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EME UPDATE

MOBILE TELECOMMUNICATIONS HEALTH AND SAFETY NEWS

AUSTRALIAN CANCER EXPERT SAYS BRAIN CANCER RESEARCH NOT YET CONCLUSIVE >

EUROPEAN COMMISSION CONFIRMS THE SAFETY OF MOBILE TECHNOLOGY >

NO HEALTH IMPACT FOR KIDS FROM MOBILE PHONES >

EVIDENCE-BASED COMMUNICATION NOT GUT FEEL
NEEDED WHEN COMMUNICATING ABOUT MOBILES RISKS >

GLOBAL CANCER REPORT CONCLUDES
NO ASSOCIATION BETWEEN MOBILES AND CANCER >

SCIENTISTS BATTLE OVER MOBILE PHONE HEALTH RISK DEBATE >

BIOINITIATIVE REPORT DOES NOT PROGRESS SCIENCE
SAYS AUSTRALIAN EXPERT GROUP >

AUSTRALIAN FUNDING ANNOUNCED FOR PART OF A WORLDWIDE
STUDY INTO BRAIN CANCER RISKS FROM KIDS USING MOBILES >

DANISH STUDY OF CENTRAL NERVOUS SYSTEM DISEASES
SHOWS MOBILES NOT LINKED TO DEMENTIA >

THREE HEALTH COMPLAINTS ABOUT MOBILE PHONES
AND WIRELESS NETWORKS RECEIVED LAST YEAR >

IN BRIEF >

EME UPDATE



AUSTRALIAN CANCER EXPERT SAYS BRAIN CANCER RESEARCH NOT YET CONCLUSIVE

Australian cancer expert Professor Bruce Armstrong has concluded that while overall there is no evidence of risk associated with mobile phone use, precaution was needed because the research was far from conclusive.

Because of this uncertainty, Professor Armstrong also advocated that people should keep their exposure to mobile phones as low as reasonably possible.

Professor Armstrong, head of the University of Sydney's Public Health Department and lead author of the Australian arm of the INTERPHONE study, presented the keynote address at the Science and Wireless 2008 conference, held in Melbourne.



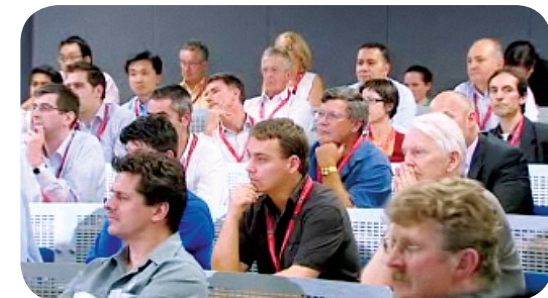
Lead author of the Australian INTERPHONE project Professor Bruce Armstrong

Professor Armstrong combined all the available population study results available to date and, in a 45-minute lecture, reviewed and interpreted the potential risks. His analysis included the unpublished Australian INTERPHONE data.

THE BOTTOM LINE

"There is no evidence of an increased risk of any tumour with use, longer use or greater use of a mobile phone," Professor Armstrong concluded from his combined analysis.

However, there are suggestions of an increased risk of glioma (a type of malignant brain tumour) on the



Science and Wireless 2008 conference audience

continued next page ...

NEXT >
BACK >
HOME >
PRINT >
EXIT >

AUSTRALIAN CANCER EXPERT SAYS BRAIN CANCER RESEARCH NOT YET CONCLUSIVE

– continued from previous page

side of use of a mobile phone, and a weaker suggestion of a higher risk with long-continued high mobile phone use, Professor Armstrong said.

“I think, particularly with the risk of glioma on the side of the head, it is sufficient to say there is cause for concern,” he said.

However, inaccurate recall of mobile phone use and unavoidable biases in epidemiological (population) studies prevent any certain conclusions, he added.

There is nothing in brain cancer incidence in Australia to suggest that increasing mobile phone use has caused an increase in brain cancer.



Brain cancer trends are reassuring but it might be too early to tell, he said.

PRECAUTION NEEDED

In response to this uncertainty, Professor Armstrong suggested that people should keep their mobile phone use as low a reasonably achievable, especially

in children, while not unduly restricting access to the undoubted benefits of mobile phones.

Research into the possible adverse effects of RF energy should continue, he added.

The Australian Centre for Radiofrequency Bioeffects Research (ACRBR) has made video presentations from its Science and Wireless 2008 conference available online.

[WEB LINK](#)

However, ACRBR Executive Director, Professor Rodney Croft, challenged Professor Armstrong's call for precaution in an interview

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

AUSTRALIAN CANCER EXPERT SAYS BRAIN CANCER RESEARCH NOT YET CONCLUSIVE

– continued from previous page

and panel discussions at the same event.

“While I agree with [Armstrong’s] data, I don’t agree with the conclusions he’s reached. I still think we are a long way from that point. And we can’t say that there are any problems or there’s even much of a chance that there will be,” he said.

“I certainly don’t feel that the science is strong enough at the moment to be going out there and telling people you should be taking these steps to protect against your children.

“I would not have any problem with my children using them,” Professor Croft said.

