Consent Form

Intravenous Mistletoe Administration

Traditional mistletoe prescribing aims to improve and maintain quality of life, and improve the outcome of cancer treatments. Tumor remissions have been reported and seem to depend on dosage and way of administration (for example, intratumoral and intravenous). With using high doses of Mistletoe, and from the very the beginning of treatment, the immune responses and impact on the illness may be improved.

Intravenous administration of Mistletoe is a safe way of improving the immune responses and outcome of treatment. Although widely used, this type of application is not licensed and no systematic trials have been carried out.

In summary, I understand that:

1. The aim of intravenous administration is to increase the benefits of Mistletoe Therapy

2. Intravenous Mistletoe is used when cancer has spread and as part of starting Mistletoe Therapy

3. There is no trial evidence to prove the additional benefits of Intravenous Mistletoe Administration, and this type of treatment is still experimental

4. Intravenous mistletoe administration is generally well tolerated and safe with rare allergic side effects

5. Intravenous administration may produce flu-like symptoms, chills and fever

6. Patients may develop symptoms of hypersensitivity (allergy)

7. Symptoms of hypersensitivity range from minor skin rashes (hives / nettle rash / itchiness) to more extensive rashes. These symptoms typically subside quickly and if they persist and are troublesome, will respond to simple antihistamines. Occasionally symptoms progress to:

swelling of lips, eyelids and joints, light headedness and un-wellness; simple measures and antihistamines are usually enough to address this.

8. Very rarely, symptoms of severe allergy (anaphylaxis) develop: with marked un-wellness, shortness of breath and lowering of blood pressure. Drug-induced anaphylaxis is an immediate, generalized and serious allergic reaction – and is a medical emergency. However, mistletoe associated anaphylaxis is very rare (less than 0.01%); the medical staff at the Martin Clinic is trained and equipped to treat such an emergency.

9. Hypersensitivity is typically related to the dose and speed of the infusion, and rarely needs medical intervention. Reducing the speed of infusion or lowering the dose is sufficient to control symptoms. On repeated administration, such hypersensitivities tend to lessen.

I have understood the principles, aims and effects of intravenous mistletoe administration and I am satisfied with the information provided.

Patient:

Signature of patient _____

Signature of Doctor _____

Date:

References

Kienle GS, Kiene H. European Journal Medical Research (2007); 12: 1-17 Complementary Cancer Therapy: A Systematic Review of Prospective Clinical Trials on Anthroposophic Mistletoe Extracts
Bussing A et al. Anticancer Research (2005) 25: 4753-4758. Prevention of Surgery-induced Suppression of Granulocyte Function by Intravenous Application of a Fermented Extract from Viscum album L. in Breast Cancer Patients
P. Scho¨ffski et al. Annals of Oncology (2004) 15: 1816–1824. Phase I trial of intravenous aviscumine
(rViscumin) in patients with solid tumors: a study of the European Organization for Research and Treatment of Cancer New Drug Development Group