

Worried About Cell Phones and Cancer?

We've got far bigger health care problems to deal with.

Harold Pollack June 2, 2011 | 12:00 am



Like many other people umbilically linked to my mobile e-mailing, tweets, calls, and texts, I'm concerned by the World Health Organization's recent findings regarding mobile phone use and brain tumors. This latest pronouncement prods me to make some lifestyle changes—my favorite one being to waste less time being a slave to my damn cell phone.

Yet, as someone who has spent years trying to mobilize economic and political resources for public health, I am very frustrated by this debate. Much of the public conversation concerns whether there is a statistically significant relationship between long-term mobile phone use and elevated risk of certain brain cancers. The absolute magnitude of this elevated risk receives far less attention—as does our society's wildly unbalanced response to different individual and community-wide health risks.

After reading newspaper accounts of the WHO's findings, I tracked down some meta-analyses of cell phone-related risks. A nice 2009 article by Seung-Kwon Myung and colleagues in the *Journal of Clinical Oncology* presents the basic indictment. As these authors **synthesize the evidence**, "Mobile phone use of 10 years or longer was associated with a risk of tumors in 13 studies reporting this association (odds ratio = 1.18; 95% CI, 1.04 to 1.34)." Given such a rare outcome, these authors effectively conclude that risk of brain tumors rises by 18 percent with prolonged cell phone use, with a 95 percent probability that the true risk actually falls between 4 percent and 34 percent. As with many such studies, these authors focus on the *proportional* increase in risk. Much of the accompanying scientific debate is then concerned with whether the proportional increase can truly be distinguished from zero.

WHO's expert panel believes that they can do such distinguishing. But many experts dispute this conclusion. For the sake of argument, let's assume the statistics are right. (To be clear, it's not obvious that the statistics *are* right, but, for the purposes of the piece, let's go with it.) Glioblastoma multiforme (GBM) **accounts for about 60 percent of the 17,000 primary brain tumors diagnosed in the U.S.** The age-adjusted GBM death rate is **approximate 4.3 per 100,000 people per year**. (I still get a lump in my throat when I consider Edward Kennedy's poignant struggle with this condition.) If one accepts the above 18 percent figure as a valid prediction of elevated mortality, heavy cell phone use might be expected to increase annual GBM deaths by roughly 0.8 deaths per 100,000 people. If one assumes there are 150 million chronic cell phone users across the U.S., this

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corresponds to almost 1,200 additional deaths every year. That's not a trivial number. If something like it holds up, manufacturers and regulators must take proper measures to sensibly reduce these risks.

Yet this additional risk, 0.000008 deaths/user/year—if the statistics from the Myung article are right in the first place—is far smaller than the risk associated with many other things that get far less attention. Right now, efforts to provide basic public health services are being cut at every level of government. Surveys conducted by the National Association of County and City Health Officials indicate that local health departments lost 16,000 jobs in 2009 alone. Congressional Republicans have made several efforts to zero out the Affordable Care Act's prevention and public health fund. (One aide called this a “**slush fund for jungle gyms**.”) The budget proposed by House Republicans would cut discretionary programs to prevent or diagnose diabetes and cancer, reduce the spread of blood-borne and sexually transmitted infections, provide basic reproductive health services, and treat substance use and mental health disorders. Many in Congress would also curb regulation of particulate pollution and other efforts to address environmental health concerns. Then, there is tobacco control. The ACA requires all states to provide smoking cessation services to all pregnant Medicaid recipients, yet the law **does not require states to provide the same benefits to other Medicaid recipients**, one-third of whom are cigarette smokers. What's more, state smoking cessation phone lines are highly cost-effective, but these services face **significant challenges** due to the state and local budget crisis.

In other words, I remain much more concerned about myriad public health risks than I about whether my Verizon guy sold me a carcinogen. Radiation—from power lines, microwave ovens, cell phones, and (went there) nuclear power—has always occupied outsized concern in the public mind relative to its true health impact. Meanwhile, our collective choices and private behaviors on so many matters display rather astonishing neglect of basic public health concerns. By all means, let's address the potential radiation hazards of cell phones. Let's just discuss and address this issue with some sense of priority and perspective regarding other threats we routinely choose to downplay or ignore.

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