INDUSTRY VIEWS ON PRECAUTION

The Australian Mobile Telecommunications Association (AMTA) supports the World Health Organization’s current precautionary advice which is:

Present scientific information does not indicate the need for any special precautions for use of mobile phones. If individuals are concerned, they might choose to limit their own or their children’s RF [radiofrequency] exposure by limiting the length of calls, or using ‘hands-free’ devices to keep mobile phones away from the head and body.

AMTA also provides practical steps people can take to reduce exposure if they are concerned:

- Use a hands-free kit or loudspeaker so the mobile is away from the head and body
- Use text messages when practical
- Limit the length or number of calls

[WEB LINK >](#)

[NEXT >](#)
[BACK >](#)
[HOME >](#)
[PRINT >](#)
[EXIT >](#)

EME UPDATE



EUROPEAN COMMISSION CONFIRMS THE SAFETY OF MOBILE TECHNOLOGY

A specially formed expert group of scientists investigating the potential health risks of mobile phone technology for the European Commission released a report in January finding no consistent evidence mobile phone use is associated with adverse health effects.

The latest report from the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) confirms the results of the committee's earlier 2007 report, which also found no cause for concern.

Led by Professor Mats-Olof Mattsson of Orebro University in Sweden, the expert committee was asked by the Commission to update their 2007 report in light of new research and growing concern. Based on an extensive review of all the research conducted to date, with particular interest paid



to the more than 200 research papers published since 2007, the committee concluded:

"It is concluded from three independent lines of evidence (epidemiological, animal and in vitro studies) that exposure to RF fields is unlikely to lead to an increase in cancer in humans. However, as the widespread duration of exposure of humans to RF fields from mobile phones is shorter than the induction time of some cancers, further studies

are required to identify whether considerably longer-term (well beyond ten years) human exposure to such phones might pose some cancer risk."

The Scientific Committee on Emerging and Newly Identified Health Risks' January 2009 report on the health effects of exposure to electromagnetic fields can be found at:

[WEB LINK](#)

EUROPEAN PARLIAMENT CONCERN

Despite two European Commission reports in two years confirming the safety of mobile phone technology, the European Parliament has instead escalated its concern.

A recent motion produced by Belgian Member of the European

continued next page ...

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

EME UPDATE



EUROPEAN COMMISSION CONFIRMS THE SAFETY OF MOBILE TECHNOLOGY

– continued from previous page

Parliament (MEP) Frédérique Ries is calling for a resolution on health concerns associated with electromagnetic fields, largely based on concerns about health risks associated with mobile phones. The motion also calls for a reduction in exposure standards for mobile phones, despite a report released in September 2008 by the European Commission specifically stating changes to the exposure standard were not required.

The European Commission's report on exposure standards can be found at:

[WEB LINK >](#)

In a statement published in September 2008, MEPs expressed concern regarding the health risks posed by emissions from mobile phone technologies. The European Parliament adopted the report with 522 votes in favour and 16 against.



Belgian Member
of the European
Parliament
Frédérique Ries

A media release for the mid-term review of the European Environment and Health Action Plan can be found at:

[WEB LINK >](#)

The MEPs said they based their concerns on claims made in the BioInitiative report. A review of the BioInitiative report can be found on page 16.

SCENIHR REPORT CONCLUSIONS

The latest SCENIHR report found no cause for concern in relation to several areas of human health.

The committee evaluated a wide range of radiofrequency field research and assessed data published since 2007 against the conclusions of the previous report. Topics included epidemiological, animal, in vitro, in vivo, brain function, subjective symptoms, fertility, animal and children studies.

In all these areas of radiofrequency fields research, the Committee found no consistent evidence indicating a link between mobile phone use and adverse health effects, which is consistent with the findings of the 2007 report.

The European Commission's media release for the January 2009 SCENIHR report can be found at:

[WEB LINK >](#)

[NEXT >](#)
[BACK >](#)
[HOME >](#)
[PRINT >](#)
[EXIT >](#)

EME UPDATE



NO HEALTH IMPACT FOR KIDS FROM MOBILE PHONES

Emissions from mobile phones and their base stations have no short-term health impact on children and teenagers, a world's first German government study involving more than 3000 children has found.

Researchers from the Ludwig Maximilians University measured the actual amount of mobile phone radio frequency (RF) energy children are exposed to and found there was no direct link between mobile phone emissions and health complaints such as headaches and dizziness.

The study, known as the German MobilEe-study, is the first of its kind to investigate a possible association between exposure to mobile telecommunication networks and well-being in children and teenagers using actual exposure measurements.

The German MobilEe-study can be found at:

[WEB LINK](#) >



To assess the health impact of mobile phone technologies on children, the researchers recruited more than 3000 children and teenagers aged between eight and 17-years-old to study their exposure over a 24 hour period.

Each participant was given a personal radiation meter designed to measure the intensity of radio

frequency energy emitted by mobile phones, base stations, wireless networks, digital phones and Wi-Fi devices. The personal meters recorded a measurement every second of the 24 hour period, resulting in 86,400 measurements for every participant.

In addition to the personal meters, each participant and their parents were asked to complete a diary to record their general state of health, with symptoms such as headaches, irritation, nervousness, dizziness, fatigue and sleeping problems.

