

Reference:	FOI.20934.26
Subject:	Gastric Cancer
Date of Request:	6 July 2026

Requested:

1. How many patients were treated in the last 3 months with any systemic anti-cancer therapies for Gastric cancer or cancer of the Gastro-Oesophageal Junction?
2. How many patients were treated in the past 3 months for gastric cancer (any stage) with:
 - CAPOX (Capecitabine with Oxaliplatin)
 - FOLFOX (Folinic acid, Fluorouracil and Oxaliplatin)
 - Lonsurf (Trifluridine - tipiracil)
 - Nivolumab in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)
 - Pembrolizumab (any formulation) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)
 - Pembrolizumab (395 mg or 790mg solution for injection only) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)
 - Zolbetuximab (Vyloy)
 - Any other systemic anti-cancer therapy
 - Palliative care only
 - Trastuzumab in combination with cisplatin and capecitabine (or 5-fluorouracil)
 - Taxanes (e.g. docetaxel, paclitaxel)
 - Irinotecan Chemotherapy
3. How many patients were treated in the past 3 months for cancer of the gastro-oesophageal junction (any stage) with:
 - CAPOX (Capecitabine with Oxaliplatin)
 - FOLFOX (Folinic acid, Fluorouracil and Oxaliplatin)
 - Lonsurf (Trifluridine - tipiracil)
 - Nivolumab in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)
 - Pembrolizumab (any formulation) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)
 - Pembrolizumab (395 mg or 790mg solution for injection only) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)
 - Zolbetuximab (Vyloy)
 - Any other systemic anti-cancer therapy
 - Palliative care only
 - Trastuzumab in combination with cisplatin and capecitabine (or 5-fluorouracil)
 - Taxanes (e.g. docetaxel, paclitaxel)
 - Irinotecan Chemotherapy

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested for questions 2 and 3, 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 2 ½ 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 Palliative Care, the UHB would need to undertake a manual trawl of the medical records of patients that are receiving Palliative Care, to identify any information that would fulfil 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, which 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 Palliative Care patient records to be undertaken to identify information that may fulfil this part of your request.

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 seventeen (17) patients were treated with Systemic Anti-Cancer Therapies (SACT) for Gastric Cancer or Cancer of the Gastro-Oesophageal Junction, during the period 1 April 2026 and 30 June 2026.
2. The UHB provides within the table below, the number of Gastric Cancer patients that have been treated with the listed medications, at any stage, during the period 1 April 2026 and 30 June 2026.

Medication	Number
CAPOX (Capecitabine with Oxaliplatin)	*
FOLFOX (Folinic acid, Fluorouracil and Oxaliplatin)	*
Lonsurf (Trifluridine - tipiracil)	0
Nivolumab in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)	0

Pembrolizumab (any formulation) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)	*
Pembrolizumab (395 mg or 790mg solution for injection only) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)	0
Zolbetuximab (Vyloy)	0
Any other SACT	0
Palliative care only	Section 12 exemption applied
Trastuzumab in combination with cisplatin and capecitabine (or 5-fluorouracil)	*
Taxanes (e.g. docetaxel, paclitaxel)	0
Irinotecan Chemotherapy	*

3. The UHB provides within the table below, the number of Gastro-Oesophageal Junction Cancer patients that have been treated with the listed medications, at any stage, during the period 1 April 2026 and 30 June 2026.

Medication	Number
CAPOX (Capecitabine with Oxaliplatin)	0
FOLFOX (Folinic acid, Fluorouracil and Oxaliplatin)	*
Lonsurf (Trifluridine - tipiracil)	0
Nivolumab in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)	*
Pembrolizumab (any formulation) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)	*
Pembrolizumab (395 mg or 790mg solution for injection only) in combination with Platinum (Cisplatin or Oxaliplatin) and Fluoropyrimidine (5-Fluorouracil or Capecitabine)	0
Zolbetuximab (Vyloy)	0
Any other SACT	0
Palliative care only	Section 12 exemption applied
Trastuzumab in combination with cisplatin and capecitabine (or 5-fluorouracil)	*
Taxanes (e.g. docetaxel, paclitaxel)	0
Irinotecan Chemotherapy	0