Set Interphone Free

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It's time to end the deadlock. It's time to release the results of the Interphone study, the largest and most expensive cell phone epidemiological study ever attempted. Any further delay would be close to scandalous.

A draft of the final paper with the combined data from the 13 participating countries was completed close to *two years ago*. One member of the Interphone team —Canada's Dan Krewski— has said that the holdup is due to disagreements over editing the manuscript, that is, changing a comma here or a comma there. We doubt that what's going on. Krewski told us this close to six months ago and the paper has still not been submitted for publication.

The real reason, we believe, is that the study shows that there are tumor risks following long-term use of a mobile phone and that some of the Interphone researchers don't want to go public.

Why? As Elisabeth Cardis, the Interphone study director, explained last October, the interpretation of the data is "not straightforward" (see our October 9 post). This allows one faction to hold up the process by arguing that there is no point scaring the public if the elevated risk estimates may be spurious.

At the same time, the worldwide wireless industry —now worth on the order of a trillion dollars— and the governments that tax them are applying pressure, subtle or otherwise, to keep the lid on.

The willingness of some Interphone players to downplay the risks has been apparent for a long time. Here's how U.K.'s Tony Swerdlow, advised the press on an Interphone acoustic neuroma study back in 2005: "The results of our study suggest that there is no substantial risk of in the first decade after starting use. Whether there are longer-term risks remains unknown…" This was, to put it kindly, outright misdirection. The published paper indicated a statistically significant increased risk after ten years on the side of the head the phone was used. That finding was even in the study's

abstract. The next day's headlines were predictable. "Mobile Phone Cancer Link Rejected," the BBC announced.

This 2005 study was based on the pooled data from five Interphone countries: Denmark, Finland, Norway, Sweden and the U.K. Last year, researchers from those same five countries reported a parallel elevated, ipsilateral risk for brain tumors after ten years.

Add to those five, the German and the French Interphone groups. Both have also reported increased risks of brain tumors after long-term use (see our posts of January 29, 2006 and September 19, 2007, respectively). A few weeks ago, the French Ministry of Health called for precaution with respect to the use of mobile phones by children.

In December, the Interphone team from Israel brought a third type of tumor —of the parotid gland— into play. (The gland lies just under the skin in the area of the cheek near the ear.) One striking finding was the "exceptionally heavy" use of mobile phones among Israelis. Not only was there an elevated tumor risk, but it showed up earlier, often in less than ten years.

In an interview with the Israeli newspaper Haaretz, Siegal Sadetzki, the leader of the Israeli Interphone group, also called for a precautionary approach to cell phones. "The time is past when it could be said that this technology does not cause damage; apparently it damages health," she said.

We asked Sadetzki what she could tell us about the risks of brain tumors and acoustic neuromas among Israelis. She declined to comment saying only that these results had not yet been submitted for publication. They may well be a key indicator of the long-term risks and need to be made public.

The absence of the Interphone paper has made it easy to avoid dealing with all the signals that point to a cancer risk. A good example is the list of research priorities from the National Academy of Sciences, released on January 17. It skirted the critical data from seven different Interphone countries because, we were told, the Interphone final report was not yet in hand (see below).

Just how absurd the situation has become was apparent at a workshop on *Dosimetry Meets Epidemiology* hosted by the Swiss National Research Program on Non-Ionizing Radiation (NRP57) in Zurich on January 11. Many of those attending were working on, or had some connection to, the Interphone study, including four of the principal investigators (Anssi Auvinen, Elisabeth Cardis, Maria Feychting and Joachim Schüz). Yet, Interphone was never discussed. Everyone ignored the 800-pound gorilla in the room.

It's easy to see why some people are getting more and more nervous about long-term cell phone use. If Interphone does in fact point to a tumor risk as many observers now believe, the public should be informed. Parents should warn their children. Two billion cell phone users deserve to know what only a select few know now. The next step would be to fund more research.

The code of silence about Interphone must end. Public health demands it.

Elisabeth Cardis is leaving IARC on March 21st to join the Centre for Research in Environmental Epidemiology (CREAL) in Barcelona. The Interphone paper should be submitted for publication before she leaves Lyon —in a journal which can expedite the review process. The sooner the results are posted on the Internet and available to all, the better.

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Interphone, CREAL, Elisabeth Cardis, Switzerland, Anthony Swerdlow, Daniel Krewski, NRP57, France, Germany,

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