



Open Letter to the Director of the IARC on the subject of the Monograph for the evaluation of carcinogenic risk to humans – Volume 102 – Non-ionizing radiation, part II: radiofrequency electromagnetic fields [includes mobile telephones, microwaves and radar]

Dr. Christopher Wild
Director
International Agency for Research on Cancer
150 cours Albert Thomas
69372 Lyon Cedex
France

Istanbul, May 23rd, 2011

Dear Dr Wild,

We have learned, as we were about to send this correspondence, that you have made the decision to withdraw Dr. Alhбом from the Working Group. We warmly welcome this decision and will forward this information to all interested parties. Nevertheless, we wish to confirm the vigilance with which those in the international community who deal with population health will be following the work of those preparing the upcoming publication.

A meeting will occur in Lyon from May 24-31 2011, at the Centre that you have the pleasure but also the immense responsibility of leading: the meeting of the IARC Monographs for the evaluation of carcinogenic risk to humans - volume 102: Non-Ionizing Radiation, Part II: Radiofrequency Electromagnetic Fields [including mobile phones, microwaves and radar]. This is a subject of importance both as a result of its scientific complexity but also for its potential significance with regard to the long-term risks to the health of human populations, especially that of the most vulnerable groups such as fetuses and children. We therefore attach great significance to this meeting, as the classification that will result for the carcinogenicity of radiofrequency electromagnetic fields: Group 1 (demonstrated human carcinogen), 2A (probable carcinogen) or 2B (possible carcinogen) is likely to have major consequences at national level, as well as European, supranational and international levels with regard to the future regulations of such emissions. This will of course lead to legislation that may or may not better protect populations.

You are also no doubt aware, and certainly better than we, that the existence of a risk, even at a quantitatively low level in terms of relative risk, will, by the simple frequency of exposure (over 70% of the world's population is currently the owner and therefore a user of a mobile phone), has a significant impact in terms of the overall number of tumors induced. Some of these tumors, such as glioblastomas that are fortunately still rare, are cancers whose prognosis, even in the best treatment centers, remains particularly poor, with a low survival of patients. Such a burden of additional cancers will be too heavy to bear for many countries with limited resources, such as in the economic south, particularly in Africa. Moreover, the weight of suffering experienced by patients, their families and loved ones is unacceptable for any country whatsoever and is in direct contradiction of the goal of health for all of the World Health Organization. IARC is *the* universally recognized center for

research on cancer as was originally indicated by General de Gaulle, the founder of this remarkable project. He envisaged an institution with a threefold purpose: cooperation between peoples, the progress of humanity and the advancement of science. We know that you share these values.

This is precisely why we are taking the liberty today to send you this open letter. We wish—with all the respect we have for the IARC and especially the Monographs program created in 1969 by the remarkable visionary Dr. Lorenzo Tomatis—to express our deepest concerns about the Monograph that begins tomorrow on your premises. We are motivated by five specific concerns:

1. We are surprised by the fact that IARC decided over a year ago to schedule this meeting for May 2011 when it is abundantly clear that the largest study ever conducted on the subject—and most importantly, a study coordinated by the IARC—has not yet yielded all the results that the scientific community, the medical and epidemiological communities, and indeed even to some extent the general public, have been waiting for over five years. The INTERPHONE study includes more than 6600 cancers, and even a larger number of referents (controls), that were recruited between 1999 and 2004 in 13 countries (Australia, Canada, Denmark, Finland, France, Germany, Israel, Italy, Japan, New Zealand, Norway, United Kingdom of Great Britain and Northern Ireland, Sweden). This study has not yet revealed all the lessons we can take from it. The results concerning brain tumors (2708 gliomas and 2409 meningiomas), even if they do not show an overall increase in risk, nonetheless indicate clearly that those most exposed (at least 1640 hours of cumulative use) have a slightly increased risk of meningioma (OR of 1.15, not statistically significant) but mostly of glioma (OR of 1.40, statistically significant). This latter risk is greater in subjects who reported that their cancer had occurred on the side of head where they held their phones. We do not believe that this result just happened by chance and therefore can be ignored simply because it affects only a single group of individuals. On the contrary, the risk appears exactly in the group where it was most expected to be found, that is to say in heaviest, long-term (10 year) users, and on the temporal lobe nearest to the location where the phone is held when talking. We suggest that this is most likely not the result of chance, but instead bears witness to what we teach our students, namely that risk appears first in those most exposed before spreading to the rest of the population. We are concerned not only by what has been observed in the INTERPHONE study, but also in other studies on the same subject, such as those conducted in the Nordic countries (by Hardell in particular) and fear that this may only be the beginning of the manifestation of a significant occurrence of brain tumours.
2. The results concerning the 1100 acoustic neuromas and 400 parotid gland tumors included in the INTERPHONE study have also yet to be published. Will we also have to wait a number of more years until these are to come out?
3. We understand that your degree of control over INTERPHONE, especially since the departure from IARC of the principal investigator, Elisabeth Cardis, may not be total and therefore encourage you to do everything possible to push the many researchers to publish (before the end of 2011?) the results that are still sorely lacking. It is also your role to ensure that the Working Group members—who's function it is to decide on the basis of their analysis of all available data (exposures, animal data, human data, other relevant data) how radiofrequencies will be classified (1, 2a or 2b)—pursue their work honestly, without undue influence or conflict of interest.

