Q How do we evaluate the results of epidemiological studies of EMF?

A Many factors need to be considered when determining whether an agent causes disease. An exposure that an epidemiological study associates with increased risk of a certain disease is not always the actual cause of the disease. To judge whether an agent actually causes a health effect, several issues are considered.

Strength of association

The stronger the association between an exposure and disease, the more confident we can be that the disease is due to the exposure being studied. With cigarette smoking and lung cancer, the association is very strong—20 times the normal risk. In the studies that suggest a relationship between EMF and certain rare cancers, the association is much weaker (see page 19 [of the booklet cited at the end of this document]).

Dose-response

Epidemiological data are more convincing if disease rates increase as exposure levels increase. Such dose-response relationships have appeared in only a few EMF studies.

Consistency

Consistency requires that an association found in one study appears in other studies involving different study populations and methods. Associations found consistently are more likely to be causal. With regard to EMF, results from different studies sometimes disagree in important ways, such as what type of cancer is associated with EMF exposure. Because of this inconsistency, scientists cannot be sure whether the increased risks are due to EMF or other factors.

Biological plausibility

When associations are weak in an epidemiological study, results of laboratory studies are even more important to support the association. Many scientists remain skeptical about an association between EMF exposure and cancer because laboratory studies thus far have not shown any consistent evidence of adverse health effects, nor have results of experimental studies revealed a plausible biological explanation for such an association.

Reliability of exposure information

Another important consideration with EMF epidemiological studies is how the exposure information was obtained. Did the researchers simply estimate people's EMF exposures based on their job titles or how their houses were wired, or did they actually conduct EMF measurements? What did they measure (electric fields, magnetic fields, or both)? How often were the EMF measurements made and at what time? In how many different places were the fields measured? More recent studies have included measurements of magnetic field exposure. Magnetic fields measured at the time a study is conducted can only estimate exposures that occurred in previous years (at the time a disease process may have begun). Lack of comprehensive exposure information makes it more difficult to interpret the results of a study, particularly considering that everyone in the industrialized world has been exposed to EMF.

Confounding

Epidemiological studies show relationships or correlations between disease and other factors such as diet, environmental conditions, and heredity. When a disease is correlated with some factor, it does not necessarily mean that the correlated factor causes the disease. It could mean that the factor occurs together with some other factor, not measured in the study, that actually causes the disease. This is called confounding. For example, a study might show that alcohol consumption is correlated with lung cancer. This could occur if the study group consists of people who drink and also smoke tobacco, as often happens. In this example, alcohol use is correlated with lung cancer, but cigarette smoking is a confounding factor and the true cause of the disease.

Statistical significance

Researchers use statistical methods to determine the likelihood that the association between exposure and disease is due simply to chance. For a result to be considered “statistically significant,” the association must be stronger than would be expected to occur by chance alone.

Meta-analysis

One way researchers try to get more information from epidemiological studies is to conduct a meta-analysis. A meta-analysis combines the summary statistics of many studies to explore their differences and, if appropriate, calculates an overall summary risk estimate. The main challenge faced by researchers performing meta-analyses is that populations, measurements, evaluation techniques, participation rates, and potential confounding factors vary in the original studies. These differences in the studies make it difficult to combine the results in a meaningful way.

Pooled analysis

Pooled analysis combines the original data from several studies and conducts a new analysis on the primary data. It requires access to the original data from individual studies and can only include diseases or factors included in all the studies, but it has the advantage that the same parameters can be applied to all studies. As with meta-analysis, pooled analysis is still subject to the limitations of the experimental design of the original studies (for example, evaluation techniques, participation rates, etc.). Pooled analysis differs from meta-analysis, which combines the summary statistics from different studies, not their original data.

From:
National Institute of Environmental Health Sciences (US). EMF. Electric and magnetic fields associated with the use of electric power. Questions & answers. Research Triangle Park (NC): National Institute of Environmental Health Sciences / National Institutes of Health; 2002. Available at http://www.niehs.nih.gov/emfrapid.