

Bladder Cancer Treatment

Reference Number: RDF2078-23 Date of Response: 08/12/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

In the past three months, how many patients have been treated for Bladder cancer with the below:

- a) Avelumab
- b) Atezolizumab
- c) Carboplatin with Gemcitabine
- d) Carboplatin single or in any other combination
- e) Cisplatin with Gemcitabine
- f) Cisplatin single or in any other combination
- g) Nivolumab
- h) Pembrolizumab
- i) Any other systemic anti-cancer therapy
- j) Palliative care only

For the time period: past three months*

Regimen	Grand Total
a) Avelumab	*<5
b) Atezolizumab	*<5
c) Carboplatin with Gemcitabine	*<5
d) Carboplatin single or in any other combination	0
e) Cisplatin with Gemcitabine	16
f) Cisplatin single or in any other combination	0
g) Nivolumab	0
h) Pembrolizumab	0
i) Any other systemic anti-cancer therapy	*<5
j) Palliative care only	*<5

^{*} Latest available SACT data, from 01/08/2023 to 31/10/2023

Please note: Where the figures are less than or equal to 5 this has been denoted by *. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other

information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the GDPR, namely Principle 1.

The Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, providers and Trusts may allow identification of patients and should not be published.