

Date 01/07/2025  
Your Ref  
Our Ref 10185

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Dear

## FREEDOM OF INFORMATION – BREAST CANCER PRESCRIBING

I write in response to your request for information in relation to breast cancer prescribing.

Question:

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

Answer:

|           |   |     |
|-----------|---|-----|
| <b>1a</b> | Abemaciclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)       | 89  |
| <b>1b</b> | Abemaciclib + Fulvestrant   | 9   |
| <b>1c</b> | Alpelisib + Fulvestrant   | Nil |
| <b>1d</b> | Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide                 | 77  |
| <b>1e</b> | Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Paclitaxel    | Nil |
| <b>1f</b> | Atezolizumab  | 5<  |
| <b>1g</b> | Capivasertib  | Nil |
| <b>1h</b> | Capecitabine as a single agent  | 70  |
| <b>1i</b> | Carboplatin + Paclitaxel  | 17  |
| <b>1j</b> | Elacestrant   | Nil |
| <b>1k</b> | Eribulin as a single agent or in combination                                      | 8   |
| <b>1l</b> | Everolimus + Exemestane   | 5<  |
| <b>1m</b> | Fulvestrant as a single agent   | 56  |
| <b>1n</b> | Palbociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)       | 41  |
| <b>1o</b> | Palbociclib + Fulvestrant   | 10  |
| <b>1p</b> | Parp Inhibitors (Olaparib/Talazoparib)  | 5<  |
| <b>1q</b> | Pembrolizumab Monotherapy   | 17  |
| <b>1r</b> | Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Pembrolizumab | 7   |
| <b>1s</b> | Carboplatin + Paclitaxel + Pembrolizumab  | 7   |
| <b>1t</b> | Pertuzumab (Perteja) + Trastuzumab (Herceptin)                                    | Nil |
| <b>1u</b> | Phesgo (Pertuzumab + Trastuzumab in a single injection)                           | 84  |

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Chair Professor John Connaghan CBE  
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Lothian NHS Board is the common  
name of Lothian Health Board

|            |   |        |
|------------|---|--------|
| <b>1v</b>  | Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)  | 48     |
| <b>1w</b>  | Ribociclib + Fulvestrant  | 17     |
| <b>1x</b>  | Sacituzumab Govitecan   | 5<     |
| <b>1y</b>  | Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent       | 34     |
| <b>1z</b>  | Trastuzumab deruxtecan (Enhertu)  | 32     |
| <b>1aa</b> | Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel | 12     |
| <b>1ab</b> | Trastuzumab emtansine (Kadcyla)   | 21     |
| <b>1ac</b> | Any other active systemic anti-cancer therapy                               | 66     |
| <b>1ad</b> | Aromatase Inhibitor as a single agent                                       | Nil ** |

**\*\*Aromatase Inhibitor as a single agent are prescribed in primary care, data not available.**

Question:

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

Answer:

|           |   |     |
|-----------|---|-----|
| <b>2a</b> | Phesgo (Pertuzumab + Trastuzumab in a single injection)                     | 7   |
| <b>2b</b> | Pertuzumab (Perteja) + Trastuzumab (Herceptin)                              | Nil |
| <b>2c</b> | Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel | 5<  |
| <b>2d</b> | Trastuzumab deruxtecan (Enhertu)  | 32  |
| <b>2e</b> | Trastuzumab emtansine (Kadcyla)   | 9   |
| <b>2f</b> | Abemaciclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole) | 16  |
| <b>2g</b> | Abemaciclib + Fulvestrant   | 9   |
| <b>2h</b> | Ribociclib + Aromatase Inhibitor (e.g. anastrozole, exemestane, letrozole)  | 48  |
| <b>2i</b> | Ribociclib + Fulvestrant  | 17  |
| <b>2j</b> | Capecitabine as a single agent  | 57  |
| <b>2k</b> | Carboplatin + Paclitaxel  | 5<  |
| <b>2l</b> | Carboplatin + Paclitaxel + Pembrolizumab                                    | Nil |

Question:

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.

Answer:

| Full Title   | Recruited |
|--|-----------|
| The HER2-RADiCAL study (Response ADaptive CAre pLan) – Tailoring treatment for HER2 positive early breast cancer   | 8         |
| FAIM, Randomised Open-label Phase II study of induction standard of care Fulvestrant and CDK4/6 inhibition with the Addition of Ipatasertib in Metastatic ER+/HER2- breast cancer patients without ctDNA suppression | 5<        |

|   |    |
|---|----|
| TRAK-ER, A randomised trial of early detection of molecular relapse with circulating tumour DNA tracking and treatment with palbociclib plus fulvestrant versus standard endocrine therapy in patients with ER positive HER2 negative breast cancer   | 5< |
| EMBER-4, A Randomized, Open-Label, Phase 3 Study of Adjuvant Imlunestrant vs Standard Adjuvant Endocrine Therapy in Patients who have Previously Received 2 to 5 years of Adjuvant Endocrine Therapy for ER+, HER2- Early Breast Cancer with an Increased Risk of Recurrence  | 9  |
| A Phase 3, Randomized, Open-label, Study to Compare the Efficacy and Safety of Adjuvant MK-2870 in Combination with Pembrolizumab (MK-3475) Versus Treatment of Physician's Choice (TPC) in Participants With Triple Negative Breast Cancer (TNBC) Who Received Neoadjuvant Therapy and Did Not Achieve a Pathological Complete Response (pCR) at Surgery   | 0  |
| BNT327-02, A Phase II, multi-site, randomized, open-label clinical trial to evaluate the safety, efficacy, and pharmacokinetics of BNT327 at two dose levels in combination with chemotherapeutic agents as first- and second-line treatment in triple-negative breast cancer   | 5< |
| 3-Pillars Study: A phase II open label study of the cyclin-dependent kinase 4/6 inhibitor Palbociclib in combination with letrozole, trastuzumab plus tucatinib as neoadjuvant treatment for ER-positive, PgR-positive and HER2-positive early breast cancer in post-menopausal women   | 0  |
| CAMBRIA-1, A Phase III, Open-Label, Randomised Study to Assess the Efficacy and Safety of Extended Therapy with Camizestrant (AZD9833, a Next Generation, Oral Selective Estrogen Receptor Degradar) versus Standard Endocrine Therapy (Aromatase Inhibitor or Tamoxifen) in Patients with ER+/HER2- Early Breast Cancer and an Intermediate or High Risk of Recurrence Who Have Completed Definitive Locoregional Therapy and at Least 2 Years of Standard Adjuvant Endocrine-Based Therapy Without Disease Recurrence | 5< |

To protect the identity of the individuals involved any figure of 5 or less has not been shown in the table above. Since we do not have their consent to release this data from their records, the information is exempt under section 38(1)(b) of the Freedom of Information (Scotland) Act i.e. to provide it would breach the Data Protection Act (2018).

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information

Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive