

P2-156 THE VULNERABLE ELDERLY SURVEY (VES-13) AS A SCREENING INSTRUMENT IN ELDERLY OF BRAZILIAN LONG-STAY INSTITUTIONS

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Introduction The Comprehensive Geriatric Assessment (CGA) is an evaluation conducted on older people to detect limitations of health in multiple domains. However, CGA is a time-consuming assessment and so the use of abbreviated screening instruments, as the Vulnerable Elders Survey (VES-13) has been proposed. The purpose of this study was to evaluate the performance of the VES-13 in elders who live in Brazilian long-stay institutions.

Methods This is a study with elderly residents of long-stay institutions in four Brazilian cities. The assessment of functional, emotional and cognitive domains was performed with CGA and with VES-13. Individuals were scored separately with both instruments and classified accordingly. The proportion of positives identified in each domain with the CGA was compared to that of the VES-13. The characteristics of the targeted group were compared with those not selected using the χ^2 test.

Results These are preliminary results for 340 elders. Mean age was 75.5 years and 304 (89.4%) were considered as vulnerable (score ≥ 3). VES-13 identified correctly 90.5% of the elders with cognitive impairment, 99.3% of those with dependence in ADL, 99.5% of those in IADL and 86.9% of those who had depression. Compared to those not selected targeted individuals were older (80 years or more), male, had cognitive impairment and were dependent in ADL and in IADL ($p < 0.001$).

Conclusions VES-13 performed well as a screening instrument in this particular setting, identifying the majority of those elders with functionality problems, cognitive impairment and depression and who would need further evaluation with CGA.

P2-157 MORTALITY TRENDS OF PROSTATE CANCER IN ELDER BRAZILIANS, 1980–2008

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Introduction While incidence and mortality rates for most cancers are decreasing in developed countries, they are increasing in the less developed. Prostate cancer is becoming one of the most frequent cancers in men. The aim of this study was to analyse trends of mortality for prostate cancer in elder Brazilians.

Methods All deaths with prostate cancer as the underlying cause, occurring during 1980–2008, in the 27 Brazilian States, in men aged 60 years or more, were identified in the Mortality Information System, a population-based nationwide registry. Population data was obtained from the Brazilian Institute of Geography and Statistics. Trends were analysed through polynomial regression models, using adjusted and age-specific annual rates of mortality for each State.

Results Prostate cancer mortality has been increasing in all Brazilian States, although some showed a certain pattern of stability for the more recent years. There was considerable regional variability in the magnitude of the annual increments, varying from 1.30 to 6.25 deaths per 100 000 men/year. Regarding trends by age groups, patterns were similar to those observed for the group as a whole.

Conclusion Incidence of prostate cancer has greatly increased over the last decades, following the advent of the prostate-specific antigen test. Consequently, interpreting temporal trends in mortality has become difficult. It remains unclear to what extent the increasing mortality rates are due to detection of the disease or are representing a rise in its incidence. The increase in mortality observed in Brazil requires further monitoring.

P2-158 MORTALITY FROM HAEMATOLOGICAL MALIGNANCIES IN OLDER BRAZILIANS, 1996–2008

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Introduction Incidence and mortality of haematological malignancies have been increasing in Brazil, as a great number of individuals reach the age of 60 years. The aim of this study was to analyse patterns of mortality from haematological cancers in older Brazilians.

Methods Deaths from haematological malignancies in individuals of 60 or more years in 11 States were identified in the Mortality Information System, a population-based nationwide registry. Population data was obtained from the Brazilian Institute of Geography and Statistics. Polynomial regression was used to analyse trends in age-adjusted and age-specific mortality rates.

Results Leukaemia showed the highest rates, varying from 11.96 to 17.58 per 100 000. Trends of increment were observed in three States, while a declining trend was observed in one. Mortality rates of Non-Hodgkin lymphoma ranged between 6.64 and 16.35 per 100 000 and presented regional variability, with declining trends in South and Southeast States and increments in Central-West States. Mortality rates for myeloma showed steady increasing trends in four States. For Hodgkin's disease, declining trends were seen in two States. Trends of increment were observed for leukaemia and Non-Hodgkin lymphoma in the 80 or more age-group.

Conclusions The Southeast is the most industrialised Brazilian region with major petroleum exploitation and petroleum-based industries. The South and the Central-West are areas of extensive agriculture. Although the aetiology of these malignancies is still largely undefined, they have some common potential risk factors (solvents, pesticides) which could have contributed to the observed trends. These findings need further analysis to better characterise mortality patterns.

P2-159 CAN THE INCREASED INCIDENCE OF MELANOMA BE EXPLAINED SOLELY BY ENHANCED SURVEILLANCE AND AWARENESS? A STUDY USING SECOND MELANOMA AS AN INDICATOR

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Background Melanoma incidence has nearly doubled in the past 2 decades in the Netherlands. It has been debated whether this sharp increase was mainly due to enhanced surveillance and awareness. If this were true then this trend would be even more significant among cancer patients.

Material and Methods Using data from the Netherlands Cancer Registry, we investigated the trend in the risk of developing melanoma among 1 270 815 cancers patients diagnosed between 1989 and 2008. Standardised incidence ratios (SIR) were computed to