

Georgian Individual Risks of Radon Induced Lung Cancer

Jing Chen^{1*}, Nodar Kekelidze², Teimuraz Jakhutashvili², Gia Kajaia²,
Eremia Tulashvili², Mariam Elizbarashvili² and Manana Chkhaidze²

¹Radiation Protection Bureau, Health Canada, 2720 Riverside Drive, Ottawa K1A 0K9, Canada

²Material Research Institute, Iv. Javakhsishvili Tbilisi State University, 13 Av. Chavchavadze, 0179 Tbilisi, Georgia

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This study evaluates individual risks for the Georgian population exposed to indoor radon at different radon concentrations and for different periods of their lives. Based on the BEIR VI risk model modified by U. S. Environmental Protection Agency, individual risks of radon induced lung cancers are calculated using the European Group B age-specific rates for overall and lung cancer mortalities in 2004 as well as the Georgian smoking prevalence data in 2001. For the first time, convenient tables of lifetime relative risks are constructed for lifetime exposures, short exposures between any two age intervals from 0 to 110, and for various radon concentrations found in homes from 25 to 400 Bq/m³. The risk of developing lung cancer from residential radon exposure increases with radon concentration and exposure duration. The detailed tables can help radiation protection practitioners to better communicate indoor radon risks to members of the public.

Key words: radon-222, lung cancer, indoor radon, radon exposure

1. Introduction

Radon is a naturally occurring radioactive gas. Radon and its short-lived progenies in the atmosphere are the most significant contributors to human exposure from natural sources^{1,2}. When inhaled, radon can cause mutations in lung tissue. Long-term exposure to radon has been associated with an increased risk of developing lung cancer, even at concentrations commonly found in the indoor environment³. Recent studies on indoor radon exposure and lung cancer incidence in Asia⁴, Europe⁵ and North America⁶ provided strong evidence that radon causes a substantial number of lung cancers in the general population.

In recent years, there has been increased interest in the

exposure of the general population to radon in Georgia. There are limited field studies on radon levels in some regions of Georgia⁷. Georgia has complex geological structure where a wide range of radon concentration can be expected. To better communicate indoor radon risks to members of the public, detailed risk tables covering such wide range of radon concentrations are needed for the Georgian population. Exposures for short periods of time are also of practical interest since exposure to elevated levels of radon may occur and end at any age. To meet this demand, risk tables have been generated using the most recent risk model and the most recent statistical data for Georgians.

2. Methods

The calculations are based on the risk model developed by U. S. Environmental Protection Agency (EPA)⁸. The EPA radon risk model is a modified model of the National Research Council, Biological Effects of Ionizing Radiations

*Jing Chen: Radiation Protection Bureau, Health Canada,
2720 Riverside Drive, Ottawa K1A 0K9, Canada
E-mail: jing.chen@hc-sc.gc.ca

(BEIR) VI committee⁹). The EPA model is a single model which gives risk values midway between those obtained from the two BEIR VI preferred models. In summary, the mathematical form of the EPA model for the excess relative risk (*ERR*) at a given age, e_a , is described as

$$e_a = \beta W^* \phi_{age}(a) \tag{1}$$

where a is age in years. The parameter $\beta (=0.0634)$ represents the slope of the exposure- risk relationship. For a given radon concentration, the total exposure, W^* , can be calculated as the weighted summation of three time-since-exposure windows, namely 5-14, 15-24, and 25 or more years before age a . Exposure in the last 5 years is not biologically relevant to cancer risk.

$$W^* = W_{5-14} + \theta_{15-24} W_{15-24} + \theta_{25+} W_{25+} \tag{2}$$

W_{5-14} is the exposure incurred between 5 and 14 yr before age a ; W_{15-24} the exposure incurred between 15 and 24 yr before age a ; and W_{25+} the exposure incurred 25 yr or more before age a . $\theta_{15-24} (=0.78)$ and $\theta_{25+} (=0.51)$ represent the weights of the 15-24 and ≥ 25 time-since-exposure windows. The parameter $\phi_{age}(a)$ describes the decrease of excess relative risk with increasing age. The continuous function of $\phi_{age}(a)$ given by the EPA is used in the current calculations.

