NHS Borders
Planning & Performance

NHS Borders
Education Centre
Borders General Hospital
Melrose
Roxburghshire
TD6 9BD
01896 825545
foi.enquiries@borders.scot.nhs.uk

Freedom of Information request 266-19

Request and Response

I am writing to you today to request the following information regarding Cancer Treatments at your organisation.

1. Does your trust treat adult multiple myeloma [MM] ? - if you refer your multiple myeloma patients to another centre, please state which.

   Yes

2. If yes, then how many MM patients, have been treated in the past 6 months with the following;

Drug Treatment	**No. Patients**	**1st Line**	**2nd Line**
Bortezomib [Velcade]	8 (including VTD & VCD)	<5	<5
Carfilzomib [Kyprolis]	<5	0	0
Ixazomib [Ninlaro]	0	0	0
Lenalidomide [Revlimid]	19	<5	9
Daratumumab [Darzalex]	0	0	0
Melphalan, prednisolone and thalidomide (known as MPT)	0	0	0
Cyclophosphamide, thalidomide and dexamethasone (known as CTD)	5	5	0
Pomalidomide [Imnovid]	6	0	<5

3. If you are able to split by therapy line for question 2, please indicate the number of patients above being treated, 1st line and 2nd line.

   See table above.

4. Does your trust treat adult/paediatric primary immune thrombocytopenia patients [ITP] ? - if you refer your adult/paediatric primary immune thrombocytopenia patients to another centre, please state which.

   Yes

5. If yes, then of the treated adult/paediatric primary immune thrombocytopenia patients, how many are on the following;

- Eltrombopag [Revolade] **- 5**
- Romiplostim [Nplate] - **0**

6. At what line of treatment would you currently use a Thrombopoietin Receptor Agonist [TPO] (Eltrombopag [Revolade], Romiplostim [Nplate]) in an immune thrombocytopenia purpura [ITP] patient.

- 1st
- 2nd
- 3rd
- 4th
- Unknown

This varies. If patient is suitable for all other treatments including splenectomy, TPO may only be used 4th or 5th line but if they are unsuitable for splenectomy or Rituximab then it may be used 2nd line.

7. Do you treat patients with a Thrombopoietin Receptor Agonist TPO for the following diseases?

   a. Chronic hepatitis C virus (HCV) infection for the treatment of thrombocytopenia, where the degree of thrombocytopenia is the main factor preventing the initiation or limiting the ability to maintain optimal interferon-based therapy

      - Eltrombopag [Revolade]
      - Romiplostim [Nplate]

      Data not held electronically.

   b. Acquired severe aplastic anaemia (SAA) who were either refractory to prior immunosuppressive therapy or heavily pre-treated and are unsuitable for haematopoietic stem cell transplantation

      - Eltrombopag [Revolade]
      - Romiplostim [Nplate]

      Data not held electronically.

   c. Chemotherapy induced thrombocytopenia (CIT)

      - Eltrombopag [Revolade]
      - Romiplostim [Nplate]
      - 7d myelodysplastic syndromes (MDS)
      - Eltrombopag [Revolade]
      - Romiplostim [Nplate]

      NHS Borders does not use TPO in these patients.

8. Over the past 6 months [latest possible], how many chronic lymphocytic leukaemia (CLL) patients have you treated?

   15 patients

9. If possible how many CLL patients treated were new to therapy in the past 3 months?

   <5 patients

10. How many chronic lymphocytic leukaemia patients, have been treated in the past 6 months with the following;

- Fludarabine (Fludara), cyclophosphamide (Cytoxan), and rituximab (known as FCR) **- 0**
- Bendamustine and rituximab (known as BR) - **<5**
- Ibrutinib [Imbruvica] - **8**
- Chlorambucil - **<5***
- Venetoclax **- <5**
- Obinutuzumab – **<5***
- Idelalisib - **<5**
- Fludarabine and rituximab (known as FR) **- 0**
- High-dose prednisone and rituximab **- 0**

- Pentostatin (Nipent), cyclophosphamide, and rituximab (known as PCR) **- 0**
- Alemtuzumab (Campath) with rituximab **- 0**

*** These patients were treated with a combination of obinutuzumab & chlorambucil**

As the number of events in some areas are very small and in accordance with the Code of Practice for Official Statistics any number that is less than five, actual numbers and potentially identifiable information is withheld to help maintain patient confidentiality due to potential risk of disclosure. Further information is available in the ISD Statistical Disclosure Control Protocol.

If you are not satisfied with the way your request has been handled or the decision given, you may ask NHS Borders to review its actions and the decision. If you would like to request a review please apply in writing to, Freedom of Information Review, NHS Borders, Room 2EC3, Education Centre, Borders General Hospital, Melrose, TD6 9BS or foi.enquiries@borders.scot.nhs.uk.

The request for a review should include your name and address for correspondence, the request for information to which the request relates and the issue which you wish to be reviewed. Please state the reference number **266-19** on this request. Your request should be made within 40 working days from receipt of this letter.

If following this review, you remain dissatisfied with the outcome, you may appeal to the Scottish Information Commissioner and request an investigation of your complaint. Your request to the Scottish Information Commissioner should be in writing (or other permanent form), stating your name and an address for correspondence. You should provide the details of the request and your reasons for dissatisfaction with both the original response by NHS Borders and your reasons for dissatisfaction with the outcome of the internal review. Your application for an investigation by the Scottish Information Commissioner must be made within six months of your receipt of the response with which you are dissatisfied. The address for the Office of the Scottish Information Commissioner is, Office of the Scottish Information Commissioner, Kinburn Castle, Doubledykes Road, St Andrews, Fife.