

ERRATUM TO BORTKIEWICZ ET AL. “MOBILE PHONE USE AND RISK FOR INTRACRANIAL TUMORS AND SALIVARY GLAND TUMORS – A META-ANALYSIS” (INT J OCCUP MED ENVIRON HEALTH 2017;30(1):27–43)

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1. In the Abstract the authors mistakenly input data that should appear as given correctly in bold fonts:

Results of epidemiological studies on the association between use of mobile phone and brain cancer are ambiguous, as well as the results of 5 meta-analysis studies published to date. Since the last meta-analysis (2009), new case-control studies have been published, which theoretically could affect the conclusions on this relationship. Therefore, we decided to perform a new meta-analysis. We conducted a systematic review of multiple electronic data bases for relevant publications. The inclusion criteria were: original papers, case-control studies, published till the end of March 2014, measures of association (point estimates as odds ratio and confidence interval of the effect measured), data on individual exposure. **Twenty-two studies** (26 846 cases, 50 013 controls) were included into the meta-analysis. A significantly higher risk of an intracranial tumor (all types) was noted for the **time of the mobile phone use: ≥ 10 years (odds ratio (OR) = 1.46, 95% confidence interval (CI): 1.07–1.98), for the time from the first regular use of a mobile phone: ≥ 10 years (OR = 1.25, 95% CI: 1.04–1.52), and for the ipsilateral location (OR = 1.29, 95% CI: 1.06–1.57)**. The results support the hypothesis that long-term use of mobile phone increases risk of intracranial tumors, especially in the case of ipsilateral exposure. Further studies are needed to confirm this relationship. Int J Occup Med Environ Health 2017;30(1):27–43

2. On page 30, paragraph 2, line 12 the sentence should sound:

As many as **22 case-control studies** on intracranial tumors and mobile phone use were included, which met following inclusion criteria (Table 1):

- papers in English,
- original, case-control peer-reviewed studies published till the end of March 2014,
- measures of association (odds ratio and confidence interval of the effect measured),
- data on individual exposure.

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