

Iris Atzmon  
atzmonh@bezeqint.net

25 August 2014

John F. Ryan, Acting Director  
Public Health Directorate  
Health and Consumers Directorate General  
European Commission,  
L-2920 Luxembourg  
Sent Via Email

**Subject: SCENHIR conflicts of interests**

Dear Mr. John Ryan:

Following the information about science suppression at SCENIHR, I attach evidence of systematic suppression of mobile phone risk by Dr. Joachim Schüz.

Dr. Kjell Hansson Mild's testimony fits well with previous data on Dr. Joachim Schüz's relation to brain tumors risk from cell phones. It is tragic, from public health point of view, that one person who is connected with the mobile phone industry was given so much power to make critical decisions for the SCENIHR report.

In the past, the chairman of SCENIHR was Professor Anders Ahlbom. He was a consultant for the tobacco industry until 1996 (SCENIHR 2006), and established in 2010 a Telecom lobby firm together with his brother and sister in law, assisting the Telecom industry on EU regulations, public affairs and corporate communication (Nilsson 2011).

According to Schüz's declaration of interests, submitted to the EC, he received support from the mobile phone industry through the Interphone and COSMOS projects. In addition, Schüz has consulted for [Wissenschaftlicher Beirat Funk \(WBF\)](#), an Austrian mobile phone advisory group that has received funding from telecom companies. (*Microwave News*, June 9, 2010 <http://microwavenews.com/news-center/joachim-sch%C3%BCz-moves-iarc-interphone-analysis-continue> )

The following is cited from *Microwave News*. Dr. Joachim Schüz is co-author of the Danish cohort:

## The Danish Cohort Study: The Politics and Economics of Bias

November 3, 2011

The latest update of the [Danish cell phone-cancer study](#) is being touted as the biggest and best ever. It shows "no link between mobile phone use and [brain] tumors," according to the press release.

Don't believe a word of it.

On October 20, the *British Medical Journal* released the third installment of the [Danish Cancer Society's](#) cohort study, which has been tracking some 400,000 mobile phone subscribers since the 1980s. The whole enterprise has been dogged by controversy and political suspicions since the [first results](#) were published ten years ago.

From the very beginning, the Danish project was criticized for eliminating more than 200,000 corporate subscribers, one third of the actual number of Danish cell phone users, the intended study population. The researchers had little choice: They did not know the names of the people using phones paid for by their employers and so had no way to match those on mobile phone subscriber lists with those on tumor registries. Everybody agrees that those who were dropped were the heaviest users. In the time period covered in the Danish project—from 1987 through 1995—cell phones were expensive and it's no stretch to assume that those who did not have to pay their own bills racked up the most talk time.

In an e-mail to *Microwave News*, [IARC's Robert Baan](#), wrote that the exclusion of the corporate subscribers "seems remarkable." Baan coordinated last May's panel meeting that designated RF radiation from cell phones as a [possible human carcinogen](#). He also pointed out that, as the authors of the Danish study have openly disclosed, all those corporate users ended up in the control group. In other words, these heaviest users were treated as if they did not use cell phones. In his report on the May IARC meeting, Baan wrote that this "could have resulted in considerable misclassification in exposure assessment." That's just a smart way of saying that the study has a good measure of bias.

Bias can magnify or understate a risk. The bias that Baan is referring to will lower the observed tumor risks from cell phones. (Remember that the tumor risk is estimated by comparing the number of cell phone users who get tumors with the number of non-users who get tumors.) Here's why: If cell phones do indeed lead to tumors, then obviously some people who use them will get one. And if those people are put in the control group instead of the user group, they will inflate the expected rate of tumors. The new normal will be higher than it should be. This bias explains why the IARC panel put much [less weight](#) on the Danish study than on the Interphone and Hardell efforts. The Interphone and Hardell studies used a case-control design; both point to a tumor risk. (The IARC panel reviewed the [first Danish update](#), published in 2006, but not the latest one released two weeks ago.)

