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Introduction Infection with *M tuberculosis* is a necessary but not sufficient condition for development of clinical Tuberculosis (TB). The reasons why some tuberculosis infections progress to clinical TB while most remain latent is not clear. A vegetarian diet has been implicated as a risk factor for tuberculosis among South-Asians in the UK.

Methods To explore whether this is the case in India we analysed data from the nationally representative National Family Health Survey-3 (2006) which collected information on TB and diet, and tested for HIV-1. Tuberculosis was reported by heads of households.

Results Vegetarianism was not a risk factor for tuberculosis among HIV-1 negative married men and women between 15 and 49 (women) or 54 (men) years [OR 0.66 (95% CI 0.49 to 0.89)] while poverty and a history of blood transfusions were. Individuals reporting TB were slightly older than those who did not (31.8 vs 29.4 in women, 39.3 vs 37.2 in men). Vegetarians were also slightly older than non-vegetarians (29.5 vs 29.4 in women, and 37.9 vs 37.0 in men). Except for 11 men and 11 women all individuals with TB were reported to have received treatment for their condition. Urban residence, poverty, higher age, and blood transfusion were positively associated with TB.

Conclusion Vegetarianism appeared to be protective against TB, perhaps due to confounding by unmeasured life-style factors. As it seems unlikely that confounding has masked a strong positive association between vegetarianism and TB, we conclude that vegetarianism is not a risk factor for TB in India.

SP3-65 MISSION IMPOSSIBLE? EVALUATING THE EFFECTIVENESS OF HIGHLY RADICAL CANCER SURGERY WITH INSIGHTS FROM A PROSPECTIVE STUDY OF PELVIC EXENTERATION

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Introduction Policy makers, clinicians and patients need robust evidence of the effectiveness of healthcare interventions to inform decision-making. Highly aggressive cancer surgery has major implications for patients and requires substantial healthcare resources, but presents considerable challenges for evaluation. Although a randomised controlled trial is the optimal study design to investigate therapeutic effectiveness, randomisation is not possible where there are major, irreversible, differences in the treatments in intervention and control groups. Furthermore, with novel surgical techniques, as experience is gained there may be changes in patient selection, referral patterns and outcomes over time, introducing additional potential sources of bias. These methodological issues will be explored using data from an ongoing prospective, multi-centre evaluation of pelvic exenteration, a highly radical procedure for pelvic cancer where the alternative is palliative care.

Methods Baseline demographic, clinical and quality of life data are collected during the period of treatment decision-making, with clinical and quality of life outcomes assessed every 3 months thereafter. Trends in referral patterns, treatment choices, patient characteristics and outcomes will be compared between groups.

Results Since 2008, 144 patients have been assessed, with 111 (77%) undergoing pelvic exenteration. Although the absolute rate of patient referral has increased over time, there is no significant trend in the proportion undergoing surgery ($\chi^2_1=0.46$, $p=0.5$). Trends in group characteristics and outcomes to June 2011 will be presented.

Conclusion Non-randomised evaluations of complex surgery are challenging but necessary. Ensuring the comparability of treatment groups is critical for robust evaluation.

SP3-66 CARIES IN CHILDREN ON THE EAST SIDE OF MEXICO CITY STUDY

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Introduction The fluor addition in salt began in Mexico at the early '90s; consequently there has been a decrease of caries cases, but with different average results at the age of 12 in the whole country. Mexico City is one of the zones that present a moderate average (2.1–3). Considering this information it is pertinent to expose the benefit of fluoridated salt in different zones of Mexico City, as well as the different marginalisation characteristics.

Objective To know the experience of caries in children on the East side of Mexico City.

Methods Cross and observational survey. Informed previous consent, 552 students were analysed from the area of Iztapalapa on the East side of Mexico City. This zone is rated as one of the most marginalised ones of the federative entity. Previous calibration of two examiners, both caries dentitions were diagnosed (WHO). Data analysed with SPSS, getting central tendency results and dispersion of gender, age and caries variables. In order to distinguish homogeneity of variables it was used χ^2 ($p<0.05$).

Results 285 girls (52%) and 267 boys (48%) were examined, average age of 8.65 years old. The global dmft was 3.79+3.48 and the global DMFT was 1.67+2.07. There was no significant gender difference in both dentitions, but there was one related to age ($p<0.0001$). The average dmft-6 was 4.98+4.10 and the DMFT-12 was 3.22+2.71.

Conclusions The studied population presented high rates of caries at the age of twelve, a situation that suggests major efforts in mouth health prevention.

SP3-67 KAPOSI SARCOMA INCIDENCE IN UGANDA AND ZIMBABWE, BEFORE AND DURING HIV/AIDS EPIDEMIC

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Introduction We described Kaposi sarcoma (KS) incidence changes during the AIDS emergence and subsequently in Zimbabwe with a high prevalence of HIV infection and Uganda with an intermediate HIV/AIDS prevalence and known to have high rates of endemic KS.

Methods Cancer data were extracted from the cancer registries of Harare (1990–2005), Bulawayo (1963–1972), Zimbabwe and Kyadondo, Uganda (1960–1971 and 1991–2007). We used a join point model to analyse the time trends of age-standardised rates, and the populations were compared by computing the standardised incidence ratio and 95% CIs.

Results In both countries, an increase in the incidence of KS accompanied the AIDS emergence. In Harare, KS incidence seemed to change according to the time trend of HIV/AIDS prevalence; however, in Kyadondo, we observed an increase of KS incidence in people over 50 years despite the decrease in HIV prevalence. Before