Outstanding Care, Compassionate People, Healthier Communities

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02 Dec, 2025

[redacted]

Dear Sir/Madam

Freedom of Information Act (FOI) 2000 - Request for Information Reference: Treatment of cancers

I am writing in response to your request for information under the FOI 2000.

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

FOI Request / Question	Question Response	Is there an exemption?	Exemption	Exemption Details
1. How many patients were treated in total, regardless of diagnosis, with these medicines in the 3 months between 1st July 2025 to the end of September 2025, or latest 3-months for which data are available? 1.1 Abiraterone (Zytiga or generic abiraterone) 1.2 Apalutamide (Erleada) 1.3 Cabazitaxel (Jevtana or generic cabazitaxel) 1.4 Darolutamide (Nubeqa) 1.5 Enzalutamide (Xtandi) 1.6 Talazoparib (Talzenna) 1.7 Docetaxel 1.8 Relugolix (Orgovyx, Ryeqo) 1.9 Olaparib (Lynparza)	1.1 Abiraterone (Zytiga or generic abiraterone) 0 Patients 1.2 Apalutamide (Erleada) 0 Patients 1.3 Cabazitaxel (Jevtana or generic cabazitaxel) 0 Patients 1.4 Darolutamide (Nubeqa) 0 Patients 1.5 Enzalutamide (Xtandi) 0 Patients 1.6 Talazoparib (Talzenna) 0 Patients 1.7 Docetaxel 9 Patients 1.8 Relugolix (Orgovyx, Ryeqo) 0 Patients 1.9 Olaparib (Lynparza) 1 Patients			
2. How many patients were treated with these products specifically for prostate cancer (ICD-10 code = C61) in the 3 months between 1st July 2025 to the end of September 2025, or latest 3-months for which data are available? 2.1 Docetaxel for prostate cancer 2.2 Olaparib (Lynparza) for prostate cancer	2.1 Docetaxel for prostate cancer 0 Patients 2.2 Olaparib (Lynparza) for prostate cancer 0 Patients 2.3 Talazoparib (Talzenna) for prostate cancer 0 Patients 2.4 Relugolix (Orgovyx) for prostate cancer 0 Patients			

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2.3 Talazoparib (Talzenna) for prostate cancer 2.4 Relugolix (Orgovyx) for prostate cancer				
3. How many patients received their first cycle or first dose of the following products in the 3 months between 1st July 2025 to the end of September 2025, or latest 3-months for which data are available? 3.1 Abiraterone (Zytiga or generic abiraterone) 3.2 Apalutamide (Erleada) 3.3 Cabazitaxel (Jevtana or generic cabazitaxel) 3.4 Darolutamide (Nubeqa) 3.5 Enzalutamide (Xtandi)	3.2 Apalutamide (Erleada) 0 Patients 3.3 Cabazitaxel (Jevtana or generic cabazitaxel) 0 Patients 3.4 Darolutamide (Nubeqa) 0 Patients 3.5 Enzalutamide (Xtandi) 0 Patients			
4. How many patients were treated with the following combinations in the 3 months between 1st July 2025 to the end of September 2025, or latest 3-months for which data are available? • Please give total number of patients and number of patients receiving their first dose or first cycle. 4.1 Darolutamide (Nubeqa) + Docetaxel 4.2 Darolutamide (Nubeqa) 4.3 Olaparib (Lynparza) + Abiraterone	4.1 Darolutamide (Nubeqa) + Docetaxel 0 Patients 4.2 Darolutamide (Nubeqa) 0 Patients 4.3 Olaparib (Lynparza) + Abiraterone 0 Patients			

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5. How many patients received the following products for non-metastatic hormone sensitive prostate cancer in the 3 months between 1st July 2025 to the end of September 2025, or latest 3-months for which data are available? 5.1 Abiraterone 5.2 Enzalutamide	5.1 Abiraterone 0 Patients 5.2 Enzalutamide 0 Patients			
6a. How many patients with high grade epithelial stage III or IV ovarian, fallopian tube or primary peritoneal cancer were treated with platinum chemotherapy between 1st July 2025 and 30th September 2025, or latest 3-month period for which data is available?	0 Patients			
6b. How many patients with high grade epithelial stage III or IV ovarian, fallopian tube or primary peritoneal cancer received maintenance therapy between 1st July 2025 and 30th September 2025, or latest 3-month period for which data is available?	0 Patients			
6c. How many patients were treated with olaparib (Lynparza) for the following types of cancer between 1st July 2025 and 30th September 2025, or latest 3-month period for which data is available? a. Breast Cancer - C50* or D05	a. 1 Patient b. 0 Patients c. 0 Patients			

