Canadians for Safe Technology (C4ST) input re public consultation for ICNIRP Draft Guidelines Report

October, 9, 2018

The "Task" of the High Frequency, ICNIRP Project Group (PG) on "**RF Guidelines (up to 300 GHz)"** was to: "*Revise the existing guidelines on limiting exposure to radiofrequency fields in the range (100 kHz - 300 GHz) based on the latest reviews available including in particular the ICNIRP Reviews, the WHO EHC, and the IARC monograph"*

Source: ICNIRP website https://www.icnirp.org/en/about-icnirp/project-groups/index.html [accessed 2018-10-06]

The PG members were identified as: Rodney Croft (Chair), Guglielmo D'Inzeo, Maria Feychting, Akimasa Hirata, Kari Jokela, Sarah Loughran, Carmela Marino, Gunnhild Oftedal, Eric van Rongen, Martin Röösli, Zenon Sienkiewicz, John Tattersall, and Soichi Watanabe.

Proposed change:

1. Dissolution of the current Project Group. The current PG and process that ICNIRP uses has come under criticism for its lack of unbiased membership.

> https://betweenrockandhardplace.wordpress.com/2016/04/08/is-icnirp-reliable-enough-to-dictate-meaning-of-science-to-the-governmental-risk-regulators/
>
> https://www.uv.es/gadopas/2013.Not.Entirely.Reliable.pdf

2. Reconstitution of the Project Group with members, such as Dr. Lennart Hardell and Dr. Anthony Miller, to provide a true balance of opinions and expertise, and who are competent to conduct a proper review and evaluation of the pertinent literature.

3. The use of a systematic literature review methodology* based on international best practices and a weight of evidence assessment that will provide protective RF limits based on the complete state of medical science. The complete list would include the thousands of studies, pre- and -post 1998 reporting biological effects at non-thermal, low intensity levels below current ICNIRP RF guidelines established in 1998. It would also include The Weight of Evidence (WOE) concept and its associated methods should be fully described when used.**

This two-step process involves 1. Systematic assembly, examination, data extraction and quality assessment of all of the evidence; and 2. Transparent weighing of this evidence. Since ICNIRP has failed to execute step one, step two is impossible.

> * Rooney, A. A., Cooper, G. S., Jahnke, G. D., Lam, J., Morgan, R. L., Boyles, A. L., … Lunn, R. M. (2016). *How credible are the study results? Evaluating and applying internal validity tools to literature-based assessments of environmental health hazards.* Environment International, 92–93, 617–629. https://doi.org/10.1016/j.envint.2016.01.005
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> ** Douglas L.Weed, 2005. *"Weight of Evidence: A Review of Concept and Methods" PMID*, DOI: 10.1111/j.1539-6924.2005.00699.x. https://www.ncbi.nlm.nih.gov/pubmed/16506981

3. Another public consultation based on the report of the new Project Group and proper science-based best-practices methodology.

Explain the context of your comment:

The current ICNIRP Draft has failed to capture a significant portion of the pertinent scientific literature and it is therefore impossible to state that the revisions of the ICNIRP RF guidelines are based on all of the available scientific evidence. The ICNIRP Draft with Appendix B, identified less than 20 studies in its own report, and only one additional study contained in the reports it cited, for 2015 to 2018, inclusive (Table 1). C4ST lists over 400 studies over this time period as examples of the literature that the ICNIRP PG missed (Appendix 1).

Of the biological effects the ICNIRP PG does report, the PG has failed to identify the specific scientific studies being referred to and it has failed to provide thorough substantiations for dismissing the evidence of adverse health consequences of exposure to non-thermal, low intensities of RF radiation.

The ICNIRP public consultation feed-back form says the public should *"provide supporting evidence (reference to publication, etc.) …*" when the ICNIRP PG has failed to do so itself.

In her testimony before Canada's Parliamentary STANDING COMMITTEE ON HEALTH, Dr. Meg Sears described how if a review is not well conducted it is subject to bias and incorrect conclusions.[1] ICNIRP's review was not conducted well. See Table 2 for a summary analysis of the key components of the key failings of the draft document.

Systematic reviews address specific questions. They are collaborative. They're transparent. Systematic reviews address ingrained biases. You can only build upon previous reviews that are of high quality. The ICNIRP Draft does not.

