Results Compared to women who did not use supplements containing vitamin C, there was no evidence of significant associations between breast cancer incidence and regular vitamin C supplementation in any intake category. Additionally, no associations were found using continuous estimates (HR = 0.98 per 60 mg/d, 95% CI 0.94 to 1.02, P trend = 0.3) or in post-menopausal sub-analyses. However pre-menopausal women in the lowest intake category (<60 mg/d) had significantly increased risks (HR = 2.57, 95% CI 1.52 to 4.27) compared to non-users of vitamin C.

Conclusion There was no evidence that supplementation with vitamin C per se was associated with breast cancer incidence in UK women, even at high doses. The increased breast cancer risk found for pre-menopausal women consuming supplements containing vitamin C less than or equal to EU recommendations may be due to the effects of other ingredients in these supplements.

Conclusions This pooled analysis of individual UK women found no evidence of associations between breast cancer incidence and dietary or total vitamin C intake derived uniquely from detailed diary recordings.

Introduction Vitamin C intake has been inversely associated with breast cancer risk in case-control studies, but not in meta-analyses of cohort studies using Food Frequency Questionnaires. No study has assessed this relationship prospectively using food diaries which may more accurately measure intake.

Methods Estimated dietary vitamin C intake was derived from 4 to 7 day food diaries pooled from five prospective studies in the UK Dietary Cohort Consortium. This nested case-control study of 851 incident breast cancer cases and 2727 matched controls examined breast cancer risk in relation to dietary vitamin C intake using conditional logistic regression adjusting for relevant covariates. Additionally, total vitamin C intake from supplements and diet was analysed in the three largest cohorts.

Results No evidence of an association was observed between breast cancer risk and dietary (OR = 1.00 per 60 mg/d, 95% CI 0.91 to 1.09, P trend = 1.0) or total vitamin C intake (OR = 1.01 per 60 mg/d, 95% CI 1.00 to 1.03, P trend = 0.1) in analyses using continuous estimates or by fifths of intake. Additionally, there was no association for post-menopausal women.

Conclusion This pooled analysis of individual UK women found no evidence of associations between breast cancer incidence and dietary or total vitamin C intake derived uniquely from detailed diary recordings.
accompany with National recommendations for children, 2003. Exposure assessment was based on the levels of scalp hair elements and lead in blood. The analysis was done using ICP-MS and AAS methods. Blood lead samples were analysed using the Lead Care instrument. Multiple logistic regression analysis was done with the adjustment for confounders.

**Results** Concentrations of studied elements were in subtoxic range, average levels were significantly higher in Gus, then in Moscow. In Gus were revealed strong positive associations of BF, especially diastolic, with the tertile rank of blood Lead (in the range 4.4 µg/dl and higher) and hair cerium (in the range 0.7 mg/kg and higher). OR for elevated diastolic BF due to Lead was 3.0; 95% CI 0.59 to 15.76; p<0.016); due to Cerium - 5.9, 95% CI 1.23 to 12.53; p<0.021). In Moscow BF was significantly correlated with the tertile rank of hair nickel (in the range 0.2 mg/l and higher). OR for elevated systolic BF due to nickel was 2.5 (95% CI 1.1 to 5.7, p<0.026); for diastolic BF - 5.6; 95% CI 2.2 to 14.6; p<0.001.

**Conclusions** The blood Lead, hair Nickel and Cerium levels, even in the low range of concentrations, positively associates with the risk of elevated blood pressure in children.

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**P2-123** **EVALUATION OF RISK FACTOR AND PROTECTION FOR CHRONIC NON COMMUNICABLE DISEASES MONITORING SYSTEM BY PHONE SURVEY: VIGITEL, BRAZIL 2006 TO 2008**

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Vigetil is a system that monitors risk factors by means of continuous telephone interviews on samples of adults living in households with landline telephones in the Brazilian capital. To evaluate the system from 2006 to 2008, we used the Updated Guidelines for Evaluating Public Health Surveillance Systems from CDC, semi-structured questionnaires for interviews with key-informants and comparisons to other surveys, such as the BRFSS.

**Results** The Vigetil operation has seven steps: sample selection, eligible households identification, individual selection, interview, check, closure, data management. The number of questions ranged from 78 to 92. Among state coordinators, 96% demonstrated good knowledge of objectives and 86% of outcomes and among interviewers, 54% to 86%, respectively, indicating acceptability. Lack of operation process documentation proved stability. Completeness of variables was greater than 90% and response rate higher than 70%. Prevalence of smoking, high blood pressure and obesity were similar to other surveys, indicating the sensitivity to capture these factors. Changes in workers, in the questionnaire and the software didn’t affect the operation. Time between final data collection and data availability was 3 months. Telephone company coverage of 80%, probability sampling and data weighting make it representative.

The system allows use of indicators in planning of interventions and policy development.

**Conclusions** The system demonstrated simplicity, acceptability, stability, and good data quality. It was flexible, opportune, representative and useful in monitoring risk factors in population. Improvement in dissemination of results, allowing local workers to perform data analysis and document system operation is necessary for to improve the system.