

education about UV protection are essential. If such patients are encountered, families should have appropriate investigations, genetic counselling, frequent dermatological surveillance and plastic surgical input as required. Introduction to the XP national support group will also be invaluable.

P118 - WHY IS THERE A LEFT LATERALITY OF MELANOMA AND BREAST CANCER?

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Objectives: The object of this study was to understand why breast cancer frequently occurs in the left breast among both women and men. Moreover, recent results showed that the left side of the body also is more prone to melanoma than the right side.

Methods: A literature search showed that current explanations for left-sided breast cancer include handedness, size difference, nursing preference, and brain structure. However, men are affected even more by left laterality than women, thus many of these explanations are unconvincing. Increasing rates of skin melanoma have been associated with immune-disruptive radiation from FM/TV transmitters. Geographical areas covered by several transmitters show higher incidences of melanoma than areas covered by one transmitter.

Results: Here we show that a high prevalence of breast cancer and melanoma on the left side of the body may be a logical consequence of sleeping in beds having mattresses containing wave-reflecting metal springs. We found that people tend to sleep for longer periods on their right side, apparently to avoid disturbance by the heartbeat. This puts the left side farther away from the field-attenuating influence of the metal springs in the mattress; thus the left side will spend, on average, more time exposed to stronger combined fields from incident and reflected waves. This hypothesis may also explain why body parts furthest away from the mattress (trunk and upper arms for men; lower limbs and hips for women) have higher melanoma rates than the sun-exposed face area.

Conclusions: The implications of this study should promote a critical consideration of population exposure to electromagnetic fields, especially during the night. Wave-reflecting beds should be avoided as e.g. in Japan where melanoma only reaches 3% of the Swedish incidence.

P119 - ABSENCE OF LATERALITY IN NEVUS DISTRIBUTION IN EUROPEAN CHILDREN AGED 6-7 YEARS OLD

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Background: Recent reports described the existence of a left-side excess of cutaneous melanoma in different part of the world. We investigated if a left-side excess of nevi existed in six hundred and eighty 6- to 7-year-old children recruited in four European cities (Brussels (Belgium), Bochum (Germany), Lyons (France), and Rome (Italy)).

Methods: Anatomic location of small (2-4.9 mm) and large (≥ 5 mm) nevi were reported on charts. These charts were digitized and exact localisation of nevi was computed. Past sun exposure episodes and individual susceptibility to sunlight were independently assessed. We computed a left to right ratio (L/R) for the distribution of nevi.

Results: Overall, 6749 nevi were reported, 3344 on the left side and 3405 on the right side for a L/R=0.98 (95% CI [0.94-1.03]). We did not observed differences in this distribution between countries ($p=0.5$), gender ($p=0.66$), eye ($p=0.91$) and hair color ($p=0.31$), skin color ($p=0.62$) and anatomical localisation ($p=0.65$). There was no significant difference according to nevi size ($p=0.53$): for small nevi, the L/R was 0.98 (95% CI [0.94-1.03]), for large nevi it was 1.05 (95% CI [0.84-1.31]). We did not observe an increase