C4ST comments on the reports/reviews that the ICNIRP PG was tasked to examine that have the findings summarized in Table 1.

1. ICNIRP Reviews:
C4ST comment: The only ICNIRP reports in the references of the Draft and of Appendix B are the 1998 guidelines report (Health Physics, 1998, 74(4)494-522) and in the Draft only, the 2010 guidelines for 1 Hz to 100 kHZ (Health Physics 2010, 99(6):818-836). As would be expected, there are no studies from past 2010.

2. The **WHO EHC (World Health Organization Environmental Health Criteria (of 2014)**.
C4ST comment: This was a draft document. It had no recommendations and according to WHO's Dr. Emilie van Deventer, Head of the International EMF Project of the WHO, the literature in the draft was incomplete (and about 300 studies had been missed in the draft document.) As a result, since the ICNIRP PG was relying on this draft document, then it also would not have evaluated these 300 unnamed studies. In addition, time has elapsed, and the newer literature published recently would not be included in the WHO Draft.
https://vimeo.com/170983540

3. **The IARC monograph [World Health Organization, International Agency for Research on Cancer – Monograph 102]** – Neither the Monograph nor the publication resulting from determination of the IARC Working Group that RFR was classified as a Group 2B *possible* human carcinogen has been included.

Baan, R., Grosse, Y., Lauby-Secretan, B., El Ghissassi, F., Bouvard, V., Benbrahim-Tallaa, L., … WHO International Agency for Research on Cancer Monograph Working Group. (2011). Carcinogenicity of radiofrequency electromagnetic fields. Lancet Oncology, 12(7), 624–626. https://doi.org/10.1016/S1470-2045(11)70147-4

[1] https://www.ourcommons.ca/DocumentViewer/en/41-2/HESA/meeting-54/evidence (at time 16:40)

4. **The "latest" reviews:** Considering that the number of references the ICNIRP Draft document and Appendix B, combined, is less than 20, it is obvious that many reviews and individual studies (that would not yet be captured in a review because of the recent date of publication), were missed. Lists of only a small portion from 2015 to 2018, inclusive, are provided in Appendix 1.

C4ST additional comments: The severe shortcomings of evaluation of evidence of cancer and other adverse biological effects are addressed by Melnick (2018) and Miller et al. (2018) and Pall (submission to ICNIRP, October 2018):

- Melnick, R. L. (2018). **Commentary on the utility of the National Toxicology Program study on cell phone radiofrequency radiation data for assessing human health risks despite unfounded criticisms aimed at minimizing the findings of adverse health effects**. Environmental Research, 168, 1–6. https://doi.org/10.1016/j.envres.2018.09.010
- Miller, A. B., Morgan, L. L., Udasin, I., & Davis, D. L. (2018). **Cancer epidemiology update, following the 2011 IARC evaluation of radiofrequency electromagnetic fields (Monograph 102).** Environmental Research. https://doi.org/10.1016/j.envres.2018.06.043
- Pall, M. L. (2018). **Response to 2018 ICNIRP draft statement, with appendices.** Submission to ICNIRP - Public Consultation, ICNIRP Draft Radiofrequency (RF) Guidelines, Appendix A, Appendix B., 39.

Other evidence-based studies ignored by the ICNIRP RF Draft document that need to be addressed before adequately protective guidelines are set include:

1. Medical condition of electromagnetic sensitivity (EHS) and

2. Synergistic effects e.g. of RFR and certain chemical agents.

Table 1. Number publication in the reference list in the ICNIRP Draft RF guidelines document and in the reports/publications it cited for 2015 to 2018, inclusive. Also included are a portion of studies identified by Canadians for Safe Technology (C4ST) that are pertinent to health issues (Appendix 1) and need to be included for a proper evaluation of human health risks before the revision of the 1998 ICNIRP radiofrequency radiation (RFR) guidelines. The C4ST identified studies, and other relevant studies, can be found at https://www.emf-portal.org/en

	Report	2015	2016	2017	2018	TOTAL
1	**ICNIRP RF Guidelines Draft 2018**	**2** -1 is SCENIHR – see below for results. -1 is about bacteria	**2** -both are on temperature)	**5** -2 are on temperature and 3 are technical related to dosimetry/ simulations	**4** -2 are not directly related to the scientific evidence of health risks of RFR 1 – contact currents 1- temperature	**13**