Half of the eight to 12-year-olds and 90 percent of the teenagers in the study said they owned a mobile phone.

A summary of the research project by the German Mobile Telecommunication Research Programme can be found at:

[WEB LINK](#) >

continued next page ...

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

EME UPDATE



NO HEALTH IMPACT FOR KIDS FROM MOBILE PHONES

– continued from previous page

After analysing the data, the researchers found exposure levels were on average less than one percent of the International Commission on Non-Ionizing Radiation Protection's (ICNIRP) standard, which is consistent with the results of other studies.

"All exposure levels were far below the ICNIRP reference level and ranged from a mean of 0.13% (all measurement values below the limit of determination) to a mean of 0.92% of the ICNIRP reference level per second during waking hours. Median exposure was slightly higher for adolescents (0.19) than for children (0.18)," the researchers concluded.

The study also found no evidence mobile phones had any influence on the occurrence or severity of the subjective symptoms reported by participants in their diaries.

'All exposure levels were far below the ICNIRP reference level and ranged from a mean of 0.13% to a mean of 0.92% of the ICNIRP reference level...'

Interestingly, the researchers found exposure levels were highest during the afternoon. They also found the highest exposures readings were located in highly populated areas like cities.

The researchers admitted the individual exposures over the

24 hour period may not be representative of weekly exposure levels because of the short time period. To analyse this, the researchers selected some participants to carry the personal radiation meters for five days, and found that a single weekday is representative of an entire week.

"The results showed that the assessment of exposure on a single weekday reflects the typically weekday exposure quite good. However, weekend exposure differs considerably which is plausible as children and adolescents spend most parts of the weekdays in school while at weekends they might spend more time at home or at different places," the researchers said.

The study was funded by the German Federal Office for Radiation Protection.

[NEXT >](#)
[BACK >](#)
[HOME >](#)
[PRINT >](#)
[EXIT >](#)

EME UPDATE



EVIDENCE-BASED COMMUNICATION NOT GUT FEEL NEEDED WHEN COMMUNICATING ABOUT MOBILES RISKS



International researcher Dr Peter Wiedemann said telecommunications companies need to adopt an evidence-based approach to communication about mobiles technology rather than just relying on their gut feel to address concerns, when he visited Australia recently.

Dr Wiedemann, from the Juelich Research Centre in Germany, presented his seven cardinal rules for communicating about the risks of electromagnetic fields (EMF), at the University of Wollongong earlier this year.

Dr Wiedemann is well known for his groundbreaking research into the effectiveness of adopting precautionary measures to help reduce concerns.

"The public debate about possible adverse health effects from cellular phones keeps busy many political decision makers across Europe," Dr Wiedemann said.

Although surveys show almost half of Europeans say they are 'concerned' to 'very concerned' about the possible risks, 66 percent have positive expectations about the technology over the next two decades and Europe has very high penetration rates of mobile phone ownership, he said.

He said however very concerned people are very successful in shaping political situations.

"Acceptance of the technology is revealed by behaviour, but it is different from what is expressed about the technology," Dr Wiedemann said.

"Therefore companies need to adopt an evidence-based approach to communication about the technology rather than just relying on their gut feel to address concerns."

continued next page ...

NEXT >
BACK >
HOME >
PRINT >
EXIT >

EME UPDATE



EVIDENCE-BASED COMMUNICATION NOT GUT FEEL NEEDED WHEN COMMUNICATING ABOUT MOBILES RISKS

– continued from previous page

Companies need to focus on the ‘right problem’, that is not try to convince the public about the safety of mobile phones, but help the public come to their own conclusions about the scientific evidence, he said.

“The public tend to focus on one scientific paper, which the media tends to highlight, but rather than dispute the paper we need to assist them to get the entire picture about the evidence for and against the issue,” Dr Wiedemann said.

Communication needed to be more straightforward and balanced, and not an attempt to convince people of the particular view you prefer. For example, when comparing the differences between the World Health Organisation’s expert assessment and the BioInitiative report, the limitations and



International risk communication researcher Dr Peter Wiedemann.

weaknesses of both reports needed to be discussed openly, he said.

“Rather than deny they exist people need to understand the uncertainties in the science and their relative strengths and weaknesses.

“People need to be helped to be able to make better sense of conflicting data.

“Because of the limitations of science, uncertainties would always remain and we need to help people cope with them, rather than try to reduce the uncertainty,” he said.

A key to this was also helping the public understand who they could trust and why. Rather than say one group of scientists deserves more trust than another, the public need to be helped to understand how scientific advisory groups are set up and on what basis they make their assessments.

He said people should be given the tools to characterise and rank fairness, social responsibility and competence of scientific research findings.

continued next page ...

NEXT >
BACK >
HOME >
PRINT >
EXIT >

EME UPDATE



EVIDENCE-BASED COMMUNICATION NOT GUT FEEL NEEDED WHEN COMMUNICATING ABOUT MOBILES RISKS

– continued from previous page

“The public might trust a group of scientists which has more public involvement, rather than a group that industry trust which allows no public involvement but is considered more qualified,” Dr Wiedemann said.

