

Date: 03/08/2018

FREEDOM OF INFORMATION REQUEST FOI/014229 – Breast cancer

Research has shown that in postmenopausal women bisphosphonates reduce the risk of primary or early breast cancer spreading to other parts of the body, where it becomes incurable.

Recommendations on the use of bisphosphonates for postmenopausal women to prevent breast cancer spreading to other parts of the body have been made in clinical advice from NHS England's Clinical Expert Group on Breast Cancer circulated in August 2017.

Breast Cancer Now is seeking to build a comprehensive picture of where bisphosphonates are available in this indication.

Our request relates to routine provision of bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body. It does not apply to bisphosphonates in other indications, whether in breast cancer or another condition.

Under the Freedom of Information Act 2000, I would be grateful if you could provide answers to the following questions

1. Does your Trust routinely provide bisphosphonates to postmenopausal women with primary breast cancer to reduce the risk of their cancer spreading to other parts of the body?

Our Trust is not routinely providing Bisphosphonates as adjuvant therapy to postmenopausal women at present

2. If your Trust does routinely provide bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body, but is not providing them for all postmenopausal women, how is eligibility defined? For example, women at increased risk of recurrence.

3. If your Trust does routinely provide bisphosphonates for postmenopausal women to reduce the risk of primary breast cancer spreading to other parts of the body, which bisphosphonates do you prescribe? For example, zoledronic acid, ibandronic acid, sodium clodronate.

4. If your Trust does not routinely provide bisphosphonates for postmenopausal women to reduce the risk of primary breast cancer spreading to other parts of the body, what are your reasons for not doing so?

There is no funding/ shared care agreement for adjuvant use of Bisphosphonates in the adjuvant setting in our trust.

If the clinician thinks the patient will benefit from Bisphosphonates, they will contact the GP to explain the benefits and ask the GP to prescribe the drug for the patient.