

(PELC-LC distant from PELC-ST) and the Control Group-LC (PELC-LC close to PELC-ST). In the retrospective study a quality interval is defined, with upper limit equal to PELC-ST, enabling to sort the lines in the groups. In the prospective study, the "Management experimentation" produces the lines of the Control Group-LC. The "Aftercare system" monitors quality of care that is coming. A "Self-referred health" explores the relationship between PELC-LC and self-perceptions of the healthcare consumer (PELC-HC).

Result The Method PELC allows local and multicenter studies in the investigation of clinical-social-organizational factors that act on the lines of care.

Conclusions The Method PELC leaves open to discussion a new line of research to the lines of care.

P1-300 DISEASE PATTERN AND HEALTH-SEEKING BEHAVIOUR IN A RURAL AREA OF BANGLADESH

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Knowledge about existing disease pattern and health seeking behaviour is essential to provide need-based healthcare delivery and to make the healthcare system more pro-poor. A community-based cross sectional study was conducted among 493 systematically selected households to determine the prevailing disease pattern and health seeking behaviour in rural Bangladesh. More than half of the respondents gave history of illness of family members during the preceding 15 days. Fever, gastrointestinal and respiratory diseases were the most reported complaints. Overall, there were no discernible differences in the likelihood of seeking traditional or any kind of care considering socio-demographic variables and prevailing disease types. Occupation of household head as day labour or in agriculture and suffering from gastrointestinal diseases positively predicted use of para-professionals. Use of un-qualified allopaths was negatively predicted by the male gender or literacy of the household head and presence of gastrointestinal, respiratory and other types of diseases and positively predicted by occupation of the household head in agricultural field or as day labour. Use of qualified allopaths was positively predicted by respiratory, skin/eye/ENT and other types of diseases and also by standard of living and relationship of the respondents with household head and negatively predicted by agricultural or day labour work of the household head. Existence of several distinct therapeutic systems in a single cultural setting was found in the study area. It is important to develop a need based healthcare delivery system and actions should be taken to improve overall scenario of health system of rural Bangladesh.

P1-301 A COMPARISON OF TWO METHODS TO ESTIMATE THE CANCER INCIDENCE AND MORTALITY BURDEN IN CHINA IN 2005

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Introduction Knowledge of the cancer profile is an important step in planning rational cancer control programs and the evaluation of their impact. Due to rapid changes in cancer incidence over in China, national surveys may be insufficiently timely to provide adequate descriptions of the national burden.

Methods To evaluate the utility of cancer registries in describing the national cancer profile, this study compared two methods of esti-

imating national cancer-specific incidence and mortality in China 2005, with estimates based on the Third National Death Survey (method I) compared with those based on registry material (method II).

Results A total of 2.6 million cancer cases and 1.8 million cancer deaths were estimated by method I, as compared to 2.8 million cancer cases and 1.9 million cancer deaths using method II.

Conclusion The higher level of burden using the latter method in part may be due to a sizable differential in the magnitude of incidence rates across registries for certain cancer sites. Most cancer registries were located in relatively more developed urban areas, or rural areas associated with higher risk for certain cancers. There are substantial differences in the cancer profile between urban and rural communities in China, and there may be concerns regarding the national representativeness of the data aggregated from this set of cancer registries. Timely and reliable estimation of cancer can only be realised if accurate information is available from cancer registries comprising representative samples of the country.

P1-302 POSITIVE ASSOCIATION BETWEEN TRAFFIC-RELATED AIR POLLUTION AND SOCIOECONOMIC STATUS IN A MEGACITY OF A DEVELOPING COUNTRY

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Introduction Most studies have shown that populations with lower socioeconomic status tend to experience higher levels of exposure to environmental air pollutants. We investigated the association between neighbourhood socioeconomic status and traffic related air pollution in São Paulo.

Methods We calculated total traffic density and traffic density for vehicles powered by gasoline and diesel, from traffic counts data, for 4964 geographical units with a population of 20 or more inhabitants, formed by a grid of 500 by 500 metres. The Human Development Index (HDI) was used as a socio-economic indicator and obtained for each of these geographic units. We analysed the association through logistic regression models for traffic density categories.

Results The neighbourhood socio-economic status was positively associated with all measures of traffic density with clear dose-response gradient. The category with the highest HDI presented Rate ratios of 10.2 (95% CI 7 to 14.9), 9.6 (95% CI 6.6 to 13.9) and 17.5 (95% CI 10.8 to 28.4), respectively, for total, gasoline and diesel vehicles traffic density.

Conclusion Our analysis suggests that richer areas are more exposed to traffic related air pollution. The greatest socioeconomic difference in exposure was found for diesel exhaust. In search of a more equitable solution of this environmental problem, investigations are warranted in megacities of developing countries about how the development of the road network and vehicle traffic relates to sites historically occupied by different social classes.

P1-303 INEQUALITIES IN SILICA EXPOSURE: A STUDY USING JOB EXPOSURE MATRIX

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Silicosis still persists as a worldwide problem and becomes a major problem for public health. Since 1995 the ILO/WHO established