**Results:** *Patient Characteristics* – 66 patient case notes were available for evaluation. The median age was 63 years (range 42–82), 62% (41 patients) were male, 97% (64) were smokers. 70% (46) were PS 1, 26% (17) PS 2, 3% (2) PS 0 and 1% (1) PS 3. 33% (22) of tumours were squamous cell carcinomas, 30% (20) adenocarcinoma, 30% (20) NSCLC (unspecified) and 6% (4) large cell cancers. 41% (27) patients had stage IV cancers, 30% (20) IIIB, 24% (16) IIIA, 3% (2) II and 1% (1) IB cancer at diagnosis.
*Chemotherapy*: 55% (36) of patients completed all 4 cycles, 23% (15) discontinued treatment after 3 cycles, 7% (5) discontinued after 2 cycles and 15% (10) only received 1 cycle. Chemotherapy was administered on schedule in 77% (51); dose reductions were necessary in 17% (11). 20% (13) required hospital admission and 14% (9) died within 30 days of chemotherapy.
*Outcomes*: Non-RECIST WHO criteria were used to assess radiological response. The disease control rate (CR + PR + SD) was 77% (51), objective response rate (CR + PR) 48% (32); one patient achieved a complete radiological response and 29% (19) had SD on completion of chemotherapy. Only 9 patients (14%) progressed on treatment. The median time to progression was 15 weeks (range 8 days – 42 weeks). 56% (37) are still alive.
**Conclusions:** Oral vinorelbine and carboplatin chemotherapy is an active, safe and well-tolerated regimen for the treatment of inoperable NSCLC. Efficacy compares well with other standard platinum doublets.

### 16 Transfusion costs associated with use of Gemcitabine-Carboplatin in the treatment of incurable non small cell lung cancer (NSCLC)

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**Introduction:** Currently, the use of Gemcitabine/Carboplatin (GC) is one of the mainstay regimens for advanced, incurable NSCLC. However, its use has been perceived to be associated with increased blood transfusion rates. We conducted this retrospective review to determine whether the use of this regimen is associated with increased transfusion rates of blood products.
**Methods:** non small cell lung cancer treated with GC versus second generation chemotherapy Mitomycin C, Vinblastine and Cisplatin (MVP). Parameters observed included patient/disease demographics, treatment instituted, treatment response, overall survival, grade 3 and 4 haematological toxicity and blood product transfusion rates.
**Results:** Amongst the 68 patients (214 cycles) receiving GC and 35 patients (147 cycles) receiving MVP chemotherapy, a clinical response (of at least stable disease) was observed in 71% and 67% of patients respectively. Survival rates were similar across both treatment arms, GC of 8.1 months and MVP of 7.7 months ($p = 0.13$, ANOVA). Haematological toxicity, in the form of grade 3/4 Anaemia, Neutropenia and Thrombocytopenia were greater in the GC compared to MVP arm. The rate of blood product transfusions was also greater in the GC arm. In the GC arm, the rate of blood transfusion was 0.14 units per cycle while it was 0.07 units per cycle in the MVP arm. Platelet transfusions were also increased in the GC arm, 0.10 pools per cycle compared to the MVP arm, at 0.02 pools per cycle.
**Conclusion:** The chemotherapy regimen GC has an improved, is associated with increased rates of blood product transfusion compared to the second generation MVP regimen.

### 17 Outreach chemotherapy: convenience versus quality?

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**Background:** Doncaster has a strong track record of recruitment to lung cancer clinical trials, for example contributing 29 of 116 patients (25%) enrolled in LLCG studies 12 and 14 in the North Trent Cancer Network (NTCN). Until recently, patients seen at Doncaster Royal Infirmary (DRI) travelled 25 miles to Weston Park Hospital (WPH), Sheffield to receive chemotherapy. Outreach chemotherapy is now being provided at DRI, for simple outpatient regimens (eg. gemcitabine-carboplatin, GemCarbo) but not yet for more complex regimens (eg. gemcitabine-cisplatin, GemCis). Since April 2006, BTOG2 has been open in NTCN. Patients from DRI can receive GemCarbo off-study at DRI, or travel to WPH for enrolment in the BTOG2 trial.
**Methods and Results:** 15 patients were recruited to BTOG2 from NTCN between April and November 2006, but none from DRI, suggesting that DRI patients are unwilling to travel to WPH for the BTOG2 trial. We therefore checked pharmacy records at DRI and WPH to find out how many patients received GemCarbo off study during this period. At WPH, 94 patients received GemCarbo off study, while 42 patients at DRI received GemCarbo off study.
**Conclusions:** Throughout NTCN, a minority of patients are enrolled into the BTOG2 study. At DRI, the convenience of local outreach chemotherapy has dominated patient choice concerning study treatment. We suggest how study participation might be improved and discuss the implications of our developing outreach service on future studies.

### 18 Use of adjuvant chemotherapy in resected early stage NSCLC in Grampian

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**Introduction**: There is increasing evidence for the use of adjuvant chemotherapy in resected early stage non-small cell lung cancer. Previous data have demonstrated that patients with Stage II and probably Stage III disease gain most benefit with the use Cisplatin/ Vinorelbine in combination. We performed an audit of our own department to determine the extent of use adjuvant chemotherapy in lung cancer patients.
**Methods:** Patients who underwent potentially curative surgery between 2004–06 were identified from our electronic lung cancer, surgical and pathology databases. A retrospective review of case notes was performed to determine post-operative stage, whether chemotherapy was offered and its tolerability.
**Results:** Over this period, 66 patients underwent resection which amounted to 7% of all diagnosed lung cancer. The post-operative disease staging was Stage I in 55%, Stage II in 40% and Stage III in 5%. Apart from 1 patient, those with Stage IA disease were not offered adjuvant treatment. Over 50% of patients with Stage 1B and approximately 50% of patients with Stage II and III disease were offered adjuvant treatment. However, of those patients offered chemotherapy, less than 50% proceeded (the most commonly used regime was cisplatin/ vinorelbine). Approximately 60% of patients completed treatment, and those who did not complete treatment were more likely to have experienced adverse side effects while receiving cisplatin/ vinorelbine.
**Discussion:** Our data indicates that adjuvant chemotherapy plays a significant role in the management of resected non-small cell lung cancer and that it is offered to suitable patients post-operatively. However, we should aim to offer adjuvant chemotherapy to fewer Stage IB patients and more with Stage II and III disease who are most likely to derive benefit. Cisplatin/ vinorelbine combination chemotherapy appears to be a poorly tolerated regime with the consequence that treatment was not