

Ref. No: 2345  
Date: 10/02/26  
Subject: Treatment of Mantle Cell Lymphoma (MCL)

## REQUEST & RESPONSE

Q1a. How many patients has your Trust treated in the past 12 months (January – December 2025) for Mantle Cell Lymphoma (MCL) (excluding patients being monitored but not undergoing active treatment)?

Mersey and West Lancashire Teaching Hospitals	7
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b. In case you do not treat MCL, which other Trust do you refer patients needing treatment to?

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Q2. 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:

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Q3. 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.

- 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 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)

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Q4. 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.

**This Trust do not have any ongoing clinical trials for the treatment of MCL.**

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Due to the low number of patients which is less than five for the period, the Trust is withholding the actual number under section 40 – Personal Information of the Freedom of Information Act due to likelihood of identification