



18 April 2023

**Our Ref:** RFI 49978

Dear

**Freedom of Information Act 2000  
Information in Relation to Breast Cancer Treatment**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to above which you requested on 20 March 2023.

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

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital ([informationgovernance@setrust.hscni.net](mailto:informationgovernance@setrust.hscni.net)) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

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

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**Rebecca Manning**  
**Information Governance Manager**

**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)?**

A1. Please see Table 1.

Table 1

Name of Medicine	No. of Patients Treated
Abemaciclib (Verzenios)	9
Alpelisib (Piqray)	Nil
Anastrozole (anastrozole or Arimidex)	N/A*
Exemestane (exemestane or Aromasin)	N/A*
Fulvestrant (fulvestrant or Faslodex)	56
Letrozole (letrozole or Femara)	N/A*
Palbociclib (Ibrance)	75
Ribociclib (Kisqali)	17

\* Please note that these treatments are mainly dispensed within primary care and therefore the Trust do not record this information.

**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)?**

A2. There were <5 patients treated for abemaciclib (Verzenios) as adjuvant treatment for early breast cancer between December 2022 and February 2023.

**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)?**

**Q3.1 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)  
Early breast cancer**

**Q3.2 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)  
Locally advanced or metastatic breast cancer**

A. In relation to Questions 3 to 3.2 the electronic system does not collate this level of detail, therefore the Trust is unable to provide the information requested.

**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.  
Number patients treated***

A4. No patients received Olaparib (Lynparza) as adjuvant treatment for early breast cancer between December 2022 and February 2023.

**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)?**

**Q5.1 Abemaciclib (Verzenios) + Fulvestrant (fulvestrant or Faslodex)**

**Q5.2 Abemaciclib (Verzenios) + Anastrozole (anastrozole or Arimidex)**

**Q5.3 Abemaciclib (Verzenios) + Exemestane (exemestane or Aromasin)**

**Q5.4 Abemaciclib (Verzenios) + Letrozole (letrozole or Femara)**

**Q5.7 Apelisib (Piqray) + Fulvestrant (fulvestrant or Faslodex)**

**Q5.8 Palbociclib (Ibrance) + Fulvestrant (fulvestrant or Faslodex)**

**Q5.9 Palbociclib (Ibrance) + Anastrozole (anastrozole or Arimidex)**

**Q5.10 Palbociclib (Ibrance) + Exemestane (exemestane or Aromasin)**

**Q5.11 Palbociclib (Ibrance) + Letrozole (letrozole or Femara)**

**Q5.12 Ribociclib (Kisqali) + Fulvestrant (fulvestrant or Faslodex)**

**Q5.13 Ribociclib (Kisqali) + Anastrozole (anastrozole or Arimidex)**

**Q5.14 Ribociclib (Kisqali) + Exemestane (exemestane or Aromasin)**

**Q5.15 Ribociclib (Kisqali) + Letrozole (letrozole or Femara)**

A. In relation to Questions 5 to 5.15 the electronic system does not collate this level of detail, therefore the Trust is unable to provide the information requested.

**Q6. 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)?**

A6. There were no patients treated with Olaparib (Lynparza) as monotherapy for locally advanced or metastatic breast cancer between December 2022 and February 2023.

**Q7. 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)?**

**Q7.1 Aromatase inhibitors and CDK4/6 inhibitors are issued together To Take Out at the hospital. Yes/No**

**Q7.2 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. Yes/No**

**Q7.3 Both protocols above**

A. For questions 7 to 7.3 please see Table 2.

Table 2

Name of Combination	Yes/No
Aromatase inhibitors and CDK4/6 inhibitors are issued together To Take Out at the hospital	No
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	Yes
Both protocols above	No