

cer care services implemented together show more positive outcome. Initially basic cost like food, training materials, posters etc were borne by donations from local temples & well wishers. I have been doing this work with guidance from my NGO colleagues as my returns to the society. This strategy has minimum maintenance cost & high acceptability. Health policy planners & forums like IASLC should work out a plan for NGO's role in control of lung cancer in developing nations.

**Conclusion:** Economical factors & access to therapy changes mode of treatment. With little or no funding our community NGO in rural/tribal India formed a well knit volunteers group who is giving parttime dedicated service for poor cancer affected patients. Promoting dialogue between NGO's accelerates cancer-care programs. Community participation increases more acceptance. This would reduce difficulties faces by resource poor southern countries. We need uniform policy to implement & expand these cost-cutting measures to include a broader range of anticancer products.

P1-271

Supportive Care/QOL Posters, Mon, Sept 3

### Japanese multidisciplinary medical care guideline for patients with lung cancer by non-profit organization of multi-institutional study group (WJTOG)

Sawa, Toshiyuki<sup>1</sup> Eguchi, Kenji<sup>2</sup> Ishiguro, Takashi<sup>1</sup> Senba, Hiroshi<sup>3</sup> Saka, Hideo<sup>4</sup> Tada, Hirohito<sup>5</sup> Ichinose, Yukito<sup>6</sup> Katagami, Nobuyuki<sup>7</sup> Matui, Kaoru<sup>8</sup> Nakamura, Shinichiro<sup>9</sup>

<sup>1</sup> Gifu Municipal Hospital, Gifu, Japan <sup>2</sup> Tokai University, Sagamiwara, Japan <sup>3</sup> Kumamoto Regional Medical Center, Kumamoto, Japan <sup>4</sup> National Nagoya Medical Center, Nagoya, Japan <sup>5</sup> Osaka General Medical Center, Osaka, Japan <sup>6</sup> National Kyushu Cancer Center, Fukuoka, Japan <sup>7</sup> Kobe City General Hospital, Kobe, Japan <sup>8</sup> Osaka Prefectural Respiratory and Allergy Medical Center, Habikino, Japan <sup>9</sup> West Japan Thoracic Oncology Group, Osaka, Japan

**Purpose:** The mission of west Japan thoracic oncology group (WJTOG) are to support and carry out multi-institutional clinical study and to inform necessity and importance of clinical study to everyone of common society, consequently to contribute to an increase of profit of the whole society. We provided citizen open lectures and information offer by the web-site ([www.wjtog.org](http://www.wjtog.org)) for commonality as patient advocacy for this purpose.

This time, we planned multidisciplinary guideline making not for oncologists, but for the patients who were diseased in lung cancer as means of further information.

**Method:** The board of directors determined this plan as an enterprise in 2006, and guideline editor's committee discussed constitution, drafting / a plan / writing edited guideline for patients since January 2006 according to the plan. Planned guideline followed the guideline by Japanese society of lung cancer lung, and added hospital choice, informed consent, second opinion, mental care, palliative care, complementary alternative medicine, nursing, significance of clinical study to patient.

**Results:** I planned a booklet of 100 pages as manual plain at first following NCCN guideline, but the final program was changed a book of collar 250 pages which is consist of 134 questions and answers, because similar guidebook of another cancer adopt Q & A style, and most of patients with lung cancer are desirable illustrated contents because of their great age. We made 13000 parts currently and supplied free distribution through hospitals and institutions, which participate WJTOG, as well as web-site free download.

**Conclusion:** Some new medicines for lung cancer were released, and on this account, during one year when we worked this project, contents of the guideline were not the latest. WJTOG is examining a revised edition as an enterprise in next year.

P1-272

Supportive Care/QOL Posters, Mon, Sept 3

### A website on lung cancer, who are the users and what are they looking for?

Linssen, Cilia<sup>1</sup> Schook, Romane M.<sup>2</sup> The, Anne-Mei<sup>3</sup> Lammers, Ernst<sup>4</sup> Festen, Jan<sup>1</sup> Postmus, Pieter E.<sup>2</sup>

<sup>1</sup> Lung Cancer Information Center, Baarn, The Netherlands <sup>2</sup> Department of Pulmonary Diseases, VU University Medical Center, Amsterdam, The Netherlands <sup>3</sup> EMGO Institute, VU University Medical Center Amsterdam, Amsterdam, The Netherlands <sup>4</sup> Gelre Hospitals, Zutphen, The Netherlands

**Background:** The Dutch Lung Cancer Information Centre has launched the website [www.longkanker.info](http://www.longkanker.info) in November 2003. The purpose of this abstract is to describe the launching of the website, its development and type of visitors of the website, what they were looking for and if they found what they requested.

**Methods:** Supervised by a panel (pulmonologists, patients, communication specialists), a large amount of material about lung cancer has been collected and edited into accessible language by health care providers and the website has been divided into special categories following the different stages lung cancer patients, relatives and health care providers go through during the illness. The website is being updated regularly.

Search engines have been used to check the position of the website as a "hit". Pulmonologists have been informed about the foundation of the website and all lung cancer outpatient clinics in the Netherlands have received posters, folders and cards to inform their patients.

Visitor numbers, page views, visitor numbers per page view have been registered continuously. "visitor satisfaction polls" have been placed in the second half of 2004 and the second half of 2005.

**Results:** The website appeared as first hit when using search engines immediately after launching it. Half of the visitors came to the website via search engines or links found at other sites. The number of visitors started at 4600 in the first month to double in the next months and reached 18.000 per month 2 years after launching. The number of visited pages rose to 87.000 per month with an average number of 5 pages per visitor. 30% of the visitors returns within the same month. The most popular pages are interactive pages with the overview of all questions "ask the doctor" at the top with forum messages, survival figures of all lung cancer forms and information about the disease. The first satisfaction poll obtained 650 respondents and the second 382. The visitors attending the website are caregivers (57%), patients (8%) and other (students, people fearing lung cancer). 89% of the visitors found what they were looking for and the satisfaction is the highest among nurses and caregivers (91 and 95%) and the lowest among physicians and patients (85 and 83%).

**Conclusions:** Given the number of visitors of the lung cancer website, it can be concluded that there is a large need for additional information among patients and caregivers. The launched website [www.longkanker.info](http://www.longkanker.info) has reached its goal of providing a dependable source about lung cancer and satisfying its visitors.