

Date: 07/09/2016

FREEDOM OF INFORMATION REQUEST FOI/012977 – VTE in cancer

Question 1: How many patients has your Trust treated for cancer (of all types) in each of the past four years?
We are using patients admitted with a primary diagnosis of cancer

- a) 2015 **3602**
- b) 2014 **3521** 2858 (figures in red are previously submitted figures that have been
- c) 2013 **3281** 2481 revised following review of queries)
- d) 2012 **3173** 2788

Question 2: Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {VTE is defined by the following ICD 10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9} in each of the past four years?

- a) 2015 **33**
- b) 2014 **36** 24 (figures in red are previously submitted figures that have been
- c) 2013 **30** 23 revised following review of queries)
- d) 2012 **29** 20

Question 3: Of the patients treated for cancer who also had a diagnosis of VTE in each of the past four years, how many:

	2015	2014	2013	2012	Notes
Were receiving chemotherapy?	3	4	6	5	
Had metastatic disease?	19	22	14	17	
Had localised disease?	14	18	16	12	Any that are not 'Metastatic' have been assumed as Localised as these are not coded
Were treated for brain cancer?	0	0	1	1	

Were treated for lung cancer?	5	3	3	6	
Were treated for uterine cancer?	0	0	0	1	
Were treated for bladder cancer?	0	2	1	0	
Were treated for pancreatic cancer?	5	5	4	2	
Were treated for stomach cancer?	2	3	6	0	
Were treated for kidney cancer?	0	0	2	1	

Part 2: Mortality

The Trust does not clinically code the 'cause of death'. The Trust clinically codes 'treatment' and 'diagnosis'. The Trust is therefore unable to respond to this section Questions 4 – 6.

Question 4: In how many patient deaths within your Trust was cancer (of any type) listed as the **primary** cause of death in each of the past four years:

- a) 2015
- b) 2014
- c) 2013
- d) 2012

Question 5: Of the patients who died within your Trust, in how many was VTE **as well** as cancer listed as a cause of death in each of the past four years:

- a) 2015
- b) 2014
- c) 2013
- d) 2012

Question 6: Of the patients who died in your Trust who had both VTE **and** cancer listed as a cause of death, how many:

	2015	2014	2013	2012
Were receiving chemotherapy?				
Were treated for brain cancer?				
Were treated for lung cancer?				
Were treated for uterine cancer?				
Were treated for bladder cancer?				
Were treated for pancreatic cancer?				
Were treated for stomach cancer?				
Were treated for kidney cancer?				

Part 3: Advice given to patients

Question 7: Are patients who receive chemotherapy provided with written and verbal information about the risk of developing VTE during chemotherapy? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

Verbal and written information in relation specifically to the proposed treatment are provided which includes the Cancer Research UK Cancer & the Risk of Blood Clots Patient information leaflet. The information pack is provided to both out-patients and in-patients undergoing chemotherapy.

Question 8: Are patients who receive chemotherapy provided with written and verbal information which outlines the symptoms suggestive of VTE? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

A Cancer Research UK Cancer & the Risk of Blood Clots Patient information leaflet has recently been introduced to the patient information pack provided at the outset of treatment. A Trust information leaflet is in the process of being peer reviewed which will be accessible on the external Trust website. This will replace the Cancer Research UK information leaflet when the approval process has been completed.

Question 9: Are patients who receive chemotherapy provided with written and verbal information regarding what action they should take if they suspect a Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

Patients are provided with verbal and written contact details for a nurse-led 24 hour triage helpline to contact if they suspect that they are unwell during treatment or are experiencing side effects of treatment. This is not however specific to VTE recognition but any patient presenting with a potential VTE but if suspected, the patient would be managed in accordance with the Management of Cancer Related Thromboembolism Guideline and Trust VTE Policy.

Question 10: Does your Trust have a policy or pathway for the management of suspected VTE in patients receiving chemotherapy?

Yes – Management of Cancer Related Thromboembolism Guideline (UNDER REVIEW – April 2016)