increases of 36%, 25% and 42% respectively. Among the women, at age 38, 16.8% reported ever having a SSP, and 22.7% ever a SSE. Based on responses from all assessments, the respective proportions were 20.5% and 31.4%, increases of 22% and 45% respectively.

Conclusions In this cohort SSB was more common that reported from other population-based studies. There are three plausible explanations for the marked discrepancies between the lifetime SSB reported at age 38 and derived from all reports: (1) some reports at early assessments were erroneous, (2) with age participants were less willing to report past same-sex behaviour, (3) with age earlier SSB were forgotten or reinterpreted as not being sexual. The latter seems most plausible.

Disclosure of interest statement None of the authors have conflicts of interests to disclose.

P11.02 REPRESENTING MEN WHO HAVE SEX WITH MEN (MSM) IN BRITAIN: EVIDENCE FROM COMPARATIVE ANALYSES OF THE LATEST CONVENIENCE AND PROBABILITY SURVEYS

P11.03 LUBRICANT USE DURING RECEPTIVE ANAL INTERCOURSE AND RECTAL CHLAMYDIAL AND GONOCCOCAL INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN

Introduction Convenience samples of MSM are typically skewed towards gay-identified and community-attached men who do not necessarily represent all MSM, a key population for STI/HIV transmission. Comparing convenience samples with a probability sample of MSM enables us to assess their representativeness.

Methods We compared 148 MSM in Britain’s third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), with men in Britain’s key convenience surveys of gay men: 15,500 in the European MSM Internet Survey (EMIS), 1,012 in the Gay Men’s Sexual Health Survey London (GMSHS-London), 1,234 in the Gay Men’s Sexual Health Survey Scotland (GMSHS-Scotland), all undertaken 2010–2012. Men were aged 18–64, resident in Britain, and reported >=1 male sexual partners (past year). Comparisons include demographic, health characteristics and sexual behaviours, using identically-worded questions. Multi-variable analyses accounted for socio-demographic differences between the samples.

Results Convenience samples had significantly younger and better educated men than Natsal-3, and a larger proportion of men identifying as gay (88%–95% vs. 62%). Partner numbers were larger and same-sex anal sex more commonly reported by convenience samples but no significant differences were observed in age at first sex or reporting unprotected anal intercourse. Compared to Natsal-3, men in convenience samples were more likely to report HIV testing (past year) (all adjusted odds ratios (AORs) >=2.30, 95% CI lower bounds >=1.49) and gonorrhoea diagnoses (all AORs >=7.99, 95% CI lower bounds >=1.13). However, fewer differences between samples were observed when analyses focused on MSM who identified as gay.

Conclusion Participation bias may mean convenience samples of MSM demographically misrepresent and over-estimate sexual activity and HIV testing for the entire MSM population. However, they may be more representative of gay-identified MSM, capture a broader range of behaviours and achieve larger samples, relative to general population surveys. Methods are needed to triangulate data from different surveys to strengthen the evidence-base for MSM.

P11.05 PROPORTION OF HIV AND SEXUALLY TRANSMITTED INFECTION (STI) CASES AMONG MEN WHO HAVE SEX WITH MEN (MSM) ATTRIBUTABLE TO SEROSORTING

Introduction The contribution of serosorting to HIV/STI disease burden among MSM is unknown.

Methods The study used data collected as part of routine care at an STD clinic 2002–2013 or a community-based HIV/STD testing centre 2004–2013 in Seattle, Washington. Data included men’s condom use for anal sex with HIV-positive, negative and