The formulae for the calculation of lifetime relative risk of lung cancer are described in the BEIR IV report¹⁰. To calculate the probability of dying of lung cancer, suppose q_a is the probability of surviving year a when all causes are acting on surviving through year $a-1$; h_a^* is the mortality rate due to all causes; and h_a is the lung cancer mortality rate at year or age a . Then, the probability surviving year a is $q_a = \exp(-h_a^* a)$, and the probability of death in year a is $1 - q_a$. The probability of surviving up to age a is the

$$\text{product of surviving each prior year: } q_1 \times q_2 \times \dots \times q_{a-1} = \prod_{k=1}^{a-1} q_k.$$

The probability of surviving up to age a and dying at age a is then $\prod_{k=1}^{a-1} q_k (1 - q_a)$. Multiplying by the proportion of the

cause of lung cancer among all causes, the probability of surviving up to age a and dying of lung cancer at age a is

$$\frac{h_a}{h_a^*} \prod_{k=1}^{a-1} q_k (1 - q_a).$$

The lifetime probability of lung cancer mortality is the summation over all years where maximum life is assumed to be 110 years:

$$R_0 = \sum_{a=1}^{110} \frac{h_a}{h_a^*} \prod_{k=1}^{a-1} q_k (1 - q_a) = \sum_{a=1}^{110} \frac{h_a}{h_a^*} \prod_{k=1}^{a-1} \exp(-h_k^*) (1 - \exp(-h_a^*)) \tag{3}$$

The additional risk of lung cancer due to exposure to

Table 1. Overall mortality rates and lung cancer mortality rates per 10,000 in 2004 for regional category of EUR-B⁽¹⁾

Age	Male		Female	
	All causes	Lung cancer	All causes	Lung cancer
0-4	98.56	0.02	81.31	0.00
5-14	4.97	0.01	3.35	0.01
15-29	12.78	0.08	5.79	0.02
30-44	28.59	1.05	14.26	0.33
45-59	103.82	9.18	49.55	1.80
60-69	311.64	29.20	164.38	4.22
70-79	676.68	38.86	455.26	6.74
80+	1570.68	35.44	1352.95	6.50

Table 2. Member states in regional category of EUR-B⁽¹⁾

Regional Category	Member States
EUR B	Albania Armenia Azerbaijan Bosnia and Herzegovina Bulgaria Georgia Kyrgyzstan Montenegro Poland Romania Serbia Slovakia Tajikistan The former Yugoslav Republic of Macedonia Turkey Turkmenistan Uzbekistan

radon is incorporated into the risk calculation of Equation (3) through the age-specific lung cancer mortality rates. The lung cancer mortality rate for an exposed individual is $h_a (1 + e_a)$, and the overall mortality rate is $h_a^* + h_a e_a$, where e_a is the excess relative risk at age a as given in Equation (1).

In the present of radon exposure, the probability of surviving year a becomes $\exp(-(h_a^* + h_a e_a))$, and the probability of death at age a is $[1 - \exp(-(h_a^* + h_a e_a))]$. The probability of surviving up to age a is the product of surviving each prior year from 1 to $a - 1$, i.e. $\prod_{k=1}^{a-1} \exp(-(h_k^* + h_k e_k))$. The probability

of surviving up to age a and dying at age a is then

$$\prod_{k=1}^{a-1} \exp(-(h_k^* + h_k e_k)) [1 - \exp(-(h_a^* + h_a e_a))].$$

Corresponding to Equation (3), multiplying by the proportion of lung cancer among all causes $\frac{h_a (1 + e_a)}{h_a^* + h_a e_a}$ and summing over the lifespan

of 110 years, the lifetime probability of lung cancer for an individual with excess risk profile e_1, e_2, \dots, e_{110} is:

Table 3. Smoking prevalence rates, results of 2001 survey¹²⁾

Age	Males		Females	
	Ever-smoker	Never-smoker	Ever-smoker	Never-smoker
18-29	64.9	35.1	8.1	91.9
30-39	69.2	30.8	13.0	87.0
40-49	66.0	34.0	9.1	90.9
50-59	61.1	38.9	3.4	96.6
≥ 60	48.4	51.6	3.4	96.6

Table 4. Estimated Lifetime risks R_e and lifetime relative risks LRR of lung cancer for lifetime exposure at various radon concentrations

Exposure ^a Bq/m ³	Males						Females					
	Population		Non-smokers		Smokers		Population		Non-smokers		Smokers	
	R_e	LRR	R_e	LRR	R_e	LRR	R_e	LRR	R_e	LRR	R_e	LRR
0	0.0547	1.000	0.0075	1.000	0.096	1.000	0.0125	1.000	0.0088	1.000	0.099	1.000
25	0.0596	1.090	0.0088	1.169	0.103	1.075	0.0136	1.088	0.0102	1.163	0.106	1.073
50	0.0645	1.180	0.0100	1.338	0.111	1.150	0.0147	1.177	0.0117	1.325	0.113	1.145
100	0.0742	1.357	0.0126	1.676	0.125	1.296	0.0169	1.353	0.0146	1.649	0.127	1.287
150	0.0837	1.532	0.0151	2.012	0.139	1.440	0.0192	1.529	0.0174	1.972	0.141	1.426
200	0.0932	1.705	0.0176	2.347	0.152	1.580	0.0213	1.704	0.0202	2.294	0.155	1.563
300	0.1117	2.043	0.0226	3.014	0.178	1.852	0.0257	2.053	0.0259	2.934	0.181	1.829
400	0.1296	2.372	0.0276	3.676	0.203	2.112	0.0301	2.400	0.0315	3.570	0.206	2.084
600	0.1642	3.004	0.0374	4.988	0.250	2.601	0.0387	3.089	0.0426	4.829	0.254	2.567
800	0.1969	3.603	0.0471	6.282	0.293	3.049	0.0473	3.772	0.0536	6.071	0.298	3.015
1000	0.2280	4.171	0.0567	7.558	0.333	3.461	0.0557	4.447	0.0644	7.296	0.339	3.431

^aExposures are presented by concentrations in Bq/m³ assuming to be constant for home occupancy at the 70% level and 40% equilibrium between radon and its progeny.

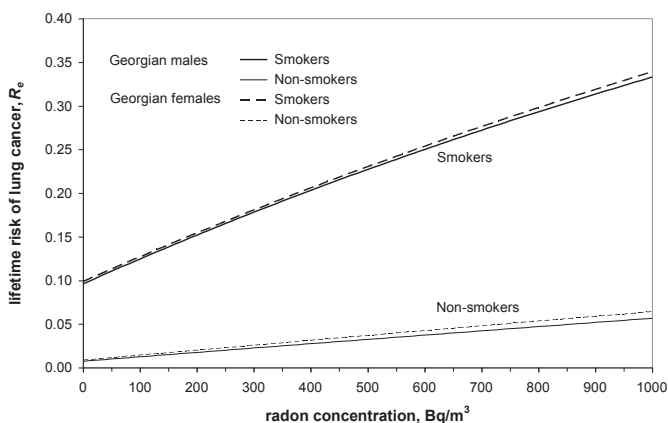


Fig. 1. Lifetime risk of lung cancer for Georgian males and females based on the EPA model and a submultiplicative interaction between smoking and exposure to radon progeny.

