Lothian NHS Board

Lothian NHS Board
Mainpoint
102 Westport
Edinburgh
EH3 9DN
Main Switchboard: 0131 242 1000

www.nhslothian.scot

Date 10/03/2026
Your Ref
Our Ref 11134

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION – BREAST CANCER PRESCRIBING

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

Question:

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

Answer:

1.1	Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) **Aromatase inhibitors are prescribed in primary care so can't answer definitively*	*Can't answer
1.2	Abemaciclib + Fulvestrant	5<
1.3	Alpelisib + Fulvestrant	0
1.4	Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide only	36
1.5	Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Paclitaxel	37
1.6	Atezolizumab	5<
1.7	Capivasertib	0
1.8	Capecitabine as a single agent	52
1.9	Carboplatin + Paclitaxel	13
1.10	Elacestrant	0
1.11	Eribulin as a single agent or in combination	15
1.12	Everolimus + Exemestane	5<
1.13	Fulvestrant as a single agent	12
1.14	Palbociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole)	*Can't answer
1.15	Palbociclib + Fulvestrant	14
1.16	Parp Inhibitors (Olaparib/Talazoparib)	5<
1.17	Pembrolizumab Monotherapy	6
1.18	Pembrolizumab + Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide	12
1.19	Carboplatin + Paclitaxel + Pembrolizumab	10

1.20	Pertuzumab (Perjeta) + Trastuzumab (Herceptin)	0
1.21	Phesgo (Pertuzumab + Trastuzumab in a single injection)	97
1.22	Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole)	*Can't answer
1.23	Ribociclib + Fulvestrant	18
1.24	Sacituzumab Govitecan	6
1.25	Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent	20
1.26	Trastuzumab deruxtecan (Enhertu)	26
1.27	Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel	29
1.28	Trastuzumab emtansine (Kadcyla)	13
1.29	Any other active systemic anti-cancer therapy	123

Question:

2. In the past 3 months, how many patients have been treated with the following systemic anti-cancer therapies for breast cancer (please indicate whether they were treated for early or metastatic disease):

Answer:

	Total Patients	Early Patients	Metastatic Patients
2.1 Phesgo (Pertuzumab + Trastuzumab in a single injection)	97	56	41
2.2 Pertuzumab (Perjeta) + Trastuzumab (Herceptin)	0	0	0
2.3 Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel	29	18	11
2.4 Trastuzumab deruxtecan (Enhertu)	26	0	26
2.5 Trastuzumab emtansine (Kadcyla)	13	6	7
2.6 Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole)	*Can't answer		
2.7 Abemaciclib + Fulvestrant	5<	0	5<
2.8 Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole)	*Can't answer		
2.9 Ribociclib + Fulvestrant	18	0	18
2.10 Capecitabine as a single agent	52	8	44
2.11 Carboplatin + Paclitaxel	13	13	0
2.12 Carboplatin + Paclitaxel + Pembrolizumab	10	10	0

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	9
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	18
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	5<
PHOENIX, A pre-surgical window of opportunity and post-surgical adjuvant biomarker study of DNA damage response inhibition with or without anti-PD-L1 immunotherapy in patients with neoadjuvant treatment resistant residual triple negative breast cancer	0
ADELA, A randomized phase 3, double-blind, placebo-controlled study of elacestrant plus everolimus versus elacestrant in patients with estrogen receptor-positive/human epidermal growth factor receptor 2-negative, *ESR1*-mutated, advanced breast cancerprogressing to endocrine therapy and CDK4/6 inhibitors	0
INAVO123, A PHASE III, MULTICENTER, RANDOMIZED, DOUBLE BLIND, PLACEBO-CONTROLLED STUDY EVALUATING THE EFFICACY AND SAFETY OF INAVOLISIB PLUS A CDK4/6 INHIBITOR AND LETROZOLE VERSUS PLACEBO PLUS A CDK4/6 INHIBITOR AND LETROZOLE IN PATIENTS WITH ENDOCRINE-SENSITIVE PIK3CA MUTATED, HORMONE RECEPTOR-POSITIVE, HER2-NEGATIVE ADVANCED BREAST CANCER	0
FOURLIGHT-3, AN INTERVENTIONAL, OPEN-LABEL, RANDOMIZED, MULTICENTER PHASE 3 STUDY OF PF-07220060 PLUS LETROZOLE COMPARED TO CDK4/6 INHIBITOR PLUS LETROZOLE IN PARTICIPANTS OVER 18 YEARS OF AGE WITH HORMONE RECEPTOR (HR)-POSITIVE, HER2-NEGATIVE ADVANCED/METASTATIC BREAST CANCER WHO HAVE NOT RECEIVED ANY PRIOR SYSTEMIC ANTICANCER TREATMENT FOR ADVANCED/METASTATIC DISEASE	0
ELEGANT, Elacestrant versus Standard Endocrine Therapy in Women and Men with Node-positive, Estrogen Receptor-positive, HER2-negative, Early Breast Cancer with High Risk of Recurrence - A Global, Multicenter, Randomized, Open-label Phase 3 Study	5<

To protect the identity of the individuals involved any figure of 5 or less has not been shown in the tables 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. 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