



Open Letter
International Agency for Research in Cancer

Dr. Christopher Wild, Director IARC
150 Cours Albert Thomas
69372 Lyon CEDEX 08, France

Dear Dr. Wild:

I am endorsing a call to postpone the proposed Non-Ionizing Radiation, Part II: Radiofrequency Electromagnetic Field [includes mobile telephones] (24-31 May 2011) meeting until IARC publishes over 50% of the Interphone Study's remaining elements. To date, only the pooled 13-country data for glioma and meningioma elements have been published. The 13-country pooled data on the risk of acoustic neuroma, risk of parotid gland tumors, and the risk of tumors within the volume of the brain where cellphone microwave radiation is absorbed (~20% of the brain's total volume) has yet to be published.

I am calling for this postponement because it seems inappropriate and unprofessional to hold such a meeting and make important judgments before the necessary research data has been made available. Further, the current process lacks essential transparency. I believe that holding this meeting as scheduled will irrevocably damage IARC's public credibility.

IARC's Credibility

The full data set of IARC's own Interphone Study has been available since 2004. To hold a meeting without the overall analysis and publication of ALL the data from this study would be a travesty for science and for public health.

Single country Interphone studies have found:

- For acoustic neuroma (Swedish Interphone), a 3.9-fold risk of acoustic neuroma was found for 10 or more years of cellphone use on the same side of the head where the cellphone was held (OR=3.9, 95% CI: 1.6 to 9.5).
- For parotid gland tumors (Israeli Interphone), a 1.5-fold risk of parotid gland tumors was found for >266.3 cumulative hours of use (above the median) on the same side the head where the cellphone was held (OR=1.49, 95% CI: 1.05 to 2.13). A just published Chinese parotid gland study has found very high (Odds Ratios of 10-30 for heavy cellphone users) risk of parotid gland. For example, they found for >10 years duration of cellphone mucoepidermoid parotid gland cancer, OR=20.7, 95% CI: 9.4-45.8.¹

¹ Duan et al. Correlation between cellular phone use and epithelial parotid gland malignancies. [Int. J. Oral Maxillofac. Surg.](#) 2011. In-Press.

- For glioma within the volume of brain where the tumor was located (Japanese Interphone), a 5.8-fold risk of glioma was found for >10 maxSAR-hours² of exposure (OR=5.84, 95% CI: 0.96-35.60, p=0.051).

With these three single-country Interphone studies, each showing elevated risks based on small numbers, the full 13-country pooled results are required for a thorough and meaningful deliberation. Scientific conclusions will only be possible when the overall results are published.

Seven years after data collection was completed it is incomprehensible that IARC is proposing to hold a meeting to examine the potential that radio frequency radiation may be carcinogenic without this data being available. To proceed with this meeting at the present time suggests that IARC is trying to conceal the overall results of IARC's own Interphone study. IARC's very credibility is at stake.

The Need for Process Transparency

As structured, the proposed meeting allows industry "observers" who according to IARC's own procedural rules are allowed to participate: "At the meeting, the meeting chair and subgroup chairs may grant Observers an opportunity to speak, generally after they have observed a discussion."

These industry observers are:

- Joe Elder, representing the Mobile Manufactures Forum (previously a long-term Motorola Employee);
- Jack Rowley, representing the GSM Association (a previously long-term Telstra employee), and;
- Mays Swicord representing the Cellular Telecommunication Industry Association (previously a long-term Motorola employee).

These organizations have been major funders of cellphone studies and to pretend this will not have undo influence upon scientists who are dependent on grants is an exercise in denial. Indeed, their very presence places a chilling effect on grant-dependent researchers.

Adding to the potential of damaged credibility, Dr. Baan has refused to release the IARC required Conflict-of-Interests Statements, claiming they are confidential. Not to make these public immediately creates a suspicion of motives in the public's mind. I call on IARC to make all Conflict-of-Interest Statements public just as respected scientific journals do. It is inappropriate for an organization annually funded with about 38 million Euros of public money to hide the conflicts-of-interest of its experts from public view.

I am also calling, in the interest of transparency, for the release of the complete Interphone Study dataset, a call that Jorn Olsen, Professor and Chair of the Department of Epidemiology, University of California Los Angeles, and an Interphone advisor, previously made on June 18, 2010.

The Interphone Study analysis should be open for analysis by researchers around the world. It was funded, in part by public monies, and therefore its dataset should be made available for further analysis to any researcher who chooses to analyze the full or a national dataset. For example, both glioma and meningioma are well known to have statistically significant incidence rate differences by gender (glioma rates are higher in

² MaxSAR-hours is the cumulative "maximal SAR value inside the tumour tissue" multiplied by the hours of exposure.

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men, and meningioma rates are higher in women), but the risk by gender remains unreported. For example, no single-country Interphone studies have been published for Australian, Canada, Finland³, Italy and New Zealand. Thus, without these analyses we cannot know what, and presumably why, national differences exist.

Finally, while I respect that no media should attend the deliberations, the public has a right-to-know about the process. Therefore I am calling for a media session after the end of the meeting with all Participants⁴ in attendance so that the media may ask questions pertaining to how they arrived at their collective output and conclusions.

With respect,

[Signature]

[.....]

cc: Dr. Robert Baan, Responsible Officer for Volume 102 (monograph102@iarc.fr)
Dr. Kurt. Straif, Acting Head, IARC Monographs Section (straif@iarc.fr)
Dr. L.E. Hanssen, Chairperson, IARC Governing Council
Dr. Pekka Puska, Vice-Chairperson, IARC Governing Council (pekka.puska@thl.fi)
Dr. Margaret Chan, Director-General, WHO (director-general@who.int)

³Only risk from “regular use Finnish data was included in the three pooled 5-country studies

⁴ Participants has been capitalized to indicate voting participants.