

# Low Dose/Low Dose Rate Environmental Exposures Studies

**Beebe Symposium on the Future of Low-Dose Radiation Research  
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# Overview

- Introductory remarks
- Studies of environmentally-exposed populations (a fly-over view)
- Issues in the design, analysis, and interpretation of studies of radiation health effects in (environmentally) exposed populations

# Nuclear Power Plant Accidents

Study	Type	Cancer	Cases	Cohort size /Controls	Mean/Median Dose (mGy)	ERR @ 100mGy	95% CI
Three Mile Island	Cohort	Solid Inc	1,643	21,494	0	-1	(-1; 30)
Chornobyl-Ukraine	Cohort	Thyroid	65	12,415	650/200	0.19	(0.04; 0.63)
	Case-Control	Thyroid	66	835	cases 44 controls 16	4.9	(0.5; 12)
Chornobyl-Belarus	Cohort	Thyroid	23	12,504	770	0.21	(0.03; 1.0)
	Cohort (prevalence)	Thyroid	87	11,970	560/230	0.21	(0.08; 0.54)
Chernobyl Bel,Ukr, Rus	Case-Control	Leukemia	421	824	11/0.9 (cases) 4/0.7 (controls)	3.2	(0.9; 8.4)

# Weapons Production and Testing

Study	Type	Cancer	Cases	Cohort size /Controls	Mean/Median Dose (mGy)	ERR @ 100mGy	95% CI
Techa River	Cohort	Solid Inc	1,933	17,435	52/15	0.08	(0.01; 0.15)
	Cohort	Solid Mort	2,303	29,730	35	0.06	(0.004; 0.13)
	Cohort	Leukemia	72	28,233	250/410	0.22	(0.08; 0.54)
Hanford I131	Cohort (prevalence)	Thyroid	19	3,191	174/97	0.07	(-0.03; 0.6)
Utah Fallout	Case-Control	Leukemia	939	4,302	2.9 cases 2.7 controls	4.5	(-0.4; 14)

# Natural and Unnatural Background Radiation

Study	Type	Cancer	Cases	Cohort size /Controls	Mean/Median Dose (mGy)	ERR @ 100mGy	95% CI
UK	Case-Control	Leukemia	27,447	36,793		12	(3; 22)
Yiangjing, China	Cohort	Solid	941	31,604	85 High 22 Low	-0.1	(-0.25; 0.3)
Switzerzland	Cohort	Cancer	1,782	2,093,660	9	3	(1; 5)
	Cohort	Leukemia	530			4	(0; 8)
	Cohort	Lymphoma	328			1	(-4; 5)
Finland	Case-Control	Leukemia	1,093	3,027	1.96 cases 1.90 controls	-1	(-1; 6)
India, Kerala	Cohort	Solid cancer	1,349	69,958	110	-0.01	(-0.06; 0.05)
Taiwan Buildings	Cohort	Cancer	117	6,242	48	0.19	(0.01; 0.31)

# Issues – Design

- Power is not the only (or in many cases the primary) consideration
- Seek identifiable populations with different levels of exposure
  - Oversample higher dose groups
  - Consider impact of screening
  - Case-cohort designs should be considered (especially with biospecimens or complex dosimetry)
- Consider dosimetry (and uncertainty) in the design phase
  - Focus on (broadly) shared multiplicative errors
  - Seek to keep study-participant data-provision burden reasonable and practical
- Follow-up
  - Identify sources and methods to determine vital status and migration
  - Linkage to cause of death , cancer diagnosis info

# Issues -- Confounding

- Not all risk factors are confounders
- Confounding more likely to impact exposed-unexposed comparisons than dose response analyses
- Vague suggestions of confounding are often baseless
- Ascertainment bias can distort risk estimates
  - Stratification can often (but not always) help deal with this

# Issues – Dose Uncertainty

- Dose uncertainty unlikely to induce a spurious dose response
- Good, practical methods to adjust for measurement error exists
  - Should be incorporated into the dosimetry system
  - Tend to increase risk estimates and their standard error to the same extent
- Shared multiplicative error (bias) is the most important source of error
  - Adjustment possible but not trivial
    - Increases width of confidence intervals mainly by increasing the upper bound
  - Shared error has essentially no effect on tests of the null hypothesis





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