

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, 39.3% 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 > 3.30) 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 8G12MD007583, 8U54MD007587 and NPCR-CDC

**P3.320 UNLINKED ANONYMOUS TESTING FOR MONITORING HIV PREVALENCE IN SENTINEL GROUPS IN SLOVENIA, 2002–2011**

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**Background** In addition to universal mandatory HIV/AIDS case reporting for HIV surveillance purposes, we also monitor HIV prevalence in several sentinel populations at higher risk (injecting drug users (IDU), men who have sex with men (MSM), patients with sexually transmitted infections (STI)) and one low risk group (pregnant women).

**Methods** During 2002–2011, we continuously sampled residual sera from STI patients tested for syphilis and every second year, residual sera from pregnant women screened for syphilis in several laboratories. Saliva specimens were continuously voluntarily obtained from IDU entering a substitution treatment programme and also, but for three months per year only, from IDU attending a harm reduction programme. Once per year, we obtained saliva specimens from MSM attending an MSM event. Specimens were labelled only with the type of sentinel population, sampling year, sex, and age group and were tested for anti-HIV antibodies.

**Results** 1,066 saliva specimens were collected from MSM, 2,048 saliva specimens from IDU, 6,327 serum specimens from patients with STI, and 39,818 serum specimens from pregnant women. Annual prevalence estimates for MSM varied between 0% in 2002 and 7.6% in 2011, for patients with STI between 0.2% in 2003 and 2.7% in 2008, and for pregnancies from 0% in 2003 and 2007 to 0.03% in 2011. Among IDU specimens, only two tested anti-HIV positive, one in 2010 and one in 2011 (0.4% and 0.5% respectively).

**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**

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**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**

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