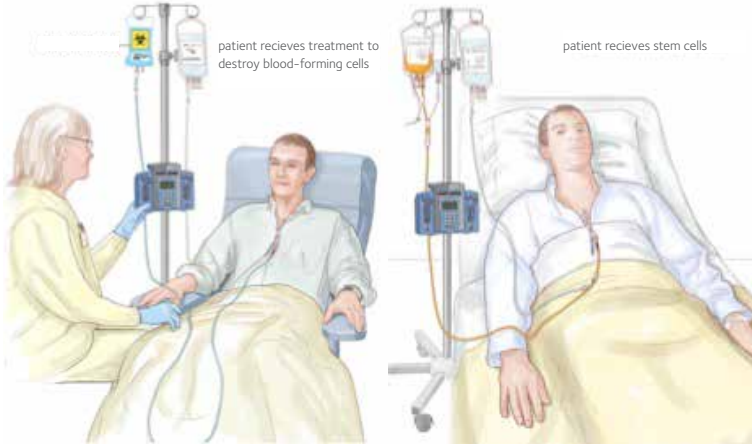
High Dose Chemotherapy and Autologous Stem Cell Transplantation



Also during the course of this procedure, unexpected conditions may occur which could require your procedure to be altered, or another procedure to be performed. You may therefore need to authorize your physician, or other physicians designated by your physician, to provide such medical treatment, or perform such procedures as are necessary and desirable according to their professional judgment.

We hope you find the information you received, as summarized on this document is sufficient for you to consent to and authorize the procedure described above. Please feel free to ask questions concerning your condition and about the procedure, alternatives and risks.

Bone Marrow Transplant Unit
44397934/31

Patient and Family Education
patienteducation@hamad.qa

18-0296

© 2018 Hamad Medical Corporation

المركز الوطني لعلاج وأبحاث السرطان
National Center for Cancer Care & Research
عضو في مؤسسة حمد الطبية
A Member of Hamad Medical Corporation

High Dose Chemotherapy and Autologous Stem Cell Transplantation

General Description of the Procedure:

This consent will cover the administration of high dose chemotherapy and autologous hematopoietic stem cell transplantation .Your treating physician will discuss the following items with you:

1. The aim of the proposed procedure is to destroy malignant cells with high dose chemotherapy; your physician will tell you the type of chemotherapy protocol for your condition. This chemotherapy also destroys your bone marrow but this will be replaced by the transplantation of your own stem cells previously obtained from you and stored by freezing.
2. Side effects can include bone marrow depression (anemia, leukopenia, agranulocytosis, and thrombocytopenia) which may lead to infection and bleeding complications.
3. The side effects may include also nausea/vomiting, mucositis, hair loss, skin reactions, pneumonia, lung injury, liver damage, heart failure, sterility and there is a minor possibility of secondary malignancies as well as the return of the cancer.
4. When the central catheter is used, an infection may occur. This risk is reduced by good hygiene and care of the catheter. Blood clots also can form around the catheter. This risk will be minimized by flushing the catheter after each use with blood thinners, or by rinsing the catheter with medication that quickly dissolve blood clots.
5. Granulocyte colony stimulating factor (G-CSF): The side effects of G-CSF injections are usually mild and short-lived, and may include low grade fever, mild nausea, abdominal cramping, headache, bone and joint pain, muscle aches, and a rash. Rarely, allergic reactions, including wheezing and low blood pressure, may occur. Other side effects that are very rare but have occurred include lung or hearing problems, fluid retention, ruptures of the spleen, or blood clots. Though severe side effects have occurred, they are very uncommon and very unlikely to occur.
6. Peripheral Blood Hematopoietic Cell Transplantation: Peripheral hematopoietic cell infusion may be associated with volume overload, pulmonary emboli, allergic reaction including fever, chills, and hives, abdominal cramps, sudden decrease or increase in blood pressure, slow heart rate, transient heart rhythm changes, and hypoxemia (not enough oxygen to the cells in the body).
7. Blood Transfusion: Uou need to agree to receive blood or blood products (red cells, platelets, plasma, cryoprecipitate, or granulocytes) if this need arises during your procedure. You must also be aware that transfusions are not risk-free, although blood is carefully tested. The risks of transfusion include, but are not limited to: fever, hives, or shaking chills; infections: Hepatitis B, Hepatitis C, HIV, bacterial contamination/infection, reactions from a mismatch of blood types; and rarely transfusion associated lung injury.