

Freedom of Information Request

Ref: UHB 18-404

Date 24 August 2018

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trusts response is as follows:

Part one - routine provision of bisphosphonates to prevent the spread of breast cancer

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?

Yes we provide adjuvant Bisphosphonate treatment with Ibandroninc acid to Post Menopausal patients with High risk breast cancer so as to reduce the risk of breast cancer recurrence.

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.

In the cohort of post-menopausal, high risk breast cancer patients who have been offered adjuvant Chemotherapy treatment we would offer Adjuvant Ibandronic acid treatment but we would also discuss the Risk Calculator "NHS PREDICT" to assess benefit from adjuvant Bisphosphonate treatment.

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.

At Bristol Haematology and Oncology Centre we are using Ibandronic acid.

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?

Please see above responses for questions 1-3

Part two - genetic testing services

1. How many people who have had a diagnosis of breast cancer were referred to your service to be tested for BRCA1 and BRCA2 mutations in 2015, 2016 and 2017?

We do not host a breast cancer diagnostic service at this Trust therefore we do not hold this information. All Bristol patients are seen at North Bristol Trust and the questioner should look to North Bristol's answers for patients in Bristol.

2. How many people with a family history of breast cancer but have not been diagnosed themselves were referred to your services for predictive testing for BRCA1 and BRCA2 mutations in 2015, 2016 and 2017?

Not applicable - we do not host a breast cancer diagnostic service at this Trust.

- 3. In 2015, what proportion of people who have had a diagnosis of breast cancer undergoing testing for BRCA1 and BRCA2 mutations received their results within:
 - a. Eight weeks
 - b. More than eight weeks

What proportion of people with a family history of breast cancer who have not been diagnosed themselves undergoing predictive testing for BRCA1 and BRCA2 mutations received their results within:

- a. Two weeks
- b. More than two weeks

Not applicable - we do not host a breast cancer diagnostic service at this Trust.

- 4. In 2016, what proportion of people who have had a diagnosis of breast cancer undergoing testing for BRCA1 and BRCA2 mutations received their results within:
 - a. Eight weeks
 - b. More than eight weeks

What proportion of people with a family history of breast cancer who have not been diagnosed themselves undergoing predictive testing for BRCA1 and BRCA2 mutations received their results within:

a. Two weeks

b. More than two weeks

Not applicable - we do not host a breast cancer diagnostic service at this Trust.

- 5. In 2017, what proportion of people who have had a diagnosis of breast cancer undergoing testing for BRCA1 and BRCA2 mutations received their results within:
 - a. Eight weeks
 - b. More than eight weeks

What proportion of people with a family history of breast cancer who have not been diagnosed themselves undergoing predictive testing for BRCA1 and BRCA2 mutations received their results within:

c. Two weeks

d. More than two weeks

Not applicable - we do not host a breast cancer diagnostic service at this Trust.

6. In 2015 how many people who were diagnosed as BRCA carriers through predictive genetic testing provided at your service:

- a. Were prescribed chemoprevention to reduce their risk of developing breast cancer?
- b. Were given lifestyle and breast awareness advice?
- c. Took up additional screening in addition to that routinely provided by the NHS Breast Screening Programme?
- d. Underwent a prophylactic double mastectomy?
- e. Chose to take no action as a result of their diagnosis?
- f. Unknown

Not applicable - we do not host a breast cancer diagnostic service at this Trust.

- 7. In 2016 how many patients who were diagnosed as BRCA carriers through predictive genetic testing provided at your service:
 - a. Were prescribed chemoprevention to reduce their risk of developing breast cancer?
 - b. Were given lifestyle and breast awareness advice?
 - c. Took up additional screening in addition to that routinely provided by the NHS Breast Screening Programme?
 - d. Underwent a prophylactic double mastectomy?
 - e. Chose to take no action as a result of their diagnosis?
 - f. Unknown

Not applicable - we do not host a breast cancer diagnostic service at this Trust.

- 8. In 2017 how many patients who were diagnosed as BRCA carriers through predictive genetic testing provided at your service:
 - a. Were prescribed chemoprevention to reduce their risk of developing breast cancer?
 - b. Were given lifestyle and breast awareness advice?
 - c. Took up additional screening in addition to that routinely provided by the NHS Breast Screening Programme?
 - d. Underwent a prophylactic double mastectomy?
 - e. Chose to take no action as a result of their diagnosis?
 - f. Unknown

Not applicable - we do not host a breast cancer diagnostic service at this Trust.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Trust Secretary University Hospitals Bristol NHS Foundation Trust Trust Headquarters Marlborough Street Bristol BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Publication

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To view the Freedom of Information Act in full please click here.

Yours sincerely

FOI Team UH Bristol NHS Foundation Trust