



SW9281



# Phosphorus-32 Therapy

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## 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*)

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In Phosphorus-32 therapy, an intravenous injection of radioactive phosphorus is taken up by the bone and bone marrow. The Phosphorus-32 slows down or stops cell production from the bone marrow for a while.

## C. Risks of the therapy

*This treatment uses a product that is not registered by the Australian Therapeutic Goods Administration (TGA). It has undergone little or no evaluation of safety, efficacy, or quality by the TGA. It may have unknown risks and late side effects. Extra information about your treatment will be given to you at time of appointment.*

In recommending the Phosphorus-32 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.

### Common risks and complications include:

- Fall in blood cells from radiation exposure. Often this does not produce symptoms.

### Less common risks and complications include:

- Fall in red blood cells from radiation exposure enough to cause anaemia. This may resolve over time.
- Fall in white blood cells from radiation exposure may increase the risk of infection. This may require antibiotics.
- Fall in blood platelets enough to increase risk of bleeding. This may require treatment.
- This therapy may further increase the risk of developing bone marrow disorders such as Leukaemia.

## Rare risks and complications include:

- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Fall in any of the blood cells due to radiation exposure, may require a blood product transfusion.
- Injected Phosphorus-32 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, further 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. Risks of radiation

The risks from this therapy need to be compared to the risks of your medical condition not being treated. Exposure to radiation may further increase the risk of cancer to you over your lifetime.

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## F. 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.
- that this product used for this therapy is not registered in Australia and that the possible benefits, risks and side effects of this product have been explained in detail to me.
- that the Commonwealth Government is not liable for the safety, quality or efficacy of this product.

### I have been given the following Patient Information Sheet:

**Phosphorus-32 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)

## G. Doctor/delegate Statement

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

Name of Doctor/delegate: .....

Designation: .....

Signature: ..... Date .....

## H. 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 .....

DO NOT WRITE IN THIS BINDING MARGIN

## 1. What is Phosphorus-32 Therapy

Phosphorus-32 (P-32) therapy is where an intravenous injection of radioactive phosphorus is taken up by the bone and bone marrow. The P-32 slows down or stops cell production from the bone marrow for a while.

Several doses of P-32 may be required to have an effect, and it may take several months before the full effect is seen. Some patients will require regular treatment over many years.

P-32 is not a cure for the disease, but may help to control it.

## 2. Will there be any discomfort, is any anaesthetic needed?

P-32 therapy is painless, no anaesthetic is required.

## 3. Preparation for the therapy

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The nuclear medicine department will give you instructions on how to prepare for your therapy.

- You must not have Phosphorus-32 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 commencing.

## 4. During the therapy

A fine needle (IV cannula) is inserted into a vein in your arm. P-32 is injected through the cannula.

## 5. After the therapy

The IV cannula is removed before you go home.

The P-32 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.

## 6. What are the risks of this therapy?

In recommending the Phosphorus 32 therapy the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this therapy can include but are not limited to the following.

## Common risks and complications include:

- Fall in blood cells from radiation exposure. Often this does not produce symptoms.

## Less common risks and complications include:

- Fall in red blood cells from radiation exposure enough to cause anaemia. This may resolve over time.
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## Rare risks and complications include:

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- Fall in any of the blood cells due to radiation exposure, may require a blood product transfusion.
- Injected Phosphorus-32 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, further surgery could be required if the skin breaks down.
- Death as a result of this therapy is very rare.

## 7. Risks of radiation

The risks from this therapy need to be compared to the risks of your medical condition not being treated. Exposure to radiation may further increase the risk of cancer to you over your lifetime.

## 8. What are the safety issues when you leave the hospital?

A small amount of the P-32 injected passes out in the urine over the first 12 days after the injection.

For the first 4 days after the injection follow the following precautions:

- 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.

After day 4 there is no need to continue with these precautions.

Go to your nearest Emergency Department or GP if you become unwell. Please tell your doctor that you have been treated with Phosphorus 32.