

interval = 0.6-1.5). Ten years after the start of mobile phone use the estimates relative risk increased to 1.9 (0.9-4.1); when restricting to tumors on the same side of the head as the phone was normally used, the relative risk was 3.9 (1.6-9.5). CONCLUSIONS: Our findings do not indicate an increased risk of acoustic neuroma related to short-term mobile phone use after a short latency period. However, our data

suggest an increased risk of acoustic neuroma associated with mobile phone use of at least 10 years' duration.

Publication Types:

• <u>Multicenter Study</u>

MeSH Terms:

- <u>Acoustic Stimulation/adverse effects</u>
- <u>Adult</u>
- <u>Aged</u>
- <u>Case-Control Studies</u>
- <u>Cellular Phone*</u>
- <u>Community Health Planning/statistics & numerical data</u>
- <u>Comparative Study</u>
- <u>Female</u>
- <u>Humans</u>
- <u>Male</u>
- <u>Middle Aged</u>
- <u>Neuroma, Acoustic/etiology*</u>
- Research Support, Non-U.S. Gov't
- <u>Risk Factors</u>
- <u>Time Factors</u>

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