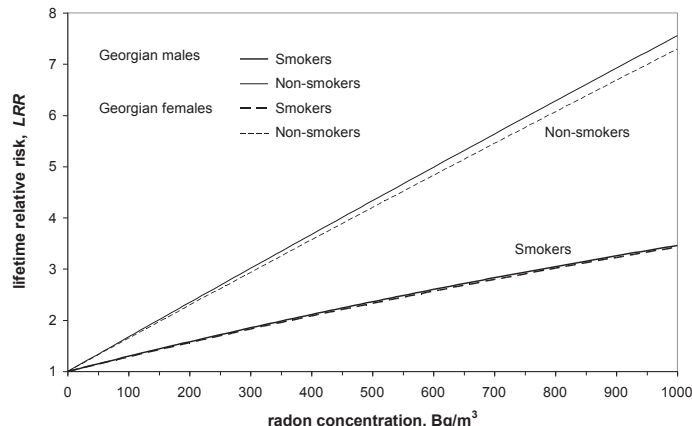


Fig. 2. Lifetime relative risk of lung cancer for Georgian males and females based on the EPA model and a submultiplicative interaction between smoking and exposure to radon progeny.

$$R_e = \sum_{a=1}^{110} \frac{h_a (1 + e_a)^{a-1}}{h_a^* + h_a e_a} \prod_{k=1}^{a-1} \exp(-h_k^* + h_k e_k) [1 - \exp(-(h_a^* + h_a e_a))] \quad (4)$$

where R_e is the lifetime risk of lung-cancer under a given radon exposure profile.

The computation of lifetime risk depends on the choice of the background age-specific lung-cancer and overall mortality rates, h_a and h_a^* . This study uses European Group B age-specific mortality rates¹¹⁾ in 2004 as given in Table 1. Georgia belongs to the European Group B in the WHO regional categories, as shown in Table 2.

Lifetime relative risk (LRR) is defined as $LRR = R_e/R_0$, where R_e is the lifetime risk of lung-cancer under a given exposure pattern (Equation 4) and R_0 is the baseline risk (Equation 3), i.e. the lifetime risk of lung cancer when exposed to background radon level, the outdoor radon level. The LRR describes the proportional increment in lung-cancer risk posed by indoor radon exposure beyond the background level of exposures from outdoor air. Individual risks of radon induced lung cancers for different exposure profiles are estimated in terms of LRR .

As in the BEIR VI report, it is accepted that smoking and radon exposure combine in a fashion that is sub-

Table 5. Lifetime relative risk (*LRR*) by age exposure started and age exposure ends for Georgian male smokers

Age (yr) exposure started	Age (yr) exposure ends									
	10	20	30	40	50	60	70	80	110	
radon concentration = 25 Bq/m ³										
0	1.012	1.021	1.032	1.045	1.059	1.070	1.074	1.075	1.075	
10		1.011	1.023	1.036	1.049	1.060	1.065	1.066	1.066	
20			1.012	1.025	1.039	1.049	1.054	1.055	1.055	
30				1.013	1.027	1.037	1.042	1.043	1.043	
40					1.014	1.024	1.029	1.030	1.030	
50						1.011	1.015	1.016	1.016	
60							1.005	1.006	1.006	
radon concentration = 50 Bq/m ³										
0	1.024	1.041	1.064	1.090	1.117	1.138	1.148	1.149	1.150	
10		1.022	1.045	1.071	1.098	1.119	1.129	1.131	1.131	
20			1.023	1.050	1.077	1.075	1.084	1.086	1.086	
30				1.026	1.054	1.146	1.165	1.170	1.170	
40					1.027	1.048	1.058	1.060	1.060	
50						1.021	1.031	1.033	1.033	
60							1.010	1.011	1.012	
radon concentration = 100 Bq/m ³										
0	1.047	1.082	1.128	1.180	1.223	1.274	1.292	1.296	1.296	
10		1.044	1.090	1.142	1.195	1.237	1.255	1.259	1.259	
20			1.047	1.099	1.153	1.194	1.213	1.216	1.217	
30				1.053	1.107	1.149	1.167	1.171	1.172	
40					1.055	1.097	1.116	1.119	1.120	
50						1.042	1.061	1.065	1.066	
60							1.019	1.023	1.024	
radon concentration = 200 Bq/m ³										
0	1.094	1.163	1.254	1.355	1.459	1.537	1.572	1.579	1.580	
10		1.087	1.178	1.281	1.385	1.465	1.501	1.508	1.509	
20			1.093	1.197	1.303	1.383	1.419	1.426	1.427	
30				1.105	1.212	1.294	1.331	1.338	1.339	
40					1.109	1.192	1.229	1.236	1.237	
50						1.084	1.122	1.129	1.131	
60							1.038	1.046	1.047	
radon concentration = 400 Bq/m ³										
0	1.187	1.322	1.498	1.693	1.889	2.035	2.098	2.110	2.112	
10		1.172	1.353	1.551	1.751	1.900	1.966	1.978	1.980	
20			1.184	1.388	1.593	1.746	1.813	1.826	1.828	
30				1.209	1.419	1.576	1.645	1.658	1.661	
40					1.216	1.378	1.450	1.463	1.466	
50						1.168	1.242	1.256	1.258	
60							1.076	1.091	1.093	

