

Date 06/03/2026
Your Ref
Our Ref 11142

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION – PRESCRIBING

I write in response to your request for information in relation to non-small cell lung cancer prescribing.

Question:

1. How many non-small cell lung cancer (NSCLC) patients were treated in the past 3 months with:
 - a. ALK Inhibitors (Alectinib, Brigatinib, Ceritinib, Crizotinib, Lorlatinib)
 - b. Amivantamab Monotherapy
 - c. Atezolizumab monotherapy (any formulation) OR Atezolizumab monotherapy (infusion only)
 - d. Atezolizumab (any formulation) + Bevacizumab + Carboplatin + Paclitaxel
 - e. Atezolizumab monotherapy (subcutaneous injection only)
 - f. Dabrafenib + Trametinib
 - g. Docetaxel monotherapy or in combination with Carboplatin/Cisplatin
 - h. Durvalumab
 - i. Gemcitabine
 - j. Nintedanib + Docetaxel
 - k. Nivolumab
 - l. Osimertinib
 - m. Other EGFR Inhibitors (Afatinib, Erlotinib, Gefitinib, Dacomitinib, Mobocertinib)
 - n. Paclitaxel
 - o. Pembrolizumab Monotherapy
 - p. Pembrolizumab + Paclitaxel + Platinum (Carboplatin/Cisplatin)
 - q. Pembrolizumab + Pemetrexed + Platinum (Carboplatin/Cisplatin)
 - r. Pemetrexed + Platinum (Carboplatin/Cisplatin)
 - s. RET Inhibitors (Pralsetinib, Selpercatinib)
 - t. Sotorasib
 - u. Tepotinib
 - v. Vinorelbine monotherapy or in combination with Carboplatin/Cisplatin
 - w. Other active systemic anti-cancer therapy

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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

- x. Palliative care only
- y. Amivantamab with carboplatin and pemetrexed
- z. Cemiplimab with platinum-based chemotherapy
- aa. Adagrasib
- bb. Datopotamab deruxtecan
- cc. Amivantamab with lazertinib

Answer:

| | |
|-----|-----|
| 1a | 15 |
| 1b | Nil |
| 1c | Nil |
| 1d | Nil |
| 1e | ≤ 5 |
| 1f | Nil |
| 1g | Nil |
| 1h | 12 |
| 1i | ≤5 |
| 1j | ≤5 |
| 1k | ≤5 |
| 1l | 45 |
| 1m | ≤5 |
| 1n | Nil |
| 1o | 47 |
| 1p | 6 |
| 1q | 6 |
| 1r | 8 |
| 1s | ≤5 |
| 1t | ≤5 |
| 1u | ≤5 |
| 1v | 8 |
| 1w | 20 |
| 1x | N/A |
| 1y | Nil |
| 1z | Nil |
| 1aa | Nil |
| 1ab | Nil |
| 1ac | Nil |

To protect the identity of the individuals involved any figure of 5 or less has not been shown in the table above. Since we do not have their consent to release this data from their records, the information is exempt under section 38(1)(b) of the Freedom of Information (Scotland) Act i.e. to provide it would breach the Data Protection Act (2018).

Question:

2. Does your trust participate in any clinical trials for Non Small Cell Lung Cancer? If so, please provide the name of each trial, and the number of patients taking part.

Answer:

| Full Title | Recruited |
|---|-----------|
| REFINE-Lung, A randomised open-label phase III trial of REduced Frequency pembrolizumab immuNothErapy for first-line treatment of patients with advanced non-small cell lung cancer (NSCLC) utilising a novel multi-arm frequency-response optimisation design | 30 |
| CONCORDE, A platform study of DNA damage response inhibitors in combination with conventional radiotherapy in non small cell lung cancer | 11 |
| PRESERVE-003, Phase 3, Two-stage, Randomized Study of ONC-392 Versus Docetaxel in Metastatic Non-Small Cell Lung Cancers that Progressed on PD-1/PD-L1 Inhibitors | 0 |
| ARTEMIDE-Lung02, A Phase III, Randomized, Double-blind, Multicenter, Global Study of Rilvegostomig or Pembrolizumab in Combination with Platinum-based Chemotherapy for the First-line Treatment of Patients with Metastatic Squamous Non-small Cell Lung Cancer Whose Tumors Express PD-L1 | 0 |
| ARTEMIDE-Lung03, Phase III, Randomized, Double-blind, Multicenter, Global Study of Rilvegostomig or Pembrolizumab in Combination with Platinum based Chemotherapy for the First-line Treatment of Patients with Metastatic Non-squamous Non-small Cell Lung Cancer Whose Tumors Express PD-L1 | 0 |

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