

Mobile Phone Cancer Link Looking Less And Less Likely

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Evidence from a growing number of studies does not support the theory that cellphones raise the risk of brain cancer, an independent international panel of experts has found after carrying out a thorough analysis of all published research.

The analysis was carried out by the ICNIRP (International Commission on Non-Ionizing Radiation Protection) Standing Committee on Epidemiology.

Their findings and conclusions can be found in the latest issue of *Environmental Health Perspectives*.

Professor Anthony Swerdlow, from The Institute of Cancer Research (ICR), and team concluded:

"Although there remains some uncertainty, the trend in the accumulating evidence is increasingly against the hypothesis that mobile phone use can cause brain tumours in adults."

This latest study follows another one coordinated by the IARC (International Agency for Cancer Research), the 13-country *Interphone Study*.

Professor Swerdlow and team evaluated the Interphone Study carefully and described it as impressively large and comprehensive, but with several methodological flaws. They found no compelling evidence of a link between mobile phones and the location of tumors relative to their use.

According to national statistics and studies from several countries, the authors stress, there is no evidence of an increase in brain tumor rates up to 20 years after mobile phones were first used, and 10 years after they became commonly used.

Exhaustive studies have not detected any biological mechanism which links radiofrequency fields from cellphone to cancer risk. Even animal studies have shown no clear evidence that they might cause cancer.

As it is not possible to prove there is no effect either, because data is currently limited to 10 to 15 years of mobile phone exposure in adults, people are likely to remain uncertain for several years. There is no data for childhood mobile phone usage.

Professor Swerdlow said:

"The results of Interphone and other epidemiological, biological and animal studies, and brain tumour incidence trends, suggest that within 10 to 15 years after first use of mobile phones there is unlikely to be a material increase in the risk of brain tumors in adults. However, the possibility of a small or a longer term effect cannot be ruled out."

Data on cancer rates over the coming years should help clarify whether or not there is a link between mobile phone usage and brain cancer.

Swerdlow added:

"If there are no apparent effects on trends in the next few years, after almost universal exposure to mobile phones in Western countries, it will become increasingly implausible that there is a material causal effect. Conversely, if there are unexplained rising trends, there will be a case to answer."

"Mobile Phones, Brain Tumours and the Interphone Study: Where Are We Now?"

Anthony J. Swerdlow, Maria Feychting, Adele C. Green, Leeka Kheifets, David A. Savitz
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Written by Christian Nordqvist

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