ing systemic chemotherapy. Such risk models may have applicability in identifying patients at increased risk for early NC. Independent validation of these models will be conducted in a separate population of lung cancer patients.

P1-247 Supportive Care/QOL Posters, Mon, Sept 3
MESOTHELIOMA UK - Developing a national resource centre for mesothelioma

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In 2002 a proposal was made to Macmillan Cancer Relief (now known as Macmillan Cancer Support) to support the establishment of Mesothelioma UK, the National Macmillan Mesothelioma Resource Centre at Glenfield Hospital, Leicester. The Centre opened in 2004.

Methods:
The objectives of the centre are:
- To provide high quality, impartial and up-to-date information to all UK mesothelioma patients, their carers, health care professionals and associated organisations.
- To provide regional support for ongoing development in the mesothelioma field through the continued development of a national network of trained and experienced nurse specialists.
- To establish a consultant nurse post to provide overall leadership to the work of Mesothelioma UK, including nurse-led research.
- To work in collaboration with individuals interested in mesothelioma and with interest related groups.
- To explore the feasibility of establishing and developing a network of mesothelioma support groups.
- To promote the problems and issues raised by mesothelioma through mediums such as articles, conferences and the media.

Results: From the current progress already achieved by the Macmillan Mesothelioma UK Project, it can be anticipated that all its objectives will be achieved by the end of the three years. The value of services provided by Mesothelioma UK on a national level, to the public and to health care, can already be demonstrated and is expected to grow.

Conclusion: This presentation will chart the development of Mesothelioma UK and highlight the achievements and benefits of establishing a co-ordinated approach to provide support and information for a rare tumour such as mesothelioma.

P1-248 Supportive Care/QOL Posters, Mon, Sept 3
Lung cancer guideline development in ontario: impact on policy and practice

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Background: The multidisciplinary provincial Lung Disease Site Group (LDSG) has met regularly for the past 10 years to develop practice guidelines (PGs). Current members include medical (17) and radiation (11) oncologists, thoracic surgeons (4) and research coordina-
tors (1). A medical sociologist, patients, pathologists, and nurses have participated in specific PG development activities.

Methods: The LDSG has used the practice guideline (PG) development cycle described by Browman GP et al (JCO 1998; 16(3):1226-31).

Results: 31 reports, including 25 PGs have been published in peer-reviewed journals and all PG’s are posted on CCO’s website, www.cancercare.on.ca. Initial guideline topics were selected on the basis of known practice variation, controversy in practice, or new and emerging data with potential to change practice. PGs for single chemotherapy drugs (6) or chemotherapy usage for specific indications (7) have dominated DSG activity and have commonly informed the provincial funding decisions that make new and expensive drugs available for specific indications.

5 PGs on radiotherapy alone and 3 on RT as part of combined modality therapy (CMT) have been completed. An analysis of fractions used for curative radiotherapy in stage III NSCLC by treatment centre suggests wide adoption although low numbers of treated patients per Centre implies that appropriate patients are either not being referred or co-morbidities in this patient population preclude the routine application of PG recommendation.

A review of evidence on Positron Emission Tomography (PET) in lung cancer supported its use in the assessment of solitary pulmonary nodules when other diagnostic tests failed, but provided conflicting evidence in relation to its role in the clinical management of early stage, potentially resectable (Stage I-IIa) and locally advanced, inoperable NSCLC. As a consequence, two clinical trials have been initiated to evaluate the clinical utility of PET in managing patients with NSCLC.

Conclusion: LDSG PGs have informed Ontario government funding decisions for chemotherapy drugs, influenced radiation therapy practice in Ontario cancer treatment centres and resulted in evaluative studies of PET technology. As well, through an updating process, they remain an excellent reference on current best practice that can be used by trainees and practitioners globally.

P1-249 Supportive Care/QOL Posters, Mon, Sept 3
Anemia rates in completely resected non-small cell lung cancer (NSCLC) patients receiving adjuvant chemotherapy: An interim analysis

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Background: Recent data from both the National Cancer Institute of Canada (NCIC) and other studies has shown that early stage NSCLC patients receiving adjuvant chemotherapy after complete resection may have a significant survival advantage as compared to surgery alone. The NCIC JBR10 study showed that 91% of patients receiving platinum-based adjuvant chemotherapy experienced anemia, with 38% being grade 2 or higher. It is well known that platinum-based chemotherapy causes anemia. Subsequent exploratory analyses to this study documenting the rate of anemia in the adjuvant NSCLC patient population and assessing impact on outcomes demonstrated that lower baseline