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| Reference: | FOI.17482.25 |
| Subject: | Breast cancer treatments |
| Date of Request: | 3 June 2025 |

Requested:

1. 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
- Alpelisib + Fulvestrant
- Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide
- Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Paclitaxel
- Atezolizumab
- Capivasertib
- Capecitabine as a single agent
- Carboplatin + Paclitaxel
- Elacestrant
- Eribulin as a single agent or in combination
- Everolimus + Exemestane
- Fulvestrant as a single agent
- Palbociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)
- Palbociclib + Fulvestrant
- Parp Inhibitors (Olaparib/Talazoparib)
- Pembrolizumab Monotherapy
- Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Pembrolizumab
- Carboplatin + Paclitaxel + Pembrolizumab
- Pertuzumab (Perteja) + Trastuzumab (Herceptin)
- Phesgo (Pertuzumab + Trastuzumab in a single injection)
- Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)
- Ribociclib + Fulvestrant
- Sacituzumab Govitecan
- Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent
- Trastuzumab deruxtecan (Enhertu)
- Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel
- Trastuzumab emtansine (Kadcyla)
- Any other active systemic anti-cancer therapy
- Aromatase Inhibitor as a single agent

2. How many patients have been treated for metastatic breast cancer in the past 3 months with the following systemic anti-cancer therapies:

- Phesgo (Pertuzumab + Trastuzumab in a single injection)
- Pertuzumab (Perteja) + Trastuzumab (Herceptin)
- Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel
- Trastuzumab deruxtecan (Enhertu)
- Trastuzumab emtansine (Kadcyla)
- Abemaciclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)

- Abemaciclib + Fulvestrant
- Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)
- Ribociclib + Fulvestrant
- Capecitabine as a single agent
- Carboplatin + Paclitaxel
- Carboplatin + Paclitaxel + Pembrolizumab

3. Does your trust participate in any Clinical trials for breast cancer? If so, please provide the name of each trial, and the number of patients taking part.

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested for question 1, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 and the Data Protection (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the data requested for the Aromatase Inhibitor as a single agent Systemic Anti-Cancer Therapy (SACT), the UHB would need to undertake a manual trawl of breast cancer patient records to identify any information that would fulfil your request, as this is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, the UHB has a duty to provide advice and assistance. Therefore, the UHB provides the accessible information it holds, as requested.

Where the figures in the table overleaf have been replaced with an asterisk (*), the UHB is unable to provide you with the exact number of patients due to the low numbers of cases (less than 5), as there is a potential risk of identifying individuals if this was disclosed. The UHB is therefore withholding this detail under Section 40(2) of the FoIA. This information is protected by the Data Protection Act 2018 (DPA)/UK General Data Protection Regulations, as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles and articles of the UK GDPR. This exemption is absolute and therefore, there is no requirement to apply the public interest test.

In reaching this decision, the DPA and UK GDPR define personal data as data that relates to a living individual who can be identified solely from that data or from that data and other information, which is in the possession of the data controller.

1. The UHB provides within the table below, the number of patients that have been treated for breast cancer (any stage), with the listed SACTs, during the period 1 March to 31 May 2025.

Please note: - some of the therapies listed are recorded together on the ChemoCare system and are unable to be split; therefore, the information has been provided as recorded on the ChemoCare system. Patients may also have had more than one SACT regimen.

| Anti-cancer therapy | Number |
|---|------------------------------|
| Abemaciclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) | 33 |
| Abemaciclib + Fulvestrant | See above |
| Alpelisib + Fulvestrant | 0 |
| Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide | 20 |
| Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Paclitaxel | 0 |
| Atezolizumab | 0 |
| Capivasertib | 0 |
| Capecitabine as a single agent | 15 |
| Carboplatin + Paclitaxel | 6 |
| Elacestrant | * |
| Eribulin as a single agent or in combination | 6 |
| Everolimus only. (Exemestane not prescribed) | * |
| Fulvestrant as a single agent | 23 |
| Palbociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) | 42 |
| Palbociclib + Fulvestrant | See above |
| Parp Inhibitors (Olaparib/Talazoparib) | * |
| Pembrolizumab Monotherapy | 8 |
| Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Pembrolizumab | * |
| Carboplatin + Paclitaxel + Pembrolizumab | * |
| Pertuzumab (Perteja) + Trastuzumab (Herceptin) | 0 |
| Phesgo (Pertuzumab + Trastuzumab in a single injection) | 47 |
| Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) | 27 |
| Ribociclib + Fulvestrant | See above |
| Sacituzumab Govitecan | * |
| Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent | 48 |
| Trastuzumab deruxtecan (Enhertu) | 33 |
| Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel | 16 |
| Trastuzumab emtansine (Kadcyla) | * |
| Any other active SACT | *20 |
| Aromatase Inhibitor as a single agent | Section 12 exemption applied |

2. The UHB provides within the table below, the number of patients that have been treated for metastatic breast cancer, with the listed SACTs, during the period 1 March to 31 May 2025.

| Anti-cancer therapy | Number |
|---|---------------|
| Phesgo (Pertuzumab + Trastuzumab in a single injection) | 19 |
| Pertuzumab (Perteja) + Trastuzumab (Herceptin) | 0 |
| Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel | 11 |
| Trastuzumab deruxtecan (Enhertu) | 10 |

| | |
|---|-----------|
| Trastuzumab emtansine (Kadcyla) | * |
| Abemaciclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) | 5 |
| Abemaciclib + Fulvestrant | See above |
| Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) | 26 |
| Ribociclib + Fulvestrant | See above |
| Capecitabine as a single agent | 13 |
| Carboplatin + Paclitaxel | 0 |
| Carboplatin + Paclitaxel + Pembrolizumab | 0 |

3. The UHB is currently participating in clinical trials for breast cancer and provides the names and numbers of patients partaking within the table overleaf.

| Name | Details | Number |
|---------------------------------|---|--------|
| Add Aspirin | Drug clinical trial: A phase III double-blind placebo-controlled randomised trial assessing the effects of aspirin on disease recurrence and survival after primary therapy in common non-metastatic solid tumours. Status: recruitment ended, in follow-up. | 36 |
| ATNEC | Non-drug clinical trial: Axillary management in T1-3N1M0 breast cancer patients with needle biopsy proven nodal metastases at presentation after neoadjuvant chemotherapy. Status: open to recruitment. | 6 |
| MAMMO-50 | Non-drug clinical trial: Mammographic surveillance in breast cancer patients aged 50 years and over: a randomised controlled trial. Status: recruitment ended, in follow-up. | 235 |
| POSitive Sentinel NOde (POSNOC) | Non-drug clinical trial: Adjuvant therapy alone versus adjuvant therapy plus clearance or axillary radiotherapy. A randomised controlled trial of axillary treatment in women with early-stage breast cancer who have metastases in one or two sentinel nodes. Status: recruitment ended, in follow-up. | * |