

**Request for information under the Freedom of Information Act – 2022.152
Released – 8 September 2022**

Thank you for your email received 6 September 2022 requesting information regarding metastatic cholangiocarcinoma (CCA) and acute myeloid leukaemia (AML).

Please find detailed below a summary of your request, together with our response.

Summary of your original request:

- 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?**
- 2. How many patients have been treated with pemigatinib (CCA), venetoclax plus azacitadine dual therapy or azacitadine monotherapy (AML)?**
 - 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?**
- 3. What is the real-world dosing for venetoclax (in combination with a CYP3A4)?**
 - a. What is the antifungal of choice for patients treated with venetoclax?**
 - 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?**
- 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?**
- 5. Who is responsible for the routine management of patients with CCA and AML?**
 - a. Clinical oncologist / medical oncologist / specialist nurse etc?**

Chair John Goulston Chief Executive Mairead McCormick

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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?

The Kent Community Health NHS Foundation Trust does not provide cancer treatment; therefore we do not hold information pertinent to your request.