“We need to get people to judge the quality of scientific groups, who to trust more and who to trust less.”

Finally he also warned companies to take careful notice of his earlier research which found that the use of precautionary messages will be considered as a cue that a risk might be real and increase the public’s concerns.

Precautionary measures implemented with the intention of reassuring the public about EMF risk potentials seem to produce the opposite effect. They may amplify

WIEDEMANN’S SEVEN CARDINAL RULES

1. Focus on the right problem
2. Help to provide people with the entire picture
3. Use straightforward communication
4. Acknowledge the limits of science
5. Recognise different contexts require different messages
6. Help people to make informed decisions about trust
7. Be aware of the side-effects of your communication

EMF-related risk perceptions and trigger concerns, he said.

We need to be aware of the ‘side-effects’ of communication designed to alert people to potential risks.

“If people get information on a risk, risk perception rises.”

“It is no longer appropriate to rely on hunches and intuitions regarding the details of message formulation,” Dr Wiedemann said.

Wiedemann concluded by saying that risk communications can help to improve EMF risk policy by improving the transparency of health assessments; supporting informed decision making; avoiding unnecessary public anxiety; building trust in EMF regulations.

“These things all help to develop socially robust risk management strategies,” he said.

[NEXT >](#)
[BACK >](#)
[HOME >](#)
[PRINT >](#)
[EXIT >](#)

GLOBAL CANCER REPORT CONCLUDES NO ASSOCIATION BETWEEN MOBILES AND CANCER



A 514 page report, the most comprehensive overview of cancer since 2003, has concluded the use of a mobile phone is not associated with any form of cancer, including brain tumours and leukaemia.

The World Cancer Report for 2008, produced by the International Agency for Research on Cancer (IARC), the same agency responsible for the INTERPHONE project, found no evidence mobile phone users were at more risk of cancer than non-users.

“With reference to radio frequency, available data do not show any excess risk of brain cancer and other neoplasms associated with the use of mobile phones,” the report concludes.

The World Cancer Report for 2008 can be found at:

[WEB LINK](#) >

The report provides a crucial update on the causes, patterns and treatment of all forms cancer for health care professionals and scientists around the world.

In a small section devoted to electromagnetic radiation, the report concludes that there is no evidence radio frequency fields can cause DNA mutations.

However, in a possible insight into the final results of the much anticipated INTERPHONE project, the World Cancer Report states research showing an increase in risk of brain cancer for long-term mobile phone users may in fact be the consequence of research biases and methodological limitations.

“Radiofrequency radiation emitted by mobile telephones has been investigated in a number of studies.

continued next page ...

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

EME UPDATE



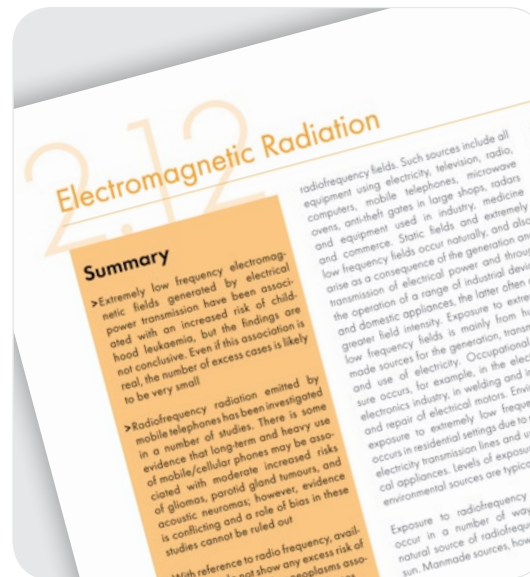
GLOBAL CANCER REPORT CONCLUDES NO ASSOCIATION BETWEEN MOBILES AND CANCER

– continued from previous page

There is some evidence that long-term and heavy use of mobile/cellular phones may be associated with moderate increased risks of gliomas, parotid gland tumours, and acoustic neuromas; however, evidence is conflicting and a role of bias in these studies cannot be ruled out,” the report states.

In another section of the report devoted to cancer incidence rates, IARC says that despite the huge increase in mobile phone ownership over the past 20 years, there has been no change in the rates of people being diagnosed with a brain tumour, a sign they would expect to see if mobile phone use caused brain tumours.

“After 1983 and more recently during the period of increasing prevalence of mobile phone



users, the incidence has remained relatively stable for both men and women,” the report states.

IARC says the small increase in longer term brain tumour incidence rates can be attributed to improved diagnostic methods,

medical technology advances and the spread of other cancers to the brain.

“The likelihood for these three reasons being at the source of the recent increase in brain tumours incidence is reinforced by stable or even slight decreases in mortality from brain tumours (e.g. in the USA), which underlines that a large proportion of additional brain tumours found thanks to new imaging technologies are not as deadly and are probably more curable than brain tumours diagnosed in the past.”

A media release from IARC on the World Cancer Report 2008 can be found at:

[WEB LINK >](#)

[NEXT >](#)
[BACK >](#)
[HOME >](#)
[PRINT >](#)
[EXIT >](#)

SCIENTISTS BATTLE OVER MOBILE PHONE HEALTH RISK DEBATE

In what could be compared to the scientific equivalent of a boxing match, a recent Point/Counterpoint debate on the safety of mobile phone use was published in the December edition of the scientific journal *Medical Physics*.

