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COhort Study on MObile Phone UserS (Cosmos)

Feasibility Study for a Prospective Cohort Study on the Use of Mobile Phones

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COSMOS Study



COhort Study on MObile Phone dkfz.







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History (1)



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1998/99 feasibility study for epidemiological studies after

recommendation of IARC e.g. Germany

12./13. Nov. 1999

International Workshop in Heidelberg

Recommendation:

The participants recommended that the planned international case-control study should proceed but with tempered enthusiasm because of the restriction to a short induction time. ... Most participants **favoured cohort studies** though some criticized the large costs they would require.

> Start of the Interphone-Study (15.10.2000)



History (2)



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2002/03	feasibility study for a	prospective Cohort study

in UK and Sweden

Juni 2003 Revision of the WHO "Research Agenda"

→ high priority of the cohort study

2003/04 SSK recommendation priority III

re-evaluation after public hearing

> Start of the German feasibility study (COSMOS)

COSMOS Study





Pro and Cons of a "cohort study"?



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Advantages:

Follow up for a variety of diseases

Problems:

- Costly for rare diseases
- Costly for diseases with long latency periods
- Mixing of cohorts

Retrospective cohort:

Historical database needs to be available



International Cohort Study of Mobile Phone Use and Health (1)





Aim: Set up a cohort of 250,000 mobile phone users aged 18 and above in up to five countries (D, Dk, Fin, Swe, UK), based on stratified samples of subscribers

Design: Prospective cohort study, internal comparisons by amount of mobile phone use

Major endpoints:

- Tumours of the brain and meninges
- Acoustic neuromas, salivary gland tumours and leukaemia
- Alzheimer, ALS, MS, Parkinson
- Cerebrovascular disease
- Changes in prevalence of specified symptoms evaluated with validated scales [headache, sleep disorder, depressive symptoms, tinnitus]



International Cohort Study of Mobile Phone Use and Health (2)





• Follow up:

- Initial phase of five years
- active or passive follow up thereafter for up to 25 years

• Exposure assessment:

- Self-administered questionnaire,
- repeated in year 4,
- accompanied by annual downloads of 3-month traffic data from network operators



Feasibility Study "COSMOS" Germany



01.08.2004-31.05.2005

Aim

Examination whether and under which condition a prospective cohort study on mobile phone users in Germany within an international frame will be possible.



Construction of the Cohort (1) dkfz.

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Requests:

- Checking of Net Providers' registration lists on structure and contents of data
- International harmonizing of exposition classification
- Elaboration of data protection issues
- Elaboration of inclusion criteria
- Checking if inclusion criteria are practicable





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- Contact to all Net Providers:
 - T-Mobile
 - Vodafone
 - E-Plus
 - O^2
- Residents' Registration office









- Evaluation of the Registration list of the Net providers
 - Contact to the Net providers
 - Structure of data and their content
 - Issues of data protection
 - Mechanism of selection
- General population
 - Mechanism of selection



Construction of the Cohort (4)





Requests on data from NET Providers:

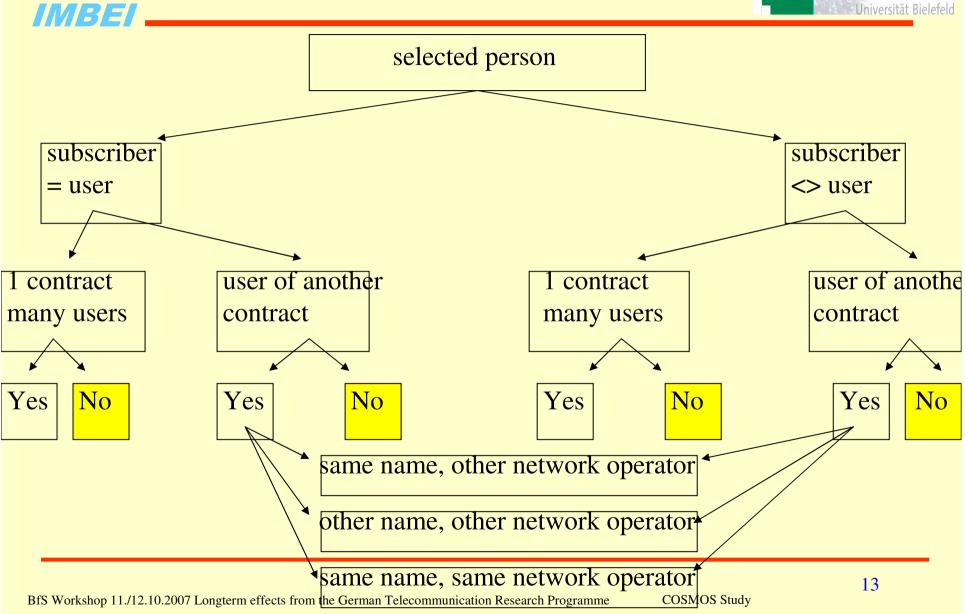
- Stability of the cohort members over time
- By exposition and, if applicable, random selection stratified by age and gender
- Classification of Exposure (low, middle, high)
 - based on average duration of phone use per month in minutes
 - based on number of calls per month





Who could be proband?







