# Increased leukemias near nuclear power stations

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## Childhood Leukemias near Nuclear Facilities

- in 1980s and 1990s, large increases found near in the UK (Dounreay, Windscale, Burghfield)
- UK Government said were not due to radiation as doses were too low x 300
- debate fizzled out
- no-one had the expertise to challenge Govt
- Reay v BNFL defendants lost a very long case

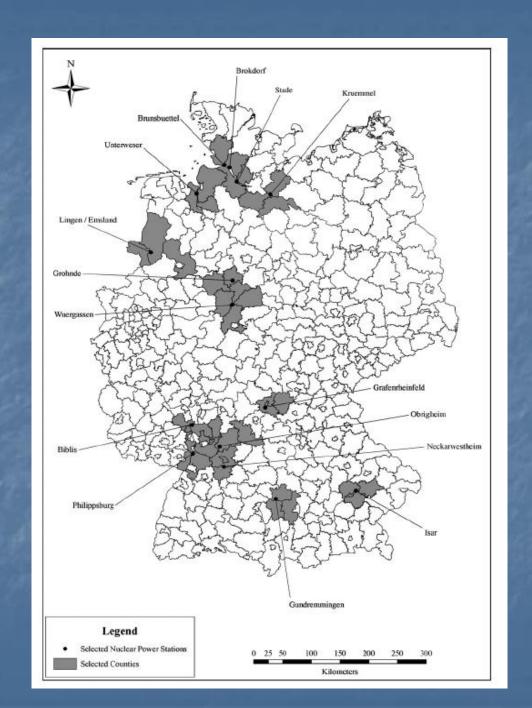
### KiKK Report in Germany in 2008

### Kinderkrebs in der Umgebung von KernKraftwerken Kaatsch P, Spix C, Schulze-Rath R, Schmiedel S, Blettner M. 2008. Leukaemias in young children living in the vicinity of German nuclear power

plants. Int J Cancer 122:721-726.

Spix C, Schmiedel S, Kaatsch P, Schulze-Rath R, Blettner M. 2008. Case-control study on childhood cancer in the vicinity of nuclear power plants in Germany 1980-2003. Eur J Cancer 44:275-284.

- has reignited the debate
- huge controversy in Germany
- almost unknown in UK
- Comare sub-committee studying KiKK (major Justification issue?)

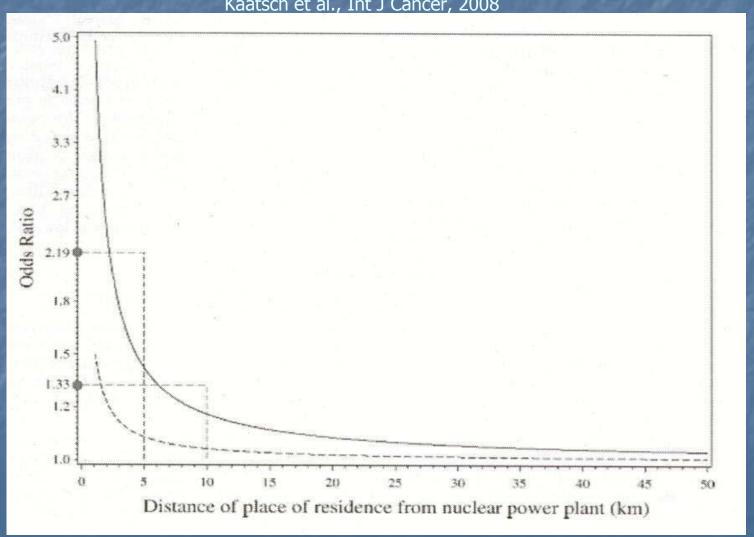


## KiKK Study: 2008

- very large study of cancer incidence near all (16) German nuclear reactors
- commissioned by German Government
- 2.2 x increase in child leukemias
- 1.6 x increase in child solid cancers
- strongly linked to living near reactors
- validity accepted by German Government

### the closer to reactor – the greater the risk of child leukemia

Kaatsch et al., Int J Cancer, 2008



## Do Other Studies Back up KiKK?

- (1) Laurier D et al (2008) Epidemiological studies of leukaemia in children and young adults around nuclear facilities: a critical review. Radiat Prot Dosimetry 132(2):182-90. REVIEWED 26 MULTI-SITE STUDIES
- (2) Laurier D, Bard D (1999) Epidemiologic studies of leukemia among persons under 25 years of age living near nuclear sites. Epidemiol Rev 21(2):188-206. LISTED 50 STUDIES (36 SINGLE AND 14 MULTI-SITE)

