



Ref: FOIA Reference 2023/24-176

Date: 12th July 2023

Email foi@uhnm.nhs.uk

Dear,

I am writing to acknowledge receipt of your email dated 20th June 2023 requesting information under the Freedom of Information Act (2000) regarding incidence and treatment of breast cancer.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) 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 two 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) as a single agent**
- **Atezolizumab +Nab-paclitaxel/Paclitaxel**
- **Capecitabine as a single agent**
- **Eribulin as a single agent or in combination**
- **Everolimus + Exemestane**
- **Fulvestrant as a single agent**
- **Lapatinib**
- **Neratinib**
- **Parp Inhibitors (Olaparib/Talazoparib)**
- **Palbociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)**
- **Palbociclib + Fulvestrant**
- **Pembrolizumab**
- **Platinum (e.g. carboplatin or cisplatin) as a single agent**
- **Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)**
- **Ribociclib + Fulvestrant**
- **Sacituzumab Govitecan**
- **Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent**

- Taxane and/or Anthracycline in combination
- Trastuzumab as a single agent or in combination
- Trastuzumab emtansine
- Trastuzumab deruxtecan
- 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) = 18
- Abemaciclib + Fulvestrant = 20
- Alpelisib + Fulvestrant = 0
- Anthracycline (e.g. doxorubicin or epirubicin) as a single agent = 0
- Atezolizumab + Nab-paclitaxel/Paclitaxel =<5
- Capecitabine as a single agent = 18
- Eribulin as a single agent or in combination =<5
- Everolimus + Exemestane = 5
- Fulvestrant as a single agent = 6
- Lapatinib = 0
- Neratinib = 6
- Parp Inhibitors (Olaparib/Talazoparib) =<5
- Palbociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) = 32
- Palbociclib + Fulvestrant = 18
- Pembrolizumab =<5
- Platinum (e.g. carboplatin or cisplatin) as a single agent = 0
- Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) = 14
- Ribociclib + Fulvestrant =<5
- Sacituzumab Govitecan = 0
- Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent = 12
- Taxane and/or Anthracycline in combination = 50
- Trastuzumab as a single agent or in combination = 96
- Trastuzumab emtansine = 15
- Trastuzumab deruxtecan =<5
- Any other active systemic anti-cancer therapy = 6

Q2 Does your Trust participate in any clinical trials for the treatment of breast cancer? If so, please provide the name of each trial and the number of patients taking part.

A2 There have been three papers published that mention the above drugs.
 AVERBUCH, T., MAMAS, M.A. and VAN SPALL, H.G.C., 2023. Predicting Risk of Cardiotoxic Effects in Breast Cancer: Are We There Yet?. JAMA Network Open, 6(2), pp. e230577.
 FERNANDO, I.N., LAX, S., BOWDEN, S.J., AHMED, I., STEVEN, J.H., CHURN, M., BRUNT, A.M., AGRAWAL, R.K., CANNEY, P., STEVENS, A. and REA, D.W., 2023. Detailed Sub-study Analysis of the SECRAB Trial: Quality of Life, Cosmesis and Chemotherapy Dose Intensity. Clinical Oncology (Royal College of Radiologists), 35(6), pp. 397-407.

OSWALD, A.J., SYMEONIDES, S.N., WHEATLEY, D., CHAN, S., BRUNT, A.M., MCADAM, K., SCHMID, P., WATERS, S., POOLE, C., TWELVES, C., PERREN, T., BARTLETT, J., PIPER, T., CHISHOLM, E.M., WELSH, M., HILL, R., HOPCROFT, L.E.M., BARRETT-LEE, P. and CAMERON, D.A., 2023. Aromatase inhibition plus/minus Src inhibitor saracatinib (AZD0530) in advanced breast cancer therapy (ARISTACAT): a randomised phase II study. *Breast Cancer Research & Treatment*, 199(1), pp. 35-46.

The following nine papers are on the broader subject of breast cancer:

- Hypofractionation: The standard for external beam breast irradiation. *Breast*, 69, pp. 410-416.
- Dose-escalated simultaneous integrated boost radiotherapy in early breast cancer (IMPORT HIGH): a multicentre, phase 3, non-inferiority, open-label, randomised controlled trial. *Lancet*,
- Bridging pre-surgical endocrine therapy for breast cancer during the COVID-19 pandemic: outcomes from the B-MaP-C study. *Breast cancer research and treatment*, 199(2), pp. 265-279.
- Cost-effectiveness of 5 fraction and partial breast radiotherapy for early breast cancer in the UK: model-based multi-trial analysis. *Breast Cancer Research & Treatment*, 197(2), pp. 405-416.
- The association between cancer diagnosis, care, and outcomes in 1 million patients hospitalized for acute pulmonary embolism. *International journal of cardiology*, 371, pp. 354-362.
- Prevalence, characteristics and mortality of cancer patients undergoing pericardiocentesis in the United States between 2004 and 2017. *Cancer Medicine*, 12(5), pp. 5471-5484.
- Incident cardiovascular events and imaging phenotypes in UK Biobank participants with past cancer. *Heart*, 109(13), pp. 1007-1015.
- Breast cancer under age 40 over last decade: A retrospective analysis, 2023a, The Association of Breast Surgery Conference 2023. Belfast United Kingdom. 49(5) (pp e269); W.B. Saunders Ltd
- Prospective study of specimen imaging (single versus 3 views) in patients undergoing BCS, 2023b, The Association of Breast Surgery Conference 2023. Belfast United Kingdom. 49(5) (pp e234); W.B. Saunders Ltd.

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

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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.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,



Rachel Montinaro
Data Security and Protection Manager - Records