In one corner was Canberra Hospital neurosurgeon Dr Vini Khurana, who supported the contention: "There is currently enough evidence and technology available to warrant taking immediate steps to reduce exposure of consumers to cell-phone-related electromagnetic radiation".

His opponent in the other corner was Dr John Moulder, professor of radiation oncology and director of the Center for Medical Countermeasures against Radiological Terrorism at the Medical College of Wisconsin.

LET'S GET READY TO RUMBLE

In round one, the opening statements and rebuttals from both participants focused on the strength and validity of the available scientific evidence. Dr Khurana pointed to an unpublished



meta-analysis of 11 peer-reviewed epidemiology studies involving long-term (10 years or more) mobile phone users, and the online BioInitiative report written by an international working group of scientists, researchers and public health policy professionals.

Dr Moulder questioned these sources and cited conclusions from a series of peer-reviewed publications, including his own review of 1700 research papers. Dr Moulder asserts that the epidemiological evidence for a causal association between cancer and RF energy is weak and unconvincing. He additionally notes that a causal link appears to be implausible from a biophysical point of view, and is not supported by animal studies.

continued next page ...

EME UPDATE



SCIENTISTS BATTLE OVER MOBILE PHONE HEALTH RISK DEBATE

– continued from previous page

ROUND TWO

In his rebuttal, Dr Khurana says: “Respectfully, my opponent’s 2005 literature review’s “weight-of-evidence” conclusion is superseded by contemporary long-term (>10-year exposure) epidemiologic data. In fact, nine (82%) of the 11 long-term cell phone-brain tumour studies are not quoted in his review...”.

Dr Moulder replies saying: “Dr. Khurana presents no peer-reviewed studies that dispute the statement that epidemiological evidence of an association of mobile phone and brain cancer is weak. He also presents nothing to dispute the statement that such a link is biophysically implausible [sic] and strongly unsupported by extensive animal studies”.

In regards to the BioInitiative report and Dr Khurana’s own online



Canberra Hospital neurosurgeon Dr Vini Khurana

report, Dr Moulder says he can only say that others who have done similar analyses have reached different conclusions.

“The Internet summary Dr. Khurana cites is not a source that I regard as either accurate or balanced. Among the weakness of that summary are its internal inconsistencies, its neglect of nonconcurring views, and the lack of a weight-of-evidence approach (e.g., it takes into account only 2 of the 35+



Professor of radiation oncology at the Medical College of Wisconsin Dr John Moulder

published animal carcinogenesis studies).

The Internet report also reaches much more alarmist conclusions than those reached by established health agencies and by expert panels from across the world,” Dr Moulder said.

Dr Khurana and Dr Moulder’s Point/Counterpoint debate on the safety of mobile phone use can be found at:

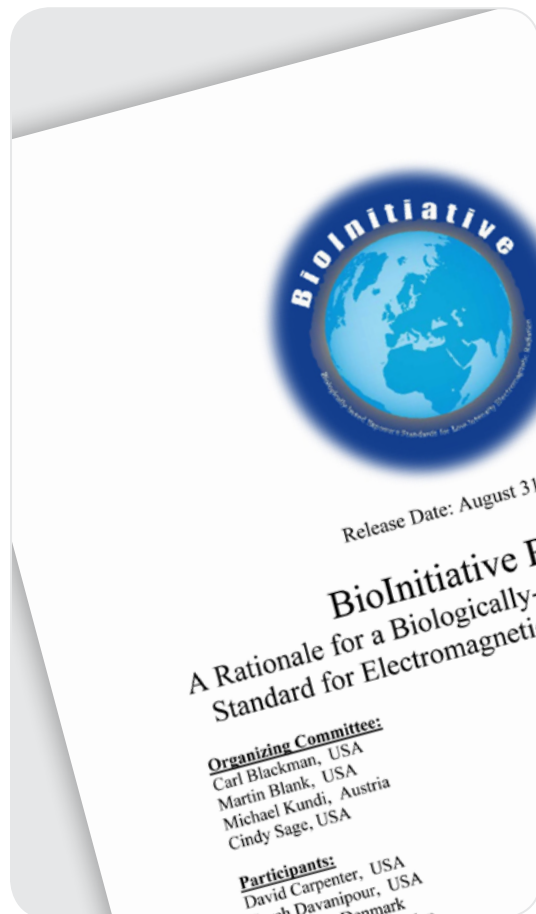
[WEB LINK](#)

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

EME UPDATE



BIOINITIATIVE REPORT DOES NOT PROGRESS SCIENCE SAYS AUSTRALIAN EXPERT GROUP



Australia's expert group on electromagnetic energy and health, the Australian Centre for Radiofrequency Bioeffects Research (ACRBR), recently reviewed the BioInitiative report and concluded the report is biased and unscientific and does not progress the science on the topic.

The report titled *BioInitiative: A Rationale for a Biologically-Based Public Exposure Standard for Electromagnetic Fields* was published on the Internet in 2007 and claimed existing public safety standards governing the level of radiation emitted by mobile phones, power lines, Wi-Fi networks and other electrical devices were inadequate.

