

Reference:	FOI.17553.25
Subject:	Treatment of Renal Cell Carcinoma (RCC)
Date of Request:	12 June 2025

Requested:

1. How many patients have been treated in the past 3 months with the following agents for renal cell carcinoma (any stage) :

- Avelumab + Axitinib
- Axitinib
- Cabozantinib
- Everolimus
- Lenvatinib + Everolimus
- Lenvatinib + Pembrolizumab
- Nivolumab monotherapy
- Nivolumab + Cabozantinib
- Nivolumab + Ipilimumab
- Pazopanib
- Pembrolizumab monotherapy
- Pembrolizumab + Axitinib
- Radiotherapy only
- Sunitinib
- Temsirolimus
- Tivozanib
- Other active systemic anti-cancer therapy
- Palliative care only

2. In the past three months, how many advanced renal cell carcinoma patients received the following first-line treatments:

- Avelumab + Axitinib (Bavencio + Inlyta)
- Cabozantinib (Cometriq)
- Nivolumab (Opdivo)
- Nivolumab + Cabozantinib (Opdivo + Cometriq)
- Nivolumab + Ipilimumab (Opdivo + Yervoy)
- Lenvatinib + Pembrolizumab + (Kisplyx + Keytruda)

3. In the last 3 months, how many patients have been initiated* on the following agents for treatment for Renal Cell Carcinoma?

- Nivolumab (monotherapy)
- Nivolumab + Ipilimumab
- Nivolumab + Cabozantinib
- Avelumab + Axitinib
- Lenvatinib + Pembrolizumab + (Kisplyx + Keytruda)

*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. In the last 3 months, how many patients have undergone full or partial nephrectomy (any of the following OPCS codes M02.1, M02.2, M02.3, M02.4, M02.5, M03.1, M03.9, M04.2, M10.1 or M10.4)?
5. Does you trust participate in any clinical trials for the treatment of renal cell carcinoma? If so, please provide the name of each trial and number of patients that are taking part?

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all of the information requested, 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 all of the data requested for question 1, the UHB would need to undertake a manual trawl of the medical records of patients that are receiving palliative care. Additionally, to provide you with the information requested in question 2, a manual trawl of RCC patient records would be required, to identify any information that would fulfil your request, as this information 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 below.

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 (5 or less), 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 Freedom of Information Act 2000 (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 overleaf, the number of RCC patients that have received the treatments listed, as recorded on the ChemoCare system, during the period 1 March to 31 May 2025.

Medication	Number
Avelumab + Axitinib	*
Axinitib	0
Cabozantinib	*
Everolimus	0
Lenvatinib + Everolimus	0
Lenvatinib + Pembrolizumab	0
Nivolumab monotherapy	7
Nivolumab + Cabozantinib	5
Nivolumab + Ipilimumab	*
Pazopanib	0
Pembrolizumab monotherapy	*
Pembrolizumab + Axitinib	0
Radiotherapy only	**Not held
Sunitinib	0
Temsirolimus	0
Tivozanib	0
Other active Systemic Anti-Cancer Therapy	0
Palliative care only	Section 12 exemption applied

**The UHB regrets to inform you that it does not hold the information requested for Radiotherapy. The UHB's patients that require Radiotherapy are seen, treated and managed by Singleton Hospital, within Swansea Bay University Health Board (SBUHB). Therefore, we recommend that you redirect this part of your request to the Freedom of Information Team at SBUHB, who may be able to help you further. The contact details have been provided below:

FOIA.Requests@wales.nhs.uk or alternatively, you can contact: FOIA Team, Swansea Bay University Health Board, Health Board Headquarters, 1 Talbot Gateway, Port Talbot, SA12 7BR.

- The UHB has applied a Section 12 exemption, as Chemocare does not accurately report treatment online and therefore, a manual trawl of records would be required.
- The UHB provides within the table below, the number of RCC patients that have been initiated on the listed medications, during the period 1 March to 31 May 2025.

Medication	Number
Nivolumab (monotherapy)	*
Nivolumab + Ipilimumab	5
Nivolumab + Cabozantinib	*
Avelumab + Axitinib	0
Lenvatinib + Pembrolizumab + (Kisplyx + Keytruda)	0

- The UHB confirms that thirteen (13) patients have undergone a full or partial nephrectomy, during the period 1 March to 31 May 2025.
- The UHB confirms that it is not currently participating in any clinical trials for the treatment of RCC.