Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi. We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

Cais Rhyddid Gwybodaeth / Freedom of Information request
Ein Cyf / Our Ref: 23-C-027

Please note that aromatose inhibitors are not prescribed within Secondary Care, but are prescribed by the GP surgeries within the community. The information for these medications would be held by the GP surgeries themselves, who you would need to contact directly for the information.

You asked:

I would be grateful if you could answer the questions below in relation to the number of patients treated with specific medicines between the start of Dec 2022 and the end of Feb 2023. If data for this time period is not available yet, please provide the latest three months for which the organisation has data. Please include data for all hospitals in the organisation.

1. **How many patients were treated in total, regardless of diagnosis, with the following medicines in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

Name of medicine	Number patients treated
1.1 Abemaciclib (Verzenios)	8
1.2 Alpelisib (Piqray)	0
1.3 Anastrozole (anastrozole or Arimidex)	Not held
1.4 Exemestane (exemestane or Aromasin)	Not held
1.5 Fulvestrant (fulvestrant or Faslodex)	20
1.6 Letrozole (letrozole or Femara)	Not held

Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR / Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR
Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe
Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board

1.7 Palbociclib (Ibrance)	33
1.8 Ribociclib (Kisqali)	11

2. **How many patients received abemaciclib (Verzenios) as adjuvant treatment for early breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

   If you do not have data on early breast cancer, please state how many patients received abemaciclib (Verzenios) as adjuvant treatment.

Number patients treated
0

3. **How many patients received abemaciclib in combination with an aromatase inhibitor (anastrozole or exemestane or letrozole) for early breast cancer and locally advanced or metastatic breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

   The TNM values associated with each stage of breast cancer are included for reference only.

Name of combination	Breast cancer staging	TNM (for reference only) Source: Cancer Research UK	Number patients treated
3.1 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)	Early breast cancer	*T1N0M0 or T0N1M0 or T1N1M0 or T2N1M0 or T3N0M0*	Not held
3.2 Abemaciclib + aromatase inhibitor (anastrozole or exemestane or letrozole)	Locally advanced or metastatic breast cancer	*T0N2M0 or T1N2M0 or T2N2M0 or T3N1M0 or T3N2M0 or T4N0M0 or T4N1M0 or T4N2M0*	Not held

		or T*N3M0 or T*N*M1	

4. How many patients received Olaparib (Lynparza) as adjuvant treatment for early breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

If you do not have data on early breast cancer, please state how many patients received Olaparib (Lynparza) as adjuvant treatment.

Number patients treated
0

5. How many patients were treated with the following medicines in combination in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?

Name of combination	Number patients treated
4.1 Abemaciclib (Verzenios) + Fulvestrant (fulvestrant or Faslodex)	<5
4.2 Abemaciclib (Verzenios) + Anastrozole (anastrozole or Arimidex)	Not held
4.3 Abemaciclib (Verzenios) + Exemestane (exemestane or Aromasin)	Not held
4.4 Abemaciclib (Verzenios) + Letrozole (letrozole or Femara)	Not held

Name of combination	Number patients treated
4.7 Alpelisib (Piqray) + Fulvestrant (fulvestrant or Faslodex)	0

4.8 Palbociclib (Ibrance) + Fulvestrant (fulvestrant or Faslodex)	<5
4.9 Palbociclib (Ibrance) + Anastrozole (anastrozole or Arimidex)	Not held
4.10 Palbociclib (Ibrance) + Exemestane (exemestane or Aromasin)	Not held
4.11 Palbociclib (Ibrance) + Letrozole (letrozole or Femara)	Not held

4.12 Ribociclib (Kisqali) + Fulvestrant (fulvestrant or Faslodex)	<5
4.13 Ribociclib (Kisqali) + Anastrozole (anastrozole or Arimidex)	Not held
4.14 Ribociclib (Kisqali) + Exemestane (exemestane or Aromasin)	Not held
4.15 Ribociclib (Kisqali) + Letrozole (letrozole or Femara)	Not held

6. **How many patients were treated with Olaparib (Lynparza) as monotherapy for locally advanced or metastatic breast cancer in the latest three months for which you have data (ideally between Dec 2022 and Feb 2023)?**

Number patients treated
0

7. **Which of these protocols does your Health Board follow when issuing prescriptions for aromatase inhibitors (anastrozole or exemestane or letrozole) prescribed in combination with CDK4/6 inhibitors (abemaciclib or palbociclib or ribociclib)?**

Name of combination	Yes or no

6.1 Aromatase inhibitors and CDK4/6 inhibitors are issued **together** To Take Out at the hospital	
6.2 Aromatase inhibitors and CDK4/6 inhibitors are issued **separately**. The CDK4/6 inhibitors (abemaciclib or palbociclib or ribociclib) are issued To Take Out at the hospital. The aromatase inhibitors (anastrozole or exemestane or letrozole) are issued as an FP10 to the patient or a request is sent to the GP to issue in the community	
6.3 Both protocols above	The usual method within SBUHB is to start aromatase for first administration from hospital, then CDK4/6 started separately once the referral process takes place. Continued supply is then via community FP10 presciption with GP.

Where fewer than 5 has been indicated we are unable to provide you with the exact number of patients as due to the low numbers, there is a potential risk of identifying individuals if this was disclosed. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This information is protected by the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute as unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. This exemption is absolute and therefore there is no requirement to apply the public interest test.