

Background document to the advisory report 5G and health

No. 2020/16Ae, The Hague, September 2, 2020

Background document to: 5G and health

No. 2020/16e, The Hague, September 2, 2020

Health Council of the Netherlands



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01 introduction



In this background document to the advisory report 5G and health, drafted by the Electromagnetic Fields Committee of the Health Council of the Netherlands, chapter 2 contains the search strategies used by the committee for the different topics. In chapter 3 the in- and exclusion criteria of the WHO are presented. In chapter 4 the committee gives an overview of the relevant publications on diseases and conditions, and in chapter 5 of the relevant publications on biological processes.



02 literature search strategies



The committee used the following search strategies.

2.1 Frequencies 700 MHz – 5.0 GHz

2.1.1 Cancer

Epidemiological studies since 2015

PubMed: cancer AND epidemiology AND mobile phone AND (“2015/01/01”[Date - Entrez] : “3000”[Date - Entrez]); search date 19-03-2020.

EMF Portal: Keyword: cancer; Epidemiological studies, Radio frequency (>10 MHz) and Mobile communications, Complete time span; search date 19-03-2020.

Experimental studies since 2015

PubMed: (microwaves[MeSH Terms] OR extremely high frequency radio waves[MeSH Terms] OR radio waves[MeSH Terms] OR cellular phone[MeSH Terms] OR telephone, cellular[MeSH Terms] OR ((Base station OR antenna) AND radiofrequency) OR mobile phone* OR cellular phone* OR cellular telephone* OR radiofrequenc* OR radio wave* OR radio-waves OR cellphone* OR cell phone* OR cellular *phone* OR mobile phone* OR microwave OR radiofrequency OR cell phone OR mobile phone OR umts OR gsm OR MHz OR ultra*wideband* OR wireless phone* OR millimeter*wave*) AND (animal OR rat OR mouse OR rats OR mice OR murine OR in vivo) AND (cancer OR carcinogenesis)

NOT (ultrasound OR sound OR hyperthermia OR ablation OR imaging OR therap*) AND (“2015/07/30”[Date - Entrez] : “2020/03/19”[Date - Entrez]); search date 19-03-2020.

EMF Portal: Keyword: cancer; Experimental studies; Radio frequency (>10 MHz) and Mobile communications; Complete time span; search date 19-03-2020.

2.1.2 Non-cancer effects

Draft WHO review on health effects of RF EMF¹ and reports of the Swedish Radiation Safety Authority.²⁻⁴

2.2 Frequencies in the 3.5 GHz band

2.2.1 All effects

Epidemiological studies

EMF Portal: Keywords: WiFi or GHz; Epidemiological studies; Radiofrequency and Mobile communications; Complete time span; search date 19-03-2020.

Experimental studies

EMF Portal: Keywords: WiFi or GHz; Experimental studies; Radiofrequency and Mobile communications; Complete time span; search date 19-03-2020.



Non-cancer effects

Draft WHO review on health effects of RF EMF ¹ and reports of the Swedish Radiation Safety Authority.²⁻⁴

2.3 Frequencies >20 GHz

Epidemiological studies

PubMed: (millimeter*wave* OR millimetre*wave* OR terahertz OR THz OR radar) AND (epidemiol*) NOT (ultrasound OR sound OR acoustic OR ablation OR imaging OR therap* OR spectroscopy); search date: 20-03-2020.

EMF Portal: Keyword: Radar; Epidemiological studies; Radiofrequency and Mobile communications; Complete time span; search date 20-03-2020.

Experimental studies

PubMed: (((millimeter*wave* OR millimetre*wave* OR terahertz OR THz) AND (animal OR rat OR mouse OR rats OR mice OR murine OR in vivo OR human) NOT (ultrasound OR sound OR acoustic OR ablation OR imaging OR therap* OR spectroscopy))); search date:19-03-2020.

2.4 Non-cancer effects, all frequencies (update 2019-2020)

(microwaves[MeSH Terms] OR extremely high frequency radio waves[MeSH Terms] OR radio waves[MeSH Terms] OR cellular phone[MeSH Terms] OR telephone, cellular[MeSH Terms] OR ((base

station OR antenna) AND radiofrequency) OR mobile phone* OR cellular phone* OR cellular telephone* OR radiofrequenc* OR radio wave* OR radio-waves OR cellphone* OR cell phone* OR cellular *phone* OR mobile phone* OR microwave OR radiofrequency OR cell phone OR mobile phone OR umts OR gsm OR MHz OR ultra*wideband* OR wireless phone* OR millimeter*wave*) AND (animal* OR rat OR rats OR mouse OR mice OR murine) NOT (“in vitro”[Publication Type] OR “in vitro”[All Fields] OR cells, cultured OR DNA/analysis OR Diagnostic Techniques OR light OR ultraviolet OR ultrasound OR sound OR acoustic OR ablation OR imaging OR therap*)AND (“2019/01/01”[Entrez Date] : “2019/12/31”[Entrez Date]); search date 28-02-2020.

EMF Portal: Experimental studies; Radiofrequency and Mobile communications; Complete time span, selected: 2019 studies; search date 28-02-2020.

2.5 Other sources, all frequencies

A recent review by Simkó and Mattsson.⁵

A recent report of ANSES (Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail from France).⁶



03

criteria for inclusion in the analysis



Copied from WHO (2014).¹ The reports of the Swedish Radiation Safety Authority use the same criteria.²⁻⁴

3.1 Quality criteria for inclusion of papers in the Monograph

In order to be able to draw conclusions from a study, it is imperative that it complies with certain requirements regarding design and methodology and that sufficient information is provided to document the compliance. Inclusion criteria based on such quality requirements were specified a priori for the different types of studies. Papers that did not comply with one or more of these criteria, or for which this could not be determined, are not included in the analysis, but are listed at the end of the relevant section with a motivation for the exclusion. The inclusion criteria are:

Epidemiological studies

- The study base is identified (i.e. the population intended for inclusion was identified, eligible participants were either the whole population or a randomly selected sample, either through sampling from the whole study base, or through a method that allowed assessment of the representativity of the participants. Cross-sectional or case-control studies with self-selection of participants from an unidentified study base, e.g. through advertisement, are excluded). Sufficient information is provided for an appropriate judgment of all items specified for inclusion, e.g. the paper provides information about the source of study

subjects (study base), and how subjects were selected for inclusion.

- Proper denominators are used for calculations of prevalence/incidence in a descriptive or incidence study.
- At least two levels of exposure are considered (except in incidence time trend studies)
- Relevant statistical analysis is performed.

Volunteer studies

- The exposure conditions are blinded to the participants and sufficient information is provided to assess this.
- The study includes at least two exposure levels, whereof one could be a sham exposure, under otherwise similar conditions. Standby mode of a mobile phone is not regarded as RF exposure, so any study that used a mobile phone in standby mode as the only source of exposure is excluded.⁷
- The exposure levels are sufficiently controlled and documented. Sufficiently controlled means that the output power of the exposure source is fixed or recorded (e.g. a mobile phone in talk mode without level control is not sufficiently controlled). Sufficiently documented means that SAR or other relevant exposure measures, such as power density or electric field, and methods for determining the actual quantity are provided. For volunteers studies it is also sufficient if output power together with geometrical information about exposure setup are described.



- Exposures were not given in fixed order.
- A relevant statistical analysis has been performed when this is needed to conclude on statistical significance.

Animal studies

- The study includes at least two exposure levels, one of which being sham exposure, with otherwise similar conditions. Standby mode of a mobile phone is not regarded as RF exposure, so any study that used a mobile phone in standby mode as the only source of exposure is excluded.
- There is relevant statistical analysis when this is needed to conclude on statistical significance.
- The exposure levels are sufficiently controlled and documented. Sufficiently controlled means that the output power of the exposure source is fixed or recorded (e.g. a mobile phone in talk mode without level control is not sufficiently controlled). Sufficiently documented means that SAR or other relevant exposure measures, such as power density or electric field, and methods for determining the actual quantity are provided.
- Exposures were not given in fixed order.

