Lothian NHS Board

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

www.nhslothian.scot

Date 25/06/2026
Your Ref
Our Ref 11555

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

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:

- Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) = 38 for Abemaciclib, Aromatase Inhibitor numbers are unknown as they are provided in primary care
- Abemaciclib + Fulvestrant = 6
- Alpelisib + Fulvestrant = 0
- Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide only = 72
- Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide + Paclitaxel = 0
- Atezolizumab = 0
- Capivasertib = 0
- Capecitabine as a single agent = 66
- Carboplatin + Paclitaxel = 10
- Elacestrant = 0
- Eribulin as a single agent or in combination = 14
- Everolimus + Exemestane = 5 or fewer
- Fulvestrant as a single agent = 48
- Palbociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) = 21 for Palbociclib, Aromatase Inhibitor numbers are unknown as they are provided in primary care
- Palbociclib + Fulvestrant = 10
- Parp Inhibitors (Olaparib/Talazoparib) = 7
- Pembrolizumab Monotherapy = 19
- Pembrolizumab + Anthracycline (e.g. doxorubicin or epirubicin) + Cyclophosphamide = 0
- Carboplatin + Paclitaxel + Pembrolizumab = 0
- Pertuzumab (Perjeta) + Trastuzumab (Herceptin) = 84

Our Values Into Action
disability confident LEADER
CARER POSITIVE Employer in Scotland EXEMPLARY
We are a Living Wage Employer

- Phesgo (Pertuzumab + Trastuzumab in a single injection) = 0
- Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) = 43 for Ribociclib, Aromatase Inhibitor numbers are unknown as they are provided in primary care
- Ribociclib + Fulvestrant = 15
- Sacituzumab Govitecan = 6
- Taxane (e.g. docetaxel, paclitaxel, nab-paclitaxel) as a single agent = 64
- Trastuzumab deruxtecan (Enhertu) = 13
- Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel = 57
- Trastuzumab emtansine (Kadcyla) = 13
- Any other active systemic anti-cancer therapy = 203
- Pembrolizumab subcutaneous injection = 0

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:

- Phesgo (Pertuzumab + Trastuzumab in a single injection) = 0 for both
- Pertuzumab (Perjeta) + Trastuzumab (Herceptin) = 52 for early, 32 for metastatic
- Trastuzumab (Herceptin) as a single agent or in combination with Paclitaxel = 40 for early, 17 for metastatic
- Trastuzumab deruxtecan (Enhertu) = 0 for early, 32 for metastatic
- Trastuzumab emtansine (Kadcyla) = 8 for early, 5 or fewer for metastatic
- Abemaciclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) = 30 for early, 8 for metastatic. Abemaciclib numbers only, Aromatase Inhibitor numbers are unknown as they are provided in primary care
- Abemaciclib + Fulvestrant = 0 for early, 6 for metastatic
- Ribociclib + Aromatase Inhibitor (e.g. anastrazole, exemestane, letrozole) = 5 or fewer for early, 38 for metastatic. Ribociclib numbers only, Aromatase Inhibitor numbers are unknown as they are provided in primary care
- Ribociclib + Fulvestrant = 0 for early, 15 for metastatic
- Capecitabine as a single agent = 15 for early, 51 for metastatic
- Carboplatin + Paclitaxel = 9 for early, 5 or fewer for metastatic
- Carboplatin + Paclitaxel + Pembrolizumab = 0 for both

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	*11*
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	*24*
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	*6*
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 cancer progressing 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*
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 this response. 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