

16 June 2017

Our Ref: RFI 20366

Dear

**Freedom of Information Act 2000
Information in relation to Bisphosphonates for Breast Cancer**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for the information relating to the above which you requested on 11 May 2017.

A response to each of the questions raised has been provided by the Hospital Services Directorate and is attached in Appendix A.

Under the terms of the legislation, if you are unhappy with this response you have the right to seek a review within the Trust in the first instance. If you wish to do so, please write to me at the address below.

If after such a review you are still unhappy with the response, you have the right to appeal to the Information Commissioner who will undertake an independent review. The Information Commissioner can be contacted at The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

**L McAree (Miss)
Head of Information Governance &
Directorate Support**

*Under the Freedom of Information Act 2000, I would be grateful if you could tell us:
Part A - Provision of bisphosphonates*

Q1. Is your Trust routinely funding the provision of bisphosphonates for all eligible women to reduce the risk of their primary breast cancer spreading to other parts of the body? Eligible women are defined as all postmenopausal women with primary breast cancer diagnosed within the last 6 months.

NB: This question does not apply to the provision of bisphosphonates for other indications, whether in breast cancer or another disease.

A1. The Trust use bisphosphonates in the metastatic setting.

Q2. If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body, but have not defined your eligible population as all postmenopausal women with primary breast cancer diagnosed within the last 6 months, how have you defined your eligible population? For example, is it risk stratified.

A2. Not applicable.

Q3. If you are routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body:

- a. Which drug or drugs are you funding (e.g. zoledronic acid, ibandronate, clodronate)?*
- b. What proportion of patients receiving treatment with bisphosphonates are receiving zoledronic acid (regardless of whether they have received it once, or for the whole course of the treatment)?*

A3. Not applicable.

Q4. If you are not routinely funding the provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body:

- a. What are your reasons for not doing so?*
- b. Have you considered doing so, and who was involved in this decision-making process?*

A4. In early breast cancer, adjuvant bisphosphonates are not funded in NI. There is a drive here, and on the mainland, to secure funding for this. The oncologists have been actively addressing this issue.