

<b>Reference:</b>	FOI.19854.26
<b>Subject:</b>	Endometrial cancer
<b>Date of Request:</b>	6 March 2026

**Requested:**

1. Does your trust provide SACT (systemic anti-cancer therapy) treatments for endometrial cancer? If not, which other trust do you refer endometrial cancer patients to for SACT treatments?
  
2. How many patients were treated for endometrial cancer (any stage) in the past three months with the following treatments:
  - Dostarlimab (Jemperli)
  - Dostarlimab (Jemperli) + Chemotherapy
  - Hormone therapy (Progesterone or Letrozole)
  - Lenvatinib + Pembrolizumab (Keytruda + Lenvima)
  - Pembrolizumab monotherapy (Keytruda)
  - Platinum-based chemotherapy (monotherapy or combination with taxanes, anthracyclines, cyclophosphamide)
  - Durvalumab with Platinum-based Chemotherapy
  - Pembrolizumab with Platinum-based Chemotherapy
  - Any other SACT
  - If the Trust are using Pembrolizumab subcutaneous injection, please can you provide the number of patients who received treatment with Pembrolizumab subcutaneous injection with Platinum-based Chemotherapy for Endometrial cancer
  
3. In the past three months, how many patients were treated for endometrial cancer with the following as first line treatments:
  - Dostarlimab (Jemperli) + Chemotherapy
  - Hormone therapy (Progesterone or Letrozole)
  - Platinum-based chemotherapy (monotherapy or combination with taxanes, anthracyclines, cyclophosphamide)
  - Durvalumab with Platinum-based Chemotherapy
  - Pembrolizumab with Platinum-based Chemotherapy
  - Any other SACT
  - If the Trust are using Pembrolizumab subcutaneous injection, please can you provide the number of patients who received treatment with Pembrolizumab subcutaneous injection with Platinum-based Chemotherapy for first line Endometrial cancer
  
4. Does your trust participate in any clinical trials for the treatment of endometrial cancer? If so, can you please provide the name of each trial and the number of patients taking part.

**Response:**

Hywel Dda University Health Board (UHB) is unable to provide you some of the information requested for question 1, 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 (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 data requested for hormone therapy in questions 1 and 2, the UHB would need to undertake a manual trawl of the medical records of patients that are receiving hormone therapy and those receiving treatment for Endometrial Cancer, to identify any information that would fulfil these parts of your request, as this is not recorded centrally.

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 hormone therapy patient records to be undertaken to identify any information held around diagnosis.

Additionally, where the figures in the tables 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 it does provide Systemic Anti-Cancer Therapy (SACT) treatments for Endometrial cancer.
2. The UHB provides within the table below, the number of Endometrial cancer patients treated with the listed treatments, during the period 1 December 2025 to 28 February 2026.

Treatment	Number
Dostarlimab (Jemperli)	*
Dostarlimab (Jemperli) + Chemotherapy	0
Hormone therapy (Progesterone or Letrozole)	Section 12 exemption applied
Lenvatinib + Pembrolizumab (Keytruda + Lenvima)	0
Pembrolizumab monotherapy (Keytruda)	*
Platinum-based chemotherapy (monotherapy or combination with taxanes, anthracyclines, cyclophosphamide)	11
Durvalumab with Platinum-based Chemotherapy	0
Pembrolizumab with Platinum-based Chemotherapy	*
Any other SACT	*
Pembrolizumab subcutaneous injection	0

3. The UHB provides within the table below, the number of Endometrial cancer patients treated with the first line treatments listed, during the period 1 December 2025 to 28 February 2026.

Treatment	Number
Dostarlimab (Jemperli) + Chemotherapy	0
Hormone therapy (Progesterone or Letrozole)	Section 12 exemption applied
Platinum-based chemotherapy (monotherapy or combination with taxanes, anthracyclines, cyclophosphamide)	10
Durvalumab with Platinum-based Chemotherapy	0
Pembrolizumab with Platinum-based Chemotherapy	*
Any other SACT	*
Pembrolizumab subcutaneous injection	0

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