The Danish study has another, perhaps even more potentially fatal source of bias. The user population includes only those who had a cell phone in 1995—that was about 20% of the population. The Danish Cancer Society treats everyone who took up cell phones after 1995 as if they had never used one. They too are in the control group.

That's hard to believe but true. Here's a direct quote from the *BMJ* paper: "individuals with a subscription in 1996 or later were classified as non-users."

The number of cell phone users in Denmark more than doubled between 1995 and 1997, to about 44% of the population. All those people who started using cell phones in 1996 and 1997 could have accumulated 10 or 11 years of cell phone use by the end of 2007, the cut off date for the *BMJ* paper analysis. All those post-1995 users are also in the controls together with the heavy corporate users. More bias on top of bias.

There are other sources of bias. For instance, there's no way to know who used a cordless phone, which can deliver as much radiation exposure as a cell phone.

Despite all this, IARC, in a [recent release](#), wrote that Danish cohort study "confirms the overall Interphone findings of no association, but with reduced potential for bias." We've already addressed the [bogus argument](#) that Interphone showed no tumor risk — though we are still wondering who wrote those words. We find it hard to believe that it was Robert Baan; that leaves [Joachim Schüz](#), IARC's head of the section on environment and radiation, as the most likely to have been responsible. Schüz is also one of the principal authors of the Danish cohort study. (Is there some kind of internal RF dispute going on at IARC?)

No one doubts that Interphone had bias. That's what lowered all the risks and made the study appear to show that cell phones protect against brain tumors. Arguments about the role of various types of bias —primarily selection and recall bias— delayed the release of the Interphone paper for four years and finally forced [Chris Wild](#), the director of IARC, to [step in and force a compromise](#).

Is the bias in Interphone any worse than in the Danish study? We asked [Lennart Hardell](#) and [Elisabeth Cardis](#), the leader of Interphone, whether they agreed with Schüz. They don't.

"It is very difficult to quantify and compare, but I would not say that there is less bias than in Interphone," Cardis replied. Hardell thinks the Danish cohort has more intrinsic bias than his and the Interphone studies. He sent us a list of all the various types of bias at work in the Danish study.

[Michael Kundi](#) of the Medical University of Vienna goes much further. The Danish study is "the most severely biased study among all studies published so far," he told us. Kundi explained that he had done calculations to correct the [2006 Danish paper](#) for the "contamination" of having so many long-term users among the controls and had found a "highly significant increase of glioma [brain tumor] risk." He predicted that when he does similar corrections of the latest data, the risk "would be even more pronounced."

As would be expected, the Danish paper has not been well received by those who have long pushed for caution and precautionary policies. [Devra Davis](#), [Denis Henshaw](#), [Ron Herberman](#), [Vini Khurana](#), [Lloyd Morgan](#) and [Alasdair Philips](#) have posted critical ["rapid responses"](#) on the *BMJ* Web site. Philips of U.K. [Powerwatch](#) was particularly outspoken about the new paper. "It's absolute rubbish," he said in an interview with *Microwave News*. "It's garbage in, garbage out."

[Anders Ahlbom](#) and [Maria Feychting](#) of the Karolinska Institute in Stockholm are more kindly disposed. In an [editorial](#) commissioned by *BMJ* and published with the Danish paper, they wrote that the results are "reassuring." They noted the potential for bias: "having a mobile phone subscription is not equivalent to using a mobile phone," they warned. They conceded that this would "dilute" a possible association, but they maintained it's a minor problem because the bias would have only "a small effect" for long-term users.