In vitro studies

- The study includes at least two exposure levels, one of which being sham exposure, with otherwise similar conditions. Standby mode of a

mobile phone is not regarded as RF exposure, so any study that used a mobile phone in standby mode as the only source of exposure is excluded.

- There is relevant statistical analysis when this is needed to conclude on statistical significance.
- The exposure levels are sufficiently controlled and documented. Sufficiently controlled means that the output power of the exposure source is fixed or recorded (e.g. a mobile phone in talk mode without level control is not sufficiently controlled). Sufficiently documented means that SAR or other relevant exposure measures, such as power density or electric field, and methods for determining the actual quantity are provided.
- The biological assay has been properly carried out.
- The number of independent experiments is sufficient (3 or more).

3.2 Quality assessment of papers included in the Monograph

All papers included in the Monograph were fully assessed. Assessment criteria were developed mainly based on recognised recommendations and checklists for what to include in the reports of the respective study types. For all study types, the following main issues should be assessed for each individual study:

- statistical precision/statistical power (width of confidence intervals when provided, primarily study size);



- consistency and plausibility of results and, when relevant, dose-response relation;
- potential bias;
- indirectness (reduced validity in relation to such as study population, exposure, time lag between exposure and outcome assessment, and endpoints).

For each of the study types more specific assessment criteria were specified.

Epidemiological studies

The quality criteria for epidemiological studies were elaborated mainly based on recommendations in STROBE, which is an initiative to strengthening the reporting of observational studies in epidemiology (www.strobe-statement.org). STROBE does not make quality assessments, but provides a checklist with items that are important to include in reports of observational studies. Important items for adequate reporting are also of importance for assessment of study quality and evaluation of the findings. Other quality assessment scales were also discussed and taken into consideration when elaborating the quality criteria, e.g. GRADE (www.gradeworkinggroup.org) and the Newcastle-Ottawa Scale (www.ohri.ca/programs/clinical_epidemiology/oxford.asp). These scales were, however, judged to be too superficial and technical and would miss essential quality aspects if applied on their own.

For the GRADE system the main limitation was that it has been developed to assess clinical trials and interventions, and is therefore less suitable for observational studies of potential risk factors for disease.

Potential biases from the following sources was assessed:

- selection bias (likelihood of inclusion of eligible cases and controls (state source of control selection), successful follow-up in cohort studies (should not be related to exposure) (NB: selection bias can also occur as internal missing data);
- outcome misclassification (detection bias, nocebo);
- exposure assessment and categorization (choice of cut-points);
- non-differential exposure misclassification;
- differential exposure misclassification (recall bias) – can also occur as differential completeness of reporting, observer bias;
- reverse causation (including also prodromal effects);
- confounding;
- statistical methods;
- internal consistency, external consistency/validity, dose-response.

Volunteer studies

For volunteer studies the CONSORT statement and checklist for trials⁸ was the main source for developing quality assessment criteria and in addition the Gold Standard Publication Checklist was used, which is targeted at experimental animal studies.⁹ Some adjustments, mostly by



adding criteria, were done to adapt to the specific conditions of volunteer studies with RF EMF exposure.

Potential biases from the following sources were assessed:

- study design (randomization, counterbalance, habituation sessions);
- design of exposure sessions (adaptation periods, time between exposures);
- blinding;
- background exposure (particularly important with low exposure levels and in studies including participants with IEI-EMF);
- artefacts (e.g. RF EMF signals interference with recording equipment, heat generated by exposure equipment);
- effects of other factors (exposures and conditions before and during sessions);
- confounding factors in between-group analyses;
- statistical methods;
- dropouts or exclusion of participants or of individual outcomes;
- deviations from predefined protocol.

Concerning indirectness, the following was assessed:

- the characteristics of exposure used in studies with IEI-EMF participants deviated from that reported by the participants to cause symptoms.

Animal studies

The criteria for the quality assessment of animal studies were based on the Gold Standard Publication Checklist:⁹

- proper dosimetry;
- proper statistical analysis;
- sufficient group size;
- blinding of exposure and analysis.

In vitro studies

The quality assessment of in vitro studies has primarily applied criteria suggested for toxicological investigations. Some adjustments were done to take into account the issues related to RF EMF exposure:^{10,11}

- proper dosimetry;
- proper temperature control;
- sufficient number of independent experiments;
- appropriateness of cell types vs. the endpoint investigated;
- proper statistical analysis.



04

overviews of publications relevant for 5G: diseases and conditions



In the tables in this and the next chapter a distinction has been made between studies in which an unfavourable effect on health has been observed, studies with a favourable health effect, studies with both favourable and unfavourable effects, studies with an effect that is not clearly favourable or unfavourable, and studies in which no effect of exposure to radiofrequency electromagnetic fields has been observed. In some studies, multiple endpoints have been investigated. Even if in such cases an effect, however large or small, has been observed for only one endpoint, the study has been categorized into one of the effect categories. Some studies have investigated more than one frequency, and are therefore reported under more than one frequency band.

The studies have been independently assessed by two experts on the basis of the short summaries from the WHO and SSM reports and the abstracts of the papers for the more recent publications. Agreement has been sought on the classification for each type of study (epidemiological, human or animal experimental). When such agreement could not be obtained, the opinion of a third expert has been decisive. The overall judgement on the classification of each disease/condition or biological process as presented in table 1 in the main advisory report has then been given by the entire committee.

Some studies do not comply with minimal quality criteria and have therefore been excluded from the analysis. The inclusion criteria drafted

by the WHO, as presented in chapter 2 of this background document, have been used for this purpose.¹ Also some epidemiological studies on radar workers have been excluded, either because the frequencies of the radar systems were outside the ranges considered in this analysis, or because the used frequencies were not indicated in the studies. All excluded studies have been listed in separate tables.

4.1 Cancer

Cancer includes all malignant neoplasms. In addition to the studies included in previous reports, the committee has taken 25 more recent studies into account in the current report, see table 1.

Table 1. Numbers of publications on the relation with cancer, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|--|-----------------|-------------------|--------------------|
| 19 epidemiological 4 experimental animals | No publications | 2 epidemiological | 14 epidemiological |

700-2200 MHz

Since the publication in 2016 of the Health Council report on mobile phones¹², 19 epidemiological and 4 experimental animal studies on the relation between exposure to electromagnetic fields with frequencies between 700 and 2200 MHz and the incidence of cancer have been published. Thirteen epidemiological studies do not show an association, 5 show an unfavourable association (an increased risk for salivary gland



tumours, brain tumours, thyroid cancer, breast cancer and leukaemia) and 1 a favourable association (a decreased risk of pituitary tumours). One animal study shows no effect on implanted brain tumours, 1 study shows an unfavourable effect on cardiac schwannomas, brain tumours

and adrenal tumours, 1 study shows an unfavourable effect on cardiac schwannomas and 1 study shows a favourable effect (delayed growth of implanted tumour cells).