[WEB LINK](#)

The report was compiled by a self-appointed working group consisting of 14 "scientists, public health and public policy experts" from the US, Sweden, Britain, China and Denmark.

The report argued health effects at biological levels are widely reported below the levels of existing safety limits and new safety standards should be developed taking into account these 'bioeffects' as a precautionary measure.

The report has been widely advocated by groups opposing mobile phone base station deployment.

However the Health Council of the Netherlands' Electromagnetic Fields Committee reviewed the BioInitiative report and concluded

continued next page ...

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

BIOINITIATIVE REPORT DOES NOT PROGRESS SCIENCE SAYS AUSTRALIAN EXPERT GROUP

– continued from previous page

it is a selective review of existing research and does not present a balanced analysis considering the relative scientific quality of different studies.

The Health Council of the Netherlands review of the BioInitiative report can be found at:

[WEB LINK >](#)

In December 2008 the ACRBR reviewed the BioInitiative report and concluded:

Overall we think that the BioInitiative Report does not progress science, and would agree with the Health Council of the Netherlands that the BioInitiative Report is “not an objective and balanced reflection of the current

state of scientific knowledge”. As it stands it merely provides a set of views that are not consistent with the consensus of science, and it does not provide an analysis that is rigorous-enough to raise doubts about the scientific consensus.

WIKIPEDIA REMOVES ALL REFERENCES TO REPORT

In a further rejection of the validity of the report, widely used internet reference database, *Wikipedia* has removed all reference to the BioInitiative report.

The reason provided by the database is that it was a:

Self published report by a self appointed group. Doesn't meet wikipedia inclusion standards generally, never mind for a full article.

[WEB LINK >](#)

The ACRBR points out there are statements in the report that do not accord with the standard view of science, and the report does not provide a reasonable account of why we should reject the standard view in favour of the views espoused in the report.

The ACRBR also noted that the state of science in this area is continually being debated and updated by a number of expert bodies comprising of the leading experts in this field and strongly urged people to consult these views for a balanced assessment of the research.

[WEB LINK >](#)

continued next page ...

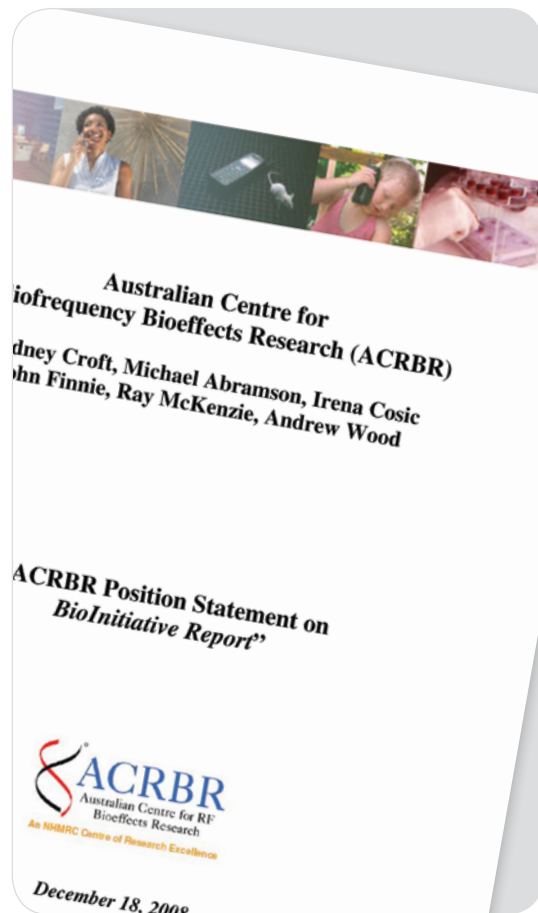
[NEXT >](#)
[BACK >](#)
[HOME >](#)
[PRINT >](#)
[EXIT >](#)

EME UPDATE



BIOINITIATIVE REPORT DOES NOT PROGRESS SCIENCE SAYS AUSTRALIAN EXPERT GROUP

– continued from previous page



OTHER REVIEWS

The European Commission's scientific committee investigating the impact of electromagnetic fields on health made the following comments regarding the BioInitiative report:



There is a lack of balance in the report; no mention is made in fact of reports that do not concur with authors' statements and conclusions. The results and conclusions are very different from those of recent national and international reviews on this topic... If this report were to be believed, EMF would be the cause of a variety of diseases and subjective effects...

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Danish National Board of Health said:



The BioInitiative report a) does not provide any reason to change the current health risk assessment on exposure to electromagnetic fields and b) does not include new data and has not taken the scientific quality of the cited reports into consideration in the way that is customary.

[WEB LINK](#)

The German Federal Office for Radiation Protection said (in German):



The BioInitiative report has clear scientific weaknesses including selection bias in several research areas.

[WEB LINK](#)

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

EME UPDATE



AUSTRALIAN FUNDING ANNOUNCED FOR PART OF A WORLDWIDE STUDY INTO BRAIN CANCER RISKS FROM KIDS USING MOBILES

Australian medical researcher Professor Malcolm Sim has received funding for part of a major new international study into brain cancer risks from kids using mobile phones.

