

Ref: FOIA Reference 2022/23-298

Royal Stoke University Hospital

Data, Security and Protection Newcastle Road Stoke-on-Trent Staffordshire ST4 6QG

Date: 23rd September 2022

Email foi@uhnm.nhs.uk

Dear

I am writing to acknowledge receipt of your emails dated 22nd August 2022, 24th August 2022 and 31st August 2022 requesting information under the Freedom of Information Act (2000) regarding Melanoma Patients ,Patients Treated (Revolade, Nplate, Doptelet, Tavlesse) and Breast Cancer

The University Hospitals of North Midlands Trust is committed to the Freedom of Information Act 2000.

However, the NHS is facing unprecedented challenges relating to the coronavirus (COVID-19) pandemic at the current time. Understandably, our resources have been diverted to support our front-line colleagues who are working tremendously hard to provide care for our patients, and to those in need of our services.

We strive to be transparent and to work with an open culture. But at this time, whilst care of our patients and the safety of our staff takes precedent, it is likely that responses to some requests for information will be delayed. We apologise for this position in advance, and will endeavour to provide you with as much information as we can, as soon as we are able.

The Information Commissioners Office has recognised the current situation in the NHS.

On 25th August 2022 we contacted you via email to inform you that under section 12 of the FOI Act we were aggregating these two requests

The section 12 exemption states:

The authority can combine related requests received within a period of 60 consecutive days from:

- The same person or
- People who appear to be acting in concert or in pursuance of a campaign.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.







REQUEST #1

Q1 I am requesting the following information on behalf of Novartis.

The purpose of these questions is to understand the variability of treatment within your trust and apply that to the context of the rest of the country.

How many patients has your Trust treated (for any disease) in the last 6 months (or the latest 6 months data you have available) with the treatments listed below:

- Revolade (eltrombopag)
- Nplate (romiplostim)
- Doptelet (avatrombopag)
- Tavlesse (fostamatinib)

A1 See below:

- Revolade (eltrombopag) = 13
- Nplate (romiplostim) = 20
- Doptelet (avatrombopag) = 0
- Tavlesse (fostamatinib) = 0

Q2 In the last 6 months (or the latest 6 months data you have available), how many patients has your Trust treated for immune thrombocytopenia (ITP)?

A2 I can confirm that the Trust holds information regarding the request, but feel this information is exempt under section 21: information reasonably accessible by other means. This is because the information is available via the Trust's public website at the following link: Foi ref 222-2223-July 2022

http://www.uhnm.nhs.uk/about-us/regulatory-information/freedom-of-information-publicationscheme/freedom-of-information-disclosure-log/

Q3 Of the patients treated for immune thrombocytopenia (ITP) in the last 6 months (or the latest 6 months data you have available), how many were treated with:

rituximab

mycophenolate mofetil

surgery (splenectomy)

A3 As below:







Rituximab - 0

mycophenolate mofetil - 7

- Q4 Does your Trust participate in any on-going clinical trials for immune thrombocytopenia (ITP)? If so, can you please provide the name of each trial along with the number of patients taking part?
- A4 No

REQUEST #2

Q1 The following questions are being asked for on behalf of Novartis. The purpose of these questions is to understand the variability of treatment within your trust and in context to the rest of the country.

In the past 3 months (or the latest 3 months data you have available), how many melanoma patients were treated with:

- Bevacizumab (Avastin)
- Dacarbazine (DTIC)
- Trametinib (Mekinist)
- Dabrafenib (Tafinlar)
- Ipilimumab (Yervoy)
- Vemurafenib (Zelboraf)
- Nivolumab (Opdivo)
- Nivolumab + Ipilimumab (Opdivo + Yervoy)
- Pembrolizumab (Keytruda)
- Vemurafenib + cobimetinib (Zelboraf + Cotellic)
- Dabrafenib + Trametinib (Tafinlar + Mekinist)
- Braftovi (encorafenib) in combination with Mektovi (binimetinib) for BRAF V600
 patients
 - Other active systemic anti-cancer therapy [please state]
 - Palliative care only
- A1 See below:







- Revolade (eltrombopag) = 13
- Nplate (romiplostim) = 20
- Doptelet (avatrombopag) = 0
- Tavlesse (fostamatinib) = 0
- Q2 In the past 3 months (or the latest 3 months data you have available), how many metastatic melanoma patients were treated with the following:
 - Ipilimumab
 - Ipilimumab AND Nivolumab
 - Nivolumab
 - Pembrolizumab
 - Dabrafenib AND Trametinib