Table 2. Publications on the relation with cancer in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|------------------------------|--------------------------------|--|
| Vila et al. (2018) ¹³ | Epidemiology case-control | Mobile telephone | No association |
| Luo et al. (2019) ¹⁴ | Epidemiology case-control | Mobile telephone | No association |
| Al-Qahtani (2016) ¹⁵ | Epidemiology case-control | Mobile telephone | Unfavourable association / higher risk |
| Balekouzou et al. (2017) ¹⁶ | Epidemiology case-control | Mobile telephone | Unfavourable association / higher risk |
| Shresta et al. (2015) ¹⁷ | Epidemiology case-control | Mobile telephone | Favourable association / lower risk |
| Sato et al. (2017) ¹⁸ | Epidemiology cross-sectional | Mobile telephone | No association |
| Satta et al. (2018) ¹⁹ | Epidemiology case-control | Base station | No association |
| Dabouis et al. (2016) ²⁰ | Epidemiology cohort | Radar | No association |
| Degrave et al. (2009) ²¹ | Epidemiology cohort | Radar | Unfavourable association / higher risk |
| Kim et al. (2015) ²² | Epidemiology incidence | Not specified | No association |
| Sato et al. (2016) ²³ | Epidemiology incidence | Not specified | No association |
| Chapman et al. (2016) ²⁴ | Epidemiology incidence | Not specified | No association |
| Gonzalez-Rubio et al. (2017) ²⁵ | Epidemiology incidence | Not specified | No association |
| Karipidis et al. (2018) ²⁶ | Epidemiology incidence | Not specified | No association |
| Keinan-Boker et al. (2018) ²⁷ | Epidemiology incidence | Not specified | No association |
| Nilsson et al. (2019) ²⁸ | Epidemiology incidence | Not specified | No association |
| Natukka et al. (2019) ²⁹ | Epidemiology incidence | Not specified | No association |
| Carlberg et al. (2016) ³⁰ | Epidemiology incidence | Not specified | Unfavourable association / higher risk |
| Hardell & Carlberg (2017) ³¹ | Epidemiology incidence | Not specified | Unfavourable association / higher risk |
| Smith-Roe et al. (2019) ³² | Animal | 900 and 1900 MHz, GSM and CDMA | No effect |
| NTP (2018) ³³ | Animal | 900 and 1900 MHz, GSM and CDMA | Unfavourable effect / higher risk |
| Falcioni et al. (2018) ³⁴ | Animal | 1800 MHz GSM | Unfavourable effect / higher risk |
| Kryukova et al. (2016) ³⁵ | Animal | 1000 MHz | Favourable effect / lower risk |



2.2-5.0 GHz

Frequencies around 2.5 GHz have been included in the reports on mobile phones and cancer.^{12, 36} These frequencies have been used in a number of animal studies, but have not been investigated in epidemiological studies. Since 2015 no new studies have been published.

20-40 GHz

Two epidemiological studies have been found on people working with or near radar equipment. In 1 study no association with the incidence of cancer has been observed, in the other an increased risk was found.

Table 3. Publications on the relation with cancer in the frequency range 20-40 GHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------------------|--------------------|--|
| Baumgard-Elms et al. (2002) ³⁷ | Epidemiology case-control | Radar | No association |
| Finkelstein (1998) ³⁸ | Epidemiology cohort | Radar | Unfavourable association / higher risk |

Excluded

Table 4. Excluded publications on the relation with cancer

| Epidemiological studies | Reason for exclusion |
|---|--|
| Lester & Moore (1982) ³⁹ | Ecological study |
| Polson & Merritt (1985) ⁴⁰ | Ecological study |
| Garland et al. (1987) ⁴² | Non-specified radar |
| Hayes et al. (1990) ⁴¹ | Non-specified radar |
| Garland et al. (1990) ⁴³ | Non-specified radar |
| Hardell et al. (1998) ⁴⁴ | Non-specified radar |
| Smulevich et al. (1999) ⁴⁵ | Non-specified radar |
| Stang et al. (2001) ⁴⁶ | Non-specified radar |
| Groves et al. (2002) ⁴⁷ | Non-specified radar |
| Møllerløgkken & Moen (2008) ⁴⁸ | Radar frequencies outside ranges (9.1-9.4 GHz) |
| Peleg et al. (2018) ⁴⁹ | Case series |
| Shen et al. (2018) ⁵⁰ | Case series , no use of mobile phone |
| Sato et al. (2019) ⁵¹ | Model study |
| Olsson et al. (2019) ⁵² | Only survival within case series |

Conclusion

In previous reports the committee concluded that an association between long-term and frequent use of mobile phones and an increased risk of tumours in the head and neck region cannot be proven, but can also not be excluded. The recent epidemiological studies in the frequency range 700-2200 MHz do not lead to a different conclusion. Animal experiments provide limited indications that exposure to radiofrequency electromagnetic fields may have an effect on the induction of tumours or promotion of their growth. No statement is possible for the frequency range 20-40 GHz.



4.2 Symptoms

Some people attribute a number of symptoms to exposure to electromagnetic fields; examples are headache, insomnia, concentration problems, tinnitus and skin rashes. They consider themselves 'electrosensitive'. For some of these people, their symptoms result in severe negative consequences for their functioning. The committee has taken 64 studies into account that investigate the relation between exposure to radiofrequency electromagnetic fields and the occurrence of symptoms, both in people that consider themselves 'electrosensitive' as in people that don't do that, see table 5.

Table 5. Numbers of publications on the relation with symptoms, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|--|-------------------|-----------------|--|
| 28 epidemiological 36 experimental humans | 1 epidemiological | No publications | 20 epidemiological 19 experimental humans |

700-2200 MHz

In 28 epidemiological studies it has been investigated whether the use of a mobile phone or living in the vicinity of a base station (and in some studies the associated exposure to electromagnetic fields) is associated with reported symptoms. In 10 of these studies no association was observed and 18 studies found an unfavourable association.

In experimental studies only symptoms that occur during or shortly after exposure can be investigated. In 35 of the 36 human experimental studies no effect of exposure to electromagnetic fields on the occurrence of symptoms has been observed. This is the case for both healthy adults and children, and for people that consider themselves 'electrosensitive'. In 1 study a favourable effect was observed (increased calmness).



Table 6. Publications on the relation with symptoms in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|------------------------------|--------------------|--|
| Mohler et al. (2012) ⁵³ | Epidemiology cohort | Mobile telephone | No association |
| Cho et al. (2016) ⁵⁴ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Schoeni et al. (2017) ⁵⁵ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Frei et al. (2012) ⁵⁶ | Epidemiology cross-sectional | Mobile telephone | No association |
| Chia et al. (2000) ⁵⁷ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Wilén et al. (2003) ⁵⁸ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Söderqvist et al. (2008) ⁵⁹ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Heinrich et al. (2010, 2011) ^{60, 61} | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Sudan et al. (2012) ⁶² | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Redmayne et al. (2013) ⁶³ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Chiu et al. (2014) ⁶⁴ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Zheng et al. (2015) ⁶⁵ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Cho et al. (2016) ⁶⁶ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Stalin et al. (2016) ⁶⁷ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Durusoy et al. (2017) ⁶⁸ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Frei et al. (2012) ⁵⁶ | Epidemiology cohort | Base station | Unfavourable association / higher risk |
| Mohler et al. (2012) ⁵³ | Epidemiology cohort | Base station | Unfavourable association / higher risk |
| Baliatsas et al. (2016) ⁶⁹ | Epidemiology cohort | Base station | Unfavourable association / higher risk |
| Schoeni et al. (2016) ⁷⁰ | Epidemiology cohort | Base station | Unfavourable association / higher risk |
| Thomas et al. (2008) ⁷¹ | Epidemiology cross-sectional | Base station | No association |
| Berg-Beckhoff et al. (2009) ⁷² | Epidemiology cross-sectional | Base station | No association |
| Frei et al. (2012) ⁵⁶ | Epidemiology cross-sectional | Base station | No association |
| Mohler et al. (2012) ⁵³ | Epidemiology cross-sectional | Base station | No association |
| Baliatsas et al. (2015) ⁷³ | Epidemiology cross-sectional | Base station | No association |
| Schoeni et al. (2016) ⁷⁰ | Epidemiology cross-sectional | Base station | No association |
| Martens et al. (2017) ⁷⁴ | Epidemiology cross-sectional | Base station | No association |
| Hutter et al. (2006) ⁷⁵ | Epidemiology cross-sectional | Base station | Unfavourable association / higher risk |
| Heinrich et al. (2010, 2011) ^{60, 61} | Epidemiology cross-sectional | Base station | Unfavourable association / higher risk |
| Durusoy et al. (2017) ⁶⁸ | Epidemiology cross-sectional | Base station | Unfavourable association / higher risk |
| Mann & Röscke (1996) ⁷⁶ | Experimental humans adults | Mobile telephone | No effect |
| Borbély et al. (1999) ⁷⁷ | Experimental humans adults | Mobile telephone | No effect |
| Huber et al. (2000, 2003) ^{78, 79} | Experimental humans adults | Mobile telephone | No effect |



