

## Freedom of Information Request: 0325 2019/20

University Hospitals Birmingham NHS Foundation Trust (UHB) completed a merger by acquisition of Heart of England NHS Foundation Trust (HEFT) on 1<sup>st</sup> April 2018. Due to historical differences in data collection/reporting across UHB and the former Heart of England NHS Foundation Trust this response has been provided by hospital site.

I have a Freedom of Information request about Cancer treatments with your organisation.

## Queen Elizabeth Hospital Birmingham:

- 1. How many melanoma patients undergoing treatment are BRAF+? We do not hold this information
  - a. -In the past 3 months, how many melanoma patients were treated with the following:

Bevacizumab - 0

Cobimetinib - 0

Dabrafenib - 0

Dabrafenib AND trametinib - 0

Dacarbazine - 0

**Encorafenib AND binimetinib** - 0

Ipilimumab - 0

**Ipilimumab AND Nivolumab - 6** 

Nivolumab - 1

Pembrolizumab - 3

Trametinib - 0

Vemurafenib - 0

Vemurafenib AND Cobimetinib - 0

Other active systemic anti-cancer therapy - 0

Palliative care - 0

- b. In the past 3 months how many patients were seen who had stage III resectable melanoma? 3
- c. Of all stage III patients seen, how many received a complete resection? 2
- d. Of all stage III patients seen, how many were stage III a? 1
- 2. In the past 3 months, how many Squamous Cell Non-small cell lung cancer (SqNSCLC) patients were treated with:

Afatinib - 0

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	Atezolizumab monotherapy - 0
	Bevacizumab – 0
	Docetaxel monotherapy - 0
	Durvalumab - 0
	Erlotinib - 0
	Gemcitabine - 5
	Necitumumab - 0
	Nivolumab - 0
	Paclitaxel b
	Pembrolizumab monotherapy - 0
	Pembrolizumab chemo in combination - 0
	Pemetrexed - 0
	Ramucirumab - 0
	Vinorelbine and cisplatin / carboplatin - 1
	Other active systemic anti-cancer therapy [please state] - 0
	Palliative care only - 1
3.	In the past 3 months, how many Non Squamous Cell Non-small cell lung cancer (Non SqNSCLC) patients were treated with:
3.	
3.	cancer (Non SqNSCLC) patients were treated with:
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0  Bevacizumab - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0  Bevacizumab - 0  Brigatinib - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0  Bevacizumab - 0  Brigatinib - 0  Ceritinib - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0  Bevacizumab - 0  Brigatinib - 0  Ceritinib - 0  Crizotinib - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0  Bevacizumab - 0  Brigatinib - 0  Ceritinib - 0  Crizotinib - 0  Dacomitinib - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0  Bevacizumab - 0  Brigatinib - 0  Ceritinib - 0  Crizotinib - 0  Dacomitinib - 0  Docetaxel monotherapy - 0
3.	cancer (Non SqNSCLC) patients were treated with:  Afatinib - 2  Alectinib - 0  Atezolizumab mono - 0  Atezolizumab + bevacizumab + carboplatin + paclitaxel - 0  Bevacizumab - 0  Brigatinib - 0  Ceritinib - 0  Crizotinib - 0  Dacomitinib - 0  Docetaxel monotherapy - 0  Erlotinib - 0

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Osimertinib - 0

Paclitaxel - 0

Pembrolizumab monotherapy - 1

Pembrolizumab chemo in combination - 7

Pemetrexed with carboplatin - 2

Pemetrexed with cisplatin - 1

Ramucirumab - 0

Other active systemic anti-cancer therapy [please state]

