Reference:	FOI.19400.26
Subject:	Chronic Lymphocytic Leukaemia (CLL)
Date of Request:	26 January 2026

Requested:

1. How many patients has your Trust treated in the past 12 months (January - December 2025) for Chronic Lymphocytic Leukaemia (CLL)? In case you do not treat CLL, which other Trust do you refer patients needing treatment to?

2. How many Chronic Lymphocytic Leukaemia (CLL) patients have been treated by the Trust in the past 6 months on the following treatments:

   - BR (bendamustine + rituximab)
   - Brukinsa (zanubrutinib)
   - Calquence (acalabrutinib)
   - Calquence (acalabrutinib) + Gazyva (obinutuzumab)
   - Calquence (acalabrutinib) + Venclyxto (venetoclax)
   - Calquence (acalabrutinib) + Venclyxto (venetoclax) + Gazyva (obinutuzumab)
   - FCR (fludarabine + cyclophosphamide + rituximab)
   - Fludarabine Monotherapy
   - Gazyva (obinutuzumab) + chlorambucil
   - Imbruvica (ibrutinib)
   - Venclyxto (venetoclax)
   - Venclyxto (venetoclax) + Gazyva (obinutuzumab)
   - Venclyxto (venetoclax) + rituximab
   - Zydelig (idelalisib) + rituximab
   - Imbruvica (Ibrutinib) +Venclyxto (venetoclax)
   - Any other systemic anti-cancer therapy

3. How many Chronic Lymphocytic Leukaemia (CLL) patients have received treatment for relapsed/refractory CLL in the past 6 months with the following:

   - Brukinsa (zanubrutinib)
   - Calquence (acalabrutinib)
   - Imbruvica (ibrutinib)
   - Venclyxto (venetoclax)
   - Zydelig (idelalisib) + rituximab
   - Any other systemic anti-cancer therapy

4. If your Trust does treat Chronic Lymphocytic Leukaemia patients, do you currently participate in any ongoing clinical trials for the treatment of CLL? If yes, please can you provide details of the ongoing trials.

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 and the Data Protection (Appropriate Limit

and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the information requested for question 3, the UHB’s Pathology Department would be required to undertake a search of their systems and patient records and analyse any data identified, to fulfil this part of your request, as the information is not centrally recorded.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority, to provide advice and assistance so far as it is reasonable to individuals who have made a request under the FoIA, this can include assisting a requestor to further refine their request.

Unfortunately, the UHB is unable to provide advice on how you can refine your request further. This is due to the UHB still requiring a manual trawl of all Pathology systems and patient records to be undertaken to identify their diagnosis.

Where the figures in the table have been replaced with an asterisk (*), the UHB is unable to provide you with the exact number of patients due to the low number of cases (less than 5), as there is a potential risk of identifying individuals if this was disclosed. The UHB is therefore withholding this detail under Section 40(2) of the FoIA. This information is protected by the Data Protection Act 2018 (DPA)/UK General Data Protection Regulations (UK GDPR), as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles and articles of the UK GDPR. This exemption is absolute and therefore, there is no requirement to apply the public interest test.

In reaching this decision, the DPA and UK GDPR define personal data as data that relates to a living individual who can be identified solely from that data or from that data and other information, which is in the possession of the data controller.

1. The UHB confirms that that thirty-seven (37) patients have been treated for CLL, during the 2025 calendar year.

2. The UHB provides within the table below, the number of CLL patients treated with the listed medications, during the 2025 calendar year.

Medication	**Number**
BR (bendamustine + rituximab)	0
Brukinsa (zanubrutinib)	6
Calquence (acalabrutinib)	13
Calquence (acalabrutinib) + Gazyva (obinutuzumab)	0
Calquence (acalabrutinib) + Venclyxto (venetoclax)	0
Calquence (acalabrutinib) + Venclyxto (venetoclax) + Gazyva (obinutuzumab)	0
FCR (fludarabine + cyclophosphamide + rituximab)	0
Fludarabine Monotherapy	0
Gazyva (obinutuzumab) + chlorambucil	0
Imbruvica (ibrutinib)	5

Venclexta (venetoclax)	7
Venclexta (venetoclax) + Gazyva (obinutuzumab)	*
Venclexta (venetoclax) + rituximab	0
Zydelig (idelalisib) + rituximab	0
Imbruvica (Ibrutinib) +Venclyxto (venetoclax)	*
Any other systemic anti-cancer therapy	*

3. An exemption under Section 12 of the FoIA has been applied.

4. The UHB confirms that it is not currently participating in any clinical trials for the treatment of CLL.