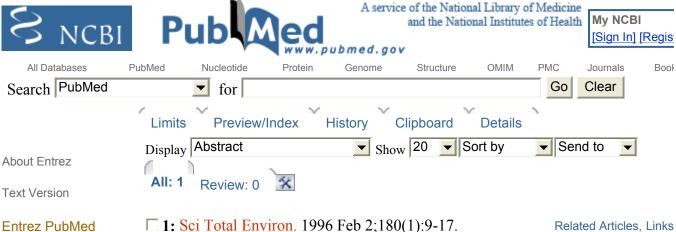
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Cancer morbidity in subjects occupationally exposed to high frequency (radiofrequency and microwave) electromagnetic radiation.

Szmigielski S.

ELSEVIER **FULL-TEXT ARTICLE**

Department of Biological Effect of Non-Ionizing Radiations, Center for Radiobiology and Radiation Safety at the Military Institute of Hygiene and Epidemiology, Warsaw, Poland.

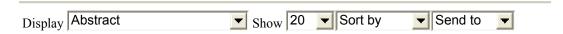
Cancer morbidity was registered in the whole population of military career personnel in Poland during a period of 15 years (1971-1985). Subjects exposed occupationally to radiofrequencies (RF) and microwaves (MW) were selected from the population on the basis of their service records and documented exposures at service posts. The population size varied slightly from year to year with a mean count of about 128,000 persons each year; each year about 3700 of them (2.98%) were considered as occupationally exposed to RF/MW. All subjects (exposed and non-exposed to RF/MW) were divided into age groups (20-29, 30-39, 40-49 and 50-59). All newly registered cases of cancer were divided into 12 types based on localisation of the malignancy; for neoplasms of the haemopoietic system and lymphatic organs an additional analysis based on diagnosis was performed. Morbidity rates (per 100,000 subjects annually) were calculated for all of the above localisations and types of malignancies both for the whole population and for the age groups. The mean value of 15 annual rates during 1971-1985 represented the respective morbidity rate for the whole period. Morbidity

rates in the non-exposed groups of personnel were used as 'expected' (E) rates for the exposed subjects, while the real morbidity rates counted in the RF/MW-exposed personnel served as 'observed' (O) rates. This allowed the calculation of the observed/expected ratio (OER) representing the odds ratio for the exposed groups. The cancer morbidity rate for RF/MW-exposed personnel for all age groups (20-59 years) reached 119.1 per 100,000 annually (57.6 in non-exposed) with an OER of 2.07, significant at P < 0.05. The difference between observed and expected values results from higher morbidity rates due to neoplasms of the alimentary tract (OER = 3.19-3.24), brain tumours (OER = 1.91) and malignancies of the haemopoietic system and lymphatic organs (OER = 6.31). Among malignancies of the haemopoietic/lymphatic systems, the largest differences in morbidity rates between exposed and non-exposed personnel were found for chronic myelocytic leukaemia (OER = 13.9), acute myeloblastic leukaemia (OER = 8.62) and non-Hodgkin lymphomas (OER = 5.82).

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