

Request under Freedom of Information Act 2000

Thank you for your request for information which we received on 07 September 2022.

I am pleased to confirm the following.

- 1. How many patients in the last 12 months has the trust treated for metastatic Cholangiocarcinoma (CCA) or Acute myeloid leukaemia (AML)?**
 - a. For each of AML and CCA, how many have IDH-1 mutation?**
 - b. How many CCA are intrahepatic vs extrahepatic?**
 - i. How many of each of these present at 2nd line? How many of these at 2nd line have IDH-1 mutation?**
 - c. For AML, how many patients were not fit for intensive chemotherapy? How many of these AML patients have IDH-1 mutation?**

This is exempt under section 40 – Personal Information – This would involve looking through individual patient records

- 2. How many patients have been treated with pemigatinib (CCA), venetoclax plus azacitadine dual therapy or azacitadine monotherapy (AML)?**

10 patients

- a. What is the average treatment duration for CCA patients treated with pemigatinib and AML patients treated with azacitadine dual therapy and azacitadine monotherapy? What is the preferred azacitadine product?**

This is exempt under section 40 – Personal Information – This would involve looking through individual patient records

- 3. What is the real-world dosing for venetoclax (in combination with a CYP3A4)?**

This is exempt under section 40 – Personal Information – This would involve looking through individual patient records

- a. What is the antifungal of choice for patients treated with venetoclax?**

Posaconazole

b. What is the antifungal average treatment duration when used in combination with venetoclax ?

c) what proportion of patients are treated with an antifungal in combination with venetoclax? In what proportion of patients is the antifungal treatment stopped? In what proportion of these pts is the venetoclax dosage altered following cessation of the antifungal?

This is exempt under section 40 – Personal Information – This would involve looking through individual patient records

4. Do you routinely test CCA and AML patients for IDH-1 mutation?

a. If so when does the testing take place. E.g. at diagnosis or following 1st line progression? Is this done using NGS panel? Is this done using PCR testing?

B. What is the average turnaround time for these tests?

This is exempt under section 40 – Personal Information – This would involve looking through individual patient records

5. Who is responsible for the routine management of patients with CCA and AML?

a. Clinical oncologist / medical oncologist / specialist nurse etc?

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6. How many admissions have occurred in the last 12 months for patients with CCA and AML?

a. What is their average length of stay?

b. How many of these patients were readmissions or readmitted during this time? If readmitted, can you state the main reason?

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If you need any further assistance, please do not hesitate to contact us at the address above.

Yours sincerely,

Freedom of Information Co-ordinator

For and on behalf of Milton Keynes Hospital NHS Foundation Trust

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