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6th January 2025

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[REDACTED]

Dear Sir/Madam

Freedom of Information Act (FOI) 2000 - Request for Information Reference: Treatment
for Myelofibrosis May - Oct

I am writing in response to your request for information under the FOI 2000.

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below. Please accept our apologies for the delay.

Home, Community, Hospital.

FOI Request / Question	Question Response	Is there an exemption?	Exemption	Exemption Details
Q1. Please provide the total number of patients treated in the last 6 months for: • Polycythaemia Vera (ICD10 code D45) • Myelofibrosis (ICD10 code D47.4) • Myelofibrosis (ICD10 code D47.4) patients aged 65 and older	0			
Q2. How many patients were treated in the past 6 months (for any disease) with: • Ruxolitinib • Fedratinib • Momelotinib	Ruxolitinib - 7 Fedratinib - 1 Momelotinib - 2			
Q3. How many patients were treated with Ruxolitinib in the past 6 months for the following diseases? • Myelofibrosis (ICD10 code D47.4) • Polycythaemia Vera (ICD10 code D45) • Other/Unknown	2 Unique Patients coded for Myelofibrosis, discharged and issued Ruxolitinib (at least once) in time period specified. Please note that this information only relates to inpatient activity. Unfortunately, ICD10 coding is not consistently applied to outpatient activity and therefore it not a reliable way to extract a particular group of patients. Additionally, we have extracted records based on ICD10 coding in any position within the patient's record. This means that the diagnosis is not necessarily the primary reason for admission. Lastly, we cannot say if the drug in question was used to treat a specific diagnosis; only a clinical review will confirm that. My extract only indicates			

	that the drug was issued to the patient and the patient was discharged from an inpatient spell with the requisite diagnosis codes within the requested time period.			
<p>Q4. How many myelofibrosis (ICD10 code D47.4) patients has your trust diagnosed in the past 3 years?</p> <ul style="list-style-type: none"> Of these patients, how many were treated in the past 6 months with <ol style="list-style-type: none"> Hydroxycarbamide Interferon therapy received no active treatment in the past 6 months? 	<p>There are 268 coded episodes for inpatient spells with Myelofibrosis in the last 3 years (Jan 22 to Nov 24). There are 64 unique patients, therefore, a number of patients had more than 1 spell in the time period specified.</p> <p>There were 43 unique spells for 20 unique patient in between May 24 to October 24 where no drug was issued.</p> <p>Please note that this information only relates to inpatient activity. Unfortunately, ICD10 coding is not consistently applied to outpatient activity and therefore it not a reliable way to extract a particular group of patients.</p> <p>Additionally, we have extracted records based on ICD10 coding in any position within the patient's record. This means that the diagnosis is not necessarily the primary reason for admission.</p> <p>Lastly, we cannot say if the drug in question was used to treat a specific diagnosis; only a clinical review will confirm that. My extract only indicates that the drug was issued to the patient and the patient was discharged from an inpatient spell with the requisite diagnosis codes within the</p>			

	requested time period.			
Q5. Does your trust participate in any clinical trials for the treatment of myelofibrosis? • If so, can you please provide the name of each trial along with the number of patients taking part.	No Sherwood Forest Hospitals do not have any studies within this topic.			

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.