

報告者	報告年	対象	調査方法	対象者等	結果
S. C. Darby ら <sup>34)</sup>	1987	放射線治療	cohort	14, 106 人	強直性脊椎炎の治療患者 (多発性骨髓腫発症例 8 例) 0/E=8/4. 66=1. 72 (有意ではない) 治療後の年数が経過するにしたがって多発性骨髓腫が増加 5 年> 0/0. 33、5~25 年 4/2. 63、25 年< 4/2. 03
J. D. Boice ら <sup>35)</sup>	1985	放射線治療子宮頸がん(8か国)	cohort	82, 616 人 / 14, 173 人	放射線治療群 0/E=33/35=1. 0 10 年以上追跡例 0/E=22/15=1. 4 放射線治療以外の治療群 0/E=1/4. 0=0. 3 10 年以上追跡例 0/E=1/1. 8=0. 5 放射線治療後の経過年数が長くなるにしたがって発生率が高くなる (傾向分析 : p=0. 01)、治療後 10 年未満 RR=0. 6 (95% CI: 0. 3~1. 0)、15 年以上 RR=2. 0 (95% CI: 1. 1~3. 2) で有意に増加
M. Andersson ら <sup>36)</sup>	1992	放射線診断	cohort	999 人	多発性骨髓腫 : 4 例 (女性) SIR=4. 6 (90% CI: 1. 2~12) 脳血管造影のためのトロトラスト投与患者
M. Andersson ら <sup>35)</sup>	1993	放射線診断	cohort	1, 003 人 (2 例)	多発性骨髓腫 2 例 赤色骨髓線量 : 1. 02、1. 75Gy
P. Boffetta ら <sup>36)</sup>	1989		case-control	282 人 / 770 人	放射線治療 : OR=1. 4 (0. 8~2. 6)、放射線診断 OR=0. 9 (0. 6~1. 4) 職業被ばく : OR=1. 4 (0. 5~3. 9) 多発性骨髓腫の発生と放射線との関係は negative
S. C. Darby ら <sup>37)</sup>	1985	放射線治療			(強直性脊椎炎) 平均骨髓線量 : 335rad RR=1. 78 (3 例) 両者を combined すると RR=2. 16 (95% CI: 1. 11~4. 20, p<0. 05)
		原爆被爆者			(100rad 以上) 平均骨髓線量 : 125rad RR=1. 40 (4 例)
原子力施設等周辺住民を対象にした疫学調査					
D. Forman ら	1987	施設周辺住民			イングランド及びウェールズの核施設周辺施設周辺の住民の多発性骨髓腫の RR=0. 79 (p=0. 016), ただし、海岸地域の住民の多発性骨髓腫の RR=1. 11 (p=0. 04) である。Winfrit, Sellafield 施設周辺の距離が近いほど多発性骨髓腫の SMR は 増加するが統計的に有意ではない (p=0. 223, 0. 640)

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M. Dousset	1989	施設周辺住民		7,408人/ 459,460人	(La Hagueのある区域の多発性骨髄腫の死亡率) O/E Male : 1/0.58 (p=0.44) Female: 2/0.54 (p=0.11)
J. B. Boice Jr, ら	2003	ウラン鉱山周辺住民		12,455/ 43,546人 (1950-2001年)	多発性骨髄腫 O/E:22/52 RR=1.37(統計的に有意ではない) 全てのがん RR=1.0
G. Lopez-abente ら	1999	Spain 原子力施設周辺住民			7原子力発電所、5核燃料施設 施設周辺の30km以内(122例) control: 施設周辺 50-100km(100例) Zorita 原子力発電所周辺のみ有意 SMR(control:0.308, 0-15km:1.744, 0-30 km:1.343) RR(0-15km:5.653, 0-30km:4.354) 施設からの距離とRRは有意な傾向(p=0.0164) 特に13.4-18.9kmのRR=8.120が影響している
P. Vineis ら <sup>38)</sup>	1990		case/control	骨髄腫患者 400例	有機溶剤、放射線、電磁界への暴露を調査
R. J. Black ら <sup>39)</sup>	1994	Scotland (Ra-226汚染)			O/E=1.08(2例)有意な増加は認められない。

表2 多発性骨髓腫による死亡の線量反応関係

疫学調査	集積線量(mSv)						time lag	trend test	subject size等	
	0-	10-	20-	50-	100-	200<				
Hanford (1993)	17/17.0	2/4.9		2/0.9	1/0.6	2/0.6	10年	1.99 (p=0.011)	1945-1989年 32,643人(26.2mSv)	
USA 4 facilities (2000)	Odds比 1.0 (83/341)	0.77 (5/31)		3.55 (3/7)	5.15 (7/12)				多発性骨髓腫：98例 対照群：391例 (45歳以上)	
3 countries (1995)	28/26.6	3/5.2	1/4.7	5/2.7	3/2.1	200- 2/1.9	400- 2/0.8	10年	1.87 (p=0.037)	US、UK、Canada 95,673人
日本 原子力施設 (2003)	1.00 (6)	0.00 (0)	0.00 (0)	3.63 (1)		4.22 (1)		0年	p=0.047	1991-1997年 119,484人(平均追跡 期間4.5年、15.3mSv)
BNF (1999)	0/1.3	0/0.8	2/1.5	3/1.2	1/1.1	200- 0/1.1	400< 2/1.0	10年 20年	1.44 2.53 (p=0.017)	1947-1992年 14,385人 (平均29.0年) 1,352,326mSv(total)
UK 原子力施設 (1999)	20/20.14	4/4.85	3/6.66	8/3.46	0/2.39	200- 3/1.70	400< 2/0.79		1.67 (p=0.059)	-1992年 124,743人(30.5mSv)
Hiroshima (1994)	<0.01(Gy) 29/30.43			0.01-4(Gy) 30/28.57 (fitness excess = 0.00)				(-)	1950-1987年 86,293人(4Gy>)	
UK Veterans (1988)	1.14	0	0	0		100< 0		10年	0.12 (-)	1951-1982年 22,552人(7.8mSv)

(表中: Observed/Expected)

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