We would have liked to see the declarations of interests for WHO experts— statements that must already be in the hands of the IARC—published on the IARC Monographs site. We waited until the last moment (it is currently Monday, May 23, 2011 at 4:30 am) to see them appear but they were not posted. We do not understand why documents of this importance

are not made public. What is their purpose if their content is not made available to any person wishing to consult them? In their absence, we have therefore sought alternative sources of information, specifically the media. We were shocked to read and hear a number of the statements from several members of the Working Group. We will draw your attention here to the statements of only two people because of role which they seem to be playing in the forthcoming Monograph: one being the Chairperson of either the whole Monograph or simply the chair of the Epidemiology subgroup, and another who is apparently the author of the first draft chapter of the Epidemiology part which will be discussed in the days to come. The first is Professor Anders Ahlbom. According to the press (and I remind you that we have had to use an alternative source of information since we did not have access to the statements of interest), Professor Ahlbom of the Karolinska Institute is the brother of Gunnar Ahlbom, a lobbyist known for his work in Brussels for the main Swedish telephone operator TeliaSonera mobile. In 2010 the two brothers opened a consulting firm, Gunnar Ahlbom AB, based in Brussels. If the media reports are indeed true, this information should appear under item 6b of the statement of interest and also makes it an extremely surprising choice for Professor Ahlbom to be chairing the Working Group.

4. Another expert who has aroused our attention is Dr. Jack Siemiatycki, University of Montreal, who, according to his statements to the press, has been chosen to lead the Epidemiology subgroup. We do not know whether or not a conflict of interest has been declared or not. Nevertheless we are deeply shocked by what he seems to have said in a press interview, stating that there are no risks associated with mobile phones, and statements to the effect that if the precautionary principle had been established two thousand years, we'd all still be living in caves. This hardly reflects the experienced and serious scientific mind that Jack used to be (a few years ago at least) and this raises questions about what will constitute the tenor of his remarks during this week's discussions.
5. In April 2011, the French General Inspectorate of Social Affairs (IGAS) released a report on the topic of health expertise. We would draw your attention to this document (RM2011-044P). This report emphasizes the importance of independent expertise, as an "essential condition of its quality, impartiality and legitimacy." As for industry observers, the report affirms that, "As representatives of economic actors, their presence in the community of experts is considered to be too ambiguous to be sustained. It therefore suggested that they be properly auditioned as a prelude to their participation or that they make their submissions in written form. " What are we therefore to think of the presence of observers such as Joe Elder (Mobile Manufacturers Forum), Jack Rowley (GSM Association) and Mays Swicord (CTIA - The Wireless Partnership)?

We trust, Sir, in your ability to take these comments into serious consideration. At stake is the health of innumerable people, especially younger ones, in countries of both the North and the South.

