

FOI 1573

3<sup>rd</sup> April 2023

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

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**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)?**

<u>Name of medicine</u>	<u>Number patients treated</u>
<u>1.1 Abemaciclib (Verzenios)</u>	6
<u>1.2 Alpelisib (Piqray)</u>	0
<u>1.3 Anastrozole (anastrozole or Arimidex)</u>	Information not available from pharmacy data
<u>1.4 Exemestane (exemestane or Aromasin)</u>	Information not available from pharmacy data
<u>1.5 Fulvestrant (fulvestrant or Faslodex)</u>	Information not available from pharmacy data
<u>1.6 Letrozole (letrozole or Femara)</u>	Information not available from pharmacy data
<u>1.7 Palbociclib (Ibrance)</u>	29
<u>1.8 Ribociclib (Kisqali)</u>	7

**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.**

<u>Number patients treated</u>
<5

**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.**

<u>Name of combination</u>	<u>Breast cancer staging</u>	<u>TNM (for reference only)</u> <u>Source: Cancer Research UK</u>	<u>Number patients treated</u>
<u>3.1 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)</u>	<u>Early breast cancer</u>	<u>T1N0M0 or T0N1M0 or T1N1M0 or T2N1M0 or T3N0M0</u>	<5
<u>3.2 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)</u>	<u>Locally advanced or metastatic breast cancer</u>	<u>T0N2M0 or T1N2M0 or T2N2M0 or T3N1M0 or T3N2M0 or T4N0M0 or T4N1M0 or T4N2M0 or T*N3M0 or T*N*M1</u>	<5

**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.**

<u>Number patients treated</u>
<5

**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)?**

<u>Name of combination</u>	<u>Number patients treated</u>
<u>4.1 Abemaciclib (Verzenios) + Fulvestrant (fulvestrant or Faslodex)</u>	<5
<u>4.2 Abemaciclib (Verzenios) + Anastrozole (anastrozole or Arimidex)</u>	0
<u>4.3 Abemaciclib (Verzenios) + Exemestane (exemestane or Aromasin)</u>	0
<u>4.4 Abemaciclib (Verzenios) + Letrozole (letrozole or Femara)</u>	<5
<u>4.7 Alpelisib (Piqray) + Fulvestrant (fulvestrant or Faslodex)</u>	0
<u>4.8 Palbociclib (Ibrance) + Fulvestrant (fulvestrant or Faslodex)</u>	<5
<u>4.9 Palbociclib (Ibrance) + Anastrozole (anastrozole or Arimidex)</u>	<5

<b><u>4.10 Palbociclib (Ibrance) + Exemestane (exemestane or Aromasin)</u></b>	<5
<b><u>4.11 Palbociclib (Ibrance) + Letrozole (letrozole or Femara)</u></b>	19
<b><u>4.12 Ribociclib (Kisqali) + Fulvestrant (fulvestrant or Faslodex)</u></b>	<5
<b><u>4.13 Ribociclib (Kisqali) + Anastrozole (anastrozole or Arimidex)</u></b>	0
<b><u>4.14 Ribociclib (Kisqali) + Exemestane (exemestane or Aromasin)</u></b>	0
<b><u>4.15 Ribociclib (Kisqali) + Letrozole (letrozole or Femara)</u></b>	<5

**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)?**

<b><u>Number patients treated</u></b>
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)?**

<b><u>Name of combination</u></b>	<b><u>Yes or no</u></b>
<b><u>6.1 Aromatase inhibitors and CDK4/6 inhibitors are issued together To Take Out at the hospital</u></b>	No
<b><u>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</u></b>	Yes
<b><u>6.3 Both protocols above</u></b>	N/A

The Trust has a legal duty to protect patient confidentiality and, in line with this duty, the figure <5 has been provided where figures are very low. This is because of the potential risk of identification of an individual. In reaching this decision the Trust has taken into account the small geographical area which the Trust serves and the sensitivity of the information requested. In addition the Trust has taken into account the fact that all information disclosed in response to an FOI is disclosed to the 'world at large' and is published on the Trust website.

S 40 (2) (third party information) of the Freedom of Information Act 2000 has been applied to exempt the redacted information from disclosure. The Trust does not consider the disclosure of the redacted information to be fair to the individuals concerned as there is the potential risk of identification of an individual(s) which they would not expect, and which would therefore breach the fairness element of the first principle of the Data Protection Act 2018.

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