



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd/Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Mark Hackett**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi.
We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

Cais Rhyddid Gwybodaeth / Freedom of Information request **Ein Cyf / Our Ref: 22-I-007**

You asked:

- 1. How many patients in the last 12 months has the Health Board treated for metastatic Cholangiocarcinoma (CCA) or Acute myeloid leukaemia (AML)?**
Please note that we have provided information for patients admitted to our hospitals as an inpatient with a primary admission reason of the above listed conditions.

For 12 months from 1st July 2021 to 30th June 2022:

AML – 42 patients

CCA – 109 patients

- 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?**
- For questions a-c, this information would only be available in patient records and is not held centrally.

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

For 12 months from Sept 2021 to 31st August 2022:

Pemigatinib – 0

Venetoclax plus azacitadine dual therapy – 9

Azacitadine monotherapy (AML) – 6

- 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?**
Pemigatinib – N/A
Venetoclax plus azacitadine dual therapy – 2 cycles (56 days)
Azacitadine monotherapy (AML) – 4.25 cycles (119 days)



Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR / Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe
Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board

3. What is the real-world dosing for venetoclax (in combination with a CYP3A4)?
100mg

- a. What is the antifungal of choice for patients treated with venetoclax?**
Posaconazole or Voriconazole
- b. What is the antifungal average treatment duration when used in combination with venetoclax?**
Continuous
- c. What proportion of patients are treated with an antifungal in combination with venetoclax?**
100%
- d. In what proportion of patients is the antifungal treatment stopped?**
Those in remission
- e. In what proportion of these pts is the venetoclax dosage altered following cessation of the antifungal?**
All patients

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

- 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?**
AML patients at diagnosis
- b. What is the average turnaround time for these tests?**
3 weeks

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

- a. Clinical oncologist / medical oncologist / specialist nurse etc?**
CCA – Oncologist
AML – Haematologist

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

Diagnosis	Daycase, inpatient and regular day admission
Acute myeloblastic leukaemia (AML)	443
Metastatic Cholangiocarcinoma (CCA)	2206

- a. What is their average length of stay?**
AML – 14 days
CCA – 8 days
- b. How many of these patients were readmissions or readmitted during this time? If readmitted, can you state the main reason?**

Of the above (Q6) the number of patients where the patient had also been admitted within the previous 28 days:



Diagnosis	Readmission
Acute myeloblastic leukaemia (AML)	14
Metastatic Cholangiocarcinoma (CCA)	155

Of the above the number of admissions where the patient was readmitted within 28 days of above admission

Diagnosis	Readmission
Acute myeloblastic leukaemia (AML)	20
Metastatic Cholangiocarcinoma (CCA)	83

The main reason for readmission would have been neutropenic sepsis or high temperature indicating some form of infection.

