Reference:	FOI.17540.25
Subject:	Lung cancer treatments
Date of Request:	9 June 2025

Requested:

1. How many Non-small cell lung cancer (NSCLC) patients were treated in the past 3 months with:

   - ALK Inhibitors (Alectinib, Brigatinib, Ceritinib, Crizotinib, Lorlatinib)
   - Amivantamab
   - Atezolizumab Monotherapy
   - Atezolizumab + Bevacizumab + Carboplatin + Paclitaxel
   - Atezolizumab subcutaneous
   - Dabrafenib + Trametinib
   - Docetaxel monotherapy or in combination with Carboplatin/Cisplatin
   - Durvalumab
   - Gemcitabine
   - Nintedanib + Docetaxel
   - Nivolumab
   - Osimertinib
   - Other EGFR Inhibitors (Afatinib, Erlotinib, Gefitinib, Dacomitinib, Mobocertinib)
   - Paclitaxel
   - Pembrolizumab Monotherapy
   - Pembrolizumab + Paclitaxel + Platinum (Carboplatin/Cisplatin)
   - Pembrolizumab + Pemetrexed + Platinum (Carboplatin/Cisplatin)
   - Pemetrexed + Platinum (Carboplatin/Cisplatin)
   - RET Inhibitors (Pralsetinib, Selpercatinib)
   - Sotorasib
   - Tepotinib
   - Vinorelbine monotherapy or in combination with Carboplatin/Cisplatin
   - Other active systemic anti-cancer therapy
   - Palliative care only
   - Amivantamab with carboplatin and pemetrexed
   - Cemiplimab with platinum-based chemotherapy

2. Does your trust participate in any Clinical trials for Non-Small Cell Lung Cancer? If so, 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 with the information requested for palliative care, 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 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, the UHB has a duty to provide advice and assistance. Therefore, the UHB provides the accessible information it holds overleaf.

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, 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 provides within the table below, the number of Non-Small Cell Lung Cancer (NSCLC) patients that have received the treatments listed, as recorded on the ChemoCare system, during the period 1 March to 31 May 2025.

Medication	Number
ALK Inhibitors (Alectinib, Brigatinib, Ceritinib, Crizotinib, Lorlatinib)	*
Amivantamab	0
Atezolizumab Monotherapy	*
Atezolizumab + Bevacizumab + Carboplatin + Paclitaxel	0
Atezolizumab subcutaneous	17
Dabrafenib + Trametinib	*
Docetaxel monotherapy or in combination with Carboplatin/Cisplatin	0
Durvalumab	*
Gemcitabine	0
Nintedanib + Docetaxel	*
Nivolumab	0
Osimertinib	13
Other EGFR Inhibitors (Afatinib, Erlotinib, Gefitinib, Dacomitinib, Mobocertinib)	*
Paclitaxel	0
Pembrolizumab Monotherapy	17
Pembrolizumab + Paclitaxel + Platinum (Carboplatin/Cisplatin)	5
Pembrolizumab + Pemetrexed + Platinum (Carboplatin/Cisplatin)	9
Pemetrexed + Platinum (Carboplatin/Cisplatin)	10
RET Inhibitors (Pralsetinib, Selpercatinib)	0
Sotorasib	*
Tepotinib	*

Vinorelbine monotherapy or in combination with Carboplatin/Cisplatin	6
Other active Systemic Anti-Cancer Therapy (SACT)	16
Palliative care only	Section 12 exemption applied
Amivantamab with carboplatin and pemetrexed	0
Cemiplimab with platinum-based chemotherapy	0

2. The UHB confirms that it is not currently participating in any clinical trials for NSCLC.