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| **Reference:** | FOI.20617.26 |
| **Subject:** | Lung Cancer |
| **Date of Request:** | 5 June 2026 |

**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 Monotherapy
   - Atezolizumab monotherapy (any formulation) OR Atezolizumab monotherapy (infusion only)
   - Atezolizumab (any formulation) + Bevacizumab + Carboplatin + Paclitaxel
   - Atezolizumab monotherapy (subcutaneous injection only)
   - 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
   - Adagrasib
   - Datopotamab deruxtecan
   - Amivantamab with lazertinib
   - Pembrolizumab subcutaneous injection

1. 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 (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, 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 palliative care 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 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 2026.

| **Medication** | **Number** |
|---|---|
| ALK Inhibitors (Alectinib, Brigatinib, Ceritinib, Crizotinib, Lorlatinib) | 5 |
| Amivantamab Monotherapy | 0 |
| Atezolizumab monotherapy (any formulation) OR Atezolizumab monotherapy (infusion only) | * |
| Atezolizumab (any formulation) + Bevacizumab + Carboplatin + Paclitaxel | 0 |
| Atezolizumab monotherapy (subcutaneous injection only) | * |
| Dabrafenib + Trametinib | 0 |
| Docetaxel monotherapy or in combination with Carboplatin/Cisplatin | 0 |
| Durvalumab | * |
| Gemcitabine | 0 |
| Nintedanib + Docetaxel | 0 |
| Nivolumab | 0 |
| Osimertinib | 16 |
| Other EGFR Inhibitors (Afatinib, Erlotinib, Gefitinib, Dacomitinib, Mobocertinib) | * |
| Paclitaxel | 0 |
| Pembrolizumab Monotherapy | 37 |

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|---|---|
| Pembrolizumab + Paclitaxel + Platinum (Carboplatin/Cisplatin) | 5 |
| Pembrolizumab + Pemetrexed + Platinum (Carboplatin/Cisplatin) | 10 |
| Pemetrexed + Platinum (Carboplatin/Cisplatin) | 12 |
| RET Inhibitors (Pralsetinib, Selpercatinib) | * |
| Sotorasib | * |
| Tepotinib | * |
| Vinorelbine monotherapy or in combination with Carboplatin/Cisplatin | 7 |
| Other active systemic anti-cancer therapy | 19 |
| Palliative care only | Section 12 exemption applied |
| Amivantamab with carboplatin and pemetrexed | 0 |
| Cemiplimab with platinum-based chemotherapy | 0 |
| Adagrasib | 0 |
| Datopotamab deruxtecan | 0 |
| Amivantamab with lazertinib | * |
| Pembrolizumab subcutaneous injection | 0 |

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