Objective According to WHO, smoking is an important cause of death in many countries. To encourage smoking cessation, persuasive messages can be used to raise smokers' risk perception. This work discusses challenges and solutions in designing a study to evaluate the impact of two different communication strategies ("gains from quitting" vs "losses from continuing smoking") in encouraging calls to a Quitline.

Methodology A pragmatic intervention study was conducted in two subway stations for 4 weeks. Large posters containing non-age specific images and texts, based on the theme "shortness of breath", were displayed on central dividing columns on the boarding platforms. Call rates from the selected stations, and respective rate ratios, overall and per study week, were calculated.

Results Passengers who were smokers, exposed to the positive-content message, called on average 1.7 times more often than those exposed to the negative-content message (p<0.01). Moreover, call rate ratios did not decline over the 4 weeks of the study (multiplicative interaction p=0.40).

Conclusions The effectiveness findings suggest that anti-smoking campaigns could use positive-content messages in order to recruit a larger smoker population. The proposed methodology can also be used to evaluate effectiveness of messages for "capturing" individuals with other health problems (eg, alcohol abuse), thereby increasing its potential impact.

Coffee consumption is known to be related to various health conditions. Recently, its antioxidant effects have been suggested to be associated with all-cause or cancer mortality by various cohort studies. However, there has only been one small Asian cohort study that has assessed this association. Thus, we tried to assess the association of coffee with all-cause and total cancer mortality by conducting a large-scale cohort study in Japan. A total of 97 753 Japanese men and women aged 40–79 years were followed for 16 years from 1983 to 1990. HRs and 95% CIs of all-cause and total cancer mortality in relation to coffee consumption were calculated from proportional-hazards regression models. A total of 19 532 deaths occurred during the follow-up period; 34.8% of these deaths were caused by cancer. The all-cause mortality risk decreased with increasing coffee consumption in both men and women, with a risk elevation at the highest coffee consumption level (>4 cups/day) compared with the 25th highest consumption level in women, although the number of subjects evaluated at this level was small. No association was found between coffee consumption and total cancer mortality among men, whereas a weak inverse association was found among women. The present cohort study among the Japanese population suggested that there are beneficial effects of coffee on all-cause mortality among both men and women. Furthermore, the results showed that coffee consumption might not be associated with an increased risk of total cancer mortality.
the expense of higher numbers of deaths in both groups than in the actual scenario, and a lesser improvement in absolute inequality. The differences between the two scenarios raised ethical questions.

**Conclusion** When talking about health inequalities, defining desirable reductions in them, assessing trends and judging success and failure, it is important, on social justice and other grounds, to consider both absolute and relative inequality.

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**P1-353**  **CHILDHOOD CIRCUMSTANCES AND MODE OF DELIVERY**

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**Objective** To assess the influence of social circumstances at 12 yrs on c-section delivery.

**Methods** Women (n=6827) were consecutively recruited during the assembling of a birth-cohort. Interviews were used to obtain data on social and demographic characteristics and current pregnancy events. Financial childhood circumstances were classified as low (LF) or high (HF) based on the number of amenities reported. Parents’ education was defined as low (≤6 years, LPE) and high (HPE). The effect of participants’ financial socioeconomic conditions on c-section risk was computed using logistic regression stratified by parents’ education.

**Results** Women with both high financial and educational childhood circumstances were significantly older, more educated and more frequently primiparous, with normal or underweight and reporting private antenatal care. The overall c-section rate was 35.6% varying from 32.2% (LF-LE) to 41.3% (HF-HE). After adjustment and compared with women in LF-LPE as reference, we obtained OR=0.92; 95% CI 0.66 to 1.28 for LF-HPE group, OR=1.19; 95 CI 1.04 to 1.37 for HF-LPE group and OR=1.38; 95 CI 1.16 to 1.64 for HF-HPE group. Stratifying by parents’ education and compared with women in LF group, those in HF group showed higher risk of c-section either in the LPE group (OR=1.19; 95% CI 1.04 to 1.37) or in the HPE group (OR=1.42; 95% CI 0.99 to 2.02).

**Conclusions** Our results suggest that, independently of the parents’ education and the current socio-demographic conditions, the childhood financial environment may influence the mode of delivery.

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**P1-354**  **WCRF/AICR CONTINUOUS UPDATE PROJECT: KEEPING THE EVIDENCE ON FOOD, NUTRITION, PHYSICAL ACTIVITY, AND CANCER UP TO DATE**

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**Introduction** Understanding the causes of cancer depends on synthesising epidemiological, clinical and mechanistic evidence. Using this approach, the 2007 WCRF/AICR Expert Report defined the likely causal contributions of factors related to food, nutrition and physical activity to cancer risk, based on systematic literature reviews (SLRs) of evidence published up to 2005. For the Continuous Update Project (CUP) a team at Imperial College London (ICL) updates the previous databases as new studies are published.

**Methods** The CUP follows a similar process to the 2007 Expert Report. Having first combined the separate databases for the 17 cancers reviewed for the 2007 Expert Report into one database, the ICL team conducts SLRs of links between food, nutrition physical activity and specific cancer sites, and displays and analyses the evidence according to peer-reviewed protocols. An independent expert panel draws conclusions based on the updated evidence. The database is currently being updated with papers published since 2005 through a rolling programme. A complete, continuously updated database is expected by 2015.

**Results** An updated SLR for breast cancer was consistent with the conclusions of the 2007 Expert Report. Further reports of updated SLRs will be published on other cancers. Once the SLRs for all the cancer sites have been updated, the database will be made publicly available, and the 2007 Expert Report recommendations reviewed.

**Conclusion** The CUP will provide a unique resource synthesising epidemiological and other evidence on food, nutrition, physical activity and cancer, to facilitate related research, and underpin advice to public and policy-makers.