

Date 20/01/2026
Your Ref
Our Ref 10968

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION – MYELOMA PRESCRIBING

I write in response to your request for information in relation to multiple myeloma prescribing.

Question:

1. Over the past 6 months, how many adult multiple myeloma [MM] patients have you treated? If you refer your multiple myeloma patients to another centre, please state which.

Answer:

276 (SACT only)

Question:

2. Of the multiple myeloma patients over the past 6 months, how many were treated with the following:
 - Belantamab Mafodotin [Blenrep]
 - Belantamab Mafodotin [Blenrep] + Bortezomib [Velcade] + Dexamethasone
 - Belantamab Mafodotin [Blenrep] + Pomalidomide [Imnovid] + Dexamethasone
 - Bortezomib [Velcade] ± Dexamethasone
 - Bortezomib [Velcade] + Melphalan + Prednisolone/Dexamethasone (VMp or VCd)
 - Bortezomib [Velcade] + Thalidomide + Dexamethasone (VTD)
 - Carfilzomib [Kyprolis] + Dexamethasone
 - Carfilzomib [Kyprolis] + Lenalidomide [Revlimid] + Dexamethasone (KRd)
 - Daratumumab [Darzalex] + Bortezomib [Velcade] + Dexamethasone (DVd/DBd)
 - Daratumumab [Darzalex] + Bortezomib [Velcade] + Thalidomide + Dexamethasone (Dara-VTd)
 - Daratumumab [Darzalex] + Lenalidomide [Revlimid] + Dexamethasone (DRd)
 - Daratumumab [Darzalex] monotherapy
 - Elranatamab
 - Idecabtagene vicleucel [Abecma]
 - Isatuximab [Sarclisa] + Bortezomib [Velcade] + Lenalidomide [Revlimid] + Dexamethasone (Isa-VRd)
 - Isatuximab [Sarclisa] + Pomalidomide [Imnovid] + Dexamethasone (IsaPd)

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Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox
Lothian NHS Board is the common
name of Lothian Health Board

- Ixazomib [Ninlaro] + Lenalidomide [Revlimid] + Dexamethasone (IRd)
- Lenalidomide [Revlimid] + Dexamethasone
- Lenalidomide [Revlimid] monotherapy
- Panobinostat + Bortezomib + Dexamethasone
- Pomalidomide [Imnovid] + Dexamethasone
- Selinexor + Bortezomib [Velcade] + Dexamethasone
- Selinexor + Dexamethasone
- Talquetamab
- Teclistamab [Tecvayli]
- Any other systemic anti-cancer therapy [please specify]

Answer:

Belantamab Mafodotin [Blenrep]	Nil
Belantamab Mafodotin [Blenrep] + Bortezomib [Velcade] + Dexamethasone	Nil
Belantamab Mafodotin [Blenrep] + Pomalidomide [Imnovid] + Dexamethasone	Nil
Bortezomib [Velcade] ± Dexamethasone	5<
Bortezomib [Velcade] + Melphalan + Prednisolone/Dexamethasone (VMp or VCd)	Nil
Bortezomib [Velcade] + Thalidomide + Dexamethasone (VTD)	Nil
Carfilzomib [Kyprolis] + Dexamethasone	10
Carfilzomib [Kyprolis] + Lenalidomide [Revlimid] + Dexamethasone (KRd)	5<
Daratumumab [Darzalex] + Bortezomib [Velcade] + Dexamethasone (DVd/DBd)	27
Daratumumab [Darzalex] + Bortezomib [Velcade] + Thalidomide + Dexamethasone (Dara-VTd)	6
Daratumumab [Darzalex] + Lenalidomide [Revlimid] + Dexamethasone (DRd)	53
Daratumumab [Darzalex] monotherapy	19
Elranatamab	12
Idecabtagene vicleucel [Abecma]	Nil
Isatuximab [Sarclisa] + Bortezomib [Velcade] + Lenalidomide [Revlimid] + Dexamethasone (Isa-VRd)	Nil
Isatuximab [Sarclisa] + Pomalidomide [Imnovid] + Dexamethasone (IsaPd)	10
Ixazomib [Ninlaro] + Lenalidomide [Revlimid] + Dexamethasone (IRd)	Nil
Lenalidomide [Revlimid] + Dexamethasone	62
Lenalidomide [Revlimid] monotherapy	62
Panobinostat + Bortezomib + Dexamethasone	Nil
Pomalidomide [Imnovid] + Dexamethasone	14
Selinexor + Bortezomib [Velcade] + Dexamethasone	Nil
Selinexor + Dexamethasone	Nil
Talquetamab	Nil
Teclistamab [Tecvayli]	Nil
Any other systemic anti-cancer therapy [please specify:] Bendamistine&Pred, DBLD, VCD	13