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b. Ovarian Cancer - C56* or C57* or C79.6 or C79.8 or C48.1 or C48.2 c. Prostate Cancer - C61*				
6d. How many patients were treated with olaparib (Lynparza) for the following indications and BlueTeq CDF codes between 1st Jul 2025 and 30th Sep 2025, or latest 3-month period for which data is available? • OLAP1a or OLAPb - Maintenance treatment in patients with high grade epithelial stage III or IV ovarian, fallopian tube or primary peritoneal carcinoma who are in response following platinum-based FIRST line chemotherapy AND have a deleterious or suspected deleterious germline and/or somatic BRCA mutation • OLAP 2 - Maintenance treatment in patients with high grade epithelial ovarian, fallopian tube or primary peritoneal carcinoma who HAVE a deleterious or suspected deleterious germline and/or somatic BRCA mutation and a recent FIRST RELAPSE of platinum-sensitive disease and are now in response following a SECOND platinum- based chemotherapy • OLAP 3 - Maintenance treatment in patients with high grade epithelial ovarian, fallopian tube or primary	• OLAP1a or OLAPb – 0 Patients • OLAP 2 – 0 Patients • OLAP 3 – 0 Patients • OLAP 4 – 0 Patients • OLAP 5 – 0 Patients • OLAP 6 –0 Patients • OLAP 7 –0 Patients • OLAP 8 –0 Patients • OLAP 9 –0 Patients			

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peritoneal carcinoma who have a deleterious or suspected deleterious germline and/or somatic BRCA mutation and a recent SECOND OR SUBSEQUENT relapse of platinum-sensitive disease and are now in response following a THIRD OR SUBSEQUENT platinum-based chemotherapy • OLAP 4 – Maintenance treatment in patients with high grade epithelial stage III or IV ovarian, fallopian tube or primary peritoneal carcinoma who are in response following platinum-based FIRST line chemotherapy AND whose cancer has a positive status for homologous recombination deficiency as defined by the presence of either a deleterious or suspected deleterious BRCA 1/2 germline and/or somatic mutation or genomic instability • OLAP 5 – Olaparib monotherapy as adjuvant treatment of high-risk TRIPLE NEGATIVE early breast cancer treated with neoadjuvant or adjuvant chemotherapy and definitive local therapy in patients with a deleterious or suspected deleterious germline BRCA mutation • OLAP 6 – Adjuvant treatment of high-risk HORMONE RECEPTOR POSITIVE HER 2 NEGATIVE early breast cancer treated with				

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neoadjuvant or adjuvant chemotherapy and definitive local therapy in patients with a deleterious or suspected deleterious germline BRCA mutation • OLAP 7 – Olaparib monotherapy for metastatic castration-resistant prostate cancer bearing germline and/or somatic BRCA 1 or 2 mutations in patients who have progressed following previous treatment with an androgen receptor targeted agent AND HAVE ALSO BEEN TREATED WITH DOCETAXEL • OLAP 8 – Olaparib monotherapy for metastatic castration-resistant prostate cancer bearing germline and/or somatic BRCA 1 or 2 mutations in patients who have progressed following previous treatment with an androgen receptor targeted agent AND HAVE NOT BEEN PREVIOUSLY TREATED WITH DOCETAXEL • OLAP 9 – Olaparib + abiraterone for the treatment of metastatic hormone- relapsed (castrate-resistant) prostate cancer in patients who are treatment naïve to androgen receptor inhibitors and in whom chemotherapy is not yet clinically indicated or appropriate				

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I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, 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: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: https://ico.org.uk/your-data-matters/official-information/.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the Open Government Licence (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.

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