

Ref: FOI/GS/ID 6927

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to chemotherapies and anything specific to carboplatin.

You asked:

We are seeking information for both general advice relevant to all chemotherapies and anything specific to carboplatin.

As part of this guidance and information we are seeking data including but not limited to:

- 1. The % and number of patients having the kidney function tests before chemo has begun and after it has begun, with associated outcomes, including mortality rates, split by chemo cycle stage undertaken.*
- 2. The % and number of patients whose GFR tests taken prior to chemo starting, have indicated their kidneys were not functioning sufficiently to enable progression of chemotherapy.*
- 3. It would then be helpful to understand which of those patients guided chemo cannot be progressed, did not progress and those that did (going against doctors wishes if that is possible to do?) and their outcomes.*

The Trust contacted you regarding clarification of the timeframe required.

It needs to reflect a time pre covid that is representative of more 'normal' time in treatment of cancers patients and also post pandemic peak when hospitals have been ramping up recovery.

We'd therefore be looking at two periods of data 1) 12 rolling months, February 2018 to Feb 2019 and then 5 months May 2021 to September 2021.

In addition to our questions below we'd like:

4. The specific data on number of patients during those periods who did not have a kidney function test prior to the first chemo cycle e.g total patients given chemo and not given chemo and the numbers of those that had gfr test before and those that did not.

5. For those patients that did not, also confirm of any subsequent kidney failure experienced and at what stage of chemo it was experienced.

6. To make a fair comparison, we'd welcome data of those who experienced kidney failure from chemo and at what stage chemo this happened - who undertook a gfr test prior and whose kidneys were deemed fit enough to withstand chemo treatment.

Trust response:

Please find below some general information from MacMillan.

Effects on the kidneys

This treatment can affect how your kidneys work. This is usually mild and goes back to normal after treatment finishes. You will have blood tests to check how well your kidneys are working. Tell your doctor or nurse if you have blood in your urine (pee) or you are passing urine less than usual.

It is important to drink at least 2 litres (3½ pints) of non-alcoholic fluid each day to help protect your kidneys.

The following information is from ARIA the electronic prescription for Carboplatin:

- EDTA should be used to measure GFR prior to cycle 1. C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result.
- AUC 5 should be used where an EDTA result is available, otherwise if GFR is estimated (C+G)AUC 6 may be used at clinician discretion
- Monitor U+Es, LFTs and FBC at each cycle.
- Discuss with consultant if creatinine clearance drops by 25%
- Monitor U+Es, LFTs and FBC at each cycle.

Despite numerous discussions between the multiple stakeholders involved, the Trust does not hold the information in the detail requested. However, as a result of this request the Trust is looking to generate the data and would be happy to share the information upon completion but as yet the timeframe is unknown.