Question:

3. In the last 6 months, how many patients have been initiated* on the following regimens?

- Bortezomib [Velcade] + Thalidomide + Dexamethasone (VTD)
- Carfilzomib [Kyprolis] + Dexamethasone
- Carfilzomib [Kyprolis] + Lenalidomide [Revlimid] + Dexamethasone (KRd)
- Daratumumab [Darzalex] + Bortezomib [Velcade] + Dexamethasone (DVd/DBd)
- Daratumumab [Darzalex] + Bortezomib [Velcade] + Lenalidomide [Revlimid] + Dexamethasone (Dara-VRd)
- Daratumumab [Darzalex] + Bortezomib [Velcade] + Thalidomide + Dexamethasone (Dara-VTd)
- Daratumumab [Darzalex] + Lenalidomide [Revlimid] + Dexamethasone (DRd)
- Isatuximab [Sarclisa] + Bortezomib [Velcade] + Lenalidomide [Revlimid] + Dexamethasone (Isa-VRd)
- Lenalidomide [Revlimid] monotherapy
- Lenalidomide [Revlimid] + Dexamethasone
- Selinexor + Bortezomib [Velcade] + Dexamethasone
- Selinexor + Dexamethasone
- Any other systemic anti-cancer therapy [please specify]

*Patients are considered initiated if they have not received any of the drugs in the named regimen (either alone or in combination) during the calendar year 2025 prior to initiation.

Answer:

Bortezomib [Velcade] + Thalidomide + Dexamethasone (VTD)	Nil
Carfilzomib [Kyprolis] + Dexamethasone	7
Carfilzomib [Kyprolis] + Lenalidomide [Revlimid] + Dexamethasone (KRd)	5<
Daratumumab [Darzalex] + Bortezomib [Velcade] + Dexamethasone (DVd/DBd)	5<
Daratumumab [Darzalex] + Bortezomib [Velcade] + Lenalidomide [Revlimid] + Dexamethasone (Dara-VRd)	11
Daratumumab [Darzalex] + Bortezomib [Velcade] + Thalidomide + Dexamethasone (Dara-VTd)	5<
Daratumumab [Darzalex] + Lenalidomide [Revlimid] + Dexamethasone (DRd)	15
Isatuximab [Sarclisa] + Bortezomib [Velcade] + Lenalidomide [Revlimid] + Dexamethasone (Isa-VRd)	Nil
Lenalidomide [Revlimid] monotherapy	16
Lenalidomide [Revlimid] + Dexamethasone	6
Selinexor + Bortezomib [Velcade] + Dexamethasone	Nil
Selinexor + Dexamethasone	Nil
Any other systemic anti-cancer therapy [please specify:] Bendamistine&Pred, Bortez+Dex, Daratumumab (Mono), Elranatamab, ISA-POM, DEX, POM-DEX, VCD	21

**Patients are considered initiated if they have not received any of the drugs in the named regimen (either alone or in combination) during the calendar year 2025 prior to initiation.*

Question:

4. In the last 6 months, how many patients have received the following second-line treatment?
- Lenalidomide [Revlimid] + Dexamethasone

Answer:

We are unable provide data for this as it will require data linkage. Under the Freedom of Information Act NHS Lothian is not required to create new records to enable it to respond to your enquiry. This information is not collated or held in aggregate form and it would be necessary to review all case files **relating to patients** over the period you have requested to assemble the information you seek. Even if NHS Lothian did this – and there would be significant cost implications in doing so – it would be unable to respond in full to your request. The information requested is therefore exempt under section 12.1 – Cost.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive