

# 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

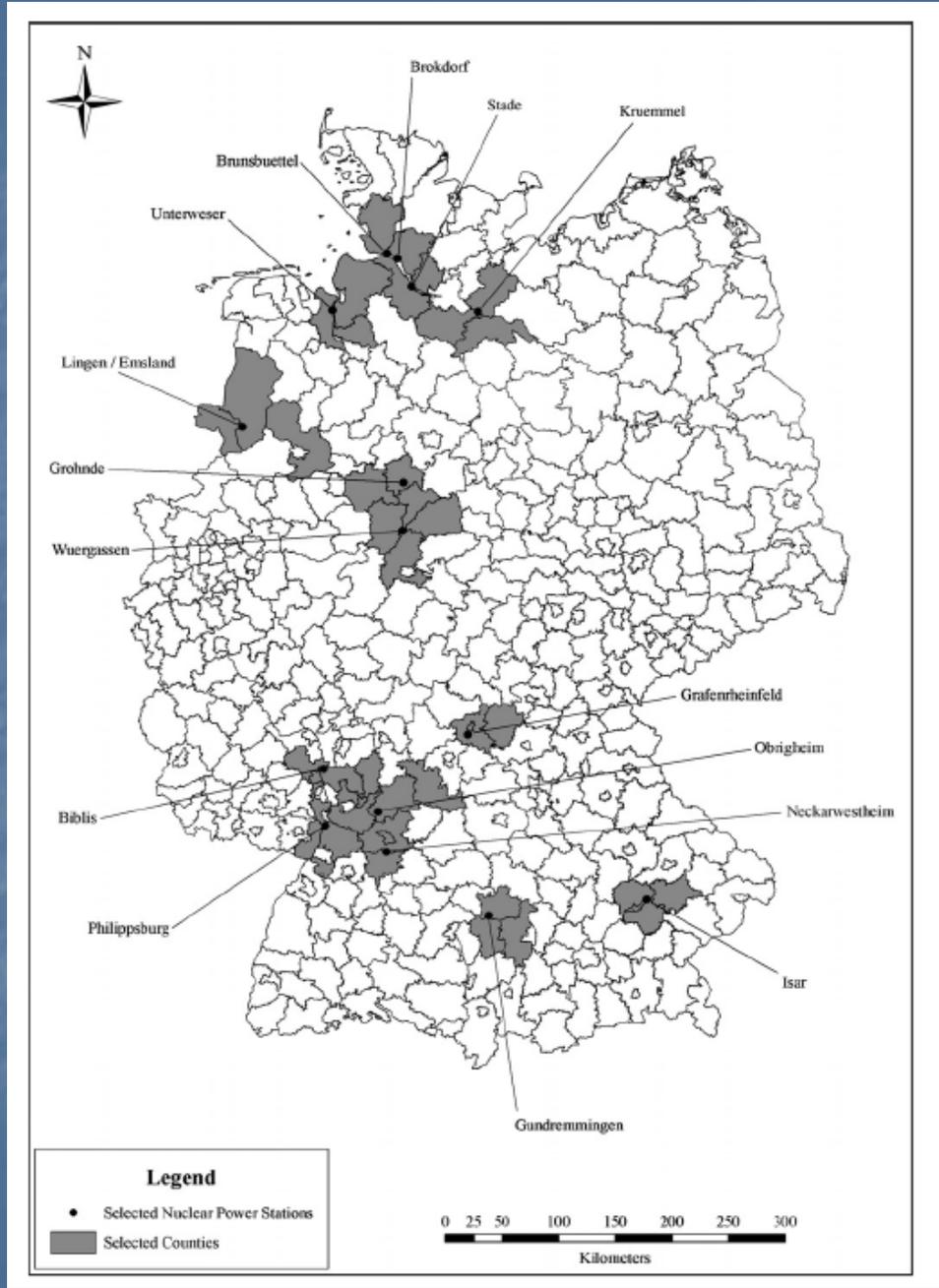
# KiKK Report in Germany in 2008

## 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?)

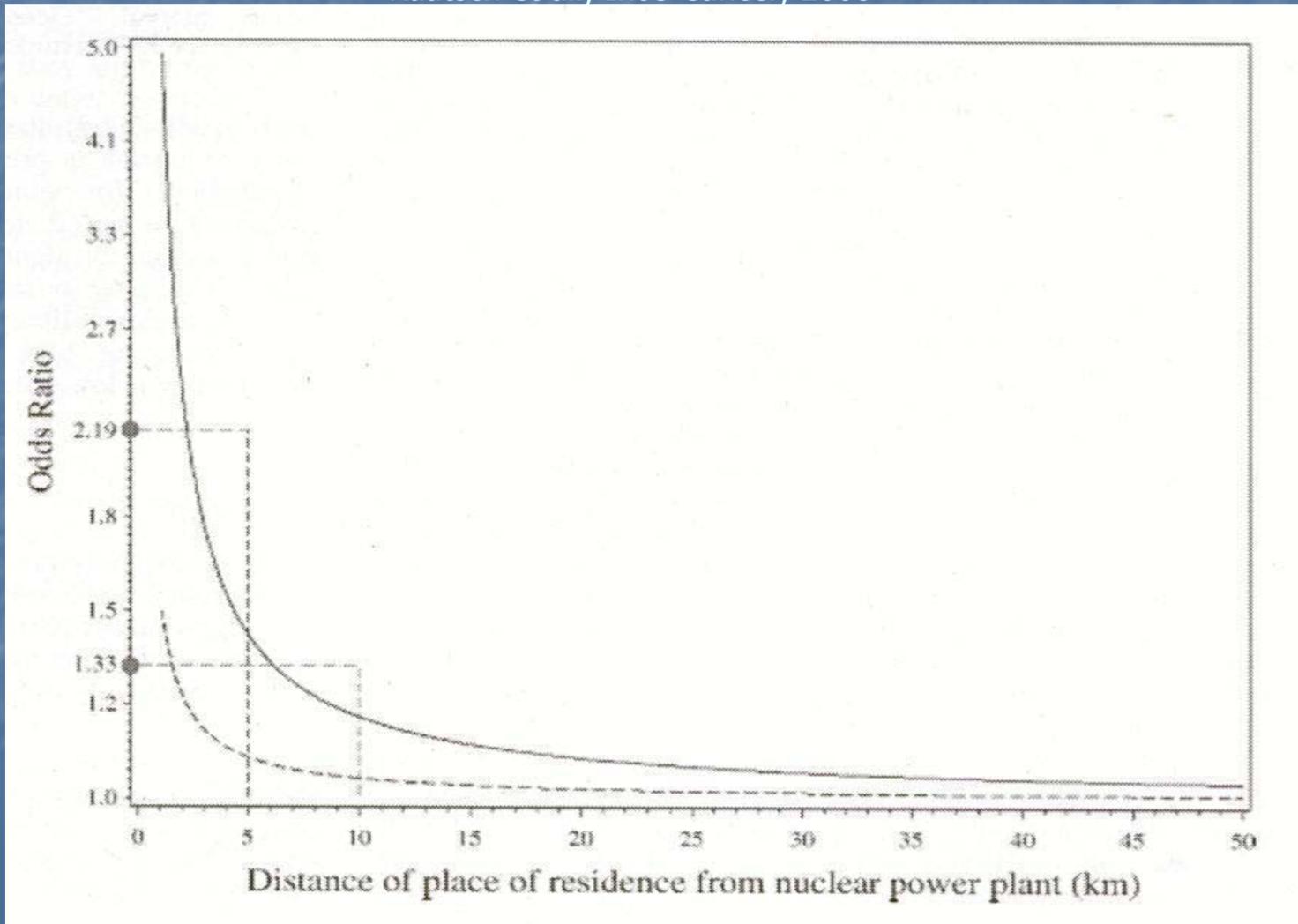


# KiKK Study: 2008

- 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)**

**ie YES, in over 60 STUDIES!**

# 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 ?

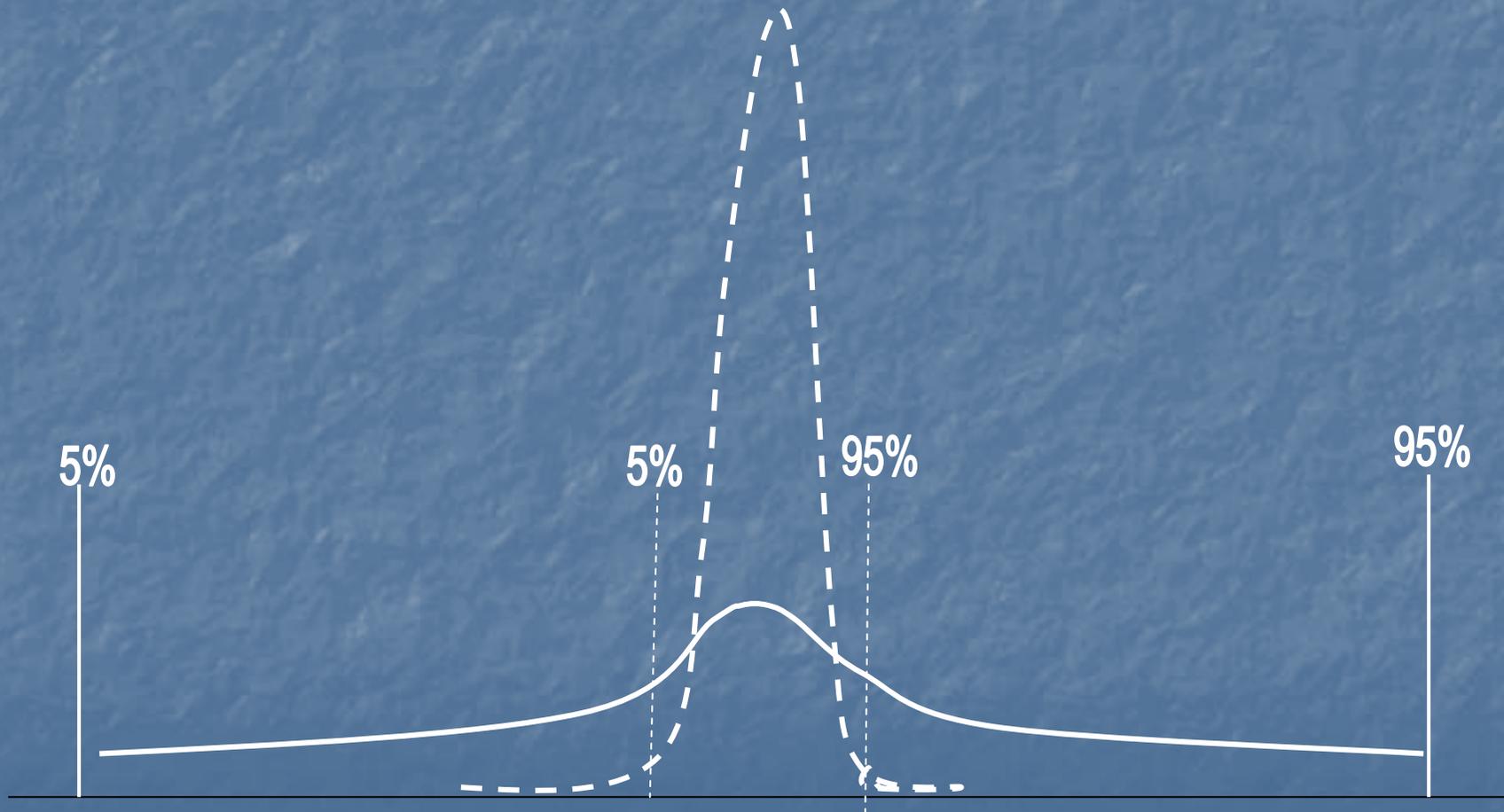
KiKK study "*said*" radiation doses were too low

# 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  $W_T$  and radiation  $W_R$ )
  
- 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](http://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 could be a cause

# KiKK: cancer increases strongly associated with nuclear reactors

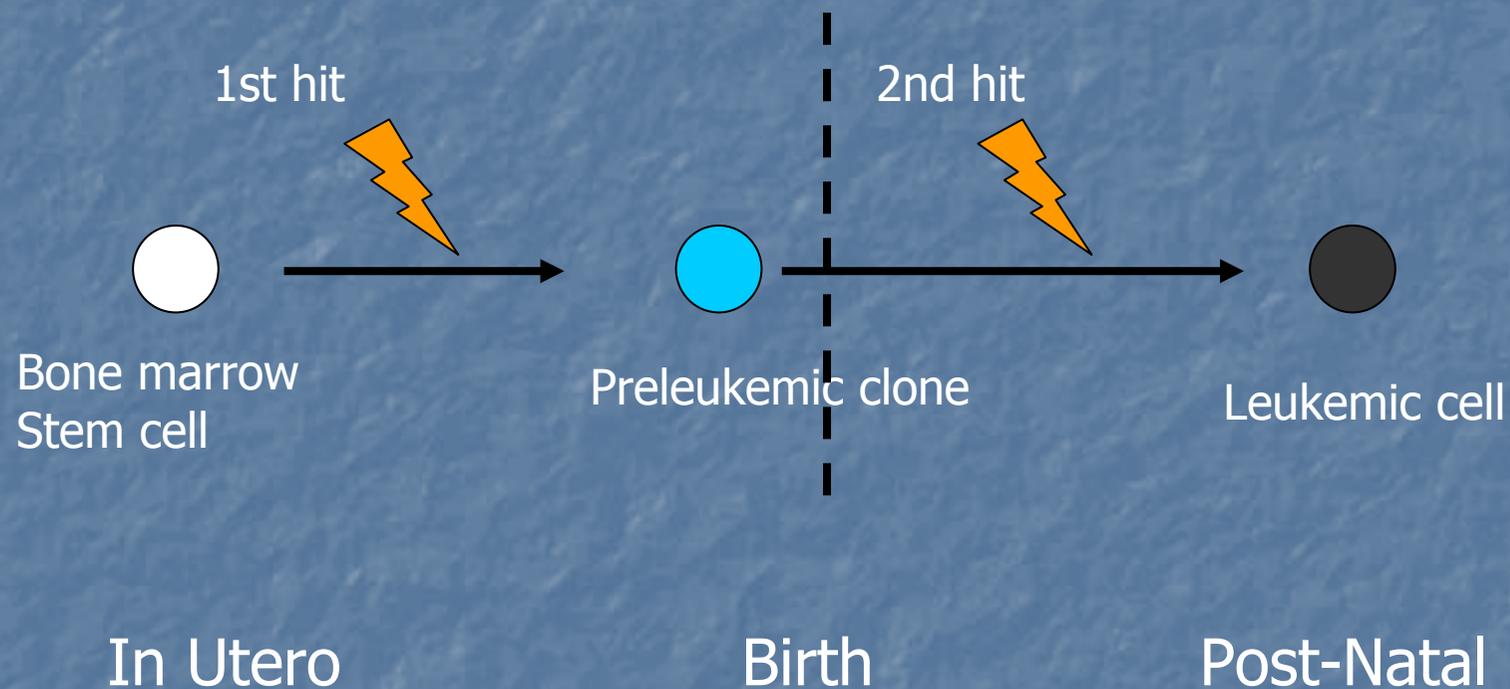
- direct radiation from reactors? X
- EM radiation from power lines? X
- cooling tower emissions? X
- reactor emissions and discharges?

# 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

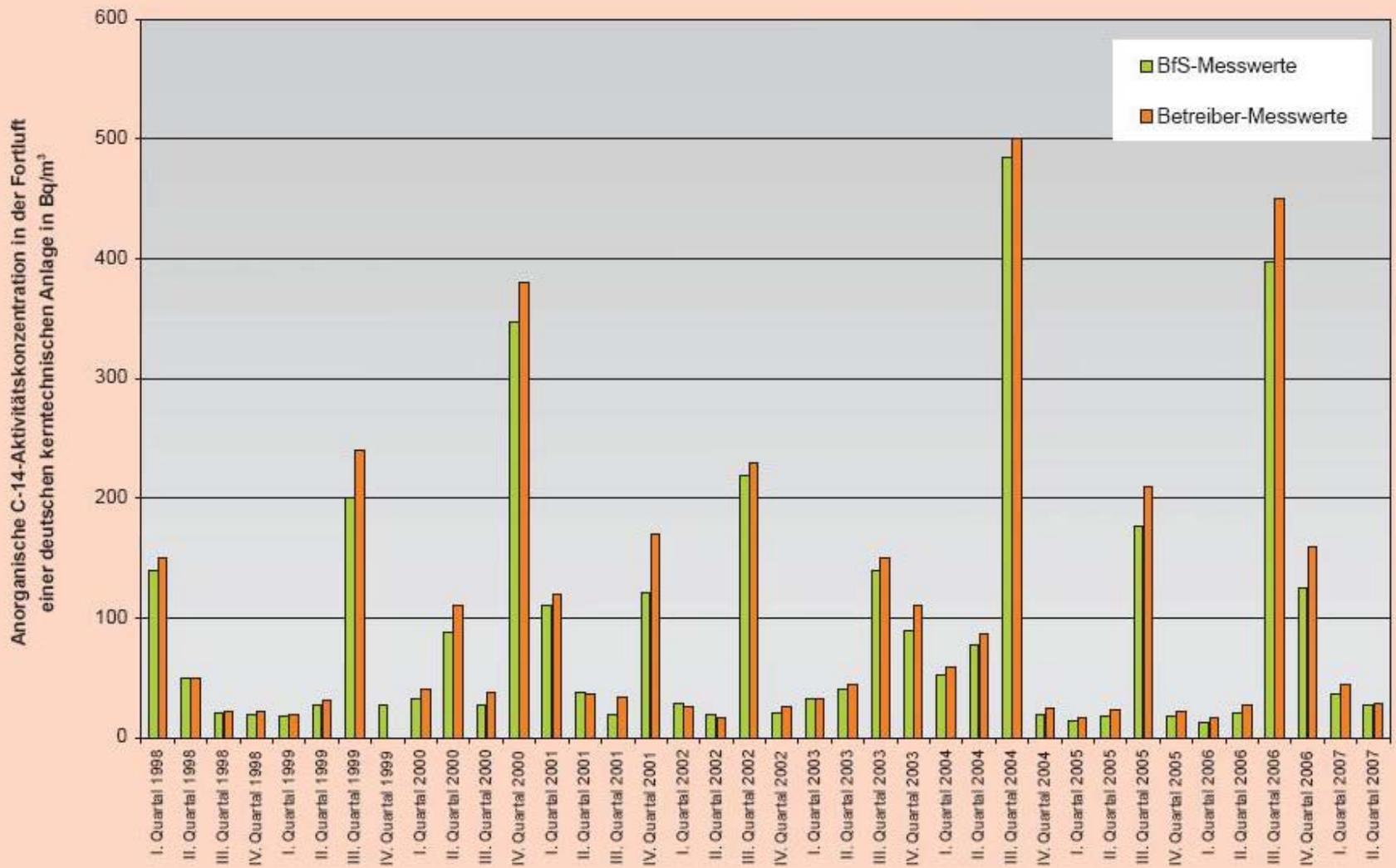
# Leukemogenesis in Children

(after Professor Roessig)



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

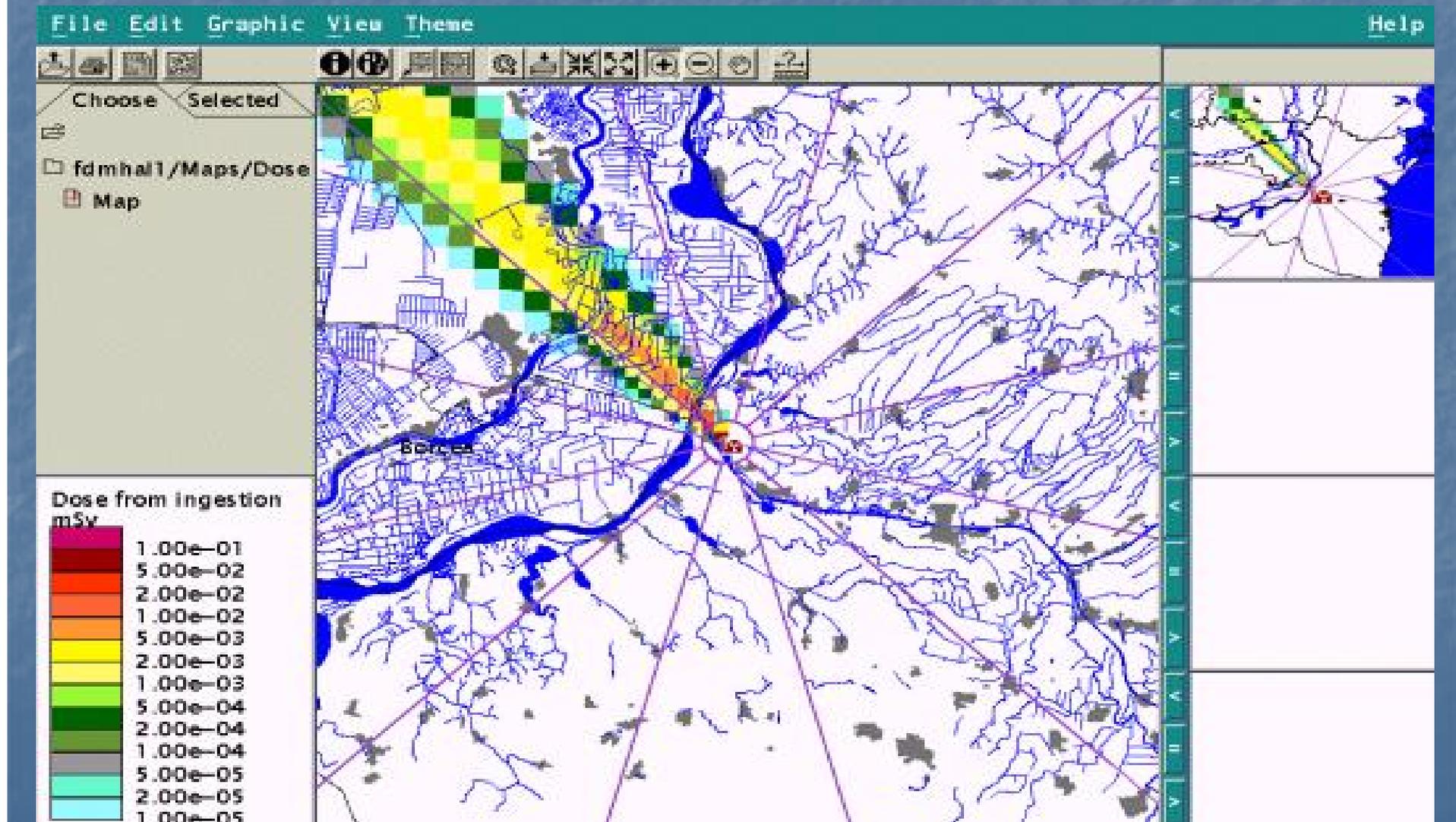
- when reactors opened - large pulse of H-3, C-14, Kr-85