Somehow Ahlbom and Feychting don't address the fact that corporate subscribers and post-1995 users are in the controls. They are, of course, well aware of these sources of bias. Five years ago, they criticized the Danish study (the [2006 update](#)) for these exact faults in a [letter to the \*Journal of the National Cancer Institute \(JNCI\)\*](#). Back then, they *did* express "concern" over the treatment of the corporate and post-1995 users. A "large proportion of the population started to use mobile phones after the cohort was defined and thus are included in the reference population," they wrote, admitting that the "same problem applies also to corporate users, who are not included as subscribers in the study." They warned: "All these circumstances would dilute any excess risk, were it to exist, and push the estimate toward the null." Elisabeth Cardis and U.K.'s [Paul Elliott](#) cosigned the letter to *JNCI*.

Ahlbom and Feychting also appear to have forgotten yet another source of bias which they had raised in *JNCI*. When the Danish team checked to see if members of the original 1987-1995 cohort were still using a mobile phone in 2002, they found that only 61% of those questioned said that they still used a cell phone. This means that not only were the controls using cell phones but many of the so-called subscribers were not. This adds more bias to the already overflowing bucket of bias.

The Danish Cohort Study: The Politics and Economics of Bias November 3, 2011

<http://microwavenews.com/DanishCohort.html>

October 28, 2011

The International Agency for Research on Cancer (IARC) is playing some strange games, which will inevitably lead to more public confusion about cell phone cancer risks.

A few days ago, IARC issued some ["Questions & Answers" on mobile phones and cancer](#) prompted by last week's release of a new update of the [Danish cohort study](#).

The Danish study finds no association between phones and brain tumors. IARC includes the following statement in its Q&A: The Danish paper in *BMJ* "confirms the overall Interphone findings of no association." Huh? That doesn't make any sense. [Interphone](#) did in fact report an association among long-term users. IARC is well aware of this since Interphone was and continues to be an IARC project. In addition, last May's decision to classify RF radiation as a [possible human carcinogen](#) was made by a committee convened by IARC. Indeed in July [IARC officially announced](#) that the decision was based in large part on the Interphone study.

We asked [Joachim Schüz](#), who is the head of IARC's section of environment and radiation as well as a member of the Danish study team and the Interphone project, to walk us through this. (It's no secret that Schüz is a leader of the bloc that is deeply skeptical of any tumor risk.) Here's what he told us: "Interphone shows no increased effect estimates by time since first use, which is the most comparable metric to the Danish study." That's true. On the other hand, if you use cumulative call time as the index of use, Interphone shows a 40% increase in the incidence of glioma brain tumors.

As has been widely discussed, Interphone reported risks that are consistently low. When the Interphone team compensated for what practically everyone believes is bias in the way the data were collected, it found a doubling of the tumor risk "since first use," a statistically significant increase. (See: ["Interphone's Provocative Analysis of the Brain Tumor Risks."](#))

We asked Schüz about those calculations too. He rejects them. (This may help explain why they were buried in an appendix that was left out of the published paper and banished to the Internet.) Schüz argues that the increase seen in those calculations are "incompatible with no excess seen in the incidence rates." To support this, he cited a [paper](#) he coauthored with Isabelle Deltour and others at the Danish Cancer Society (Schüz worked at the society before joining IARC). But that won't wash because, as we pointed out long ago, that paper has nothing to say about risks for use of ten years or longer (see the last sentence of the [abstract](#) and our post, ["Spin, Spin, Spin."](#))

IARC is known as the "gold standard" for determining what is a cancer-causing agent. Too bad that IARC's professional and communications staff is indulging in reverse alchemy, trying to turn gold into base metal.

IARC Tries To Play Down Cell Phone Tumor Risks October 28, 2011 <http://microwavenews.com/news-center/iarc-tries-play-down-cell-phone-tumor-risks>

November 8, 2012

Last updated

November 9, 2012

The [Danish Cancer Society](#) is reporting that the number of men diagnosed with [glioblastoma](#)—the most malignant type of brain cancer— has nearly doubled over the last ten years. [Hans Skovgaard Poulsen](#), the head of neuro-oncology at Copenhagen University Hospital, is calling it a "frightening development."

