(RII=0.39–0.58). For females, SEI begins at 20–24 years (RII=0.27) with pronounced inequalities at 60–79 years and peaking at 65–69 years (RII=0.30–0.48). All four morphology groups demonstrate inequalities for lung cancer. For cervical cancer, squamous cell carcinoma dominates; in oesophageal cancer, squamous cell carcinoma followed by adenocarcinoma and ultimately other morphologies show inequalities. For head and neck cancers; hypopharynx, piriform sinus and larynx followed by lip, oral cavity and ultimately oropharynx, base of tongue, palate and tonsil show inequalities. We conclude: age, morphology, sex and site provide important information to better understand SEI.

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Introduction Dental caries is one of the most prevalent diseases of childhood in the UK, with a disproportionate burden experienced by the most disadvantaged groups. Non-milk extrinsic sugar (NMES) intake, poor oral hygiene and acidogenic bacteria are considered the main risk factors for caries, however, their role in explaining the observed inequalities has not been fully explored. The aim of the study is to assess the extent to which these factors explain the socio-economic (SES) inequalities in caries.

Methods Data on treatment for decay (caries), SES (Scottish Index of Multiple Deprivation (SIMD)), NMES intake and oral hygiene was obtained from 1491 children participating in the Survey of Sugar Intake among Children in Scotland (3–17 years). Logistic regression models assessed the impact on the Caries-SES relationship of NMES intake and oral hygiene. A priori interactions tests were performed.

Results 54% of children had caries and there was a strong SES gradient (p<0.001). The OR [95% CI] for caries in the most deprived vs least deprived groups was 3.9 [2.8 to 5.5], and increased slightly when adjustments were made for NMES intake and oral hygiene (AOR [95% CI] =4.3 [2.9 to 6.3]). There was no evidence of an interaction between NMES intake/Oral hygiene, SES and caries (p=0.4; p=0.7).

Conclusions The SES patterning of caries is not attenuated by NMES intake and/or oral hygiene. Further work is required to explore alternative pathways to explaining the observed inequalities in oral health and may focus on the interaction between diet and acidogenic bacteria.

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Introduction and objectives There is no formal breast screening program currently in Lebanon. This report describes the outcomes of a screening mammography initiative implemented by one Lebanese non-governmental organization. The objectives were to assess the socio-demographic and reproductive characteristics associated with repeating a screening mammography after receiving reassuring results from a first one, and to estimate, for the first time in Lebanon, the proportion of mammographies suggesting malignancy which could be obtained from a mass screening activity.

Methods A total of 1500 women participated in the "Faire Face" screening initiative between 2002 and 2009, which allowed them to obtain repeated annual mammographies free of charge.

Results Of participants, 58% repeated the test at least once even after receiving reassuring results. Factors associated with test repetition were older age, fewer children and retirement but not housewife or employed status. Results were suspicious (ACR4 or 5) in 2.4% of cases.

Discussion and conclusions The proportion of suspicious readings on mammograms which require further investigation was similar to European figures. Evidence shows that, given the opportunity, increasingly more women of younger ages are willing to undergo the required annual test, and to repeat it. Several issues have to be debated nationally including lowering the financial barriers to mammography for all women regardless of their socio-demographic backgrounds, and improving the opening hours of mammography test centers to attract working women or those with larger families, and therefore with limited free time in the morning.

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This study constitutes a first attempt to describe the genetic population structure of *M tuberculosis* circulating in Salvador. A total of 56 confirmed cases of pulmonary tuberculosis, identified between March and June, 2008 were analysed using IS6110-restriction fragment length polymorphism (RFLP). The study population was characterised by male (71.4%) and over 30 years of age (68.7%). Forty-one isolates were found in a single pattern (73.21%), while 15 (26.78%) were found in group patterns, forming six clusters. The higher rate of diversity observed is much more suggestive of endogenous reactivation than recent transmission.

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Introduction In Brazil, mortality by external causes has reached epidemic proportions, having become the principal cause of death among male adolescents (Brazil, 2010). The aim of this study was to evaluate the years of potential life lost by this adolescent group in Campo Grande, MS, Brazil, in 2007.

Methods This retrospective study investigated deaths caused by assault with firearm discharge or sharp objects, as described in Chapter XX of the ICD-10 (WHO, 1996). The proportion of these deaths among adolescents aged 15 to 19 years was calculated. Data were collected from the Datasus database of the Brazilian Unified Health Care System.

Results For every 1000 deaths occurring in this age range in 2007, 528 were caused by assault with firearms or sharp objects. Considering that life expectancy in Mato Grosso do Sul State is 73.8 years (IBGE, 2007), 58.8 years of potential life are lost by every 15-year-old victim.