2	ICNIRP RF Guidelines Draft 2018. Appendix B. Health Risk Assessment	**2** SCENIHR 2015 (counted above) -see results below - 1 cancer	**0**	**1** -single study: red blood cells	**3** - single study: eye - 2cancer	**5**
3.	ICNIRP Reviews	**0**	**0**	**0**	**0**	**0**
4.	SCENIHR 2015	**1** 1 cancer	**0**	**0**	**0**	**1**
5.	WHO-EHC Draft 2014	**0**	**0**	**0**	**0**	**0**
6.	C4ST -partial list provided below	**170**	**127**	**87**	**27**	**>400**

Table 2. Essential Aspects of Systematic Review and Evidence Integration for Literature-Based Environmental Health Science Assessments (based on Rooney et al.[2])

Component Description	Evident in ICNIRP draft document?	Comment
Formulate the problem and develop detailed study protocol, with peer review. Protocols include key questions, literature search strategies, evidence to be considered, synthesis and grading, and weight of evidence process.	✗	A detailed study protocol was not provided.
Systematically and transparently search for and select studies. Provide sufficient literature search details to allow replication. Provide selection/exclusion criteria. Provide a flow chart depicting study selection. Provide a list of excluded studies, with reasons for exclusion	✗	Search details, criteria and study lists not provided.
Extract, summarize and analyse data. Tabulate study details and summary results. Mathematically combine results of studies if feasible (meta-analysis)	✗	Not provided. Narrative summary without detailed results were provided.
Systematically assess study quality, according to protocol. Quality reflects strengths and weaknesses in the context of the subject area.	✗	Not provided. Some discussion of some studies, but not conducted systematically nor comprehensively. Not tabulated.

[2] Rooney, A. A., Cooper, G. S., Jahnke, G. D., Lam, J., Morgan, R. L., Boyles, A. L., … Lunn, R. M. (2016). How credible are the study results? Evaluating and applying internal validity tools to literature-based assessments of environmental health hazards. Environment International, 92–93, 617–629. https://doi.org/10.1016/j.envint.2016.01.005

Rate confidence in the bodies of evidence, using the individual assessments.	✗	Not conducted. Builds upon previous poor reviews that omit substantial literature.
Translate confidence in bodies of evidence into levels of evidence for health effects with various exposures.	✗	Not conducted. Builds upon previous poor reviews that omit substantial literature.
Integrate evidence to develop hazard identification. Risk assessment and management.	✗	Not conducted. Builds upon previous poor reviews that omit substantial literature.

Appendix 1. A portion (examples) of studies on electromagnetic fields that are pertinent for the full evaluation of the health risks for revision of the 1998 ICNIRP radiofrequency radiation (RFR) guidelines.

These and other pertinent studies can be found at: https://www.emf-portal.org/en

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2015

1. Abdullah, N., Roffeei, S. H. M., Kamarulzaman, Y., Yusop, F. D., Madun, A., & Ng, K. H. (2015). Evaluating the performance of electromagnetic fields (EMF) research work (2003–2013). Scientometrics, 105(1), 261–278. https://doi.org/10.1007/s11192-015-1657-8

2. Abu Khadra, K. M., Khalil, A. M., Abu Samak, M., & Aljaberi, A. (2015). Evaluation of selected biochemical parameters in the saliva of young males using mobile phones. Electromagnetic Biology and Medicine, 34(1), 72–76. https://doi.org/10.3109/15368378.2014.881370

3. Adibzadeh, F., Verhaart, R. F., Verduijn, G. M., Fortunati, V., Rijnen, Z., Franckena, M., … Paulides, M. M. (2015). Association of acute adverse effects with high local SAR induced in the brain from prolonged RF head and neck hyperthermia. Physics in Medicine and Biology, 60(3), 995–1006. https://doi.org/10.1088/0031-9155/60/3/995

4. Aydoğan, F., Aydın, E., Koca, G., Özgür, E., Atilla, P., Tüzüner, A., … Samim, E. E. (2015). The effects of 2100-MHz radiofrequency radiation on nasal mucosa and mucociliary clearance in rats. International Forum of Allergy & Rhinology. https://doi.org/10.1002/alr.21509

