

## No Comfort in Inconclusive Findings of Interphone Study

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### No Comfort in Inconclusive Findings

By Sarah Schmidt, Canwest News Service May 18, 2010



Avid cellphone users shouldn't take any comfort in the inconclusive findings of the largest probe ever to determine if there is a link between brain cancer and the radiation emanating from the popular gadgets, according to an analysis of the study published Monday by two renowned scientists.

Overall, the INTERPHONE study found "no increase of risk" of either glioma, a type of tumour that starts in the brain or spine, or meningioma, a tumour of the central nervous system, in association with use of cellphones.

But the international study also found there was **"some evidence of an elevated risk of glioma" in the 10 per cent who spent the most time talking on their cellphones** — "with the highest point estimates seen for tumours in the temporal lobe and for subjects who reported having used their mobile phone mainly on the same side as that on which the tumour occurred."

**Biases in the study, however, prevent a "causal interpretation" that would directly link cellphone radiation to the tumour.**

The results of the study, co-ordinated by the World Health Organization's International Agency for Research on Cancer, were published Monday in the International Journal of Epidemiology alongside the analysis by Rodolfo Saracci of Italy's National Research Council and Jonathan Samet of the University of Southern California.

"None of today's established carcinogens, including tobacco, could have been firmly identified as increasing risk in the first 10 years or so since first exposure," Saracci and Samet said of the "inherent limitation" of the Canadian-led study involving 13 countries.

"In high-income countries, mobile phone use began in the 1980s but was not widely prevalent until the mid-1990s. The cancer cases in the study were diagnosed between 2000 and 2004. As a consequence, less than five per cent of the meningioma cases and less than nine per cent of the glioma cases occurred more than 10 years since start of mobile phone use," Saracci and Samet said.

"Ionizing radiation is a recognized cause of brain tumours but except for rare instances the radiation induced cases occur on average after 10-20 years since the time of first exposure," so there's an "inherent limitation" in the study.

"The distribution of exposure is brief and truncated leaving limited incubation time for an exposure-related cancer to develop. Hence observing no increase in risk would be reassuring but only to a limited extent."

In Canada, for example, the number of cellphone subscribers ballooned from 525,662 in 1990 to over 8.7 million in 2000. Today, it's close to 23 million, according to the Canadian Wireless Telecommunications Association. And Merrill Lynch estimates that the average monthly use in Canada is just over 400 minutes, totalling about 13 minutes a day.

Taylor Paxton, 32, has given up her landline in favour of her cellphone — "every day, every evening, I'm on the phone, from what's going on for dinner and long-distance calls."

During her university days, the Ottawa-based civil servant remembers "people talking about getting a cellphone, and thinking, 'Well, that's never going to take off.' But it did and here I am."

In the multi-centre case-control study, first initiated in 1998 and originally scheduled to be completed by 2005, the majority of subjects were not heavy users by today's standards, the study acknowledges. The median lifetime cumulative call time was around 100 hours, with a median of 120 to 180 minutes of reported use per month.

Those considered heavy users in the study used a cellphone for a total of at least 1,640 hours. Spread out over 10 years, this corresponds to about 30 minutes per day.

"For the time being, INTERPHONE's findings, interpreted in the context of prior studies, tells us that the question as to whether mobile phone use increases risk for brain cancers remains open. Given the relatively short time of observation since first exposure and the acknowledged biases we simply do not know the answer to this question," said Saracci and Samet, although they acknowledge the "mixed findings" could bolster those who advocate taking a precautionary approach.

**"Those upholding a precautionary approach to the extent and manner of use of mobile phones may find some support in the elevated risks noted in subjects with the highest exposures."**

**On Monday, groups cited the "troubling" results of the INTERPHONE study to call on governments to issue warnings to restrict cellphone use, especially by children, and to adopt "right-to-know" labelling rules so customers can see at the point of sale how much radiation each wireless device emits.**

Bernard Lord, head of the Canadian Wireless Telecommunications Association, dismissed this interpretation, saying the results "are basically very similar to all the other studies that have been released lately, which is that there is no overall increase risk of cancer or tumours. They can't link any causal effect of using cellphone with disease, but at the same time, they would like to continue and do more study."

Elisabeth Cardis, the former University of Ottawa researcher who led the INTERPHONE study, will lead a new project to investigate the risk of brain tumours from mobile phone use in childhood and adolescent. MobiKids will be funded by the European Union.