Professor Sim, based at the Alfred Hospital in Melbourne, said the study would assess any potential brain cancer risks associated with the use of mobile phones by children and teenagers.

The five-year study will involve young people aged 10 to 24 who have had brain cancer as well as people of a similar age who have not and will recruit participants from Australia, New Zealand, Spain, The Netherlands, France, Germany, Austria, Italy, Greece, Israel and Canada.

There is considerable community concern and scientific interest about possible health effects from mobile phone exposure in young



Professor Malcolm Sim, Department of Epidemiology and Preventive Medicine, Monash University

people and this multi-centre study will provide important information about such cancer risks.

Professor Sim said the study would be one of the first in the world that looked at any association between brain tumours and mobile phone use in this age group.

The research will be funded by the European Union and the National Health and Medical Research Council (NHMRC).

Further information on the Australian arm of the study can be found here:

[WEB LINK >](#)

Professor Sim and his collaborators from Sydney and Perth received the \$693,000 grant as part of the NHMRC-European Union Collaborative Health Research Grants Scheme, which supports Australian participation in international research projects.

The international study is funded under the EU 7th Framework Research Program and is being coordinated by Dr Elisabeth Cardis from the Centre for Research in Environmental Epidemiology (CREAL) in Barcelona, Spain.

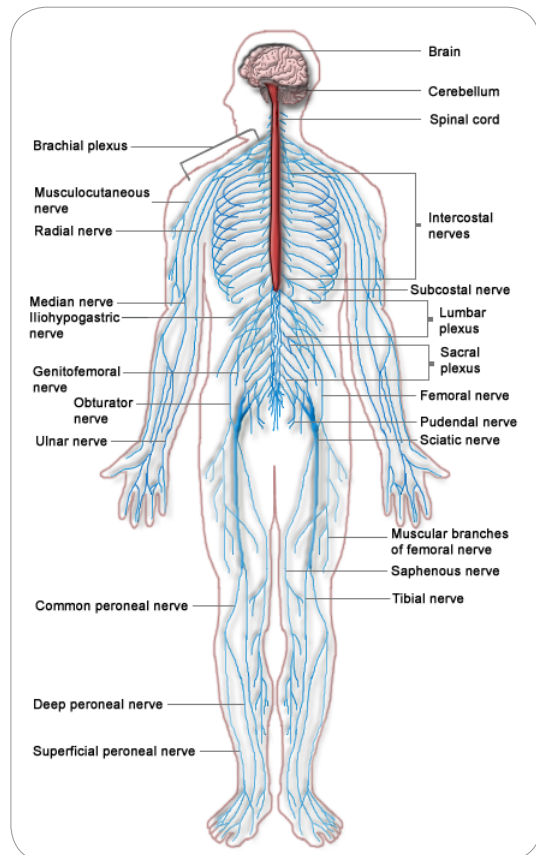
The study expects to be able to investigate around 2000 brain cancer cases in young people worldwide.

[NEXT >](#)
[BACK >](#)
[HOME >](#)
[PRINT >](#)
[EXIT >](#)

EME UPDATE



DANISH STUDY OF CENTRAL NERVOUS SYSTEM DISEASES SHOWS MOBILES NOT LINKED TO DEMENTIA



A study of more than 420,000 mobile phone users has found no indication mobile phone use will lead to Alzheimer's disease, vascular dementia, Parkinson's disease, multiple sclerosis or epilepsy, Danish researchers reported in February.

The Danish cohort study, the first of its kind to look at central nervous system diseases, investigated the health records of 420,095 private mobile phone subscribers in Denmark between 1982 and 1995, representative of almost four million person-years at risk.

Comparing the participants' health records to the general population, the researchers found mobile phone users had in some cases a

statistically significant reduced risk of contracting a central nervous system disease.

"We found reduced risks for a hospital contact for all types of dementia, including Alzheimer disease, and for Parkinson disease. As there is no biological evidence of a protective effect of mobile phones, alternative explanations are needed. One alternative is that the prodromal symptoms of these diseases reduce the likelihood of becoming a mobile phone user," said lead researcher Joachim Schuz of the Danish Cancer Society.

The study can be found at:

[WEB LINK](#)

continued next page ...

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

DANISH STUDY OF CENTRAL NERVOUS SYSTEM DISEASES SHOWS MOBILES NOT LINKED TO DEMENTIA

– continued from previous page

The researchers also found a statistically significant increase in the number of hospital visits mobile phone users made for migraine and vertigo symptoms. However, the authors say this result is probably not related to the RF-EMF exposure from mobile phones.

“Most of the observed associations are probably not related to the RF-EMF exposure from mobile phones,” the researchers said.

“The weak but statistically significant associations between mobile phone use and migraine and vertigo deserve further attention. Owing to the high prevalences of these conditions, our observed 10–20% excess of hospitalisations, which reflect only a small proportion of the occurrence of



Dr Joachim Schuz
of the Danish
Cancer Society

these syndromes, is related to the large absolute numbers of affected persons in our cohort.”

Previous results from the same cohort have showed no evidence for an association between cancer risk and mobile phone use among either short-term or long-term users of up to 21 years.