multiplicative on the relative-risk scale, i.e., less than the anticipated effect if the joint effect were the product of the risks from radon and smoking individually, but more than if the joint effect were the sum of the two individual risks. It is further assumed that smoking-induced lung cancer has a 10 year latent period and the relative risks for smokers compared with that for non-smokers are approximately 14 for males and 12 for females. In the adjustment of age-specific lung cancer mortality rates to reflect smoking status, Georgian age-specific smoking prevalence data for males and females in 2001 are used¹²⁾. The average age of smoking commencement is assumed to be 18 among Georgians, as shown in Table 3.

3. Results and Discussion

Lifetime risks and lifetime relative risks for lifetime exposure at various radon concentrations are given in Table 4. The first row of Table 4 gives the baseline risks without additional indoor radon exposure, i.e., $R_e = R_o$ and $LRR=1$. The risks are given for males and females and for smokers and non-smokers. The results under the "population" heading are the risks for a general population without any smoking effect adjustment. The population risk can be used to estimate the risk for people with unknown smoking status. Because the European Group B age-specific mortality rates were used in the risk calculation, the population lifetime risks and lifetime relative risks are not Georgian specific and are applicable to the population in various countries of the European Group B.

Table 6. Lifetime relative risk (*LRR*) by age exposure started and age exposure ends for Georgian male nonsmokers

Age (yr) exposure started	Age (yr) exposure ends								
	10	20	30	40	50	60	70	80	110
	radon concentration = 25 Bq/m ³								
0	1.012	1.047	1.073	1.102	1.132	1.156	1.167	1.169	1.169
10		1.025	1.051	1.080	1.110	1.133	1.144	1.147	1.147
20			1.026	1.055	1.084	1.109	1.119	1.122	1.122
30				1.029	1.059	1.083	1.094	1.096	1.096
40					1.030	1.054	1.065	1.067	1.067
50						1.024	1.035	1.037	1.037
60							1.011	1.013	1.014
	radon concentration = 50 Bq/m ³								
0	1.024	1.095	1.146	1.204	1.264	1.312	1.333	1.338	1.338
10		1.050	1.101	1.159	1.220	1.267	1.289	1.293	1.294
20			1.052	1.110	1.170	1.217	1.239	1.243	1.244
30				1.058	1.118	1.166	1.187	1.192	1.193
40					1.060	1.108	1.129	1.134	1.135
50						1.047	1.069	1.073	1.074
60							1.022	1.026	1.027
	radon concentration = 100 Bq/m ³								
0	1.047	1.189	1.292	1.408	1.528	1.622	1.665	1.674	1.676
10		1.100	1.203	1.319	1.439	1.533	1.576	1.585	1.587
20			1.103	1.219	1.339	1.436	1.477	1.486	1.487
30				1.116	1.237	1.331	1.374	1.383	1.385
40					1.121	1.215	1.259	1.267	1.269
50						1.095	1.138	1.147	1.149
60							1.044	1.052	1.054
	radon concentration = 200 Bq/m ³								
0	1.094	1.378	1.583	1.814	2.054	2.241	2.327	2.344	2.347
10		1.199	1.405	1.636	1.876	2.063	2.149	2.166	2.170
20			1.206	1.438	1.678	1.865	1.952	1.969	1.972
30				1.232	1.473	1.661	1.747	1.765	1.768
40					1.241	1.430	1.516	1.534	1.537
50						1.189	1.276	1.293	1.297
60							1.087	1.105	1.108
	radon concentration = 400 Bq/m ³								
0	1.187	1.755	2.164	2.622	3.097	3.466	3.636	3.669	3.676
10		1.399	1.808	2.268	2.744	3.115	3.286	3.319	3.326
20			1.411	1.873	2.351	2.723	2.894	2.928	2.935
30				1.464	1.943	2.317	2.489	2.523	2.530
40					1.482	1.857	2.030	2.064	2.071
50						1.377	1.551	1.585	1.593
60							1.174	1.209	1.216

