

Ref: FOI/GS/ID 7513

**Please reply to:**  
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## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Breast cancer treatment.

*You asked:*

*Q1. How many patients have been treated for breast cancer (any stage) in the past 3 months with the following systemic anti-cancer therapies:*

- a. Abemaciclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole)*
- b. Abemaciclib + Fulvestrant*
- c. Anthracycline (e.g. doxorubicin or epirubicin) as a single agent*
- d. Atezolizumab + Nab-paclitaxel/Paclitaxel*
- e. Capecitabine as a single agent*
- f. Eribulin as a single agent or in combination*
- g. Everolimus + Exemestane*
- h. Fulvestrant as a single agent*
- i. Lapatinib*
- j. Neratinib*
- k. Parp Inhibitors (Olaparib/Talazoparib)*
- l. Palbociclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole)*
- m. Palbociclib + Fulvestrant*
- n. Pembrolizumab*
- o. Platinum (e.g. carboplatin or cisplatin) as a single agent*
- p. Ribociclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole)*
- q. Ribociclib + Fulvestrant*
- r. Sacituzumab Govitecan*
- s. Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent*
- t. Taxane and/or Anthracycline in combination*
- u. Trastuzumab as a single agent or in combination*
- v. Trastuzumab emtansine*
- w. Transtuzumab deruxtecan*

x. Any other active systemic anti-cancer therapy

Q2. In the past 3 months, how many early/locally advanced breast cancer (Stages 1 to 3B) patients were treated with:

a. Abemaciclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole)

b. Taxane and/or Anthracycline (monotherapy or in combination)

c. Any other active systemic anti-cancer therapy

Trust response:

1.

a.	0
b.	3
c.	0
d.	2
e.	21
f.	0
g.	3
h.	1
i.	0
j.	0
k.	0
l.	75
m.	28
n.	0
o.	1
p.	6
q.	0
r.	5
s.	12
t.	64
u.	86
v.	14
w.	0
x.	2

2. Please note: The staging information is not formally collected in a reportable format. It may be that the additional information has been entered into the patients records but in order to confirm this each patient record would need to be manually checked by a clinical staff member. The Trust has estimated that it will cost more than the appropriate limit under Section 12 of the Act to confirm this information.

The following figures are for those patients where we can confirm the stage.

a.	0
b.	28
c.	86