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# MICRO WAVE NEWS

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December 14, 2021

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Dear Dr. Disis,

*JAMA Oncology* has done a serious disservice to its readers by publishing a highly distorted [review](#) on the ever-controversial subject of radiofrequency (RF) radiation and cancer. I can only assume that a flawed peer review process allowed David Grimes's biased opinions to reach a wide audience.

There are so many errors and omissions in his review that I hardly know where to begin. But let me start with the fact that Grimes trashes the most significant RF-cancer study ever completed: the 10-year, \$30 million animal experiment carried out by the U.S. National Toxicology Program (NTP). In its [final report](#), released in 2018, the NTP concluded that it had found "[clear evidence](#)" of a link between RF radiation and cancer.

Grimes does not even offer a citation to the NTP study. Rather, he simply dismisses it out of hand, stating only that it has been "roundly criticized for low-power and questionable methods." For support, he offers two references: one to the U.S. Food and Drug Administration (FDA) and the other to the International Commission for Non-Ionizing Radiation Protection, better known as [ICNIRP](#).

The section on the NTP study in the [FDA report](#) (pp.14-18) *does not* discount the results. Rather, the FDA questions how they should be interpreted. The agency argues that the exposure of the test animals in the NTP setup "cannot be directly compared to real world [exposures] to people using mobile phones." (p.18) Grimes muddles these two very different points: the study findings and how they should be applied.

Even if one were to accept that the FDA does not agree with the results of the NTP study, it does not, by any means, justify throwing it in the garbage, as Grimes has done. The NTP study has

been subjected to multiple, in-depth peer reviews, including one by 11 leading pathologists and toxicologists at a three-day [public meeting](#) held at the NTP campus in March 2018. (Many members of the panel came from the pharmaceutical industry.) The reviewers concluded that there was “clear evidence” of a cancer link. Are we to believe Grimes, who has no direct experience with animal bioassays, or those who have devoted their professional careers to the field?

As for ICNIRP, it has always discounted all RF-health risks except those related to body heating. That it rejected a study linking RF to cancer surprised no one. ICNIRP, set up in 1992, is a private, self-perpetuating group that has long refused to reveal its funding sources, except in the most general terms.

Many do not agree with ICNIRP’s advice. For more on this, I refer you to a detailed, critical [examination](#) of ICNIRP published in 2019 by a diverse group of European journalists, working under the rubric “Investigate Europe.” ICNIRP, like Grimes, has been loose with the facts on RF radiation and cancer, as I pointed out in a [piece](#) published last year.

I have been reporting on the health and biological effects of all types of non-ionizing electromagnetic radiation for more than 45 years, and I do understand that the NTP findings are controversial, as is this entire field of study. Even the NTP’s PI, Dr. John Bucher, predicted, before the RF exposures had started, that the study would sound an all-clear. But it didn’t turn out that way. When he saw that there was indeed a significant cancer risk, Bucher, together with the director of the NIEHS and the NTP, Dr. Linda Birnbaum, moved quickly to release the results as a public health imperative.

One of the most skeptical organizations on RF health risks has been the American Cancer Society (ACS). It has regularly included cell phones in its list of cancer myths. But the ACS *was* moved by the NTP results. Here’s an excerpt from a [statement](#) by Dr. Otis Brawley, then ACS’ chief medical officer, issued after they were released:

“The NTP report linking radiofrequency radiation (RFR) to two types of cancer marks a paradigm shift in our understanding of radiation and cancer risk. The findings are unexpected; we wouldn’t reasonably expect non-ionizing radiation to cause these tumors. This is a striking example of why serious study is so important in evaluating cancer risk. It’s interesting to note that early studies on the link between lung cancer and smoking had similar resistance, since theoretical arguments at the time suggested that there could not be a link.”