The calculated risks for smokers and non-smokers are specific to Georgian males and females, because Georgian age-specific smoking prevalence data were used in the calculation. Lifetime risks of radon induced lung cancer are given in Figures 1 for lifetime exposures at different radon levels for Georgian males and females, respectively. The lifetime risks of lung cancer are much higher for smokers than for non-smokers. As shown in Figure 1, the lifetime risks of Georgian females are slightly higher than that of Georgian males at various radon concentrations.

As indicated in the BEIR IV report, lifetime relative risk is the most suitable risk quantity to characterize individual risks of lung cancer. Due to significantly different baseline risks (lifetime risks, R_0) for smokers and non-smokers, the lifetime relative risks are much higher for non-smokers than for smokers, as demonstrated in Figure 2. At various radon

concentrations, Georgian women have slightly lower *LLRs* than Georgian men for both smokers and non-smokers.

It is of practical interest to determine the relative risks for shorter exposure periods between two selected ages, when exposure started and ended. Detailed tables of *LRRs* are generated for various exposure periods. Tables 5 and 6 are the *LRRs* for Georgian male ever-smokers and never-smokers, respectively. The *LRRs* for Georgian female ever-smokers and never-smokers are given in tables 7 and 8, respectively. All tables are given by ages when exposure started and exposure ended for various radon concentrations from 25 to 400 Bq/m³. The tables are easy to use. For example, if a man who never smoked lived in a house from age 10 to 30 at a radon concentration of 400 Bq/m³, his relative lifetime risk of lung cancer is estimated to be 1.808 which is 81% higher than the baseline risk (Table 6, the cell

Table 7. Lifetime relative risk (*LRR*) by age exposure started and age exposure ends for Georgian female smokers

Age (yr) exposure started	Age (yr) exposure ends								
	10	20	30	40	50	60	70	80	110
radon concentration = 25 Bq/m ³									
0	1.012	1.020	1.031	1.044	1.057	1.066	1.071	1.072	1.073
10		1.011	1.022	1.035	1.048	1.057	1.062	1.063	1.064
20			1.011	1.024	1.037	1.047	1.052	1.053	1.053
30				1.013	1.026	1.035	1.040	1.042	1.042
40					1.013	1.023	1.028	1.029	1.029
50						1.010	1.015	1.016	1.016
60							1.005	1.006	1.006
radon concentration = 50 Bq/m ³									
0	1.023	1.040	1.062	1.087	1.113	1.132	1.142	1.144	1.145
10		1.021	1.043	1.069	1.095	1.114	1.124	1.126	1.126
20			1.023	1.048	1.074	1.093	1.103	1.105	1.106
30				1.026	1.052	1.071	1.081	1.083	1.084
40					1.026	1.045	1.055	1.058	1.058
50						1.019	1.029	1.031	1.032
60							1.010	1.012	1.013
radon concentration = 100 Bq/m ³									
0	1.046	1.079	1.123	1.174	1.225	1.262	1.281	1.286	1.287
10		1.042	1.087	1.137	1.189	1.226	1.245	1.250	1.251
20			1.045	1.096	1.147	1.185	1.204	1.209	1.210
30				1.051	1.103	1.141	1.160	1.165	1.166
40					1.052	1.090	1.110	1.115	1.116
50						1.038	1.058	1.063	1.064
60							1.020	1.025	1.026
radon concentration = 200 Bq/m ³									
0	1.092	1.157	1.245	1.343	1.443	1.515	1.552	1.561	1.563
10		1.084	1.172	1.272	1.373	1.445	1.482	1.491	1.493
20			1.090	1.190	1.292	1.365	1.403	1.412	1.414
30				1.102	1.205	1.279	1.317	1.326	1.328
40					1.104	1.179	1.218	1.227	1.230
50						1.080	1.115	1.125	1.127
60							1.040	1.049	1.052
radon concentration = 400 Bq/m ³									
0	1.185	1.311	1.482	1.672	1.862	1.996	2.064	2.080	2.084
10		1.167	1.341	1.534	1.728	1.865	1.934	1.951	1.955
20			1.178	1.376	1.573	1.713	1.785	1.802	1.806
30				1.202	1.404	1.547	1.621	1.638	1.642
40					1.208	1.354	1.430	1.448	1.452
50						1.151	1.229	1.247	1.252
60							1.079	1.098	1.103