| Reference | Type of study | Source of exposure | Effect |
|---|--------------------------------------|--------------------|--------------------------------|
| Koivisto et al. (2001) ⁸⁰ | Experimental humans adults | Mobile telephone | No effect |
| Tahvainen et al. (2004) ⁸¹ | Experimental humans adults | Mobile telephone | No effect |
| Curcio et al. (2005) ⁸² | Experimental humans adults | Mobile telephone | No effect |
| Loughran et al. (2012) ⁸³ | Experimental humans adults | Mobile telephone | No effect |
| Fritzer et al. (2007) ⁸⁴ | Experimental humans adults | Mobile telephone | No effect |
| Cinel et al. (2008) ⁸⁵ | Experimental humans adults | Mobile telephone | No effect |
| Kleinlogel et al. (2008) ⁸⁶ | Experimental humans adults | Mobile telephone | No effect |
| Johansson et al. (2008) ⁸⁷ | Experimental humans adults | Mobile telephone | No effect |
| Curcio et al. (2009) ⁸⁸ | Experimental humans adults | Mobile telephone | No effect |
| Schmid et al. (2012) ⁸⁹ | Experimental humans adults | Mobile telephone | No effect |
| Schmid et al. (2012) ⁹⁰ | Experimental humans adults | Mobile telephone | No effect |
| Spichtig et al. (2012) ⁹¹ | Experimental humans adults | Mobile telephone | No effect |
| Lustenberger et al. (2013) ⁹² | Experimental humans adults | Mobile telephone | No effect |
| Vecsei et al. (2013) ⁹³ | Experimental humans adults | Mobile telephone | No effect |
| Verrender et al. (2016) ⁹⁴ | Experimental humans adults | Mobile telephone | No effect |
| Verrender et al. (2018) ⁹⁵ | Experimental humans adults | Mobile telephone | No effect |
| Lowden et al. (2019) ⁹⁶ | Experimental humans adults | Mobile telephone | No effect |
| Croft et al. (2010) ⁹⁷ | Experimental humans children | Mobile telephone | No effect |
| Choi et al. (2014) ⁹⁸ | Experimental humans children | Mobile telephone | No effect |
| Hietanen et al. (2002) ⁹⁹ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Rubin et al. (2006) ¹⁰⁰ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Wilén et al. (2006) ¹⁰¹ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Oftedal et al. (2007) ¹⁰² | Experimental humans electrosensitive | Mobile telephone | No effect |
| Nam et al. (2009) ¹⁰³ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Lowden et al. (2011) ¹⁰⁴ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Kwon et al. (2012) ¹⁰⁵ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Verrender et al. (2018) ⁹⁵ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Danker-Hopfe et al. (2010) ¹⁰⁶ | Experimental humans adults | Base station | No effect |
| Augner et al. (2009) ¹⁰⁷ | Experimental humans adults | Base station | Favourable effect / lower risk |
| Riddervold et al. (2008) ¹⁰⁸ | Experimental humans children | Base station | No effect |
| Regel et al. (2006) ¹⁰⁹ | Experimental humans electrosensitive | Base station | No effect |
| Eltiti et al. (2007) ¹¹⁰ | Experimental humans electrosensitive | Base station | No effect |
| Leitgeb et al. (2008) ¹¹¹ | Experimental humans electrosensitive | Base station | No effect |
| Furubayashi et al. (2009) ¹¹² | Experimental humans electrosensitive | Base station | No effect |



2.2-5.0 GHz

In 1 observational study an association was observed (in 1 of the 57 subjects) between the occurrence of symptoms and exposure to electromagnetic fields.

Table 7. Publications on the relation with symptoms in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|------------------------------------|---------------------------------------|--------------------|-----------------------------------|
| Bolte et al. (2019) ¹¹³ | Observational humans electrosensitive | Base station | Unfavourable effect / higher risk |

Excluded

Table 8. Excluded publications on the relation with symptoms

| Epidemiological studies | Reason for exclusion |
|--|--|
| Robinette et al. (1980) ¹¹⁴ | No correction for bias |
| Cao et al. (2000) ¹¹⁵ | No information on selection of participants and participation rates; phone user group has much higher income, more smoking and drinking than control group |
| Santini et al. (2001) ¹¹⁶ | No information on selection of participants and participation rates |
| Navarro et al. (2003) ¹¹⁷ | Study population not defined |
| Santini et al. (2002) ¹¹⁸ | Study population not defined; exposure measure is self-estimated distance to base station |
| Santini et al. (2003) ¹¹⁹ | Study population not defined; exposure measure is self-estimated distance to base station |
| Al-Khlaiwi & Meo (2004) ¹²⁰ | Study population not defined |
| Wilén et al. (2004) ¹²¹ | No information on selection of participants and participation rates |
| Balikci et al. (2005) ¹²² | No information on exposure assessment, symptom questions or procedures for selection of participants or participation rates |
| Meo & Al-Drees (2005) ¹²³ | No information on exposure assessment, symptom questions |
| Abdel-Rassoul et al. (2007) ¹²⁴ | No information on selection of participants and participation rates |
| Blettner et al. (2009) ¹²⁵ | No useful information on exposure assessment |
| Eger & Jahn (2010) ¹²⁶ | No peer-reviewed journal |
| Baliatsas et al. (2011) ¹²⁷ | No exposure, just distance |
| Bortkiewicz et al. (2012) ¹²⁸ | Random selection participants unclear; no information on participation rates |
| Liu et al. (2014) ¹²⁹ | No information on selection of participants and participation rates |
| Lamech (2014) ¹³⁰ | Descriptive study, no information on exposure |
| Silva et al. (2015) ¹³¹ | Exposure measure is self-estimated distance to mobile phone base stations |
| Singh et al. (2016) ¹³² | Study population not defined |
| Hegazy et al. (2016) ¹³³ | Study population not defined |



Human experimental studies

| | |
|---|---|
| Adair et al. (1998) ¹³⁴ | No statistical analyse for subjective parameters |
| Braune et al. (1998) ¹³⁵ | Fixed order of exposures |
| Zhang et al. (2000) ¹³⁶ | No information on control of exposure level |
| Barth et al. (2000) ¹³⁷ | Insufficient information on exposure |
| Adair et al. (2001) ¹³⁸ | No statistical analyse for subjective parameters |
| Adair et al. (2001) ¹³⁹ | No statistical analyse for subjective parameters |
| Bortkiewicz et al. (2002) ¹⁴⁰ | No information on control of exposure level |
| Hocking & Westerman (2002) ¹⁴¹ | No blinding |
| Adair et al. (2003) ¹⁴² | No statistical analyse for subjective parameters |
| Uloziene et al. (2005) ¹⁴³ | No statistical analyse for subjective parameters |
| Adair et al. (2005) ¹⁴⁴ | No statistical analyse for subjective parameters |
| Eliyahu et al. (2006) ¹⁴⁵ | No statistical analyse for subjective parameters |
| Bachmann et al. (2007) ¹⁴⁶ | No statistical analyse for subjective parameters |
| Hung et al. (2007) ¹⁴⁷ | No statistical analyse for subjective parameters |
| Luria et al. (2009) ¹⁴⁸ | No statistical analyse for subjective parameters |
| Mortazavi et al. (2011) ¹⁴⁹ | No information on control of exposure level |
| Alsanosi et al. (2013) ¹⁵⁰ | No control of lower exposure condition |
| Havas & Marrongelle (2013) ¹⁵¹ | Paper retracted |
| Trunk et al. (2013) ¹⁵² | No statistical analysis for subjective parameters |

Conclusion

The committee concludes that for the frequency range of 700-2200 MHz no relation has been found between exposure to radiofrequency electromagnetic fields and the occurrence of symptoms such as headache, insomnia, concentration problems, tinnitus and skin rashes. The committee has given the experimental studies – that did not show effects – more weight than the epidemiological studies. In these studies the observed associations can result from the use of a mobile phone as such, for instance to continuously follow social media and being available,

even at night, and the stress and lack of sleep that go with that.

