

Ref: FOI-157 -202425-Clinical Data and Processes- Breast Cancer

Date: 17th June 2024

Email foi@uhnm.nhs.uk

Dear sir/madam

I am writing to acknowledge receipt of your email dated 3rd June 2024 requesting information under the Freedom of Information Act (2000) regarding Oncology Breast Cancer

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 I am researching the incidence and treatment of breast cancer. I would greatly appreciate if you could answer the following questions

How many patients have been treated for breast cancer (any stage) in the past 3 months with the following systemic anti-cancer therapies:

- **Abemaciclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)**
- **Abemaciclib + Fulvestrant**
- **Alpelisib + Fulvestrant**
- **Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide**
- **Aromatase Inhibitor as a single agent**
- **Atezolizumab**
- **Capecitabine as a single agent**
- **Carboplatin + Paclitaxel**
- **Eribulin as a single agent or in combination**
- **Everolimus + Exemestane**
- **Fulvestrant as a single agent**
- **Palbociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)**
- **Palbociclib + Fulvestrant**
- **Parp Inhibitors (Olaparib/Talazoparib)**
- **Pembrolizumab**
- **Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)**
- **Ribociclib + Fulvestrant**
- **Sacituzumab Govitecan**
- **Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent**
- **Transtuzumab deruxtecan**
- **Trastuzumab as a single agent or in combination**
- **Trastuzumab emtansine**

- **Any other active systemic anti-cancer therapy**

A1 We are unable to provide the information you require in the requested format as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under Data Protection Act 2018. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the FOI Act. *Personal information*. However as the Trust is committed to openness and transparency we can band the numbers as being <5

This exemption is an absolute exemption and therefore no consideration of the public interest test is needed.

- Abemaciclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) -41
- Abemaciclib + Fulvestrant - 12
- Alpelisib + Fulvestrant - <5
- Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide - 0
- Aromatase Inhibitor as a single agent - 0
- Atezolizumab - <5
- Capecitabine as a single agent - 24
- Carboplatin + Paclitaxel - 0
- Eribulin as a single agent or in combination - 0
- Everolimus + Exemestane - 5
- Fulvestrant as a single agent - 10
- Palbociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) - 28
- Palbociclib + Fulvestrant - 19
- Parp Inhibitors (Olaparib/Talazoparib) - <5
- Pembrolizumab - 13
- Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) - 21
- Ribociclib + Fulvestrant - <5
- Sacituzumab Govitecan - 0
- Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent - 18
- Transtuzumab deruxtecan - <5
- Trastuzumab as a single agent or in combination - 102
- Trastuzumab emtansine - 17
- Any other active systemic anti-cancer therapy - 66

Q2 If breast cancer is not treated at or within the Trust, where are patients referred?

A2 Not applicable

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

UHNM NHS Trust is a public sector body and governed by EU law. FOI requestors should note that any new Trust requirements over the EU threshold will be subject to these regulations and will be advertised for open competition accordingly.

Where the Trust owns the copyright in information provided, you may re-use the information in line with the conditions set out in the Open Government Licence v3 which is available at <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>. Where information was created by third parties, you should contact them directly for permission to re-use the information.

An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

Yours,



Rachel Montinaro

Data Security and Protection Manager - Records