The researchers studied the same group of mobile phone users and found they did not contract any form of cancer at a higher rate than the general population.

“We found no increased risk for all brain tumours, acoustic neuromas, salivary gland tumours, eye tumours, leukaemias, or cancer overall associated with cellular telephone use. We also found no increased risk for all major histologic subtypes of brain tumours and for tumours in the most exposed regions of the brain,” the researchers said.

The Danish cohort study on mobile phone use and cancer can be found at:

[WEB LINK](#) >

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

EME UPDATE



THREE HEALTH COMPLAINTS ABOUT MOBILE PHONES AND WIRELESS NETWORKS RECEIVED LAST YEAR

The Department of Health and Ageing received three health complaints from the public due to mobile phones and wireless networks during the last financial year.

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) started a Health Complaints Register in 2003 following a recommendation from the Senate inquiry into electromagnetic radiation in late 2000.

The register collects reports of health concerns related to possible electromagnetic radiation (EMR) exposures.

Members of the public who believe they have suffered ill-effects as a result of exposure to EMR can lodge a written complaint to the register.



Three reports were collected in 2007-08, one for mobile phones and two for wireless networks.

ARPANSA does not investigate or attempt to resolve individual complaints but a standard reporting form allows people to describe the nature of their exposure and any adverse health effects they claim to have experienced.

Since the register started in 2003, it has now received 40 reports of claimed adverse health effects.

The latest analysis of these reports from the register can be downloaded at:

[WEB LINK](#)

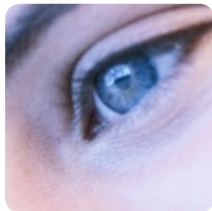
The register is not limited to telecommunications equipment like mobile phones and broadcasting transmitters but also includes reports related to other EMR sources such as power lines, induction heaters, microwave ovens and scientific equipment.

The register is also made available to the National Health and Medical Research Council who decide on what EMR research should be funded in Australia.

[NEXT](#) >
[BACK](#) >
[HOME](#) >
[PRINT](#) >
[EXIT](#) >

STUDY SEES NO EYE CANCER RISK FROM MOBILE PHONE USE

Regular mobile phone use does not appear to increase a person's risk of getting a type of cancer called melanoma of the eye, German researchers reported in January.



The study involving about 1,600 people detected no link between the time a person spent using a cell phone over about a decade and their chances of developing melanoma of the eye, a condition also called uveal melanoma.

The findings contradicted an earlier, smaller study by the same researchers that had raised concern about such a link.

"Risk of uveal melanoma was not associated with regular mobile phone use, and we observed no trend for cumulative measures of exposure. We did not corroborate our previous

results that showed an increased risk of uveal melanoma among regular mobile phone users," the researchers concluded.

The study can be found at:

[WEB LINK](#)

GOV'T SURVEY FINDS INCREASE IN DRIVERS USING MOBILES

A survey of community attitudes to road safety by the Federal Department of Transport has found 61% of drivers report having used a hands-free or hand-held mobile phone while driving.



The survey of more than 1,600 people from across the country showed the number of motorists using any form of a mobile phone while driving has increased in recent years, up from 55% in 2006 and 47% in 2005.

A media release from Transport Minister Anthony Albanese can be found at:

[WEB LINK](#)

The groups within the population that have mainly contributed to the increase in the use of mobile phones while driving include females (up from 47% in 2006 to 61% for the current survey), persons aged 40 to 59 years (up from 56% to 69%) and those classified as 'commuters' (up from 61% to 74%).

The state/territory with the highest level of self-reported mobile phone usage while driving is Western Australia (71%), while Tasmania (53%) has the lowest reported level.

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As a consequence of these increases, the proportion of mobile phone owning motorists that report never answering a mobile when driving has declined from 56% in 2005 to 48% in 2006 and 44% for the current period.

Interestingly, 90% of those aged 15 years and over approve of the law banning the use of hand-held mobile phones while driving (78% approve strongly).

The 2008 Survey of Community Attitudes to Road Safety can be found at:

[WEB LINK](#)

SWISS RESEARCHERS PROVIDE AN UPDATE ON INTERPHONE

The Swiss Research Foundation on Mobile Communication (Forschungsstiftung Mobilkommunikation) published a statement in January which provides



an update on the status of the INTERPHONE project.

The comprehensive statement provides a summary of the published results and a commentary on the complications in interpreting the data.

“To date, only the results of national studies have been published, rather than a pooled analysis of all data.

The provisional main findings are as follows: (i) An overall analysis, covering all cases (not pooled), indicates that mobile phone use does not increase the risk of tumours. (ii) Mobile phone use for less than 10 years does not increase the risk of tumours.

“(iii) There are indications that long-term mobile phone use (more than 10 years) may increase the risk of tumours of the acoustic nerve or brain tissue. However, the comparatively small numbers of long-term users make these results statistically inconclusive. Indeed, valid conclusions can only be drawn once a pooled analysis, entailing considerably more cases, is published. (iv) The same applies to the findings for analyses broken down per side of the head.”

The update on the INTERPHONE project can be found at:

[WEB LINK](#)