Any Other Targeted Therapy (Dabrafenib /Encorafenib AND Binimetinib /Trametinib /Vemurafenib /Vemurafenib AND Cobimetinib)

- Other active systemic anti-cancer therapy
- Palliative care only
- A2 See below:
 - Rituximab 0
 - mycophenolate mofetil 7
 - surgery (splenectomy)

Request #3

- Q1. In the past 3 months (or the latest 3 months data you have available), how many Metastatic/advanced Breast cancer patients were treated with:
 - Abemaciclib (Verzenios) + aromatase inhibitor *
 - Abemaciclib (Verzenios) + Fulvestrant (Faslodex)
 - Alpelisib (Piqray) + Fulvestrant (Faslodex)
 - Atezolizumab (Tecentriq)**
 - Bevacizumab (Avastin)







- Eribulin (Halaven)
- Everolimus (Afinitor) + Exemestane
- Fulvestrant (Faslodex) as a single agent
- Gemcitabine + paclitaxel
- Herceptin (Trastuzumab) + paclitaxel
- Herceptin (Trastuzumab) as a single agent
- Lapatinib (Tyverb)
- Neratinib (Nerlynx)
- Olaparib (Lynparza)
- Palbociclib (lbrance) + aromatase inhibitor*
- Palbociclib (Ibrance) + Fulvestrant (Faslodex)
- Pertuzumab (Perjeta) + trastuzumab + docetaxel
- Ribociclib (Kisqali) + aromatase inhibitor*
- Ribociclib (Kisqali) + Fulvestrant (Faslodex)
- Talazoparib (Talzenna)
- Trastuzumab emtansine (Kadcyla)
- Other active systemic anti-cancer therapy **

*aromatase inhibitor eg. Anastrozole, Exemestane or Letrozole

**eg. docetaxel, vinorelbine or capecitabine as a single agent

A1 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. *Personal information.* However as the Trust is committed to openness and transparency we can band the numbers as being <5

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed. See below:

- Abemaciclib (Verzenios) + aromatase inhibitor * = 13
- Abemaciclib (Verzenios) + Fulvestrant (Faslodex) = 19







- Alpelisib (Piqray) + Fulvestrant (Faslodex) = 0
- Atezolizumab (Tecentriq)** = <5
- Bevacizumab (Avastin) = 0
- Eribulin (Halaven) = <5
- Everolimus (Afinitor) + Exemestane = <5
- Fulvestrant (Faslodex) as a single agent = 8
- Gemcitabine + paclitaxel = 0
- Herceptin (Trastuzumab) + paclitaxel = <5
- Herceptin (Trastuzumab) as a single agent = 6
- Lapatinib (Tyverb) = 0
- Neratinib (Nerlynx) = 0
- Olaparib (Lynparza) = 0
- Palbociclib (Ibrance) + aromatase inhibitor* = 30
- Palbociclib (Ibrance) + Fulvestrant (Faslodex) = 17
- Pertuzumab (Perjeta) + trastuzumab + docetaxel = 26
- Ribociclib (Kisqali) + aromatase inhibitor* = 13
- Ribociclib (Kisqali) + Fulvestrant (Faslodex) = <5
- Talazoparib (Talzenna) = 0
- Trastuzumab emtansine (Kadcyla) = 10
- Other active systemic anti-cancer therapy ** = 26
- *aromatase inhibitor eg. Anastrozole, Exemestane or Letrozole
- **eg. docetaxel, vinorelbine or capecitabine as a single agent

Q2 For the above patients, how many of these received their first ever dose for each product line?

A2 30 patients







*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

UHNM NHS Trust is a public sector body and governed by EU law. FOI requestors should note that any new Trust requirements over the EU threshold will be subject to these regulations and will be advertised for open competition accordingly.

Where the Trust owns the copyright in information provided, you may re-use the information in line with the conditions set out in the Open Government Licence v3 which is available at http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/. Where information was created by third parties, you should contact them directly for permission to re-use the information.

An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <u>http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx</u>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via <u>www.ico.org.uk</u>.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,

L Carlisle

Leah Carlisle Head of Data, Security & Protection/ Data Protection Officer