#### What do 26 latest studies show?

from table 1 of Laurier D et al (2008)

	Number of studies (datasets)	Leuk Increase	No Leuk increase	% observed
Studies	26	19	7	73%
Studies where increases/decreases statistically significant at 95% level	7	6	1	85%

Conclusion: a steady pattern of leukemia increases near NPPs

#### Possible Causes

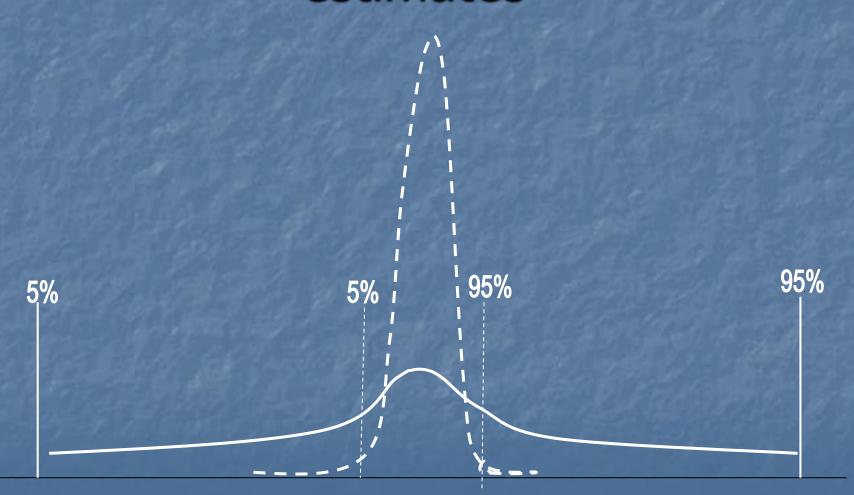
•	Confounders	X
•	Coincidence	X
•	Population mixing	X
•	Exposure to chemicals	X
_	Exposure to viruses/fungi	X
•	Exposure to radiation	?

KiKK study "said" radiation doses were too low

## Large uncertainties in estimated doses/risks near reactors

- Environmental models (behaviour of nuclides in environment)
- Biokinetic models (uptake and retention of nuclides in humans)
- Dosimetric models (convert Bq to mGy: mSv)
- Weighting factors (tissue W<sub>T</sub> and radiation W<sub>R</sub>)
- Apply a risk model (ICRP model from Japanese data)
- Higher risks in infants?
- Higher risks from in utero exposures?
- = OFFICIAL DOSES/RISKS HAVE MANY UNCERTAINTIES see CERRIE Report www.cerrie.org

## Uncertainty distributions in dose estimates



### Uncertainties in Dose Coefficients

Goossens LHJ, Harper FT, Harrison JD, Hora SC, Kraan BCP, Cooke RM (1998) Probabilistic Accident Consequence Uncertainty Analysis: Uncertainty Assessment for Internal Dosimetry: Main Report. Prepared for U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, USA. And for Commission of the European Communities, DG XII and XI, B-I049 Brussels Belgium. NUREG/CR-6571 EUR 16773.

Nuclide	Intake	Organ	U Range = (ratio
			of 95 <sup>th</sup> /5 <sup>th</sup> percentiles)
Cs-137	ingestion	red bone marrow	4
I-131	inhalation	thyroid	9
Sr-90	ingestion	red bone marrow	240
Pu-239	ingestion	red bone marrow	1,300
Sr-90	inhalation	lungs	5,300
Ce-144	inhalation	red bone marrow	8,500
Pu-239	ingestion	bone surface	20,000

# So, radiation exposures to nearby people <u>could</u> be a cause

## KiKK: cancer increases strongly associated with nuclear reactors

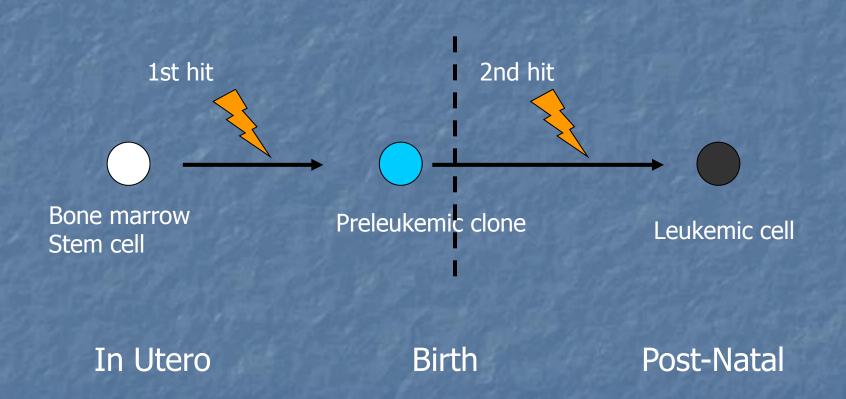
- direct radiation from reactors?
- EM radiation from power lines? X
- cooling tower emissions?
- reactor emissions and discharges?

# A possible biological mechanism to explain KiKK findings

- episodic spikes in reactor releases
- high concentrations in pregnant women
- large doses to embryos/fetuses
- resulting babies are born pre-leukemic
- after 1-2 years develop full leukemia

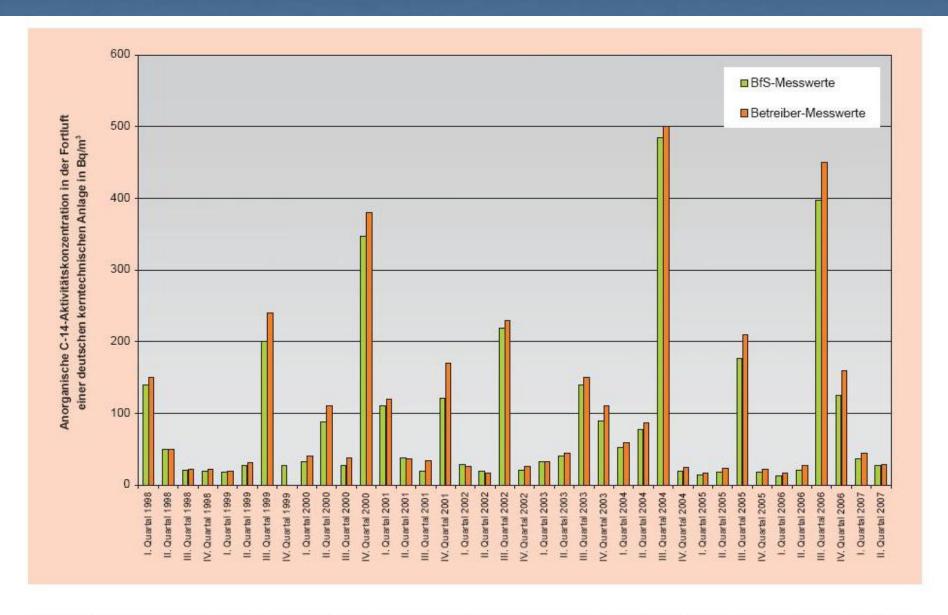
### Leukemogenesis in Children

(after Professor Roessig)



### 1<sup>st</sup> Stage – Environmental Emissions

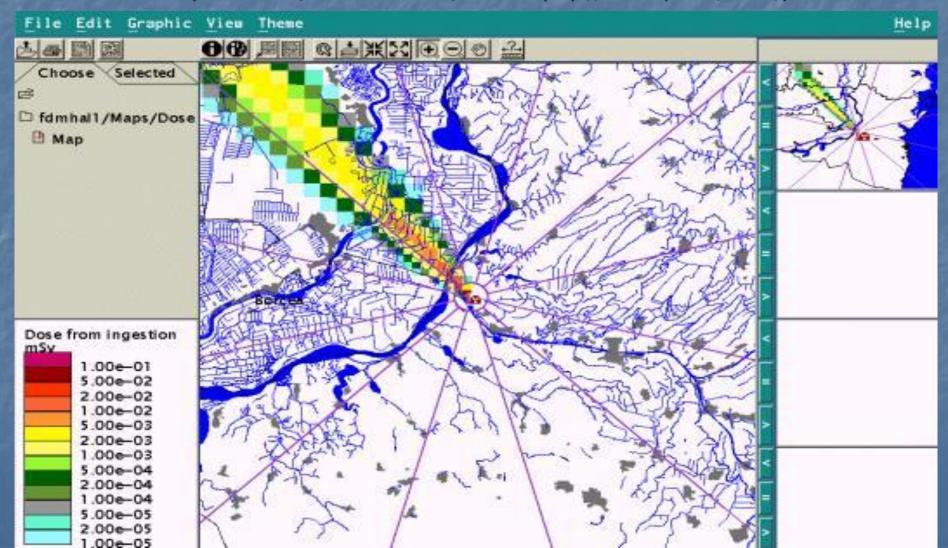
 when reactors opened - large pulse of H-3, C-14, Kr-85



Vergleich der vom Betreiber und dem BfS ermittelten Kohlenstoff-14-Aktivitätskonzentrationen in der Fortluft am Beispiel eines süddeutschen Druckwasserreaktors (KKW Neckarwestheim 2)

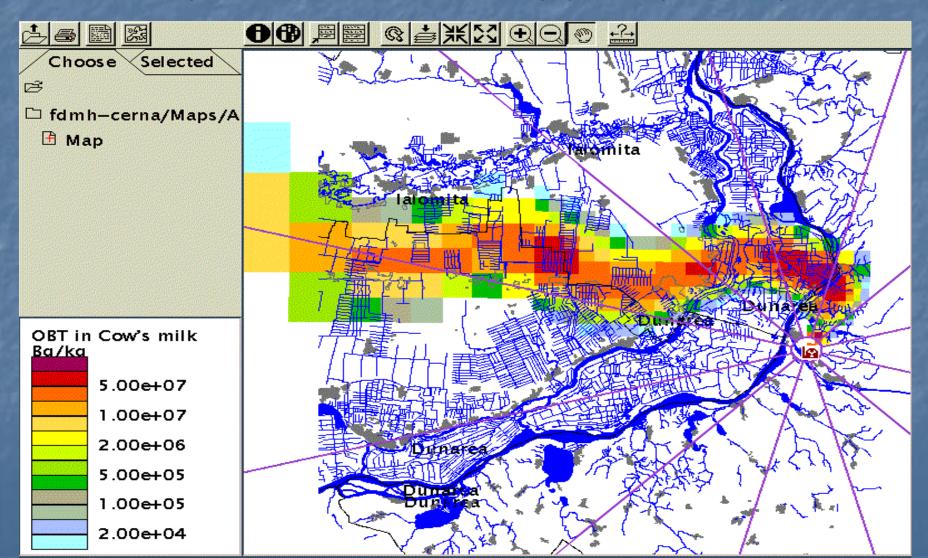
## Tritium doses from ingestion (EU RODOS Model) in mSv

8th Meeting of the IAEA (EMRAS) Tritium & C-14 Working Group
May 30 - June 1, 2007 - Bucharest, Romania (http://www.nipne.ro/emras/)



## Estimated tritium levels in cow's milk (EU RODOS Model) OBT Bq/kg

8th Meeting of the IAEA (EMRAS) Tritium & C-14 Working Group May 30 - June 1, 2007 - Bucharest, Romania (http://www.nipne.ro/emras/)



### Embryos/fetuses: we don't know

- (a) radiation doses?
- (b) how radiosensitive, cf adults?
- (c) risks from internal nuclides?

Ask UK Government for its estimate of doses/risks to embryos, and the uncertainties involved?

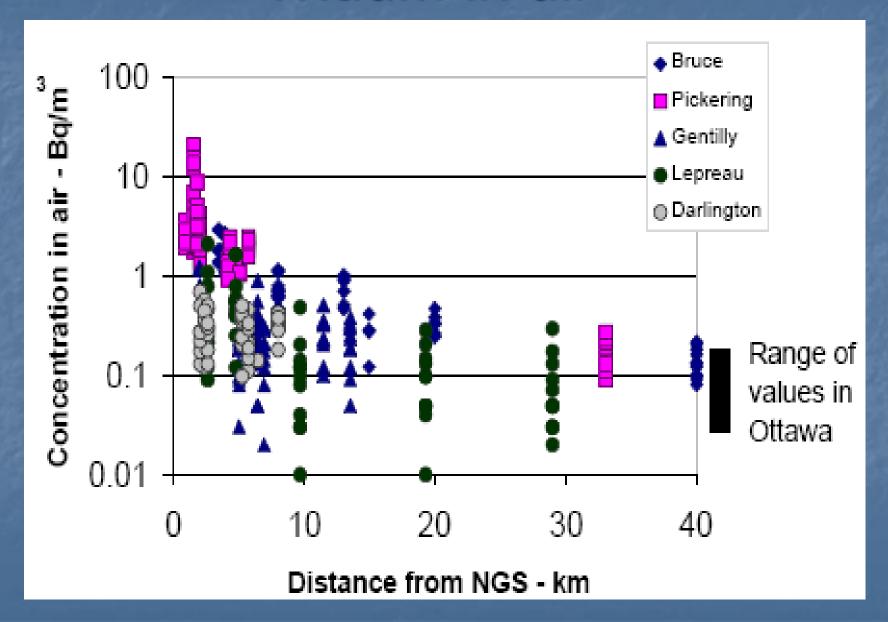
"We conclude that there is strong evidence that low dose irradiation of the fetus *in utero*, particularly in the last trimester, causes an increased risk of cancer in childhood."

Doll R and Wakeford R (1997) Risk of childhood cancer from fetal irradiation. Br J Radiol; 70: 130-9

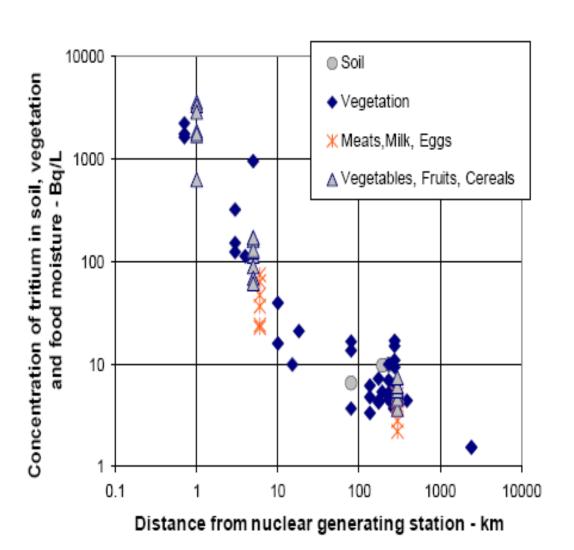
## Main Radioactive Releases to Air from all Nuclear Facilities

- tritium (radioactive water vapour)
- noble gases (mainly Kr, Ar, Xe)
- carbon-14
- odine-131, iodine-129 ...

### Tritium in air



### Tritium in Food Moisture



#### What is tritium?

the radioactive isotope of hydrogen

mainly in the form <sup>3</sup>H-O-H

tritium = radioactive water

undetected by all our senses

### Unusual Tritium Properties

- Extreme mobility + exchangeability
- Sticks inside us, and builds up
- Very short range, so damage depends on where in cell, eg close to DNA
- Tritium described as "weak", but more dangerous than "strong" emitters

RESULT: Official models significantly underestimate its doses and its dangers

### Hazardous Properties

(after Dr Gerald Kirchner)

Tritium =  $\sqrt{\text{Carbon-14}} = \sqrt{}$ 

- 1. large releases to environment  $\sqrt{\ \sqrt{\ }}$
- 2. rapid nuclide transport and cycling in biosphere  $\sqrt{\checkmark}$
- 3. high solubility √
- 4. many environmental pathways to humans  $\sqrt{\sqrt{}}$
- 5. rapid molecular exchange rates (ie very fast intakes) √
- 6. high uptake to blood after intake √
- 7. organic binding in biota  $\sqrt{\cdot}$
- 8. long biological half-life in humans  $\sqrt{\checkmark}$
- 9. long radiological half-life  $\sqrt{\cdot}$
- 10. global distribution  $\sqrt{\checkmark}$
- 11. long nuclide decay chains with radiotoxic daughters
- 12. high radiotoxicity (ie large dose coefficient)

## Precautionary Principle

- uncertainty no excuse for inaction
- if reasonable evidence, should take precautionary steps
- eg health warnings near reactors?
- whatever the explanation for KiKK, leukemia risk is still there

#### Recommendations

- Further studies (EU wide)
  - Advise local people of risks
- Health warnings near reactors
- Rethink plans to build more reactors

#### Thanks to

Dr Alfred Körblein Dr Philip Day Dr Keith Baverstock