with row of age 10 and column of age 30 under heading of 400 Bq/m³).

It should be mentioned that the slope of the exposure-risk relationship in Equation (1) is a center estimate from combination of various case-control studies. It is an estimate averaged over several populations in the world. The uncertainty could be large when applying the population estimate to individuals. Radon risks presented here are the best estimates based on current knowledge and subject to large uncertainties for individuals.

4. Conclusions

For lifetime exposures, results for Georgian individuals demonstrate a pattern similar to the one in the BEIR VI report for the US population. The risk of developing lung

cancer from residential radon exposure increases with radon concentration and exposure duration. Because Georgian age-specific mortality rates and smoking prevalence data are used, lifetime risks of radon induced lung cancer presented here are estimates for Georgian individuals either as smokers or non-smokers. They are the best estimates based on current knowledge, however, subject to large uncertainties for individuals. The detailed tables can help radiation protection practitioners to better communicate indoor radon risks to members of the public.

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Table 8. Lifetime relative risk (*LRR*) by age exposure started and age exposure ends for Georgian female nonsmokers

Age (yr) exposure started	Age (yr) exposure ends									
	10	20	30	40	50	60	70	80	110	
radon concentration = 25 Bq/m ³										
0	1.012	1.044	1.069	1.096	1.127	1.148	1.159	1.162	1.163	
10		1.024	1.048	1.077	1.106	1.127	1.138	1.141	1.142	
20			1.025	1.053	1.082	1.104	1.115	1.118	1.118	
30				1.028	1.057	1.079	1.090	1.093	1.093	
40					1.029	1.050	1.062	1.064	1.065	
50						1.021	1.033	1.035	1.036	
60							1.011	1.014	1.015	
radon concentration = 50 Bq/m ³										
0	1.023	1.089	1.139	1.195	1.253	1.296	1.318	1.324	1.325	
10		1.047	1.097	1.153	1.211	1.254	1.276	1.282	1.283	
20			1.050	1.106	1.165	1.207	1.230	1.235	1.237	
30				1.057	1.115	1.157	1.180	1.185	1.187	
40					1.058	1.101	1.123	1.129	1.130	
50						1.043	1.065	1.071	1.072	
60							1.023	1.028	1.030	
radon concentration = 100 Bq/m ³										
0	1.046	1.177	1.277	1.390	1.506	1.590	1.635	1.646	1.649	
10		1.094	1.194	1.307	1.423	1.507	1.552	1.563	1.566	
20			1.100	1.213	1.329	1.414	1.458	1.469	1.473	
30				1.113	1.229	1.314	1.359	1.370	1.373	
40					1.116	1.201	1.246	1.257	1.260	
50						1.085	1.130	1.141	1.144	
60							1.045	1.056	1.059	
radon concentration = 200 Bq/m ³										
0	1.092	1.354	1.553	1.778	2.009	2.177	2.266	2.288	2.294	
10		1.188	1.387	1.612	1.843	2.012	2.101	2.123	2.129	
20			1.199	1.425	1.656	1.825	1.915	1.937	1.943	
30				1.226	1.458	1.627	1.717	1.739	1.745	
40					1.232	1.402	1.492	1.514	1.520	
50						1.170	1.260	1.282	1.289	
60							1.090	1.112	1.118	
radon concentration = 400 Bq/m ³										
0	1.185	1.708	2.104	2.550	3.007	3.340	3.515	3.558	3.570	
10		1.376	1.773	2.221	2.679	3.013	3.189	3.232	3.244	
20			1.399	1.848	2.309	2.644	2.821	2.864	2.876	
30				1.451	1.914	2.250	2.428	2.472	2.483	
40					1.464	1.803	1.981	2.025	2.037	
50						1.340	1.519	1.563	1.575	
60							1.180	1.224	1.236	

