Infants with congenital heart defects (CHD) have increased risk of childhood mortality; previous research indicates racial/ethnic differences in timing of death during infancy. However, less is known about racial/ethnic disparities in timing of death during early childhood. Texas Birth Defect Registry data were used in a retrospective cohort study of 19,406 singleton, live-born infants, born with a CHD between 1 January 1996 and 31 December 2003 to non-Hispanic (NH) white, NH-black, or Hispanic women. Registry data were linked to death records to ascertain deaths through 31 December 2005. Kaplan–Meier survival estimates were computed and HRs and 95% CIs were calculated from multivariable Cox-proportional hazard regression models to determine the adjusted effect of maternal race/ethnicity on mortality for each specific CHD during the neonatal, post-neonatal and childhood periods. Racial/ethnic disparities in mortality were more pronounced during the post-neonatal period and persisted into early childhood. Among children who survived infancy, NH-Blacks with tetralogy of Fallot (HR=3.13; 95% CI 1.15 to 8.54) and ventricular septal defect (HR=2.60; 95% CI 1.51 to 5.19) were more likely to die in early childhood compared to similarly affected NH-Whites. No statistically significant differences in timing of death after infancy were found for Hispanics vs NH-Whites. Racial/ethnic disparities in timing of death in childhood for specific CHD diagnoses are present but of unknown aetiology. Elucidation of factors associated with early childhood CHD mortality will aid in development of public health and clinical strategies to reduce racial/ethnic disparities in childhood mortality.

P2-220 WITHDRAWN
not depend on differences in adiposity and are likely to have an environmental basis. Strategies for chronic disease prevention need to include measures to combat the emergence of chronic disease risks in childhood or earlier.

**P2-223 THE COMBINED EFFECT OF CHEWING THOROUGHLY AND EATING UNTIL FULL ON CHILDHOOD OVERWEIGHT: RESULTS OF 1999–2009 SCHOOL-BASED SURVEY IN JAPAN**

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**Introduction** The aim of the present study was to investigate the relationship of overweight to chewing thoroughly and eating until full and to examine the combined effect of chewing thoroughly and eating until full on overweight among schoolchildren in Japan.

**Methods** Subjects included all fourth-grade schoolchildren (9 or 10 years of age) in Ina-town, Saitama prefecture, Japan, during 1999–2009. Information about subjects’ sex, age, and lifestyle, including chewing thoroughly and eating until full, was collected using a self-administered questionnaire. Measurements of height and weight were made for each child. Overweight in children was defined according to the criteria of the International Obesity Task Force. To calculate the OR and 95% CI for overweight, a logistic regression model was used.

**Results** Data from 4027 children were analysed. Chewing thoroughly revealed significantly decreased OR for overweight when compared to not chewing thoroughly (OR: 0.39, 95% CI 0.35 to 0.48). Eating until full showed significantly increased OR for overweight compared with not eating until full (1.24, 1.02 to 1.51). Among children who reported chewing thoroughly, OR of eating until full was not statistically significant (0.97, 0.76 to 1.24). On the other hand, eating until full illustrated significantly increased OR among the not chewing thoroughly group (1.67, 1.21 to 2.30).

**Conclusion** Chewing thoroughly and eating until full were associated with overweight. Furthermore, a combined effect of not chewing thoroughly and eating until full on overweight was noted. This study suggests that chewing thoroughly is useful for the prevention of childhood overweight.

**P2-225 PROSTATE-SPECIFIC ANTIGEN TESTING AWARENESS AND PARTICIPATION IN NEW SOUTH WALES, AUSTRALIA: DEMOGRAPHIC, LIFESTYLE AND HEALTH-RELATED FACTORS**

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**Background** Although the prostate-specific antigen (PSA) test is widely used to screen for prostate cancer, there is very little information on the characteristics of men who are aware of the PSA test, and their patterns of PSA testing.

**Methods** A cross-sectional study used computer assisted telephone interviews to collect data in New South Wales, Australia. Multinomial logistic regression identified the factors independently associated with the awareness of, and participation in PSA testing.

**Results** Of the 6100 men, 39% were unaware of the PSA test, 12% were aware of the PSA test but never tested, 14% had a non-recent PSA test, and 35% had a recent PSA test. Unaware men were more likely to be born outside Australia (OR=1.19; 95% CI 0.83 to 1.60), have a blue-collar occupation (OR=1.38; 95% CI 1.00 to 1.91), be a current smoker (OR=1.99; 95% CI 1.30 to 3.05), or have benign prostatic hyperplasia (BPH) (OR=1.70; 95% CI 1.07 to 2.71), and less likely to have completed a higher school certificate (OR=0.44; 95% CI 0.24 to 0.79), or live in inner regional areas (OR=0.59; 95% CI 0.44 to 0.80). Men who did not have a recent test were more likely to visit the doctor (OR=1.38; 95% CI 1.05 to 1.82), or have BPH (OR=2.70; 95% CI 1.74 to 4.20), and were less unsure of their risk of developing prostate cancer (OR=0.61; 95% CI 0.57 to 1.00). Men who had a recent test were more likely to visit the doctor (OR=2.57; 95% CI 1.99 to 3.33), have BPH (OR=3.87; 95% CI 2.55 to 5.81), or have a higher perceived risk of developing prostate cancer (OR=1.99; 95% CI 1.22 to 3.26), and less likely to be other than married (OR=0.65; 95% CI 0.47 to 0.91).

**Conclusions** As men’s PSA testing experience varied by demographic, lifestyle and health-related factors, it is important for policymakers and physicians to consider these when communicating about PSA testing.