Results During the study period, 39,676 scans were recorded on 21,089 patients. The number of scans and patients scanned differed in relation to quintiles of deprivation, with increasing numbers of scans and patients associated with increasing area-level deprivation. Significant associations were also seen between deprivation and age at scan, age at first scan, type of CT scan, and the number of scans per patient.

Conclusion Social inequalities exist in the numbers of young people undergoing CT scans with those from deprived areas more likely to do so. This is likely to reflect the rates of injuries in these individuals and implies that certain groups within the population may receive higher radiation doses than others due to medical procedures.

Methods From 1997 through 2005, 18,511 cases were recorded by PBCR-SP. From the 1997 through 2007, 767,752 deaths were recorded by Mortality Information System of São Paulo city. The fatal deaths were excluded. Exceeding spaces between characters were excluded. Type and size of field, and different spellings with same phoneme were standardised. Prepositions were removed. Scores for ranking true match pairs and probabilistic record linkage was performed using Reclink 3.2 software. The descriptive statistics and Kaplan-Meier test were conducted before and after linkage.

Results Of 18,511 cancer cases, of both sexes, aged between 0 and 100 years and older, 7,528 were true matched pairs. There was an 85.8% gain in residential address and a 11.0% gain in death date. In 4,086 cases, mother’s name was aggregated and for all paired registries, cause of death. In the survival analysis, it was verified a 14.4% underestimation in the one-year survival probability and a 31.6% underestimation for the three-year.

Conclusion Probabilistic record linkage has shown to be effective in the identification of deaths. An expressive gain in information quality of PBCR-SP database was observed.

Results Significant differences were seen in all three outcomes between males and females (p<0.001). No direct significant associations were seen with birth weight. Increased paternal age was associated with significant increases in % SB and decreases in cpm and MVPA (p<0.03). Associations with BMI at 9 yrs were in the expected directions. Increased time spent in sports clubs was significantly associated with decreased % SB (p=0.02) and increased MVPA (p=0.01), but not cpm (p=0.13).

Conclusions Although we found no evidence for an effect of birth weight on PA, path models suggest indirect effects mediated through BMI. Having an older father appeared to have a negative impact on the child’s PA levels, while participation in sports clubs increases time spent in MVPA, but not cpm.

Methods Throughout infancy and early childhood, detailed information was collected. Assessments at age 9 yrs included body composition, objective measures of habitual PA (using accelerometers during waking hours). Mean total volumes of PA (accelerometer count per minute, cpm) and moderate-vigorous intensity activity were quantified and direct and mediating associations analysed through path models.

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