Cisplatin and oral Vinorelbine - 1

Etoposide & Carboplatin (limited stage) - 1

Palliative care only - 4

4. In the past 3 months, how many Urothelial cancer patients were treated with;

Atezolizumab - 0

Carboplatinum in combination with another agent - 0

Carboplatinum single agent - 0

**Cisplatinum in combination with another agent -** Gemcitabine & Cisplatin (Fractionated) (± Zoledronic acid) - 3

Cisplatinum single agent - 0

Nivolumab - 0

Pembrolizumab – 0

Any other chemo regimen without cisplatinum or carboplatinum - 0

Other active systemic anti-cancer therapy [please state] - 0

Palliative care only - 1

## Heartlands, Good Hope and Solihull Hospitals:

- How many melanoma patients undergoing treatment are BRAF+ ? Not Applicable
  - a. -In the past 3 months, how many melanoma patients were treated with the following:

Bevacizumab - 0

Cobimetinib - 0

Dabrafenib - 0

Dabrafenib AND trametinib - 0

Dacarbazine - 0

Encorafenib AND binimetinib - 0

**Ipilimumab** - 0

Ipilimumab AND Nivolumab - 0

Nivolumab - 0

Pembrolizumab - 0

Trametinib - 0

Vemurafenib - 0

Vemurafenib AND Cobimetinib - 0

Other active systemic anti-cancer therapy - 0

Palliative care - 0

- b. In the past 3 months how many patients were seen who had stage III resectable melanoma? Not Applicable
- c. Of all stage III patients seen, how many received a complete resection? Not Applicable
- d. Of all stage III patients seen, how many were stage III a? NA
- 2. In the past 3 months, how many Squamous Cell Non-small cell lung cancer (SqNSCLC) patients were treated with:

**Afatinib** – 9 (total number)

**Atezolizumab monotherapy** – 13 (total number)

**Bevacizumab** – 0

**Docetaxel monotherapy** – 2 (total number)

**Durvalumab** – 4 (total number)

**Erlotinib** – 2 (total number)

**Gemcitabine** – 2 (total number)

Necitumumab - 0

**Nivolumab** – 1 (total number)

Paclitaxel - 0

**Pembrolizumab monotherapy** – 24 (total number)

Pembrolizumab chemo in combination – 12 (total number)

**Pemetrexed** – 3 (total number)

Ramucirumab - 0

**Vinorelbine and cisplatin / carboplatin – 1** (total number)

Other active systemic anti-cancer therapy [please state] – Unable to answer.

Palliative care only – Unable to answer.

3. In the past 3 months, how many Non Squamous Cell Non-small cell lung cancer (Non SqNSCLC) patients were treated with: **Afatinib** – 9 (total number) **Alectinib** – 8 (total number) **Atezolizumab mono** – 13 (total number) Atezolizumab + bevacizumab + carboplatin + paclitaxel - 1 (total number) Bevacizumab - 0 Brigatinib - 0 **Ceritinib** – 2 (total number) Crizotinib - 0 **Dacomitinib** – 9 (total number) **Docetaxel monotherapy** – 2 (total number) **Erlotinib** – 2 (total number) **Gefitinib** – 5 (total number) Nintedanib with docetaxel – 1 (total number) **Nivolumab** – 1 (total number) Osimertinib – 6 (total number) Paclitaxel - 0 Pembrolizumab monotherapy – 24 (total number) **Pembrolizumab chemo in combination** – 12 (total number) **Pemetrexed with carboplatin** – 3 (total number) **Pemetrexed with cisplatin** – 7 (total number) Ramucirumab - 0 Other active systemic anti-cancer therapy [please state] Unable to answer Palliative care only – Unable to answer 4. In the past 3 months, how many Urothelial cancer patients were treated with; Atezolizumab - 0 Carboplatinum in combination with another agent – 1 (total number) Carboplatinum single agent - 0 **Cisplatinum in combination with another agent –** 7 (total number)

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Cisplatinum single agent - 0

Nivolumab - 0

## Pembrolizumab – 9

Any other chemo regimen without cisplatinum or carboplatinum - 4

Other active systemic anti-cancer therapy [please state] – Unable to answer

Palliative care only – Unable to answer

Please note that the figures are total numbers of patients, as we are unable to determine histology from pharmacy records.

Chair: Rt Hon Jacqui Smith

Chief Executive: Dr David Rosser