No statement is possible for the frequency ranges 2.2-5.0 GHz and 20-40 GHz.



4.3 Auditory system

Diseases and conditions of the auditory system include various problems with the ear and inner ear, such as hearing impairment and deafness. The committee has taken 25 studies into the relation between exposure to radiofrequency electromagnetic fields and auditory conditions into account, see table 9. The effects on hearing have been investigated using objective testing methods, where the perception of sound by the subjects (human or animal) does not play a role.

Table 9. Numbers of publications on the relation with diseases and conditions of the auditory system, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|---|-----------------|-----------------|---|
| 6 epidemiological 10 experimental humans 9 experimental animals | No publications | No publications | 1 epidemiological 17 experimental humans 8 experimental animals |

700-2200 MHz

No effects have been observed in 6 epidemiological studies, 10 human experimental studies and 7 animal experimental studies. In 2 animal experimental studies a favourable effect has been found.

Table 10. Publications on the relation with diseases and conditions of the auditory system in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|------------------------------|----------------------------|--------------------------------|
| Hutter et al. (2010) ¹⁵³ | Epidemiology case-control | Mobile telephone | No association |
| Frei et al. (2012) ⁵⁶ | Epidemiology cohort | Mobile telephone | No association |
| Mortazavi et al. (2007) ¹⁵⁴ | Epidemiology cross-sectional | Mobile telephone | No association |
| Sudan et al. (2013) ¹⁵⁵ | Epidemiology cross-sectional | Mobile telephone | No association |
| Gupta et al. (2015) ¹⁵⁶ | Epidemiology cross-sectional | Mobile telephone | No association |
| Bhagat et al. (2016) ¹⁵⁷ | Epidemiology cross-sectional | Mobile telephone | No association |
| Janssen et al. (2005) ¹⁵⁸ | Experimental humans adults | Mobile telephone | No effect |
| Uloziene et al. (2005) ¹⁴³ | Experimental humans adults | Mobile telephone | No effect |
| Parazzini et al. (2005) ¹⁵⁹ | Experimental humans adults | Mobile telephone | No effect |
| Parazzini et al. (2007) ¹⁶⁰ | Experimental humans adults | Mobile telephone | No effect |
| Paglialonga et al. (2007) ¹⁶¹ | Experimental humans adults | Mobile telephone | No effect |
| Bamiou et al. (2008, 2015) ^{162, 163} | Experimental humans adults | Mobile telephone | No effect |
| Stefanics et al. (2008) ¹⁶⁴ | Experimental humans adults | Mobile telephone | No effect |
| Parazzini et al. (2009) ¹⁶⁵ | Experimental humans adults | Mobile telephone | No effect |
| Parazzini et al. (2010) ¹⁶⁶ | Experimental humans adults | Mobile telephone | No effect |
| Kwon et al. (2010) ¹⁶⁷ | Experimental humans adults | Mobile telephone | No effect |
| Marino et al. (2000) ¹⁶⁸ | Animal | 936 and 950 MHz continuous | No effect |
| Aran et al. (2004) ¹⁶⁹ | Animal | 900 MHz GSM | No effect |
| Galloni et al. (2005) ¹⁷⁰ | Animal | 923 and 936 MHz continuous | No effect |
| Galloni et al. (2005) ¹⁷¹ | Animal | 900 and 1800 MHz GSM | No effect |
| Parazzini et al. (2007) ¹⁷² | Animal | 900 MHz continuous | No effect |
| Galloni et al. (2009) ¹⁷³ | Animal | 1946 MHz UMTS | No effect |
| Hidisoglu et al. (2018) ¹⁷⁴ | Animal | 2100 MHz 217 Hz modulated | Favourable effect / lower risk |
| Kim et al. (2019) ¹⁷⁵ | Animal | 1850 MHz | Favourable effect / lower risk |



Excluded

Table 11. Excluded publications on the relation with diseases and conditions of the auditory system

| Epidemiological studies | Reason for exclusion |
|---|---|
| Sagiv et al (2018) ¹⁷⁶ | Insufficient exposure information |
| Human experimental studies | |
| Kellenyi et al. (1999) ¹⁷⁷ | No sham control; no blinding |
| de Sèze et al. (2001) ¹⁷⁸ | No sham control; no blinding |
| Ozturan et al. (2002) ¹⁷⁹ | No sham control; no blinding |
| Arai et al. (2003) ¹⁸⁰ | No sham control; no blinding |
| Bak et al. (2003) ¹⁸¹ | No sham control; no blinding |
| Monnery et al. (2004) ¹⁸² | No information on blinding; no control of exposure level |
| Pau et al. (2005) ¹⁸³ | No information on blinding |
| Sievert et al. (2005) ¹⁸⁴ | No information on blinding |
| Oysu et al. (2005) ¹⁸⁵ | No sham control; no blinding |
| Mora et al. (2006) ¹⁸⁶ | No sham control; no blinding |
| Sievert et al. (2007) ¹⁸⁷ | No information on blinding (studies also reported in Pau et al. ¹⁸³ and Sievert, Eggert & Pau ¹⁸⁴) |
| Stefanics et al. (2007) ¹⁸⁸ | No statistical analyse; insufficient data to conclude on differences between sham and real exposures |
| Colletti et al. (2011) ¹⁸⁹ | No control of exposure level |
| Balachandran et al. (2012) ¹⁹⁰ | No sham control; no blinding |
| Alsanosi et al. (2013) ¹⁵⁰ | No sham control; no blinding; no control of exposure level. |
| Mandala et al. (2014) ¹⁹¹ | No control of exposure level |
| Singh (2015) ¹⁹² | No information on exposure level; no blinding |
| Animal studies | |
| Kizilay et al. (2003) ¹⁹³ | No exposure level |
| Budak et al. (2009) ¹⁹⁴ | No exposure level; unclear whether controls are sham controls |
| Budak et al. (2009) ¹⁹⁵ | No exposure level; unclear whether controls are sham controls |
| Budak et al. (2009) ¹⁹⁶ | No information on exposure setup; no exposure level; unclear whether controls are sham controls |
| Kayabasoglu et al. (2011) ¹⁹⁷ | No information on exposure setup; no exposure level; unclear whether controls are sham controls |
| Kaprana et al. (2011) ¹⁹⁸ | No exposure level |
| Seckin et al. (2014) ¹⁹⁹ | No sham control |
| Sagiv et al (2018) ¹⁷⁶ | Insufficient exposure information |



Conclusion

The committee concludes that for the frequency range of 700-2200 MHz no unfavourable effects on the auditory system have been observed. No statement is possible for the frequency ranges 2.2-5.0 GHz and 20-40 GHz.

4.4 Eyes

Diseases and conditions of the eyes include eye inflammation, cataract, glaucoma, looking cross-eyed, impaired vision and blindness. The committee has taken 9 studies into the relation between exposure to radiofrequency electromagnetic fields and conditions of the eyes into account in this report, see table 12. Studies into effects on the eyes have used different endpoints, varying from effects on vision in humans to damage to tissues in the eye.

Table 12. Numbers of publications on the relation with diseases and conditions of the eye, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|---|------------------------|-----------------|---|
| 4 experimental humans 1 experimental animals | 4 experimental animals | No publications | 1 epidemiological 1 experimental humans 10 experimental animals |

700-2200 MHz

No effects on vision have been observed in 4 human experimental studies. In 1 animal study, an increased expression of two genes that are

involved in programmed cell death (apoptosis) has been observed in tissues of the eye. However, the implication for damage to the eye is not known.