Exposure data:







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- Type of mobile phone
- Frequency and duration of calls (incoming / outgoing)
- Use of mobile phones according to contract type
- Duration of storage of data on incoming and outgoings calls,
 SMD, etc. (every 3-month and yearly)
- Administration of data
- Use and handling of data
- If possible, localisation of base station first contacted
- Demographic data
- Data available at the begin of the study and at the follow-up



Data Protection Issues





- Contact to data protection authorities
- Conditions of the Net Providers
- Ethic committees (local)
- Uniform "informed consent"



Questionnaire





- English version is available
 - Check of validity and comprehensibility has been performed by UK and Sweden
- Check if feasible in Germany
- Elaboration of supplements and modifications
- Informed consent
- Procedure of data collection



Procedure of the Pilot Study



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Aim: Evaluation of the response behaviour

- Performing Pilot study 1
 - -1000 Persons per Net Providers
 - -1000 Persons based on data of the residents registration offices
 - Selection of a random sample of 1000 probands
 - Collection of relevant exposure data from Net Provider data bases
 - Contacting probands
 - Disseminating and return of questionnaire
 - Definition of the study region for follow-up



Pilot Study 1





- Disseminating of letters of invitation 2./3. March
 - 1000 letters per net provider
 - 1000 letters from IMBEI
 - 500 Data of the Net Providers
 - 500 Without data of the Net Providers
- Return closed on 2. May 2005
- Scan-System used for data input
- Validation by manual input
- Data analyses started 6. May 2005





Result: Participation rate



M	B	E	
 			•

	N1	N2	N3	N4	Inhab. without net data	Inhab. with net data	All Inhab. w. Handy
disseminated	1000	1000	1000	1000	500	500	
Not deliverable	15	208	9	0	84	79	
deliverable	985	792	991	1000	416	421	
No Reaction	904	729	917	940	326	332	
%	91.8	92.0	92.5	94.0	78.4	78.9	
Reaction received	81	63	74	60	90	89	121
%	8.2	8.0	7.5	6.0	21.6	21.1	14.5
Consent	51	42	53	45	59	46	77
%	5.2	5.3	5.3	4.5	14.2	10.9	9.2





Result: Data collection procedure



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Network Providers (selection, mobile phone use)

Germany

no incoming calls

Questionnaire (mobile phone use, health status, etc.)

international
core questionnaire
national
additional questions

Germany

Register (health status)

cancer registry
major causes of death
hospital registries



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Pilotstudie 2

Check of cell phone out put power under various conditions like:

- different size of communities
- standing, walking, moving in a car



Result: Pilotstudie 2





- 4 locations (repeated measurements)
- No influence: weekday and time of the day
- Influence of moving is dependant of the density of available nets and of the density of the population
- Power is increased in regions with lower population density
- Position of the base station is influencing the power output when moving







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Summary of the feasibility studies

and

Recommendation for a prospective cohort study



Criteria for selection





• Germany:

Study should be performed only in special regions of Germany

- only inhabitants of Rhineland-Palatinate and Saarland
 - (cancer register: completeness)
- only post-paid-subscribers
- no contract made for a company
- only <u>one</u> contract
- formation of equally sized groups
 - age groups ,18-49' and ,50-69'
 - sex
 - exposure minutes of calls (5 minutes per day)



Possible Time Table



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- Begin: June 2005
- 1. Sending of questionnaire: 2005-2006
- 2. Sending of questionnaire: 2009
- In-between evaluation of symptoms: 2010
- Comparison of mortality and incidence data: 2010
- Final evaluation (5 year-Follow-up): 2011
- Yearly exposure data from the Net Providers till 2010



Result: Pilotstudie 1





- Letters disseminated by the net providers
 - 4000 disseminated
 - According to net provider different numbers of undeliverable letters (0-200)
 - Response rate:
 - 4.2%-5.8% respondents
 - 3.2%-3.9% consent for participation
- Letters disseminated by IMBEI
 - 1000 disseminated
 - Response rate:
 - 18.4 % respondents
 - 10.8 % consent for participation











- Contruction of cohort
 - Net providers
 - Residents' registration office
- Recording of Exposure
 - Questionnaire
 - Net provider (Validation)
- Questionnaire
 - International "Core"-Questionnaire will be newly established
 - Supplementation for Germany
- Follow-up
 - Mortality
 - Morbidity (cancer registry if possible, questionnaire otherwise)







































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The feasibility of the study in general was investigated:

- Problem: Participation rate was too small (5% 12%)
- Exposure assessment very complicate
- High selection bias
- No complete endpoint evaluation possible for most of the diseases

We do not recommend to participate in the International Study.