Public Comment

HHS Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

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To: U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
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Perspective: Individual consumer, family member, and concerned citizen. My father is a PhD scientist from Johns Hopkins University; he has reviewed the imaging approaches discussed below and concurs that quantitative transmission imaging is a superior method for breast imaging, delivering better results without ionizing radiation.

I am gravely concerned about cumulative exposures to both radiofrequency/electromagnetic fields (RF/EMF) from everyday wireless technologies and ionizing radiation from medical imaging, particularly as these affect women and other sensitive populations. The inconsistency in how we treat these exposures is striking.

Recently, while at a radiology breast imaging center, I observed a posted request asking people to refrain from using cell phones in the waiting area. At the same time, the facility routinely performs mammograms that expose women to concentrated ionizing radiation, breast compression, and the well-documented cascade of false positives, callbacks, biopsies, and overtreatment. This is ludicrous. If low-level RF from a phone in a waiting room warrants caution, then repeated ionizing radiation to breast tissue—especially in dense breasts, which affect roughly half of women—deserves far greater scrutiny and alternatives.

I recently chose to have Quantitative Transmission (QT) Imaging / QTI Breast Acoustic CT scanning performed in lieu of a mammogram. The experience was comfortable (no compression, no radiation, no contrast), and I am satisfied with the high-resolution 3D results it provided. This personal choice was informed by the technology's safety profile and the supporting evidence below.

Public Experiences and Reported Potential Adverse Effects

(Responding to RFI questions on experiences and clinical observations)

Cell phones, Wi-Fi, smart meters, and cell towers are ubiquitous. Many people report symptoms they associate with proximity to these sources, and the science on non-thermal effects remains incomplete and contested. At the same time, women are repeatedly directed toward mammography, which uses ionizing radiation. A 2013 Cochrane systematic review of screening mammography (Gøtzsche PC, Jørgensen KJ. Screening for breast cancer with mammography. Cochrane Database of Systematic Reviews 2013, Issue 6. Art. No.: CD001877. DOI: 10.1002/14651858.CD001877.pub5), analyzing data from trials involving approximately 600,000 women, found that the trials with adequate randomization did not show a statistically significant reduction in breast cancer mortality. The authors highlighted substantial overdiagnosis and overtreatment. Their estimate was that for every 2,000 women invited for screening over 10 years, one would avoid dying of breast cancer while 10 healthy women would be diagnosed and treated unnecessarily. Mammography also has well-known limitations in dense breast tissue, where it can miss a substantial fraction of cancers, while imposing cumulative radiation exposure, compression, anxiety, and invasive follow-up.

Exposure Standards, Risk Assessment, and Alternatives

(Responding to questions on standards, evidence below current limits, sensitive populations, and research priorities)

Current approaches that rely heavily on ionizing radiation for breast imaging should be reevaluated in light of safer, FDA-cleared options. Quantitative Transmission (QT) Imaging / QTI Breast Acoustic CT scanners use low-frequency sound waves (reflection and transmission ultrasound) in a warm water bath. The patient lies prone; there is no ionizing radiation, no breast compression, and no injected contrast. The system produces true 360° 3D volumetric images with high resolution and quantitative data (including fibroglandular volume and density metrics).

QT Imaging's Breast Acoustic CT scanner has received FDA 510(k) clearance as an ultrasonic imaging system providing reflection-mode and transmission-mode images of the breast, and for quantitative measurement of fibroglandular tissue volume and its ratio to total breast volume (see, e.g., clearances including K220933 and subsequent updates). The FDA has designated it a Breakthrough Device. It is cleared as an adjunct/supplemental modality and is not currently indicated as a full replacement for screening mammography, but its safety profile is markedly superior for women who wish to avoid or minimize radiation, those with dense breasts or implants, those needing frequent monitoring, and younger or high-risk women.

Published multi-reader multi-case studies (e.g., in Academic Radiology) have reported non-inferior performance relative to digital mammography or digital breast tomosynthesis on detection metrics, with advantages in specificity and reduced recalls for certain benign findings such as cysts, while providing excellent visualization of dense tissue. My father, a PhD scientist from Johns Hopkins University, reviewed this approach and agreed it represents a much better way to perform breast imaging, with better results and no radiation. Having recently undergone this imaging myself in place of a mammogram, I can personally attest to its comfort and practicality as an alternative.

Providers such as Divine Breast Imaging (DivineBreastImaging.com; 4336 4th St N, St. Petersburg, FL 33703) currently offer this QT Acoustic CT technology. Their materials and clinical use emphasize the absence of radiation, compression, and contrast, along with high-resolution 3D imaging from nipple to chest wall.

Recommendations

1. Prioritize independent research and evaluation of non-ionizing, compression-free modalities such as quantitative transmission ultrasound / acoustic CT for breast imaging, especially for dense breasts, implants, frequent monitoring, and radiation-sensitive populations.

2. Reassess cumulative ionizing radiation exposure from routine mammography in light of systematic reviews documenting limited mortality benefit alongside overdiagnosis and other harms, and support informed choice of safer alternatives.

3. Apply consistent scientific rigor to RF/EMF exposures from cell phones, towers, Wi-Fi, and related sources—identifying research gaps, real-world cumulative exposure, and effects on vulnerable groups—while recognizing that medical ionizing radiation is an intentional, higher-dose exposure that should also be minimized where superior alternatives exist.

4. Encourage federal agencies to evaluate and, where evidence supports, facilitate access to FDA-cleared radiation-free technologies like QTI Acoustic CT scanners going forward.

5. Support transparent public information so individuals can weigh benefits, harms, and alternatives for both wireless RF/EMF and ionizing medical imaging.

Thank you for the opportunity to submit this comment. I urge HHS to examine these issues thoroughly, prioritize the reduction of unnecessary radiation (both ionizing and non-ionizing where warranted), and advance safer imaging options.

Age over 18

October 19, 2026