Table 13. Publications on the relation with diseases or conditions of the eye in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|---|----------------------------|--------------------|-----------------------------------|
| Schmid et al. (2005) ²⁰⁰ | Experimental humans adults | Mobile telephone | No effect |
| Wilén et al. (2006) ¹⁰¹ | Experimental humans adults | Mobile telephone | No effect |
| Irlenbusch et al. (2007) ²⁰¹ | Experimental humans adults | Mobile telephone | No effect |
| Unterlechner et al. (2008) ²⁰² | Experimental humans adults | Mobile telephone | No effect |
| Eker et al. (2018) ²⁰³ | Animal | 1800 MHz | Unfavourable effect / higher risk |

2.2-5.0 GHz

In 2 animal studies, damage to eye tissues has been observed. In 2 other animal studies, both replications of the first ones, no effects were observed.

Table 14. Publications on the relation with diseases or conditions of the eye in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---------------------------------------|---------------|-----------------------|-----------------------------------|
| Kues et al. (1992) ²⁰⁶ | Animal | 2.45 GHz pulsed | Animal |
| Kamimura et al. (1994) ²⁰⁴ | Animal | 2.45 GHz | No effect |
| Ye et al. (2001) ²⁰⁷ | Animal | 2.45 GHz | Unfavourable effect / higher risk |
| Lu et al. (2010) ²⁰⁵ | Animal | 2.45 GHz 34 Hz pulsed | No effect |



Excluded

Table 15. Excluded publications on the relation with diseases or conditions of the eye

| Epidemiological studies | Reason for exclusion |
|--------------------------------------|--|
| Cleary et al. (1965) ²⁰⁸ | Non-specified radar |
| Human experimental studies | |
| Gawit et al. (2017) ²⁰⁹ | Parallel group design, no information on exposure, no sham control group |
| Animal studies | |
| Inalöz et al. (1997) ²¹⁰ | No dosimetry |
| Balci et al. (2007) ²¹¹ | No dosimetry, no exposure level |
| Balci et al. (2009) ²¹² | No information on exposure |
| Hässig et al. (2009) ²¹³ | No exposure level |
| Zareen et al. (2009) ²¹⁴ | Unclear exposure level; inconsistent information on group size |
| Demirel et al. (2012) ²¹⁵ | No information on exposure |
| Hässig et al. (2012) ²¹⁶ | No comparison exposed / non-exposed |
| Amer et al. (2013) ²¹⁷ | No dosimetry |
| Akar et al. (2013) ²¹⁸ | No sham exposed group |
| Tök et al. (2014) ²¹⁹ | No dosimetry |

Conclusion

The conclusion for the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz is that no effect has been found. No statement is possible for the frequency range 20-40 GHz.

4.5 Cardiovascular system and autonomous nerve system

Conditions of the cardiovascular system and the autonomous nerve system include circulation disorders of the cardiac muscle (ischemia), heart attack, heart rhythm disorders and inflammation of cardiac valves

or the cardiac muscle. The committee has taken 27 studies into the relation between exposure to radiofrequency electromagnetic fields and conditions of the cardiovascular system and autonomous nerve system into account in this report, see table 16. Both direct effects on the cardiovascular system and indirect effects due an influence on the autonomous nerve system have been included, since these effects cannot always be clearly distinguished.

Table 16. Numbers of publications on the relation with conditions of the cardiovascular system and autonomous nerve system, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|---|-------------------|-------------------|---|
| 1 epidemiological 24 experimental humans | 1 epidemiological | 1 epidemiological | 1 epidemiological 21 experimental humans |

700-2200 MHz

One epidemiological study has been published that found an increased risk for ischemic heart disease associated with daily use of a mobile phone. An association with exposure to radiofrequency electromagnetic fields cannot be established from this study. In 20 human experimental studies no effects have been observed, 3 studies show an unfavourable effect on variations in heart rhythm, and 1 study shows an effect that is not clearly favourable or unfavourable (an increased blood circulation in the skin).



Table 17. Publications on the relation with conditions of the cardiovascular system and autonomous nerve system in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|--------------------------------------|--------------------|--|
| Benson et al. (2013) ²²⁰ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Mann et al. (1998) ²²¹ | Experimental humans adults | Mobile telephone | No effect |
| Braune et al. (2002) ²²² | Experimental humans adults | Mobile telephone | No effect |
| Tahvanainen et al. (2004) ⁸¹ | Experimental humans adults | Mobile telephone | No effect |
| Barker et al. (2007) ²²³ | Experimental humans adults | Mobile telephone | No effect |
| Schmid et al. (2012) ⁸⁹ | Experimental humans adults | Mobile telephone | No effect |
| Schmid et al. (2012) ⁹⁰ | Experimental humans adults | Mobile telephone | No effect |
| Atlasz et al. (2006) ²²⁴ | Experimental humans adults | Mobile telephone | No effect |
| Curcio et al. (2009) ⁸⁸ | Experimental humans adults | Mobile telephone | No effect |
| Ghosn et al. (2012) ²²⁵ | Experimental humans adults | Mobile telephone | No effect |
| Ghosn et al. (2015) ²²⁶ | Experimental humans adults | Mobile telephone | No effect |
| Huber et al. (2003) ⁷⁹ | Experimental humans adults | Mobile telephone | No effect |
| Parazzini et al. (2013) ²²⁷ | Experimental humans adults | Mobile telephone | Unfavourable effect / higher risk |
| Spichtig et al. (2012) ⁹¹ | Experimental humans adults | Mobile telephone | Unfavourable effect / higher risk |
| Loos et al. (2013) ²²⁸ | Experimental humans adults | Mobile telephone | Favourable effect / lower risk |
| Lindholm et al. (2011) ²²⁹ | Experimental humans children | Mobile telephone | No effect |
| Choi et al. (2014) ⁹⁸ | Experimental humans children | Mobile telephone | No effect |
| Wilén et al. (2006) ¹⁰¹ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Oftedal et al. (2007) ¹⁰² | Experimental humans electrosensitive | Mobile telephone | No effect |
| Nam et al. (2009) ¹⁰³ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Kwon et al. (2012) ¹⁰⁵ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Andrianome et al. (2017) ²³⁰ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Hietanen et al. (2002) ⁹⁹ | Experimental humans electrosensitive | Mobile telephone | Unfavourable effect / higher risk |
| Eltiti et al. (2009) ²³¹ | Experimental humans adults | Base station | No effect |
| Furubayashi et al. (2009) ¹¹² | Experimental humans adults | Base station | No effect |



2.2-5.0 GHz

No effects were observed on heart rhythm in 1 study of ‘electrosensitive’ people.

Table 18. Publications on the relation with conditions of the cardiovascular system and autonomous nerve system in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---|--------------------------------------|--------------------|-----------|
| Andrianome et al. (2017) ²³⁰ | Experimental humans electrosensitive | Wi-Fi | No effect |

20-40 GHz

In 1 study of people working with aircraft tracking radar, an increased risk for cardiac failure was observed.

