

## **Freedom of Information Request**

**Ref: 23-204**

12 April 2023

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

- We can confirm that we hold some of the information you are requesting

**Q1. How many patients were treated in total, regardless of diagnosis, with the following medicines in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

<b>Name of medicine</b>	<b>Number patients treated</b>
<b>1.1 Abemaciclib (Verzenios)</b>	47
<b>1.2 Alpelisib (Piqray)</b>	*
<b>1.3 Anastrozole (anastrozole or Arimidex)</b>	We do not hold this information; this is prescribed by the GP
<b>1.4 Exemestane (exemestane or Aromasin)</b>	We do not hold this information; this is prescribed by the GP
<b>1.5 Fulvestrant (fulvestrant or Faslodex)</b>	44
<b>1.6 Letrozole (letrozole or Femara)</b>	We do not hold this information; this is prescribed by the GP
<b>1.7 Palbociclib (Ibrance)</b>	97
<b>1.8 Ribociclib (Kisqali)</b>	*

Please note: Where the figures are between 1 and 5, this has been denoted by \*. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The Trust therefore finds that the Section

40(2) exemption contained within the Freedom of information Act 2000 is engaged. (Section 40 is the exemption for personal information).

**Q2. How many patients received abemaciclib (Verzenios) as adjuvant treatment for early breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

***If you do not have data on early breast cancer, please state how many patients received abemaciclib (Verzenios) as adjuvant treatment.***

Number patients treated
9

**Q3. How many patients received abemaciclib in combination with an aromatase inhibitor (anastrozole or exemestane or letrozole) for early breast cancer and locally advanced or metastatic breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

***The TNM values associated with each stage of breast cancer are included for reference only.***

Name of combination	Breast cancer staging	TNM (for reference only) Source: Cancer Research UK	Number patients treated
3.1 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)	Early breast cancer	T1N0M0 or T0N1M0 or T1N1M0 or T2N1M0 or T3N0M0	8
3.2 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)	Locally advanced or metastatic breast cancer	T0N2M0 or T1N2M0 or T2N2M0 or T3N1M0 or T3N2M0 or T4N0M0 or T4N1M0 or T4N2M0 or T*N3M0 or T*N*M1	25

**Q4. How many patients received Olaparib (Lynparza) as adjuvant treatment for early breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

***If you do not have data on early breast cancer, please state how many patients received Olaparib (Lynparza) as adjuvant treatment.***

Number patients treated
0

**Q5. How many patients were treated with the following medicines in combination in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

Name of combination	Number patients treated
4.1 Abemaciclib (Verzenios) + Fulvestrant (fulvestrant or Faslodex)	15
4.2 Abemaciclib (Verzenios) + Anastrozole (anastrozole or Arimidex)	*
4.3 Abemaciclib (Verzenios) + Exemestane (exemestane or Aromasin)	0
4.4 Abemaciclib (Verzenios) + Letrozole (letrozole or Femara)	23
4.7 Alpelisib (Piqray) + Fulvestrant (fulvestrant or Faslodex)	*
4.8 Palbociclib (Ibrance) + Fulvestrant (fulvestrant or Faslodex)	24
4.9 Palbociclib (Ibrance) + Anastrozole (anastrozole or Arimidex)	6
4.10 Palbociclib (Ibrance) + Exemestane (exemestane or Aromasin)	*
4.11 Palbociclib (Ibrance) + Letrozole (letrozole or Femara)	58
4.12 Ribociclib (Kisqali) + Fulvestrant (fulvestrant or Faslodex)	0
4.13 Ribociclib (Kisqali) + Anastrozole (anastrozole or Arimidex)	0
4.14 Ribociclib (Kisqali) + Exemestane (exemestane or Aromasin)	0
4.15 Ribociclib (Kisqali) + Letrozole (letrozole or Femara)	*

Please note: Where the figures are between 1 and 5, this has been denoted by \*. Due to the low numbers, we have considered that there is the potential for individuals to be identified from the information provided, when considered with other information that may also be in the public domain. In our view disclosure of these low figures would breach one of the Data Protection Principles set out in Schedule 1 of the Data Protection Act, namely Principle 1. The Trust therefore finds that the Section 40(2) exemption contained within the Freedom of information Act 2000 is engaged. (Section 40 is the exemption for personal information).

**Q5. How many patients were treated with Olaparib (Lynparza) as monotherapy for locally advanced or metastatic breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

Number patients treated
0

**Q6. Which of these protocols does your Trust follow when issuing prescriptions for aromatase inhibitors (anastrozole or exemestane or letrozole) prescribed in combination with CDK4/6 inhibitors (abemaciclib or palbociclib or ribociclib)?**

Name of combination	Yes or no
6.1 Aromatase inhibitors and CDK4/6 inhibitors are issued together To Take Out at the hospital	No
6.2 Aromatase inhibitors and CDK4/6 inhibitors are issued separately. The CDK4/6 inhibitors (abemaciclib or palbociclib or ribociclib) are issued To Take Out at the hospital. The aromatase inhibitors (anastrozole or exemestane or letrozole) are issued as an FP10 to the patient or a request is sent to the GP to issue in the community	Yes
6.3 Both protocols above	No

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, 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:

Data Protection Officer  
University Hospitals Bristol and Weston NHS Foundation Trust  
Trust Headquarters  
Marlborough Street  
Bristol  
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

### Publication

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Yours sincerely

**Freedom of Information Team**  
**University Hospitals Bristol and Weston NHS Foundation Trust**

