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7th April 2026

[REDACTED]

Dear Sir/Madam

Freedom of Information Act (FOI) 2000 - Request for Information Reference: Treatment of Mantle Cell Lymphoma (MCL)

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
<p>1. How many patients has your Trust treated in the past 12 months (February 2025 - January 2026, or latest 12 months available) for Mantle Cell Lymphoma (MCL) (excluding patients being monitored but not undergoing active treatment)?</p> <p>In case you do not treat MCL, which other Trust do you refer patients needing treatment to?</p>	8 Patients			
<p>2. How many Mantle Cell Lymphoma (MCL) patients have been treated by the Trust in the past 6 months (August 2025 - January 2026, or latest 6 months available) on the following treatments:</p> <ul style="list-style-type: none"> • BR (Bendamustine + rituximab) • VR-CAP (Bortezomib, Rituximab, Doxorubicin, Cyclophosphamide and prednisolone) • R-CHOP (Rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone) • R-maxi-CHOP or Nordic Protocol (R-CHOP alternated with Rituximab+ High-dose Cytarabine) • CVP (cyclophosphamide, vincristine and 	<p>6 Patients • BR (Bendamustine + rituximab)</p> <p>0 Patients • VR-CAP (Bortezomib, Rituximab, Doxorubicin, Cyclophosphamide and prednisolone)</p> <p>0 Patients • R-CHOP (Rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone)</p> <p>0 Patients • R-maxi-CHOP or Nordic Protocol (R-CHOP alternated with Rituximab+ High-dose Cytarabine)</p> <p>0 Patients • CVP (cyclophosphamide, vincristine and prednisolone)</p> <p>1 Patients • Brukinsa (zanubrutinib)</p> <p>2 Patients • Imbruvica (ibrutinib)</p> <p>0 Patients • Velcade (bortezomib) + chemotherapy</p> <p>0 Patients • Tecartus (brexucabtegene autoleucl)</p>			

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<p>prednisolone)</p> <ul style="list-style-type: none"> • Brukinsa (zanubrutinib) • Imbruvica (ibrutinib) • Velcade (bortezomib) + chemotherapy • Tecartus (brexucabtegene autoleucel) • R-BAC (rituximab, bendamustine and cytarabine) • R-DHAP (rituximab + cytarabine + cisplatin + dexamethasone) • Any other systemic anti-cancer therapy • Wait and watch (monitoring only, no active treatment) 	<p>0 Patients • R-BAC (rituximab, bendamustine and cytarabine)</p> <p>0 Patients • R-DHAP (rituximab + cytarabine + cisplatin + dexamethasone)</p> <p>2 Patients • Any other systemic anti-cancer therapy</p> <p>0 Patients • Wait and watch (monitoring only, no active treatment)</p> <p>Please note patients may have been treated with more than one medication within the specified timeframe.</p>			
<p>3. How many Mantle Cell Lymphoma (MCL) new patients have been initiated by the Trust in the past 6 months (August 2025 - January 2026, or latest 6 months available) on the following treatments: For this question, please only count patients that have received the below treatments for the first time.</p> <ul style="list-style-type: none"> • BR (Bendamustine + rituximab) • VR-CAP (Bortezomib, Rituximab, Doxorubicin, Cyclophosphamide and prednisolone) • R-CHOP (Rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone) 	<p>5 Patients • BR (Bendamustine + rituximab)</p> <p>0 Patients • VR-CAP (Bortezomib, Rituximab, Doxorubicin, Cyclophosphamide and prednisolone)</p> <p>0 Patients • R-CHOP (Rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone)</p> <p>0 Patients • R-maxi-CHOP or Nordic Protocol (R-CHOP alternated with Rituximab+ High-dose Cytarabine)</p> <p>0 Patients • CVP (cyclophosphamide, vincristine and prednisolone)</p> <p>0 Patients • Brukinsa (zanubrutinib)</p> <p>0 Patients • Imbruvica (ibrutinib)</p> <p>0 Patients • Velcade (bortezomib) + chemotherapy</p>			

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<ul style="list-style-type: none"> • R-maxi-CHOP or Nordic Protocol (R-CHOP alternated with Rituximab+ High-dose Cytarabine) • CVP (cyclophosphamide, vincristine and prednisolone) • Brukinsa (zanubrutinib) • Imbruvica (ibrutinib) • Velcade (bortezomib) + chemotherapy • Tecartus (CAR-T) • R-BAC (rituximab, bendamustine and cytarabine) • R-DHAP (rituximab + cytarabine + cisplatin + dexamethasone) • Any other systemic anti-cancer therapy • Wait and watch (monitoring only, no active treatment) 	<p>0 Patients • Tecartus (CAR-T)</p> <p>0 Patients • R-BAC (rituximab, bendamustine and cytarabine)</p> <p>0 Patients • R-DHAP (rituximab + cytarabine + cisplatin + dexamethasone)</p> <p>0 Patients • Any other systemic anti-cancer therapy</p> <p>0 Patients • Wait and watch (monitoring only, no active treatment)</p>			
<p>4. If your Trust does treat Mantle Cell Lymphoma (MCL) patients, do you currently participate in any ongoing clinical trials for the treatment of MCL? If yes, please can you provide details of the ongoing trials.</p>	<p>No studies in this disease area.</p>			

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.