



HEALTH
PHYSICS
SOCIETY

RADIATION RISK IN PERSPECTIVE

POSITION STATEMENT OF THE HEALTH PHYSICS SOCIETY*

Adopted: January 1996

Revised: July 2010

Further revised: May 2016

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The Health Physics Society advises against estimating health risks to people from exposures to ionizing radiation that are near or less than natural background levels because statistical uncertainties at these low levels are great.

The average annual equivalent dose¹ from natural background radiation in the United States is about 3 mSv. A person might accumulate an equivalent dose from natural background radiation of about 50 mSv in the first 17 years of life and about 250 mSv during an average 80-year lifetime.

Substantial and convincing scientific data show evidence of health effects following high-dose exposures (many multiples of natural background). However, below levels of about 100 mSv above background from all sources combined, the observed radiation effects in people are not statistically different from zero.

Scientists evaluate and estimate radiation risk using several assumptions that, taken together, may lead to a range of hypothetical health risk estimates for any given exposure scenario.

For radiation protection purposes and for setting radiation exposure limits, current standards and practices are based on the questionable premise that any radiation dose, no matter how small, could result in detrimental

¹ Dose is a term used to express or quantify the amount of radiation a person or object has received. Equivalent dose to an organ or tissue is a quantity derived from the absorbed dose. Equivalent dose is used in radiation protection to relate absorbed dose to the probability of a stochastic radiation effect (cancer induction and hereditary changes) in that organ or tissue. The equivalent dose represents the sum of all of the contributions from radiations of different types multiplied by their respective radiation qualities.

health effects such as cancer or heritable genetic damage. Implicit in this linear no-threshold (LNT) hypothesis is the core assumption that detrimental effects occur proportionately with radiation dose received (NAS/NRC 2006). However, because of statistical uncertainties in biological response at or near background levels, the LNT hypothesis cannot provide reliable projections of future cancer incidence from low-level radiation exposures (NCRP 2001).

Molecular-level radiation effects are nonlinear

Studies show that dose-response relationships are typically nonlinear (Tubiana and Aurengo 2006; Tubiana et al. 2006). Substantial scientific data indicate that the LNT model of radiation effects oversimplifies the relationship between dose and response. Linearity at low dose may be rejected for a number of specific cancers, such as bone cancer, lymphoma, and chronic lymphocytic leukemia. Heritable genetic damage has not been observed in human studies.

Recent low-dose research indicates that biological response mechanisms such as DNA repair, bystander effects, and adaptive response modulate radiation-induced changes at the molecular level. Cellular transformation leading to carcinogenesis by mutation of genetic material appears to be a complicated, multistep process that is not reflected in the LNT model.

Radiogenic health effects have not been consistently demonstrated below 100 mSv

Due to large statistical uncertainties, epidemiological studies have not provided *consistent* estimates of radiation risk for whole-body equivalent doses less than 100 mSv. Underlying dose-response relationships at molecular levels appear mainly nonlinear. The low incidence of biological effects from exposure to radiation compared to the natural background incidence of the same effects limits the applicability of radiation risk coefficients at organ equivalent doses less than 100 mSv (NCRP 2012).

The references to 100 mSv in this position statement should not be construed as implying that health effects are well established for doses exceeding 100 mSv. Considerable uncertainties remain for stochastic effects of radiation exposure between 100 mSv and 1,000 mSv, depending upon the population exposed, the rate of exposure, the organs and tissues affected, and other variables. In addition, it is worth noting that epidemiological studies generally do not take into account the dose that occupationally or medically exposed persons incur as natural background; thus, the references to 100 mSv in this position statement should generally be interpreted as 100 mSv above natural background dose.

Dose-rate issues

Risk estimates commonly used to predict health effects in exposed individuals or populations are based primarily on epidemiological studies of Japanese atomic bomb survivors and other populations exposed to relatively high doses delivered at high dose rates. Animal, cellular, and molecular studies all demonstrate that at any level of biological organization, the responses following low-dose-rate exposure are less than observed after the same dose delivered at a high dose rate (Dauer et al. 2010). Epidemiological studies have not consistently demonstrated adverse health effects in persons exposed to small (less than 100 mSv) doses protracted over a period of many years.

Collective dose and radiation protection planning

A common approach in many circles, not recommended here, involves extrapolating the calculated risk derived at high doses to low-dose levels. Extrapolation may be convenient for setting radiation protection guidelines. However, when used prospectively to predict future risk to an exposed population, the multiplication of small risk coefficients by large population numbers leads inevitably to unsupportable claims of cancer risk from ionizing radiation (NCRP 1997, 2012).

Significant dosimetry uncertainties for individual subjects characterize most epidemiological studies. Actual doses and individual responses to radiation may be highly variable. It follows, therefore, that the collective population dose (the sum of individual whole-body equivalent doses expressed in units of person-sievert) is a highly uncertain number. Since the risk coefficient at low dose is uncertain, and the individual contributors to collective population dose are also uncertain, the resultant uncertainty is greater than each of the individual contributions—and should not be used with confidence to predict cancer incidence in an exposed population.

Equivalent dose is not defined for short-term deterministic effects

The concept of equivalent dose applies only to population group averages (reference models) for radiation protection purposes and not to biological risk for individual subjects. Since the radiation-weighting factors used to derive equivalent dose were developed only for stochastic effects, the equivalent dose is not applicable to deterministic biological effects. Therefore, equivalent dose should not be used for evaluating organ or tissue toxicity from radiation.

References

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*The Health Physics Society is a nonprofit scientific professional organization whose mission is excellence in the science and practice of radiation safety. Since its formation in 1956, the Society has represented the largest radiation safety society in the world, with a membership that includes scientists, safety professionals, physicists, engineers, attorneys, and other professionals from academia, industry, medical institutions, state and federal government, the national laboratories, the military, and other organizations. Society activities include encouraging research in radiation science, developing standards, and disseminating radiation safety information. Society members are involved in understanding, evaluating, and controlling the potential risks from radiation relative to the benefits. Official position statements are prepared and adopted in accordance with standard policies and procedures of the Society. The Society may be contacted at 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101; phone: 703-790-1745; fax: 703-790-2672; email: HPS@BurkInc.com.