Table 19. Publications on the relation with conditions of the cardiovascular system and autonomous nerve system in the frequency range 20-40 GHz

| Reference | Type of study | Source of exposure | Effect |
|---------------------------------|------------------------------|--------------------|-----------------------------------|
| Tikhonova (2003) ²³² | Epidemiology cross-sectional | Radar | Unfavourable effect / higher risk |

Excluded

Table 20. Excluded publications on the relation with conditions of the cardiovascular system and autonomous nerve system

| Epidemiological studies | Reason for exclusion |
|--|--|
| Møllerløkken & Moen (2008) ⁴⁸ | Radar frequencies outside ranges (9.1-9.4 GHz) |
| Human experimental studies | |
| Braune et al. (1998) ¹³⁵ | Fixed order of exposures; no information on control of exposure level |
| Paredi et al. (2001) ²³³ | No information on control of exposure level; no blinding |
| Monfrecola et al. (2003) ²³⁴ | No information on control exposure level; no information on blinding |
| Celik & Hascalik (2004) ²³⁵ | No blinding; no information on control of exposure level; fixed order of exposures |
| Esen & Esen (2006) ²³⁶ | No information on control exposure and on order of exposures |
| Nam et al. (2006) ²³⁷ | Fixed order of exposures |
| Ahamed et al. (2008) ²³⁸ | No sham control; no blinding; no information on control of exposure level |
| Andrzejak et al. (2008) ²³⁹ | No sham control; no blinding; no information on control of exposure level |
| Rezk et al. (2008) ²⁴⁰ | No sham control; no blinding; no information on control of exposure level |
| Tamer et al. (2009) ²⁴¹ | No information on control exposure level |
| Yilmaz & Yildiz (2010) ²⁴² | No information on control exposure level; fixed order of exposures |
| Havas et al. (2010) ²⁴³ | No statistical analysis; insufficient information to draw conclusions on difference between sham and real exposure |
| Faust et al. (2011) ²⁴⁴ | No sham control; no blinding; no information on control of exposure level |



Human experimental studies

| | |
|---|---|
| Barutcu et al. (2011) ²⁴⁵ | No sham control; no blinding; no information on control of exposure level |
| Mortazavi et al. (2011) ¹⁴⁹ | No information on control exposure level |
| Alhusseiny et al. (2012) ²⁴⁶ | No information on control exposure level; no blinding; fixed order of exposures |
| Havas & Marrongelle (2013) ¹⁵¹ | Paper retracted |
| Devasia et al. (2014) ²⁴⁷ | No information on control exposure level |
| Malek et al. (2015) ²⁴⁸ | Incorrect information on exposure levels; insufficient information to draw conclusions on difference between sham and real exposure |
| Messina et al. (2017) ²⁴⁹ | No sham control; no blinding; no information on control of exposure level and frequency |
| Umar et al. (2014) ²⁵⁰ | No information on control exposure level; no blinding |

Conclusion

The committee concludes that no effects of exposure to radiofrequency electromagnetic fields on the cardiovascular system and the autonomous nerve system have been found in the frequency range of 700-2200 MHz. No statement is possible for the frequency ranges 2.2-5.0 GHz and 20-40 GHz.

4.6 Neurodegenerative diseases

Neurodegenerative diseases result from functional decline or necrosis or disappearance of nerve tissue in the brain. Examples are Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis (ALS) and multiple sclerosis (MS). The committee has taken 1 study into the relation between exposure to radiofrequency electromagnetic fields and neurodegenerative diseases into account in this report, see table 21.

Table 21. Numbers of publications on the relation with neurodegenerative diseases, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-------------------|-----------------|-----------------|---|
| 1 epidemiological | No publications | No publications | 2 epidemiological 3 experimental animals |

700-2200 MHz

One epidemiological study has been published that found an increased risk for ALS.

Table 22. Publications on the relation with neurodegenerative diseases in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|-----------------------------------|------------------------------|--------------------|--|
| Luna et al. (2019) ²⁵¹ | Epidemiology case-population | Base station | Unfavourable association / higher risk |



Excluded

Table 23. Excluded publications on the relation with neurodegenerative diseases

| Epidemiological studies | Reason for exclusion |
|---|----------------------|
| Silva & Santana (2004) ²⁵² | Non-specified radar |
| Beard et al. (2016) ²⁵³ | Non-specified radar |
| Animal studies | |
| Arendash et al. (2010) ²⁵⁴ | Therapy |
| Dragicevic et al. (2011) ²⁵⁵ | Therapy |
| Banaceur et al. (2013) ²⁵⁶ | Therapy |

Conclusion

The committee concludes that due to the limited amount of data is not possible to make a statement on a relation between exposure to radiofrequency electromagnetic fields and neurodegenerative diseases.

4.7 Male fertility

The committee has taken 19 studies into the relation between exposure to radiofrequency electromagnetic fields and effects on male fertility into account in this report, see table 24. The endpoints vary from the number of spermatozoa in different stages of development, aberrations in the appearance of spermatozoa, motility of spermatozoa and necrosis of cells in the testes (a biological process called apoptosis or planned cell death), to the levels of testosterone (a hormone that is made in the testes).

Table 24. Numbers of publications on the relation with male fertility, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-------------------------|------------------------|-----------------|---|
| 10 experimental animals | 9 experimental animals | No publications | 7 epidemiological 2 experimental humans 36 experimental animals |

700-2200 MHz

No effects on male fertility endpoints were observed in 5 animal studies, in 1 study unfavourable effects were found, in 2 studies a favourable effect and in 2 studies both favourable and unfavourable effects.

Table 25. Publications on the relation with male fertility in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------|---------------------------------|-----------------------------------|
| Ribeiro et al. (2007) ²⁵⁷ | Animal | 1800 MHz | No effect |
| Daşdağ et al. (2008) ²⁵⁸ | Animal | 900 MHz GSM | No effect |
| Lee et al. (2010) ²⁵⁹ | Animal | 848.5 MHz CDMA | No effect |
| Lee et al. (2012) ²⁶⁰ | Animal | 849 MHz CDMA and 1950 MHz WCDMA | No effect |
| Trošić et al. (2013) ²⁶¹ | Animal | 915 MHz GSM | No effect |
| Qin et al. (2014) ²⁶² | Animal | 1800 MHz | Unfavourable effect / higher risk |
| Houston et al. (2019) ²⁶³ | Animal | 905 MHz | Unfavourable effect / higher risk |
| Azimzadeh & Jelodar (2019) ²⁶⁴ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Yahyazadeh et al. (2020) ²⁶⁵ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Forgács et al. (2006) ²⁶⁶ | Animal | 1800 MHz GSM | Favourable effect / lower risk |



| Reference | Type of study | Source of exposure | Effect |
|-------------------------------------|---------------|------------------------------|--|
| Imai et al. (2011) ²⁶⁷ | Animal | 1950 MHz WCDMA | Favourable effect / lower risk |
| Nisbet et al. (2012) ²⁶⁸ | Animal | 900 MHz GSM and 1800 MHz GSM | Favourable and unfavourable effect |
| Taş et al. (2014) ²⁶⁹ | Animal | 900 MHz | Effect, not clearly favourable or unfavourable |

2.2-5.0 GHz

In 9 animal studies an unfavourable effect on male fertility endpoints was observed, in particular on testis function and the development of sperm.

Table 26. Publications on the relation with male fertility in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|--------------------------------------|---------------|---------------------------------|-----------------------------------|
| Saygin et al. (2011) ²⁷⁰ | Animal | 2450 MHz 217 Hz pulse modulated | Unfavourable effect / higher risk |
| Meena et al. (2014) ²⁷¹ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Shahin et al. (2014) ²⁷² | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Saygin et al. (2015) ²⁷³ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Daşdağ et al. (2015) ²⁷⁴ | Animal | 2450 MHz Wi-Fi | Unfavourable effect / higher risk |
| Saygin et al. (2016) ²⁷⁵ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Jonwal et al. (2018) ²⁷⁶ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Bilgici et al. (2018) ²⁷⁷ | Animal | 2450 MHz Wi-Fi | Unfavourable effect / higher risk |
| Shahin et al. (2018) ²⁷⁸ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Yu et al. (2020) ²⁷⁹ | Animal | 2575–2635 MHz | Unfavourable effect / higher risk |

