



Institute for Health and the Environment, University at Albany, Rensselaer, New York
Ten-Year INTERPHONE Cell Phone Study Reports Increased Risk for Brain Cancer
Experts call for changes in cell phone design, warnings, ban on use by children.

May 18, 2010: Today's release of the final results of the ten-year long World Health Organization *INTERPHONE Study* confirms previous reports showing what many experts have warned – that regular use of a cell phone by adults can significantly increase the risk of glioma by 40% with 1640 hours or more of use (this is about one-half hour per day over ten years). Tumors were more likely to occur on the side of the head most used for calling. David Carpenter MD MPH, *BioInitiative Report* co-editor and Director of the Institute for Health and the Environment at University at Albany, Rensselaer, NY says that *“While this study is not perfect, the risks documented in it must be taken seriously as a warning to limit cell phone use, to restrict the use of cell phones, especially by children, and to call on manufacturers for redesign of cell phones and PDAs. It should also serve as a warning to governments that the deployment of new wireless technologies may bring risks to the public that are widespread, involuntary and increase long-term health care costs.”*

The study appears in the *International Journal of Epidemiology*. Thirteen teams from countries around the world combined their results.

Michael Kundi, head of the Institute of Environmental Health, Medical University of Vienna says of the study *“Authors emphasize that no increased risk was detected overall. But this is not unexpected. No exposures to carcinogens that cause solid tumors like brain cancer or lung cancers, for example from tobacco and asbestos have ever been shown to significantly increase cancer risk in people with such short duration of exposure. The latency period for brain cancer is 15-30 years.”*

The INTERPHONE findings lend support to previous studies from Sweden's Orebro University Hospital, University of Utah and UC Berkeley where meta-analyses have all reported increased risk of glioma when combining results of brain tumor studies.

Lennart Hardell, Orebro University, Sweden concludes *“The final INTERPHONE results support findings of several research groups, including our own, that continuing use of a mobile phone increases risk of brain cancer. We would not expect to see substantially increased brain tumor risk for most cancer-causing agents except in the longer term (10 year and longer) as is the case here in the population of regular cell phone users.”*

“The patients included in this study were 30-59 years old, excluding younger and older users. Use of cordless phones was neglected in the analysis. Radiofrequency radiation from some cordless phones can be as high as mobile phones in some countries, so excluding such use would underestimate the risk.”

With more than four billion cell phone users around the world, the potential for a brain cancer epidemic leads experts to call for changes in cell phone design, warnings, and a ban on use by children. Children are more at risk than adults from the effects of most toxic exposures in life, including both chemicals and radiofrequency radiation from cell phones. Experts are worried about the effects of radiofrequency radiation on the developing brain and nervous system of children.

Public health warnings were raised in the BioInitiative Report on possible risks from cell phones and other exposures to electromagnetic fields (EMF) in 2007. It advised against the continuing deployment of sources of EMF and radiofrequency radiation from wireless technologies in advance of health studies, and argued for new biologically-based public safety limits to deal with emerging risks from new technologies. Results of the INTERPHONE study provide strong confirmation of the importance of these warnings.

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Reports: Brain tumour risk in relation to mobile telephone use: results of the INTERPHONE international case-control study, The INTERPHONE Study Group, May 2010, International Journal of Epidemiology, 1-20.doi:10.1093/ije/dyq079