





Exposure to electromagnetic fields and risk of childhood leukemia: a population-based case-control study in two Italian provinces

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Introduction

electromagnetic Exposure fields has been suggested as childhood factor for risk leukemia.

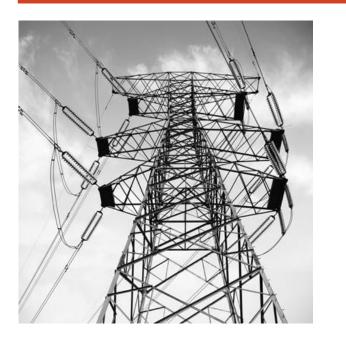
We carried out a populationbased case-control study

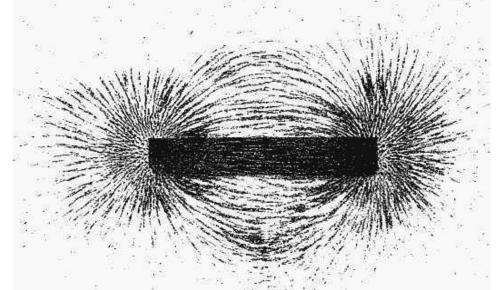
evaluating the risk of childhood leukemia in children living near of electromagnetic sources high-voltage fields, including electrical lines and power transformers.

Methods

We cases in provinces Emilia Reggio randomly selected population controls matched by logistic sex, age, province of residence, according to the Geographical children's address of residence. nearest transformer room.

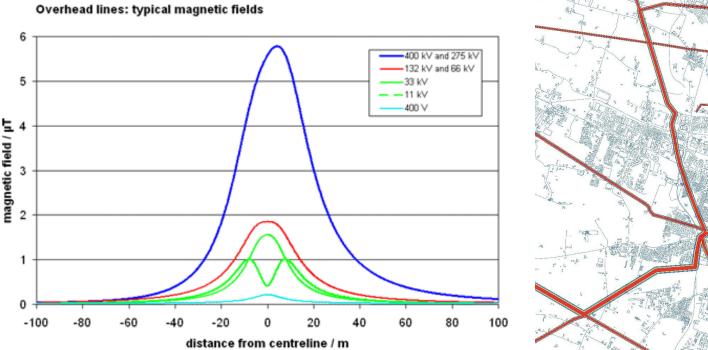
identified all newly- We also identified and geocoded diagnosed childhood leukemia corridors along high-voltage the Northern Italy power lines and around indoor of Modena and electrical transformers operating (population in the two provinces. We around 1,200,000) from 1998 to computed the odds ratio (OR) 2013. For each case, we and its 95% confidence interval four (CI) of CL using conditional regression analysis distance and calendar year. Using a between children's residence at Information the time of case diagnosis to the System (GIS), we geocoded nearest power line or to the