Grimes is no more impartial when reviewing the epidemiological studies on RF radiation and cancer. Here are some examples:

1) Grimes cites a French epi study, published in 2014 in *Occupational and Environmental Medicine*, known as the [CERENAT study](#). He describes it as among those which have “not found any link between cancer incidence and cell phone usage.” You need only to read the first

page to see that Grimes is wrong. CERENAT, it states, found “additional data supporting a possible association between heavy mobile phone use and brain tumors.”

2) Grimes cites a Danish epi study, known as the [Danish Cohort Study](#) (DCS), to rule out a cell phone cancer risk. He writes: “there was no indication of dose-response association either by years of use or anatomical location of the tumor.” This is nonsense. There were no individual exposure data available for the Danish cohort —*none at all*. The study was based on anonymous cell phone subscriber information and there was no way to check who had actually used the phones: Was it the account holder or someone else? More importantly, all corporate accounts were eliminated from the analysis —they had to be because there was no way to link them to specific individuals and their health histories. The study was started when cell phones were first introduced and still expensive. It does not take much imagination to infer that those corporate accounts —with users who did not have to pay their own bills— most likely racked up the largest number of minutes on the phone. The biggest users, those most exposed to RF radiation, were eliminated from the study population and ended up in the control group! The DCS is a textbook case of exposure misclassification.

When the International Agency for Research on Cancer (IARC) assembled an expert group to consider RF/cell phone cancer risks in 2011, the DCS was excluded due to what it called “considerable misclassification in exposure assessment,” according to a [summary](#) of the meeting published in *Lancet Oncology*. Are we to believe IARC’s 30 experts or Grimes?

3) Grimes discounts two sets of epi studies that show a cancer risk, and were the basis for the IARC working group’s decision to classify RF radiation as a 2B cancer agent, a possible human carcinogen: the [Interphone](#) project and the work of Sweden’s [Lennart Hardell and Michael Carlberg](#). Once again, it comes down to Grimes vs. those better qualified to offer a judgment. As I am sure you are aware, IARC is widely regarded as the gold standard for classifying cancer risks.

I could go on to the biophysical mechanisms of interaction. Here, once again, Grimes offers a simplistic, ill-informed opinion. He ignores a large body of work showing that RF can indeed lead to DNA breaks, perhaps not by breaking chemical bonds directly, but through oxidative stress and/or diminished DNA repair. I will leave all this to another time, other than to note that the NTP [found](#) a higher incidence of DNA breaks among its RF-exposed animals.

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I hope these defects encourage you to take another look at Grimes’s review and the peer review process that recommended it for publication. I would wager that I could name your reviewers. This is a small, highly polarized field: The players and their opinions are well known.

Allow me to close with an example of how Grimes does not play fair. You need only to look at his Conflict of Interest (CoI) disclosure published at the end of the review. The CoI states:

Mary L. (Nora) Disis, MD  
Editor, *JAMA Oncology*  
December 14, 2021  
Page 4

Grimes “appeared in an informational video for Vodafone UK countering the fallacious connection between 5G and COVID-19.” (Vodafone is a cell phone company, and 5G is the latest generation of cell phone technology.)

This is misrepresentation to the point of deception.

The video begins by (correctly) dismissing any links between 5G and COVID, but quickly moves on to address all types of health impacts, including cancer. Indeed, the video is titled [5G and Health: Everything You Need To Know](#).

In it, Grimes states: “There have been thousands of studies looking into this and the global consensus is that 5G poses no threat to health.” Grimes made that up out of thin air. There are very few studies on 5G and health. Not thousands, not hundreds, not dozens, just a handful of preliminary reports. Nothing more.

Please watch the video —it will take just a few minutes— and judge for yourself whether your CoI statement is a fair representation of what Grimes did for Vodafone and the wireless industry.

As in the video, Grimes offers the readers of *JAMA Oncology* nothing more than a corporate infomercial. Surely they deserve better.

Sincerely,

Louis Slesin

cc: Monica Morrow, MD  
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