



**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

Clatterbridge Road
Bebington
Wirral
CH63 4JY

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Date: 3 August 2018

Re: Freedom of Information Request
Ref: 146-2018

Thank you for your email dated 9th July 2018, requesting information regarding the routine provision of bisphosphonates to prevent the spread of breast cancer.

The information that you require is as follows:

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 treat postmenopausal breast cancer women with adjuvant bisphosphonate.

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.**

Please see Appendix 1

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.**

We use zoledronic acid only

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?**

N/A

Should you require any further information please do not hesitate to contact me on the email address provided below.

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

If you are dissatisfied with the handling of your request, you have the right to ask for this to be investigated internally.

If you are dissatisfied with the information you have received, you have the right to ask for an internal review.

Both processes will be handled in accordance with our Trust's Freedom of Information Policy and the Freedom of Information Act 2000.

Internal investigation and 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: Freedom of Information Review, The Clatterbridge Cancer Centre NHS Foundation Trust, Clatterbridge Road, Bebington, Wirral, CH63 4JY

If you are not satisfied with the outcome of the internal investigation/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.

In order for us to ensure customer satisfaction and to monitor compliance with the Freedom of Information Act 2000, we would be grateful if you could take a couple of minutes to complete a short feedback form via the link below:

<https://www.surveymonkey.co.uk/r/H39RFMM>

Appendix 1

Adjuvant Zoledronate Service (AZS) Referral Form

Patient Name:
 NHS Number:
 Patient CB: (identification sticker) DOB:
 Telephone number:

Eligibility Criteria

Is patient post-menopausal?	Yes/No
If yes, please select criteria from below options:	
<ul style="list-style-type: none"> LMP >1 year prior to diagnosis of breast cancer AND uterus intact AND not on endocrine treatment (including oral contraception) AND no IUCD in situ 	<input type="checkbox"/>
<ul style="list-style-type: none"> Bilateral oophorectomy or ongoing ovarian suppression treatment 	<input type="checkbox"/>
<ul style="list-style-type: none"> If <55 and unable to clinically assess menopausal status (eg hysterectomy but ovaries in situ/ IUCD in situ) at the discretion of the consultant oncologist. FSH and oestradiol must be in the post-menopausal range 	<input type="checkbox"/>

Is the patient on oral bisphosphonates?	Yes/No
<ul style="list-style-type: none"> <5 Years – STOP oral bisphosphonates and can proceed with adjuvant zoledronate >5 Years – Consider referral to Clinical Chemistry for advice on suitability of adjuvant zoledronate 	<input type="checkbox"/>

Baseline Assessment

Weight: _____ Height: _____ Performance Status: ____ Allergy Status: _____	Does the patient have low dietary calcium (eg vegan/dairy free)? Yes*/No Baseline Vit D (within the last 6 months) _____ nmol/l Date _____ Is patient already on/ starting calcium and/or Vit D supplements*? Yes/No If yes, which? _____
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Please advise which adjuvant treatment is planned for patient (circle as appropriate):

Chemotherapy & Radiotherapy **Zoledronate not planned with chemotherapy** Radiotherapy Neither nor



C1 of zoledronate can be prescribed with chemo. If you plan to do this, please prescribe and include date/location: Date: _____ Site: _____

Ensure patient leaves clinic with **blood forms** for **creatinine** and **adjusted calcium**
 (And vitamin D if not already performed)

THIS FORM AUTHORISES PRESCRIPTION OF ADJUVANT ZOLEDRONATE BY THE AZS NMP – IT MUST BE SIGNED/COUNTERSIGNED BY A CONSULTANT

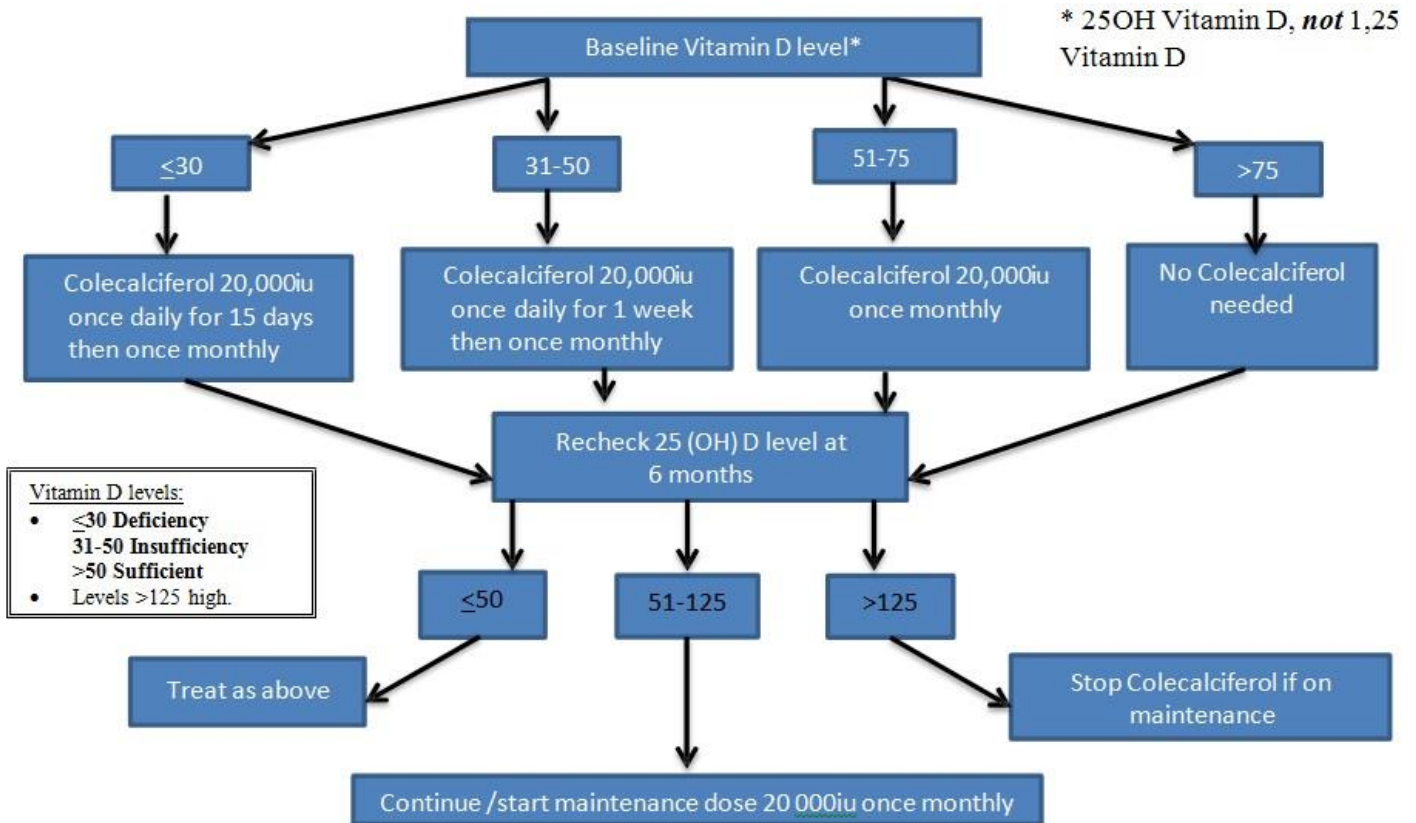
Consented by
Designation
Sign
Consultant

Please send this referral form to the
AZS Team via secretary (Or if STHK, Please
see STHK AZS Flowsheet)

****Please note, all of the information requested on this form is essential. If it is not completed in full, it will be returned to the referrer***

Vitamin D and Calcium Supplement/Replacement Guidelines

Vitamin D Level Supplementation Guide



Calcium Supplementation Guide

If baseline corrected calcium <LLN **and/or** low dietary calcium intake – eg vegan/dairy free diet, patients should be started on calcium supplementation. Appropriate preparations include:

AdCal D3 chewable tablets	2 tablets daily OR
Adcal D3 caplets	2 tablets BD OR
Calfovite D3	1 sachet daily

PLEASE NOTE: PATIENTS WITH LOW VITAMIN D LEVELS AND HYPOCALCAEMIC/LOW DIETRY CALCIUM WILL NEED TO BE ON COLECALCIFEROL AS ABOVE **AND** ADCAL D3 OR EQUIVALENT