Excluded

Table 27. Excluded publications on the relation with male fertility

| Epidemiological studies | Reason for exclusion |
|--|--|
| Weyandt et al. (1996) ²⁸⁰ | Non-specified radar |
| Schrader et al. (1998) ²⁸¹ | Non-specified radar |
| Ding et al. (2004) ²⁸² | Non-specified radar |
| Yan et al. (2007) ²⁸³ | Non-specified radar |
| Møllerløgken & Moen (2008) ⁴⁸ | Radar frequencies outside ranges (9.1-9.4 GHz) |
| Baste et al. (2008) ²⁸⁴ | Radar frequencies outside ranges (9.1-9.4 GHz) |
| Baste et al. (2012) ²⁸⁵ | Radar frequencies outside ranges (9.1-9.4 GHz) |
| Human experimental studies | |
| de Sèze et al. (2001) ¹⁷⁸ | No blinding |
| Davoudi et al. (2002) ²⁸⁶ | No blinding |
| Animal studies | |
| Daşdağ et al. (1999) ²⁸⁷ | Incomplete dosimetry, no exposure level |
| Daşdağ et al. (2003) ²⁸⁸ | Incomplete dosimetry, no exposure level |
| Ozguner et al. (2005) ²⁸⁹ | No sham control group |
| Yan et al. (2007) ²⁹⁰ | No dosimetry, no exposure level |
| Mailankot et al. (2009) ²⁹¹ | No dosimetry, no exposure level |
| Kesari et al. (2010) ²⁹² | No sham control group; no dosimetry, no exposure level |
| Meo et al. (2010) ²⁹³ | No sham control group; no dosimetry, no exposure level |
| Otitoloju et al. (2010) ²⁹⁴ | No controlled laboratory conditions |
| Esmekaya et al. (2011) ²⁹⁵ | SAR incorrectly calculated from external electric field |
| Kesari et al. (2011) ²⁹⁶ | No dosimetry, no exposure level |
| Meo et al. (2011) ²⁹⁷ | No sham control group; no dosimetry, no exposure level |
| Sarookhani et al. (2011) ²⁹⁸ | No sham control group; no dosimetry, no exposure level |
| Al-Damegh (2012) ²⁹⁹ | No dosimetry, no exposure level |
| Çelic et al. (2012) ³⁰⁰ | No dosimetry, no exposure level |
| Kesari & Behari (2012) ³⁰¹ | No dosimetry, no exposure level |
| Atasoy et al. (2013) ³⁰² | No sham control group; no dosimetry, no exposure level |
| Ghanbari et al. (2013) ³⁰³ | No dosimetry; insufficient information on exposure level |
| Shahin et al. (2013) ³⁰⁴ | No quantification of effects, no statistical analysis |



| Epidemiological studies | Reason for exclusion |
|--|--|
| Karaman et al. (2014) ³⁰⁵ | No dosimetry, no exposure level |
| Kumar et al. (2014) ³⁰⁶ | No dosimetry, no exposure level |
| Oksay et al. (2014) ³⁰⁷ | Incorrect dosimetry, no exposure level |
| Sepehrimanesh et al. (2014) ³⁰⁸ | Insufficient information on exposure and dosimetry |
| Azadi Oskouyi et al. (2015) ³⁰⁹ | No sham control group; no dosimetry, no exposure level |
| Bin-Meferij & El-Kott (2015) ³¹⁰ | No sham control group; no dosimetry, no exposure level |
| Tumkaya et al. (2016) ³¹¹ | Incomplete dosimetry |
| Çetkin et al. (2017) ³¹² | No dosimetry, no exposure level |
| Pandey et al. (2017) ³¹³ | No sham control group |
| Sepehrimanesh et al. (2017) ³¹⁴ | No sham control group |
| Shahin et al. (2017) ³¹⁵ | Incomplete description of exposure; incorrect dosimetry |
| Oyewopo et al. (2017) ³¹⁶ | No dosimetry |
| Narayanan et al. (2018) ³¹⁷ | No exposure level |
| Oh et al. (2018) ³¹⁸ | Exposure level unclear (2 distances but 1 SAR value) |
| Shahin et al. (2018) ³¹⁹ | SAR calculation refers to Shahin et al. (2017) ³¹⁵ ; which gives an incorrect calculation (for uterus!) for a mobile phone at maximum power |
| Hu et al. (2019) ³²⁰ | Incomplete dosimetry, no frequency |
| Yahyazadeh & Altunkaynak (2019) ³²¹ | No sham control group |
| Gautam et al. (2019) ³²² | No sham control group; incomplete description of exposure |

Conclusion

The committee concludes on the basis of animal studies that for exposure to electromagnetic fields in the frequency range of 700-2200 MHz no statement is possible. In the frequency range of 2.2-5.0 GHz unfavourable effects on the testis function and development of sperm are possible. No statement is possible for the frequency range of 20-40 GHz.

4.8 Pregnancy and birth defects

The committee has taken 15 studies into the relation between exposure to radiofrequency electromagnetic fields and the course of pregnancy and the incidence of birth defects into account in this report, see table 28 (in some studies multiple frequency bands have been studied).

Epidemiological studies investigated the association between exposure and duration of pregnancy. In animal studies mainly the outcome of pregnancy, such as the number of offspring, and birth defects have been investigated.

Table 28. Numbers of publications on the relation with pregnancy and birth defects, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|---|---|-----------------|-------------------------|
| 1 epidemiological 9 experimental animals | 1 epidemiological 8 experimental animals | No publications | 25 experimental animals |

700-2200 MHz

In 1 epidemiological study an unfavourable effect was observed (decreased duration of pregnancy). In 7 animal studies no effects were found and in 1 animal study an unfavourable effect (a reduction in the number of nerve cells in the hippocampus of newborns). In another animal study both favourable and unfavourable effects on prenatal development were found.



Table 29. Publications on the relation with pregnancy and birth defects in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------------|-----------------------------------|--|
| Tsarna et al. (2019) ³²³ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Bornhausen & Scheingraber (2000) ³²⁴ | Animal | 900 MHz GSM | No effect |
| Ferreira et al. (2006) ³²⁵ | Animal | 834 MHz | No effect |
| Sommer et al. (2009) ³²⁶ | Animal | 1966 MHz UMTS | No effect |
| Ogawa et al. (2009) ³²⁷ | Animal | 1950 MHz WCDMA | No effect |
| Lee et al. (2009) ³²⁸ | Animal | 848.5 MHz CDMA and 1.95 GHz WCDMA | No effect |
| Fragopoulou et al. (2010) ³²⁹ | Animal | 900 MHz GSM | No effect |
| Shirai et al. (2017) ³³⁰ | Animal | 880–5180 MHz | No effect |
| Koç et al. (2016) ¹³² | Animal | 900 MHz | Unfavourable effect / higher risk |
| Nisbet et al. (2016) ³³¹ | Animal | 900 and 1800 MHz | Favourable and unfavourable effect |

2.2-5.0 GHz

In 1 epidemiological study no association was observed between exposure to Wi-Fi during pregnancy and spontaneous abortion. In 6 out of 8 animal studies no effect was found of prenatal exposure to electromagnetic fields on the development of young animals. In the 2 other studies an unfavourable effect was found: decreased growth.

Table 30. Publications on the relation with pregnancy and birth defects in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------------|---------------------------|-----------------------------------|
| Abad et al (2016) ³³² | Epidemiology cohort | Wi-Fi | No effect |
| Takahashi et al. (2010) ³³³ | Animal | 2140 MHz WCDMA | No effect |
| Aït-Aïssa et al. (2012) ³³⁴ | Animal | 2450 MHz Wi-Fi | No effect |
| Poullétier de Gannes et al. (2012) ³³⁵ | Animal | 2450 MHz Wi-Fi | No effect |
| Poullétier de Gannes et al. (2013) ³³⁶ | Animal | 2450 MHz Wi-Fi | No effect |
| Shirai et al. (2014) ³³⁷ | Animal | 2140 MHz WCDMA | No effect |
| Woelders et al. (2017) ³³⁸ | Animal | 5.6 GHz WLAN | No effect |
| Sangun et al. (2015) ³³⁹ | Animal | 2.45 GHz 217 Hz modulated | Unfavourable effect / higher risk |
| Kuybulu et al. (2016) ³⁴⁰ | Animal | 2.45 GHz | