craftworks to convert and clean up original dataset before the beginning of statistical analysis. To improve procedure of data management by raising interoperability of dataset, we technically examined a standard-based object-oriented data model for a common database between data entry system and statistical analysing system, and estimated how the process of data management was changed with the new data model.

Methods We adopted the Archetypes data model, which is a standard of ISO 15606, as the storage for collected dataset and the R language and environment for statistical computing as the statistical software. An example dataset was sampled from a cohort study. We simulated to develop an exclusive data entry sheet for the study. To estimate effect of introducing Archetypes database, we enumerated operations which will be required to build the system, input, review, clean, transfer, and analysis the example dataset. The complexity of each operation was estimated. For control, same estimation was performed on a system with traditional database.

Results Archetypes approach was expected to require more complicated procedures to build the data entry system than traditional approach, however, more software components was expected to reusable between other datasets. Both approaches were expected to require similar number of operations to manage datasets.

Conclusion For electrical data collection of epidemiological study, introduction of standardised data model might lead to efficient development of data entry system.

Conclusions This approach to measuring incidence will allow us to gauge the impact of preventive interventions associated with the HCV Action Plan.

Introductions Lot Quality Assurance Sampling (LQAS) was developed as technique for quality assurance in industrial production. The use of LQAS in health sciences is limited to coverage evaluations of different health activities such as immunisation coverage, antenatal care coverage, elimination of neonatal tetanus and coverage iodised salt and others. LQAS has been accepted as rapid epidemiological survey method. The present study was carried out to explore the feasibility of using LQAS in Census Verification.

Methods Comprehensive Rural Health Services Project (CRHSP) located in northern India, caters to a population of 70,000 spread in 28 villages. All the individuals in the project area have been assigned a 10 digit unique identification number. Every year a health census is carried out to update the computerised health management information system by multi-purpose health workers. Quality control measure of such activity amounts cross verification of records of 25% population by the medical officer. The whole process takes 2 months time. LQAS was applied as quality control measure for census operation. Village was considered as a Lot. 25% individual IDs were selected randomly from each village for quality check of demographic and health records. Allowable error was fixed at 5%. If the error exceeded the limit of 5% the Lot was considered to be rejected and the whole census process was repeated.

Results Four villages were rejected upon using LQAS. The total duration of census operation was similar to previous method. Conclusion LQAS can be used a scientific and robust method of quality control of census verification.

Methods A retrospective European collaborative cohort study (GENE-RAD-RISK) of 1993 female BRCA1/2 mutation carriers was performed using self-reported exposure to diagnostic radiation. Risk of breast cancer was estimated using a weighted Cox proportional hazards model with cumulative radiation exposure from diagnostic procedures as a time-dependent variable lagged by 5 years.

Results are not presented in the abstract due to a publication embargo.