Sincerely

Women in Europe for a Common Future (WECF-fr)

Dr Annie J. Sasco, MD, DrPH, Membre du Comité d'Expert-e-s WECF, médecin épidémiologiste du cancer, Directrice de recherche Inserm et ancienne directrice d'unité au CIRC, Fellow of the Collegium Ramazzini, Bordeaux, France

Anne Barre, Présidente de WECF France, Annemasse, France

Madeleine Madoré, Membre du Comité d'expert-e-s WECF, Pharmacienne, Paris, France

Anne-Corinne Zimmer, Membre du Comité d'Expert-e-s WECF, Auteure et journaliste scientifique, Bruxelles, Belgique

Elisabeth Ruffinengo, Juriste, Chargée de mission plaidoyer, WECF, Annemasse, France

Réseau Environnement Santé (RES)

André Cicolella, Président RES, Paris, France

Dr Pierre Souvet, Cardiologue, Trésorier RES, Aix-en-Provence, France

Environmental Health Trust

Devra Lee Davis, PhD, Author and Founder Environmental Trust Fund, Fellow of the Collegium Ramazzini, Washington DC and Jackson Hole, Wyoming, United States of America

International Society of Doctors for the Environment – France (ISDE France)

Pr Dominique Belpomme, Président, PU-PH Cancérologue, Paris, France

Philippe Irigaray, Dr es Sciences, Paris, France

International Society of Doctors for the Environment – Italy (ISDE-Italia)

Dr Ernesto Brugio, Pediatrician, President ISDE-Italy

Health Care without Harm (HCWH)

Dr Gary Cohen, MD, President and co-founder, Boston, United States of America

Dr Anja Leetz, Executive Director HCWH-Europe, Brussels, Belgium

Health Environment Alliance (HEAL)

Genon K. Jensen, Executive Director, France

Lisette van Vliet, Toxics Policy Advisor, Brussels, Belgium

Instituto de Alpha de Saúde Integral

Maria Emilia Gadelha Serra, MD, Medical Director, Brazil

Health Caméra

Nadia Collot, Presidente and founder HeathCam, film director, Paris, France

WEEP- The Canadian initiative to stop Wireless Electrical and Electromagnetic Pollution

Martin Weatherall, Co-Director WEEP, Canada

MDs, scientists or others signing as individuals

Geneviève Ancel, Administratrice territoriale et co-fondatrice Dialogues en Humanité, Lyon, France

Nicholas Ashford, JD, PhD, Professor of Technology and Policy, MIT, Fellow of the Collegium Ramazzini, Cambridge, United States of America

Dr Bernard Asselain, Medical epidemiologist, MD, PhD, Institut Curie, Paris, France

Pr Fahrat Ben Ayed, MD, Cancérologue, Président de l'Association Tunisienne de Lutte Contre le Cancer, Tunis, Tunisia

Marie-Line Cal, Economiste de la santé, Maître de conférences des universités, Université Bordeaux Segalen, France

Barry Castleman, PhD, Fellow of the Collegium Ramazzini, Washington DC, United States of America

Pr Richard Clapp, Past president of Greater Boston Physicians for Social Responsibility, United States of America

Catherine Gouhier, Centre de Recherche et d'Information Indépendantes sur les Rayonnements Electromagnétiques, France

Pr Vyvyan Howard, MD, PhD, Past president International Society of Doctors for the Environment, University of Ulster, Northern Ireland

Dr Jean-Loup Mouyset, MD, Oncologue médical, Aix-en-Provence, France

Pr Polyxeni Nicolopoulou-Stamati, MD, PhD, Environmental Pathology, University of Athens, Greece

Clément Rossignol, PhD, Bordeaux University, France

Elifsu Sabuncu, PhD, Paris, France

Pr Paulo Saldiva, MD, PhD, Chairman of the National Center of Integrated Environmental Risk Assessment, National Research Council, Sao Paulo, Brazil

Dr David Servan-Schreiber, MD, PhD, Author and et Founder Guérir.fr, France

Pr Morando Soffritti, MD, PhD, Fellow Collegium Ramazzini, Carpi, Italy

Pr Carlos Sonnenschein, MD, PhD, Tufts University School of Medicine, Boston, United States of America

Pr Ana Soto, MD, PhD, Tufts University School of Medicine, Boston, United States of America

Pr Charles Sultan, MD, PhD, Montpellier University, France

Annie Thébaud-Monny, Directeur de Recherche honoraire Inserm, Paris, France

Contact information/personne contact :

Annie J. Sasco, MD, DrPH

Epidémiologie for Cancer Prevention, team on HIV, Cancer and Global health

Inserm U 897

Isped

Université Bordeaux Segalen

146 rue Leo Saignat

33176 Bordeaux cedex - France

Tel : ++ 33 5 57 57 45 12

Cell : ++33 6 74 25 43 93

Courriel : annie.sasco@isped.u-bordeaux2.fr