The society is not linking the increase to cell phones or to anything else. "We have no idea what caused it," Poulsen said in a [statement](#) issued by the Danish Cancer Society on November 2.

Both the [Interphone](#) study and the group led by Sweden's [Lennart Hardell](#) have [reported](#) that long-term cell phone use is associated with higher rates of glioma. (Glioblastoma is a type of glioma.)

"I think the data is true and valid," [Christoffer Johansen](#) of the Danish Cancer Society told *Microwave News*. Johansen is a member of the team that has been working on the [Danish cohort study](#).

November 9 2012

This morning, we heard from Joachim Schüz, who is travelling in Asia. He tells us that the news about the increase in glioblastoma is "indeed a concern."

June 9, 2010

In 2005, Schüz moved to the [Danish Cancer Society](#) in Copenhagen, where he has collaborated with Christoffer Johansen on the [Danish analyses](#). Schüz is currently the head of the department of biostatistics and epidemiology at the society's Institute of Cancer Epidemiology. (See also Schüz's [full CV](#).)

December 13, 2013

Last updated

December 20, 2013

Last week, *Epidemiology*, a leading journal, released an advance copy of a [commentary on "Mobiles and Cancer,"](#) which will appear in its January 2014 issue...Samet's paper has three coauthors, including Schüz; all three are associated with IARC...But one sentence in the text stood out to us. "Incidence rates in the Nordic countries [are] still showing no increase [in gliomas] —particularly in the subgroup of middle-aged men who were among the first to use mobile phones."

What about Skovgaard Poulsen's "frightening" report?, we wondered

SSI (the Danish equivalent of the [CDC](#) in the U.S.) shows a 30% increase in the number of brain and central nervous tumors among Danish men over the ten years, 2002-2011 (Table 1 on p.5 of the report). The increase among Danish women was 25%.

December 20, 2013

The [latest edition of the Danish SSI's tumor incidence data](#) has just been released. The ten-year, from 2003 through 2012, increase of CNS tumors is now 41.2% among men and 46.1% among women (Table 1 on p.8 of the SSI report).

<http://microwavenews.com/short-takes-archive/spike-brain-cancer-denmark>

<http://microwavenews.com/news-center/something-rotten-denmark>

<http://microwavenews.com/news-center/joachim-sch%C3%BCz-moves-iarc-interphone-analysis-continue>

## **Schüz on Long-Term Tumor Risks: “Very Unlikely”**

In a wide-ranging interview, Schüz said "The entire association [seen in Interphone] can be explained by bias"...Schüz believes that a doubling of the risk following 10-15 year of cell phone use is "very unlikely."

June 30, 2010

<http://microwavenews.com/news/and-now-%E2%80%A6-tinnitus>

I hope you will find this information as useful as I have found it, in order to understand that the public is the victim of an ongoing scientific assault that is translated into public health scandal, under the nose of 500 million Europeans as well as other parts of the world.

With Best regards,

Iris Atzmon

Ahnbom A tobacco connection, as documented in the European Commission Health & Consumer Protection Director- General Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) Meeting 28.11.06

[http://ec.europa.eu/health/ph\\_risk/committees/04\\_scenihr/docs/scenihr\\_mi\\_014.pdf](http://ec.europa.eu/health/ph_risk/committees/04_scenihr/docs/scenihr_mi_014.pdf)

Milsson, Mona Official PRESS RELEASE 23rd May 2011: Leading expert Anders Ahlbom linked to the Telecom Industry. Conflict of interest at the WHO

<http://www.monanilsson.se/document/AhnbomConflictsIARCMay23.pdf>

Copies:

Eileen O'Connor

Dr. Louis Slesin

Dr. Horst Eger

Cindy Sage

Blake Levitt

Swedish Radiation Protection Foundation

A.P.P.L.E Association per la prevenzione et la Lotta all'electrosmog

Powerwatch UK

European Citizens' Initiative

Robin de Toits

Mast Victims

IEMFA International EMF Alliance