matched with the Puerto Rico Central Cancer Registry (PRCCR) database. AIDS and non-AIDS related malignancies standardised incidence rate (SIR) and 95% CI in three time periods, defined as: 1992–1995 (pre-HAART), 1996–2002 (early-HAART), and 2003–2009 (late-HAART) were established. SIR evaluates a measure of risk related to the general population, and is defined as the ratio of observed to expected number of cancers. Expected counts were estimated by applying gender, age, and calendar years PRCCR’s specific cancer incidence rates to our cohort.

**Results** Of the 296 malignancies found; 29.3% were women, 39.8% were injecting drug users and 42.9% were AIDS related cancers. The SIR for all malignancies in the pre-HAART period (10.15) decreased to 5.35 in the early-HAART, and to 2.04 in the late-HAART period. AIDS related malignancies SIRs decreased after HAART from 91.99 to 16.48; however, Kaposi’s sarcoma (KS) and invasive cervical carcinoma (ICC) SIRs remained significantly higher in the late-HAART period (50.52 and 9.17). Non-AIDS related malignancies SIRs of the oral cavity/pharynx, liver, anus, vaginal, testis, Hodgkin’s lymphomas (HL) and non-HL (NHL) were significantly higher (SIRs > 5.00) in the late-HAART period.

**Conclusion** Availability of HAART in this Hispanic HIV/AIDS cohort has significantly decreased the malignancies risk. However, the higher incidence of KS, ICC and non-AIDS related malignancies in the late-HAART is suggestive of the role of additional oncogenic factors including sexual transmitted and injecting drug use infections. Aggressive intervention in the form of vaccines, risky practise reduction, early screening intervention and education needs to be incremented in this vulnerable population. Granted by 9G12MD007583, 8U54MD007587 and NPCR-CDC

**Conclusions** Our results indicate a disproportionately high and rising HIV infection prevalence among MSM that has increased above 5% in 2011. HIV infection prevalence among pregnancies has remained rather low, however, the highest ever (0.5%) has been estimated in 2011. Promotion of safer sexual behaviour and HIV testing among MSM as well as positive prevention among MSM with HIV diagnosis are urgently needed. The introduction of HIV screening of pregnancies should be considered.

**P3.321** ACCEPTABILITY OF DATA COLLECTION ON MOBILE PHONES USING ODK SOFTWARE FOR SELF-ADMINISTERED SEXUAL BEHAVIOUR QUESTIONNAIRES

1 Z A Kaufman, 2 R Hershow, 3 J DeCelles, 4 K Bhauti, 5 S Deling-Moretti, 1 D A Ross. 1 London School of Hygiene and Tropical Medicine, London, UK; 2 Wits Reproductive Health and HIV Institute, Johannesburg, South Africa; 3 Grassroot Soccer, Cape Town, South Africa; 4 Grassroot Soccer, Bulawayo, Zimbabwe

**Background** Previous studies in Africa and Latin America have shown that conducting surveys with mobile devices saves time and money compared to traditional pen-and-paper surveys. Open Data Kit (ODK) is an open-source application suite for building, collecting, and managing data using Android-enabled phones or tablets. ODK enables complex skip patterns, multi-language implementation, multimedia, collection of GPS coordinates, and secure web-based data storage.

**Methods** Two self-administered sexual behaviour surveys were conducted on mobile phones using ODK: one with adolescents in Cape Town and Port Elizabeth, South Africa (n = 4485, median age 15 years, 146-item questionnaire); one with adult male soccer players in Bulawayo, Zimbabwe (n = 663, median age 24 years, 71-item questionnaire). Ten focus group discussions (FGDs) were conducted with participants and survey teams to assess acceptability. Additionally, participants were asked survey questions related to their comfort, understanding and satisfaction with this method of questionnaire administration. Non-response rates are reported for selected sensitive questions asked on both questionnaires.

**Results** FGDs found that participants and facilitators were comfortable and engaged when using the mobile phones. There was a strong feeling that using the mobile phone provided increased privacy and confidentiality when answering sensitive questions, compared to self-administered paper-based sexual behaviour surveys. In all, 4015 (78.1%) participants reported preferring the mobile-phone-based survey to a pen-and-paper survey, while 716 (13.9%) reported preferring pen-and-paper. Low non-response was observed in both studies for reported HIV testing (SA: 2.7%; Zim: 1.8%), condom use ever (SA: 8.7%; Zim: 2.0%), and previous STI experience (SA: 8.1%; Zim: 2.6%)

**Conclusions** Data capture on mobile phones using ODK had high acceptability among both South African adolescents and Zimbabwean men. Researchers conducting sexual behaviour surveys should consider data collection on mobile phones using ODK software as a potential data capture method.

**P3.322** LACK OF STANDARDISED REPORTING AND DOCUMENTATION OF MEASURES BEYOND ACCURACY IMPAIR QUALITY OF RESEARCH: EVIDENCE FROM SYPHILIS AND HIV POINT-OF-CARE DIAGNOSTICS

1 Chiavegatti, Y Jafari, N Pant Pai. McGill University and Health Center, Montreal, QC, Canada

**Background** HIV and Syphilis collectively infect about 70 million individuals. Both infections have long asymptomatic periods,