 5. I understand that during the course of this therapy, unforeseen conditions may arise which could require the planned therapy to be altered. All alterations to the planned therapy will be discussed with me.
- 6. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the proposed therapy.
- 7. I acknowledge that the information I have received, as summarized on this form, is sufficient for me to consent to and authorize the therapy described above. I have had the opportunity to ask questions concerning my condition, the therapy, the alternatives and risks, and all questions have been answered to my satisfaction.

8.	I impose the following limitation(s) regarding my treatment (if none, so state):
	

- 9. I authorize the staff of The Milton S. Hershey Medical Center to preserve for scientific or teaching purposes any tissues or parts which may be removed in the course of this procedure, and to dispose of them.
- 10. I authorize the Milton S. Hershey Medical Center to permit other persons to observe this therapy with the understanding that such observation is for the purpose of advancing medical knowledge. I authorize The Milton S. Hershey Medical Center to obtain photographic or other pictorial representations of this therapy, and to use such representations for scientific or teaching purposes.
- 11. I certify that all blanks requiring insertion of information were completed before I signed this consent form.

 _______ provided the information summarized above and obtained the

(Fill in name) cor	nsent for the procedure		I
	/	/]
(Patient's Signature)	(Date)	(Time)	
(or signature of person consenting on beh	alf of the patient)		
		/	
(Optional: Witness to Patient's Signat	ure) (Date)	/	
(Optional: Witness to Patient's Signat	ure) (Date)	// (Time)	
(Optional: Witness to Patient's Signat	ure) (Date)	// (Time)	