Strontium-89 Bone Therapy

A. Interpreter / cultural needs
An Interpreter Service is required? □ Yes □ No
If Yes, is a qualified Interpreter present? □ Yes □ No
A Cultural Support Person is required? □ Yes □ No
If Yes, is a Cultural Support Person present? □ Yes □ No

B. Procedure
The following will be performed (Doctor/doctor delegate to document – include site and/or side where relevant to the procedure)

C. Risks of the therapy
In recommending the Strontium-89 bone therapy, the doctor believes the benefits to you from having this procedure exceed the risks involved.

Common risks and complications include:
- Reduction of white blood cells and platelet levels for 12 weeks after therapy. Levels usually return to normal by 6 months after the therapy.
- Temporary worsening of bone pain shortly after treatment. This usually occurs within 3 days of therapy. It can be treated with pain medications.
- Flushing sensation during the injection of Strontium-89.

Less common risks and complications include:
- Bone marrow toxicity requiring treatment.
- Infection, requiring antibiotics and further treatment.

Rare risks and complications include:
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Chills and fever have been reported after injection of Strontium-89.
- Injected Strontium-89 may leak outside of the vein, under the skin and into the fat tissues, causing radiation damage to the tissues, this may require treatment. In very rare cases, surgery could be required if the skin breaks down.
- Death as a result of this therapy is very rare.

D. Women of child bearing age
This therapy can not be performed if you are pregnant.

Are you or could you be pregnant?
Yes □ No □ Unsure □
If unsure, I agree to have a urine or blood pregnancy test
Yes □ No □
Are you breastfeeding?
Yes □ No □

If you have answered ‘yes’ or are unsure of any of the above questions, the health practitioner will obtain further advice and consult with a Medical Officer.
E. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- that this therapy is necessary as part of the management plan for my condition.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet:

- Strontium-89 Bone Therapy

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

I request to have the procedure

Name of Patient: .................................................................
Signature: ........................................................................
Date: ..............................................................................

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes  ▶ Location of the original or certified copy of the AHD:

☐ No  ▶ Name of Substitute Decision Maker/s:
Signature: ........................................................................
Relationship to patient: ..........................................................
Date: .......................................................... PH No: ............................................

Source of decision making authority (tick one):

☐ Tribunal-appointed Guardian
☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
☐ Statutory Health Attorney
☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

F. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (E) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: ..........................................................
Designation: ........................................................................
Signature: ........................................................................
Date: ..............................................................................

G. Interpreter’s statement

I have given a sight translation in

........................................................ (state the patient’s language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: ..........................................................
Signature: ........................................................................
Date: ..............................................................................
1. What is Strontium-89 Therapy
Strontium-89 therapy is a radioactive therapy used to treat bone pain caused by cancer that has spread to the bones. Strontium-89 is not a cure for the disease, but in many patients helps to reduce bone pain from the cancer.

2. Will there be any discomfort, is any anaesthetic needed?
Injection of Strontium-89 is a painless, no anaesthetic is required.

3. Preparation for the therapy
The nuclear medicine department will give you instructions on how to prepare for your therapy.
- Calcium supplements should be stopped 2 weeks prior to Strontium-89 therapy.
- You must not have Strontium-89 therapy if you are breast feeding, pregnant or there is any chance you might be pregnant. If your pregnancy status is uncertain it will need to be confirmed with a urine or blood test. This is done by the Nuclear Medicine Department prior to the therapy.

4. During the therapy
A fine needle (IV cannula) will be inserted into a vein in your arm. Strontium-89 is injected through this cannula.
Pictures will be taken by a gamma camera approximately 2 to 3 hours after the injection is given. These pictures can take up to an hour.

5. After the therapy
The IV cannula is removed before you go home.
The Strontium-89 injection should not make you feel sick or limit what you are able to do. You do not need to stay away from other people because of the injection, since your body gives off very little or no radiation.

In case of urgent treatment, this patient information sheet should be carried by you at all times for at least 4 weeks following the treatment.

6. What are the risks of this therapy?
In recommending the Strontium-89 bone therapy the doctor believes the benefits to you from having this therapy exceed the risks involved.
The risks and complications with this therapy can include but are not limited to the following.

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7. What are the safety issues when you leave the hospital?
A small amount of the Strontium-89 passes out in your urine over the first two days after injection.
During this time observe the following precautions:
- Unless on fluid restrictions, drink plenty of liquids and pass urine frequently.
- Sit down on the toilet when passing urine. If any urine should spill or splash outside the toilet bowl, you should clean it up with toilet paper and then flush the paper down the toilet.
- Flush the toilet twice after use and wash your hands well afterwards.
- Do not use a bed pan.
- Do not have any urine tests.
- If blood or urine gets onto clothing, the clothing should be washed separately, or stored for 1-2 weeks before washing.
- Your referring doctor should monitor your blood counts weekly starting 2 weeks after the injection, until any drop in blood cells is recovering to safe levels.

Contact your GP or go to the nearest Emergency Department if you become unwell. Please tell your doctor that you have been treated with Strontium-89.