



Ref: FOIA Reference 2022/23-158

Royal Stoke University Hospital
Data, Security and Protection
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Date: 19th July 2022

Email foi@uhnm.nhs.uk

Dear

I am writing to acknowledge receipt of your email dated 22nd June 2022 requesting information under the Freedom of Information Act (2000) regarding breast cancer

The University Hospitals of North Midlands Trust is committed to the Freedom of Information Act 2000.

However, the NHS is facing unprecedented challenges relating to the coronavirus (COVID-19) pandemic at the current time. Understandably, our resources have been diverted to support our front-line colleagues who are working tremendously hard to provide care for our patients, and to those in need of our services.

We strive to be transparent and to work with an open culture. But at this time, whilst care of our patients and the safety of our staff takes precedent, it is likely that responses to some requests for information will be delayed. We apologise for this position in advance, and will endeavour to provide you with as much information as we can, as soon as we are able.

The Information Commissioners Office has recognised the current situation in the NHS.

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 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**
- **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
- Transtuzumab 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) = 12
- Abemaciclib + Fulvestrant = 18
- Anthracycline (e.g. doxorubicin or epirubicin) as a single agent = <5
- Atezolizumab + Nab-paclitaxel/Paclitaxel = <5
- Capecitabine as a single agent = 13
- Eribulin as a single agent or in combination = <5
- Everolimus + Exemestane = <5
- Fulvestrant as a single agent = 13
- Lapatinib = 0
- Neratinib = 5
- Parp Inhibitors (Olaparib/Talazoparib) = 0
- Palbociclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole) = 35
- Palbociclib + Fulvestrant = 20
- Pembrolizumab = 0
- Platinum (e.g. carboplatin or cisplatin) as a single agent = <5
- 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 = 13
- Taxane and/or Anthracycline in combination = 39
- Trastuzumab as a single agent or in combination = 86
- Trastuzumab emtansine = 8
- Transtuzumab deruxtecan = <5
- Any other active systemic anti-cancer therapy = 7

- Q2 In the past 3 months, how many early/locally advanced breast cancer (Stages 1 to 3B) patients were treated with:
- Abemaciclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole)
 - Taxane and/or Anthracycline (monotherapy or in combination)
 - Any other active systemic anti-cancer therapy

A2 I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in this question is not held centrally, but may be recorded in individual health records. In order to confirm whether this information is held we would therefore have to individually access all individual health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: *cost of compliance is excessive*. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all individual health records and then extracting relevant information would take longer than the 18 hours allowed for. In addition to the section 12 exemption the Trust is also applying section 14 (1) exemption: *oppressive burden on the authority*

Under section 16 of the FOI Act we are required to provide requestors with advice and assistance where possible. We would therefore like to advise you that if your request is shortened to just question 1 we are able to comply within the 18 hour time frame. In order to avoid delay to your response we have provided this above.

*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

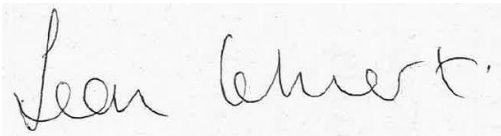
still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

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.

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

Yours,



Jean Lehnert
Data, Security & Protection Manager