

EMFs

Three papers of note:

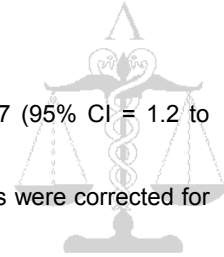
M Kabuto et al. Int J cancer. (2006) Vol.119 p 643 – 650

Childhood leukemia and magnetic fields in Japan: A case-control study of childhood leukemia and residential power-frequency magnetic fields in Japan

There were 312 cases and 603 controls.

For fields above 0.4 μ T, the odds ratio for acute lymphoblastic leukaemia was 4.7 (95% CI = 1.2 to 19.0).

Cases and controls were subject to different participation rates and other differences were corrected for in analysis as far as possible. There was no dose response trend.



Comment

The strength of the study was in the care taken to measure a representative exposure in the child's bedroom.

The study reinforces the observation of a statistical association between domestic emf exposure and incidence of one kind of childhood leukaemia.

G Berg et al. Am. J. Epidemiol. (2006) Vol.164#6 p 538 – 548

Occupational Exposure to Radio Frequency/Microwave Radiation and the Risk of Brain Tumors: Interphone Study Group, Germany

A case control study of meningioma (n = 381) glioma (n= 366) and 1,494 controls aged 30 – 69 years. Exposure was assessed by job exposure matrix.

No statistically significant association between occupational exposure and risk of diagnosed outcome was observed. There were 87 people in the study with high exposures. High exposure was defined as being in excess of internationally accepted guidelines.

Comment

The negative result was reasonably robust but the study was not large enough to be definitive.

S Lonn et al. Am. J. Epidemiol. (2006) Vol.164#7 p 637 – 643

Mobile Phone Use and Risk of Parotid Gland Tumor

A case control study of parotid gland tumour (n = 60) benign pleomorphic adenomas and 681 controls. Exposure was assessed by questionnaire. Exposure was assessed over 5 year groupings: < 5 years, 5 to 9 years and \geq 10 years.

There was no statistically significant association between phone use (intensity, cumulative use or duration) and diagnosed outcome. Contralateral and ipsilateral exposures were indistinguishable.

Comment

Earlier reports from the same research group found some differences in rates of tumour depending on the side of the head most often used for the phone. That this study finds there to be no difference for these particular tumours lends some weight to the earlier observation (i.e. if there had been a systematic bias in the previous study there should have been the same bias in this study) but the statistical precision in the present study was low.