

FOI REF: 25/351

28th May 2025

Tel: 0300 131 4500
Website: www.esht.nhs.uk

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

Colorectal Cancer Trends in Postpartum Women

Please provide the following information in a tabulated format for two periods: 1 January 2017 to 31 December 2020 (pre-COVID vaccine rollout) and 1 January 2021 to 31 December 2024 (post-rollout). If exact figures are low (e.g., <5), provide a range (e.g., 1–2, 3–4) or confirm zero cases. All patient data should be anonymised.

East Sussex Healthcare NHS Trust does not centrally record the information requested in any retrievable format. To enable the Trust to provide the information requested would require a manual review of patients' medical notes for both Obstetric and Surgical/Oncological patients to establish obstetric history, which we estimate would take a minimum of three weeks, depending on the numbers observed. We are therefore applying Section 12(1) to this part of your request.

Section 12(1) of the Act allows a public authority to refuse to comply with a request for information if the authority estimates that the cost of compliance would exceed the 'appropriate limit', as defined by the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004 (the Regulations). These state that this cost limit is £450 for public authorities which are not part of central government or the armed forces. The costs are calculated at £25 per hour per person regardless of the rate of pay, which means that the limit will be exceeded if the work involved would exceed 18 hours. The Trust estimates that the cost of complying with this request would significantly exceed the above limit.

However, if you wish to refine your request, we would be able to provide the number of patients with a diagnosis of colorectal cancer and the stage at diagnosis.

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1. Primary Requests

- 1.1 **Stage 3 or 4 Colorectal Cancer in Postpartum Women (2017–2020):** For female patients under 45 years old diagnosed with stage 3 or 4 colorectal/bowel cancer (any subtype, e.g., sigmoid adenocarcinoma) who were postpartum (having given birth within 12 months prior to diagnosis): a. Total number diagnosed. b. Number who died within 12 months of diagnosis (exact number or range if <5). c. Total number of deaths up to 31 December 2020. d. Survival duration (in months) from diagnosis to death for each deceased case (anonymised).
- 1.2 **Stage 3 or 4 Colorectal Cancer in Postpartum Women (2021–2024):** The same data as above (1a–1d) for female patients under 45 diagnosed with stage 3 or 4 colorectal/bowel cancer who were postpartum, except total deaths (2c) up to 31 December 2024.
- 1.3 **All Stage 3 or 4 Cancers (2017–2020):** For all patients (all ages, all genders) diagnosed with stage 3 or 4 cancer (any type): a. Total number diagnosed. b. Number who died within 12 months of diagnosis (exact number or range if <5). c. Total number of deaths up to 31 December 2020. d. Survival duration (in months) from diagnosis to death for each deceased case (anonymised).
- 1.4 **All Stage 3 or 4 Cancers (2021–2024):** The same data as above (3a–3d) for patients diagnosed with stage 3 or 4 cancer (any type), except total deaths (4c) up to 31 December 2024.

[Section 12\(1\) applied, please see page 1.](#)

2. Supplementary Requests

To investigate potential contributing factors (e.g., diagnostic delays, environmental triggers), please provide the following anonymised details for patients in Requests 1 and 2 (postpartum women under 45 with stage 3 or 4 colorectal cancer):

- 2.1 **COVID-19 Vaccination Status:** If available, provide:
 - a. Number of patients vaccinated (anonymised).
 - b. Vaccine type (e.g., Pfizer, AstraZeneca) and number of doses.
 - c. Timing of vaccination relative to pregnancy or diagnosis (e.g., pre-pregnancy, during pregnancy, post-diagnosis).
- 2.2 **Diagnosis Timing:** Month and year of diagnosis for each case (anonymised).

[We do not hold this information as vaccination status is delivered outside secondary care and recorded on GP systems.](#)

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3. Concerning the Stage and Progression of Cancer:

The cancer stage at the time of diagnosis (Stage 3 or 4) for each case (anonymised). If any cases were initially diagnosed at Stage 1 or 2 but later progressed to Stage 3 or 4, please indicate the number of such cases.

3.1 Treatment and Outcomes: Whether patients received treatment (e.g., surgery, chemotherapy) and outcomes (e.g., remission, progression, death), anonymised.

3.2 Genetic Testing or Biopsy Analysis: Whether cases underwent tumour genetic testing (e.g., APC, P53, MMR, KRAS, BRAF) or biopsy analysis for contaminants (e.g., SV40 promoter, plasmid ORI, spike protein). If so, provide anonymised results (e.g., mutation types, presence of contaminants).

3.3 Reporting and Referrals:

- a. Whether cases or deaths were reported to the MHRA (e.g., Yellow Card scheme) or MBRRACE-UK.**
- b. Whether deaths were referred to the coroner, including number and reasons (anonymised).**

[Section 12\(1\) applied, please see page 1.](#)

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Freedom of Information Department
esh-tr.foi@nhs.net