

Reference:	FOI.19666.26
Subject:	Melanoma treatments
Date of Request:	18 February 2026

Requested:

1. How many patients have been treated in the past 3 months with the following agents for melanoma (any stage):
 - Cobimetinib
 - Dabrafenib
 - Dabrafenib + Trametinib
 - Dacarbazine
 - Denosumab
 - Encorafenib + Binimetinib
 - Ipilimumab monotherapy
 - Ipilimumab + Nivolumab
 - Nivolumab monotherapy
 - Nivolumab + Relatlimab
 - Pembrolizumab
 - Trametinib
 - Vemurafenib
 - Vemurafenib + Cobimetinib
 - Other active systemic anti-cancer therapy
 - Palliative care only

2. If possible, could you please provide the patients treated in the past 3 months with the following agents for metastatic melanoma ONLY:
 - Ipilimumab monotherapy
 - Ipilimumab + Nivolumab
 - Nivolumab monotherapy
 - Nivolumab + Relatlimab
 - Pembrolizumab
 - Any Targeted Therapy (Dabrafenib /Dabrafenib AND Trametinib /Encorafenib AND Binimetinib /Trametinib /Vemurafenib /Vemurafenib AND Cobimetinib)
 - Other active systemic anti-cancer therapy
 - Palliative care only

3. In the last 3 months, how many patients have been initiated* on the following agents for treatment for melanoma?
 - Ipilimumab (monotherapy)
 - Nivolumab (monotherapy)
 - Nivolumab AND Ipilimumab (combination)
 - Nivolumab AND Relatlimab
 - Pembrolizumab
 - Any Targeted Therapy (Dabrafenib /Dabrafenib AND Trametinib /Encorafenib AND Binimetinib /Trametinib /Vemurafenib /Vemurafenib AND Cobimetinib)
 - Other active systemic anti-cancer therapy

*Patients are considered initiated if they have not been treated in the previous 6 months with any of the drugs that are part of the named regimen.

4. Does your trust participate in any clinical trials for Melanoma? 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 all the information requested for questions 1 and 2, 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 below and overleaf 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 Melanoma patients that have been treated with the listed medications, during the period 1 December 2025 to 28 February 2026.

Medication	Number
Cobimetinib	0
Dabrafenib	0
Dabrafenib + Trametinib	*

Dacarbazine	0
Denosumab	0
Encorafenib + Binimetinib	0
Ipilimumab monotherapy	0
Ipilimumab + Nivolumab	*
Nivolumab monotherapy	7
Nivolumab + Relatlimab	*
Pembrolizumab	26
Trametinib	0
Vemurafenib	0
Vemurafenib + Cobimetinib	0
Other active systemic anti-cancer therapy	0
Palliative care only	Section 12 exemption applied

2. The UHB provides within the table below, the number of Metastatic Melanoma patients that have been treated with the listed medications, during the period 1 December 2025 to 28 February 2026.

Medication	Number
Ipilimumab monotherapy	0
Ipilimumab + Nivolumab	*
Nivolumab monotherapy	*
Nivolumab + Relatlimab	*
Pembrolizumab	11
Any Targeted Therapy (Dabrafenib /Dabrafenib AND Trametinib /Encorafenib AND Binimetinib /Trametinib /Vemurafenib /Vemurafenib AND Cobimetinib)	*
Other active systemic anti-cancer therapy	0
Palliative care only	Section 12 exemption applied

3. The UHB provides within the table below, the number of Melanoma patients that have been initiated with the listed medications, during the period 1 December 2025 to 28 February 2026.

Medication	Number
Ipilimumab (monotherapy)	0
Nivolumab (monotherapy)	6
Nivolumab AND Ipilimumab (combination)	*
Nivolumab AND Relatlimab	0
Pembrolizumab	*
Any Targeted Therapy (Dabrafenib /Dabrafenib AND Trametinib /Encorafenib AND Binimetinib /Trametinib /Vemurafenib /Vemurafenib AND Cobimetinib)	0
Other active systemic anti-cancer therapy	0

4. The UHB confirms that it is not currently participating in any clinical trials for Melanoma.