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

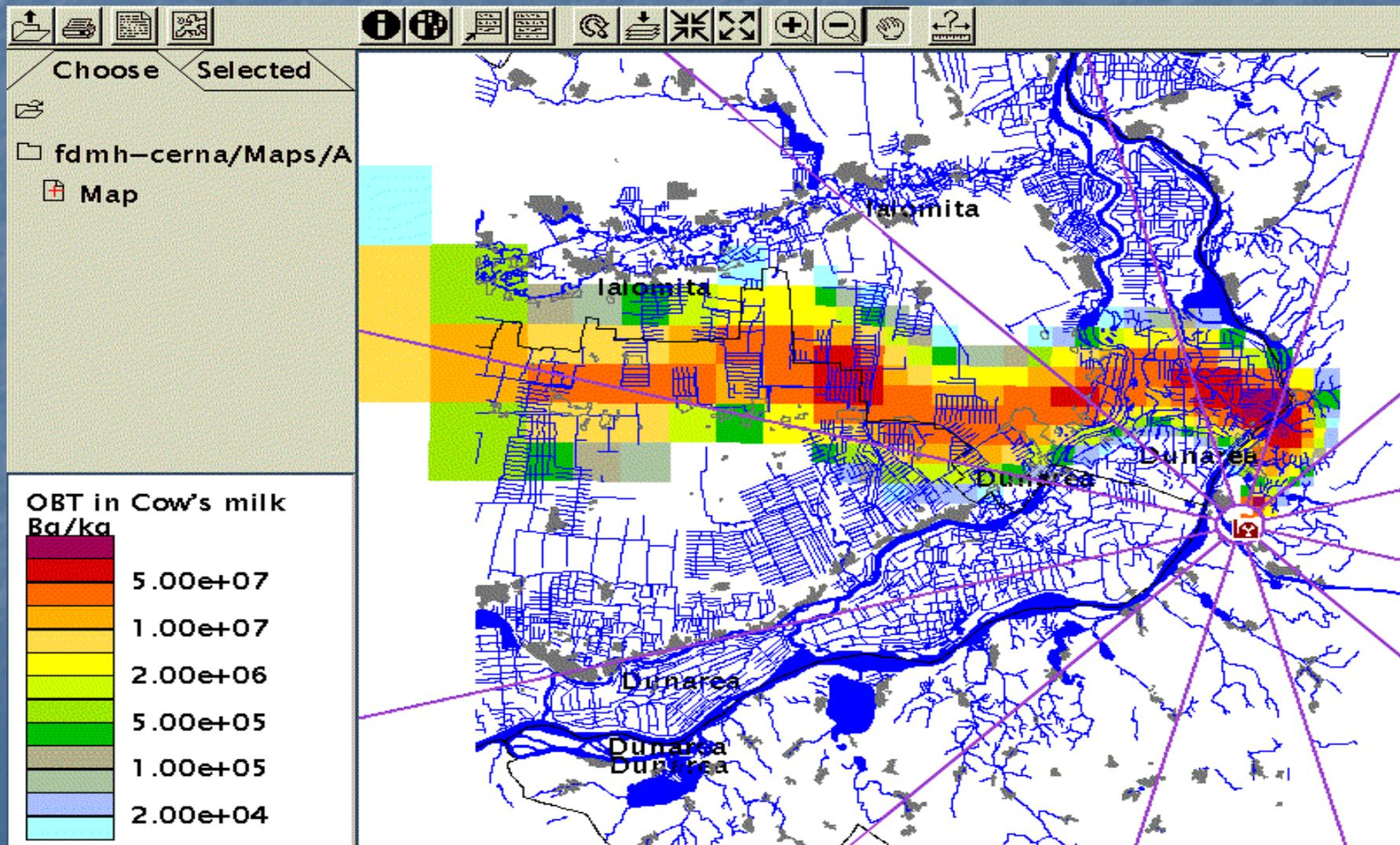
# Tritium doses from **ingestion** (EU RODOS Model) in mSv

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

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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 ?

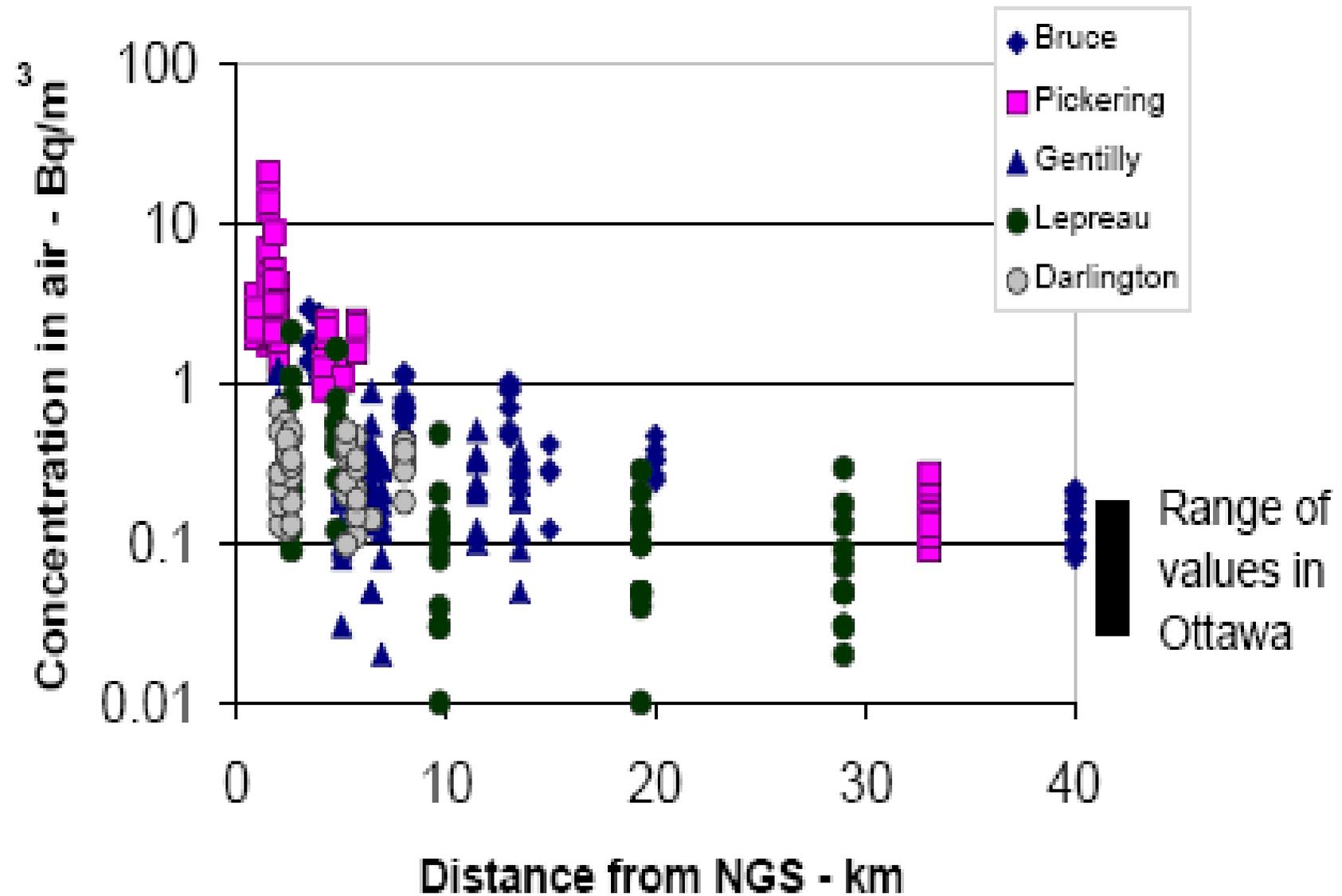
“We conclude that there is strong evidence that low dose irradiation of the fetus *in utero*, particularly in the last trimester, causes an increased risk of cancer in childhood.”

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

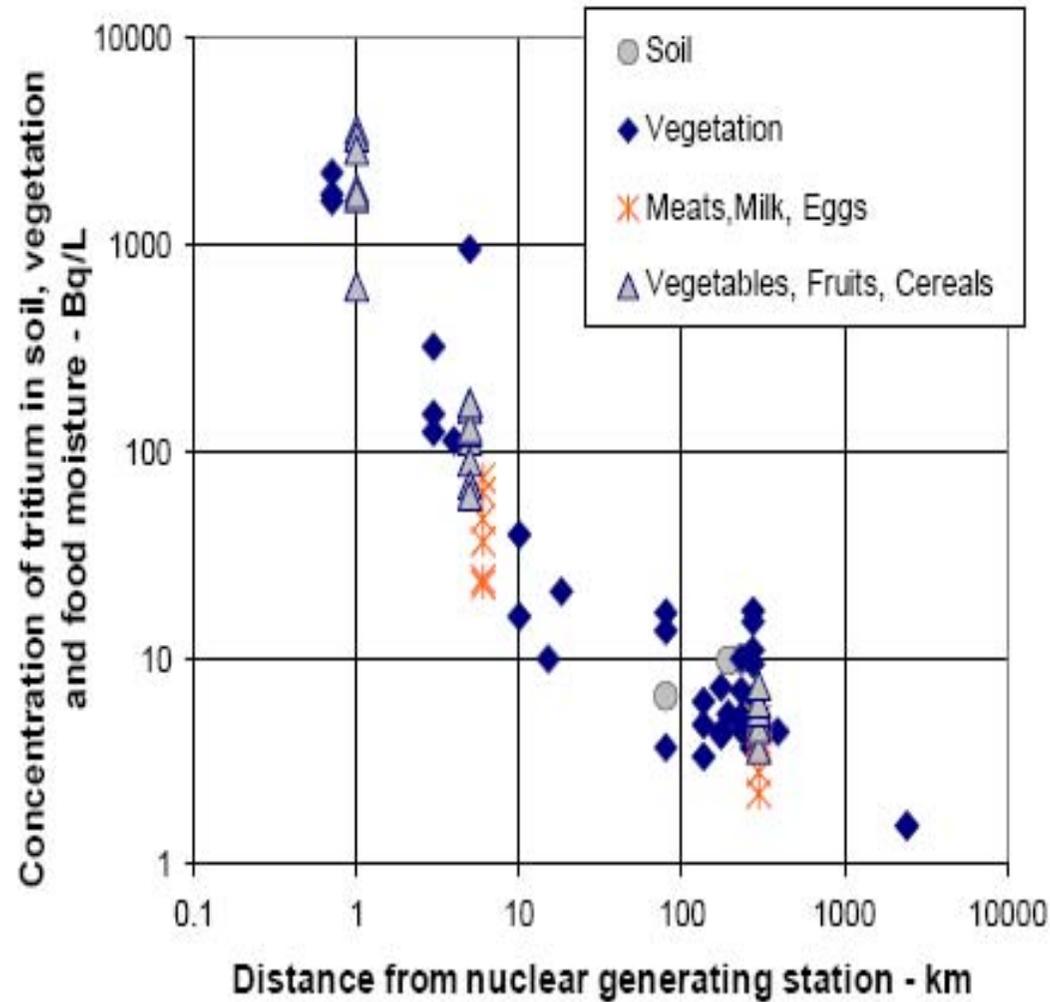
# Main Radioactive Releases to Air from all Nuclear Facilities

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

# Tritium in air



# Tritium in Food Moisture



# What is tritium?

- the radioactive isotope of hydrogen
- mainly in the form  $^3\text{H-O-H}$
- 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 = ✓ Carbon-14 = ✓

1. large releases to environment ✓ ✓
2. rapid nuclide transport and cycling in biosphere ✓ ✓
3. high solubility ✓
4. many environmental pathways to humans ✓ ✓
5. rapid molecular exchange rates (ie very fast intakes) ✓
6. high uptake to blood after intake ✓
7. organic binding in biota ✓ ✓
8. long biological half-life in humans ✓ ✓
9. long radiological half-life ✓ ✓
10. global distribution ✓ ✓
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

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Dr Keith Baverstock