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References

1. United Nations Scientific Committee on the Effects of Atomic Radiation (2000) Sources and effects of ionizing radiation. Volume I: sources. ISBN 92-1-142238-8. United Nations, New York.
2. United Nations Scientific Committee on the Effects of Atomic Radiation (2009) Effects of ionizing radiation. Volume I: Sources-to-effects assessment for radon in homes and workplaces. ISBN 978-92-1-142263-4. United Nations, New York.
3. The World Health Organization (2009) WHO Handbook on Indoor Radon. ISBN 978-92-4-154767-3, 2009. Available at: http://whqlibdoc.who.int/publications/2009/9789241547673_eng.pdf.
4. Lubin J.H. Wang Z.Y. Boice J.D. Xu Z.Y. Blot W.J. Wang L. Kleinerman R.A. (2004) Risk of lung cancer and residential radon in China: pooled results of two studies. *Int J Cancer*, 109:132-137.
5. Darby S. Hill D. Auvinen A. Barros-Dios J.M. Baysson H. Bochicchio F. Deo H. Falk R. Forastiere F. Hakama M. Heid I. Kreienbrock L. Kreuzer M. Lagarde F. Makelainen I. Muirhead C. Oberaigner W. Pershagen G. Ruano-Ravina A. Ruosteenoja E. Rosario A.S. Tirmarche M. Tomasek L. Whitley E. Wichmann H.E. Doll R. (2005) Radon in homes and risk of lung cancer: collaborative analysis of individual data from 13 European case-control studies. *BMJ*, 330 (7485): 223-227.
6. Krewski D. Lubin J.H. Zielinski J.M. Alavanja M. Catalan V.S. Field R.W. Klotz J.B. Letourneau E.G. Lynch C.F. Lyon J.L. Sandler D.P. Schoenberg J.B. Steck D.J. Stolwijk J.A. Weinberg C. Wilcox H.B. (2006) A combined analysis of North American case-control studies of residential radon and lung cancer. *J Toxicol Environ Health A*, 69:533-597.
7. Khazaradze R. Khazaradze K. Ardia M. Mandjgaladze J. (1998) The question of radiation by radon among the population of Georgia. *Radiation Studies* 8: 273-276.

8. Environmental Protection Agency (2003) EPA assessment of risks from radon in homes. Office of Radiation and Indoor Air. Washington DC.
9. National Research Council (1999) Biological Effects of Ionizing Radiation (BEIR) VI Report. Health Effects of Exposure to Radon. Washington DC: National Academy Press.
10. National Research Council (1988) Biological Effects of Ionizing Radiation (BEIR) IV Report. Health Effects of radon and Other Internally Deposited Alpha Emitters. Washington DC: National Academy Press.
11. World Health Organization (2008) GBD 2004 summary tables.
12. Gilmore, A. et al. (2004) Prevalence of smoking in 8 countries of the former Soviet Union: results from the living conditions, lifestyles and health study. *Am J Public Health*, 94:2177-2187.