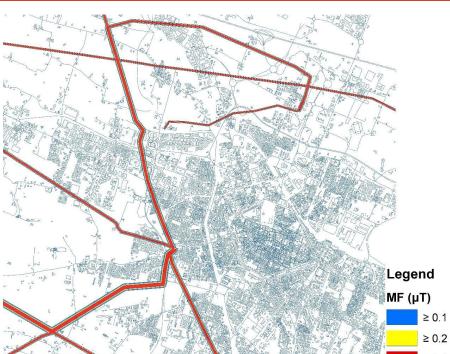


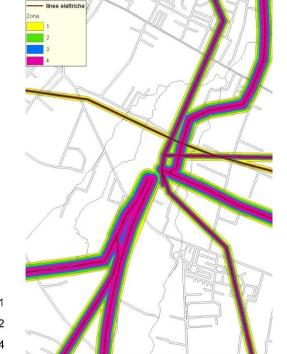




High voltage power lines

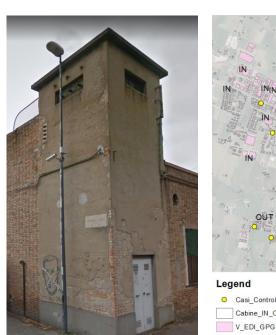


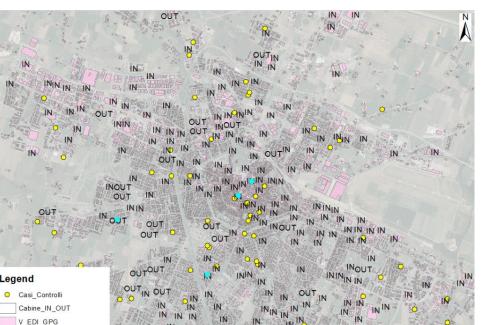


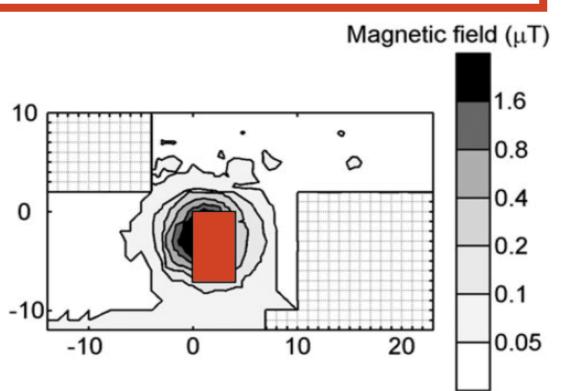


Magnetic field exposure (in microtesla - µT) at increasing distance from overhead power lines and example of their location and georeferencing in the Reggio Emilia province.

Electrical transformers rooms







Example of georeferencing of subjects and electrical transformer rooms in the Reggio Emilia province and example of magnetic field exposure (in microtesla - μT) from an electrical transformer room (red rectangle). Distance from centroid of electromagnetic field reported in meters.



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Results

We included 132 cases and 538 controls when exposure to highvoltage power lines. ORs for childhood leukemia were 0.6 (95% CI 0.3-1.6), 1.2 (95% CI 0.4-3.7), 0.5 (95% CI 0.1-4.2) and 7.3 (95% CI 0.7-81.5) for children living respectively 200-400 m, 100-200 m, 50-100 m and less than 50 m from the 2.1), at 50-20 m (OR 1.8, 95%) nearest electrical power line Cl 0.6-4.9) and less than 20 m compared to those residing (OR 2.1, 95% CI 0.4-12.1) from further than 400 m (Table 1).

Similarly, we included 116 and 464 controls cases and respectively when evaluating risk due to residing near transformer rooms. Compared to children residing beyond 200 m, we found an excess CL risk for children living respectively at 50-200 m (OR 1.2, 95% CI 0.7an indoor transformer (Table 2).

Table 1. Odds Ratio (OR) and 95% confidence interval (CI) of risk of childhood leukemia in relation to distance from overhead power lines.

Distance (m)	Cases/ Controls	OR	95% CI
>400	111/433	1.0	_
200-400	12/58	0.6	0.3-1.6
100-200	5/26	1.2	0.4-3.7
50-100	2/9	0.5	0.1-4.2
<50	2/2	7.3	0.7-81.5

Table 2. Odds Ratio (OR) and 95% confidence interval (CI) of risk of childhood leukemia in relation to distance from electric transformer rooms.

Distance (m)	Cases/ Controls	OR	95% CI
>200	68/266	1.0	_
200-50	39/167	1.2	0.7-2.1
50-20	7/25	1.8	0.6-4.9
<20	2/6	2.1	0.4-12.1

Conclusions

In our study we investigated the possible risk childhood leukemia between in relation to magnetic field exposure from overhead power lines and for the first time the indoor electrical from transformer rooms.

Although results are our statistically imprecise due to low number of exposed subjects and should interpreted

caution possible due exposure misclassification, the magnitude of the ORs and the dose-response relations clearly suggest an excess childhood leukemia risk due electromagnetic field exposure exposure, as assessed by living close to overhead power lines or to indoor transformers rooms.

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