5. Azadi Oskouyi, E., Rajaei, F., Safari Variani, A., Sarokhani, M. R., & Javadi, A. (2015). Effects of microwaves (950 MHZ mobile phone) on morphometric and apoptotic changes of rabbit epididymis. Andrologia, 47(6), 700–705. https://doi.org/10.1111/and.12321

6. Baan R, Grosse Y, Lauby-Secretan B, et al, on behalf of the WHO International Agency for Research on Cancer Monograph Working Group. (2015). Correction to Lancet Oncol 2011; 12: 625. The Lancet Oncology, 16(8), e379. https://doi.org/10.1016/S1470-2045(15)00119-9

7. Bakacak, M., Bostancı, M. S., Attar, R., Yıldırım, Ö. K., Yıldırım, G., Bakacak, Z., … Han, A. (2015). The effects of electromagnetic fields on the number of ovarian primordial follicles: An experimental study. The Kaohsiung Journal of Medical Sciences, 31(6), 287–292. https://doi.org/10.1016/j.kjms.2015.03.004

8. Baliatsas, C., Bolte, J., Yzermans, J., Kelfkens, G., Hooiveld, M., Lebret, E., & van Kamp, I. (2015). Actual and perceived exposure to electromagnetic fields and non-specific physical symptoms: an epidemiological study

based on self-reported data and electronic medical records. International Journal of Hygiene and Environmental Health, 218(3), 331–344. https://doi.org/10.1016/j.ijheh.2015.02.001

9. Balmori, A. (2015). Anthropogenic radiofrequency electromagnetic fields as an emerging threat to wildlife orientation. Science of The Total Environment, 518–519, 58–60. https://doi.org/10.1016/j.scitotenv.2015.02.077

10. Bamiou, D.-E., Ceranic, B., Vickers, D., Zamyslowska-Szmytke, E., Cox, R., Chadwick, P., & Luxon, L. M. (2015). Mobile telephone use effects on perception of verticality. Bioelectromagnetics, 36(1), 27–34. https://doi.org/10.1002/bem.21877

11. Barnes, F. S., & Greenebaum, B. (2015). The effects of weak magnetic fields on radical pairs. Bioelectromagnetics, 36(1), 45–54. https://doi.org/10.1002/bem.21883

12. Barteri, M., De Carolis, R., Marinelli, F., Tomassetti, G., & Montemiglio, L. C. (2015). Effects of microwaves (900 MHz) on peroxidase systems: a comparison between lactoperoxidase and horseradish peroxidase. Electromagnetic Biology and Medicine, 1–7. https://doi.org/10.3109/15368378.2014.1002135

13. Bedir, R., Tumkaya, L., Şehitoğlu, İ., Kalkan, Y., Yilmaz, A., & Şahin, O. Z. (2015). The effect of exposure of rats during prenatal period to radiation spreading from mobile phones on renal development. Renal Failure, 37(2), 305–309. https://doi.org/10.3109/0886022X.2014.985995

14. Beekhuizen, J., Kromhout, H., Bürgi, A., Huss, A., & Vermeulen, R. (2015). What input data are needed to accurately model electromagnetic fields from mobile phone base stations? Journal of Exposure Science & Environmental Epidemiology, 25(1), 53–57. https://doi.org/10.1038/jes.2014.1

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16. Belyaev, I. et al. (2015). 2015, Brussels International Scientific Declaration on Electromagnetic Hypersensitivity and Multiple Chemical Sensitivity Statement-EN.pdf. 5th Paris Appeal Congress. Retrieved from http://appel-de-paris.com/wp-content/uploads/2015/09/Statement-EN.pdf

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21. Buckner, C. A., Buckner, A. L., Koren, S. A., Persinger, M. A., & Lafrenie, R. M. (2015). Inhibition of Cancer Cell Growth by Exposure to a Specific Time-Varying Electromagnetic Field Involves T-Type Calcium Channels. PLoS ONE, 10(4), e0124136. https://doi.org/10.1371/journal.pone.0124136

22. Caligiuri, L. M. (2015). A novel model of interaction between high frequency electromagnetic non-ionizing fields and microtubules viewed as coupled two-degrees of freedom harmonic oscillators. Current Topics in Medicinal Chemistry, 15(6), 549–558.

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