

01 August 2022

**Our Ref:** RFI 45173

Dear

**Freedom of Information Act 2000**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to Breast Cancer which you requested on 22 June 2022. Please accept my apologies for the delay in responding to your request. Thank you for your understanding and forbearance of this matter.

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

---

**Caroline Degans**  
**Information Governance Assistant**

**Q1. How many patients have been treated for breast cancer (any stage) in the past 3 months with the following systemic anti-cancer therapies:**

A1. Please see Table 1.

**Table 1**

| <b>Systemic Anti-Cancer Therapies</b>                                       | <b>Number of Patients</b> |
|---|---------------------------|
| Abemaciclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole) | Nil                       |
| Abemaciclib + Fulvestrant   | Nil                       |
| Anthracycline (e.g. doxorubicin or epirubicin) as a single agent            | Nil                       |
| Atezolizumab +Nab-paclitaxel/Paclitaxel                                     | Nil                       |
| Capecitabine as a single agent  | <5                        |
| Eribulin as a single agent or in combination                                | Nil                       |
| Everolimus + Exemestane   | Nil                       |
| Fulvestrant as a single agent   | <5                        |
| Lapatinib   | Nil                       |
| Neratinib   | Nil                       |
| Parp Inhibitors (Olaparib/Talazoparib)                                      | <5                        |
| Palbociclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole) | <5                        |
| Palbociclib + Fulvestrant   | <5                        |
| Pembrolizumab   | Nil                       |
| Platinum (e.g. carboplatin or cisplatin) as a single agent                  | Nil                       |
| Ribociclib + Aromatase Inhibitor (e.g. Anastrozole, exemestane, letrozole)  | <5                        |
| Ribociclib + Fulvestrant  | Nil                       |
| Sacituzumab Govitecan   | Nil                       |
| Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent       | 8                         |
| Taxane and/or Anthracycline in combination                                  | <5                        |
| Trastuzumab as a single agent or in combination                             | 5                         |
| Trastuzumab emtansine   | <5                        |
| Transtuzumab deruxtecan   | Nil                       |
| Any other active systemic anti-cancer therapy                               | Nil                       |

You will note that some of the numbers within Table 1 have been masked. The numbers have been masked because there are a small number of individuals within a small geographical area and therefore the individual could be identified. Potential Identification of the individual may therefore lead to the disclosure of their personal information.

This information relates to personal information, it is exempt from release under Section 40 (2) and 40 (3) (a) of the Freedom of Information Act, 2000.

Section 40 (personal information) states:-

*(2) Any information to which a request for information relates is also exempt information if—*

*(a) it constitutes personal data which not fall within subsection (1), and*

*(b) the first, second or third condition below is satisfied.*

*(3) The first condition is that the disclosure of the information to a member of the public otherwise than under this Act—*

*(a) would contravene any of the data protection principles.*

**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. It is not possible to differentiate stage of cancer without an extensive manual audit.

This would exceed the 'Appropriate Limit' as defined by the Freedom of Information Act 2000. The Trust therefore exempts the release of this information under Section 12(1).

12.-(1) Section 1(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit.

In accordance with the Freedom of Information Act 2000 this letter acts as a Refusal Notice in respect of the masked numbers in Q1 and Q2.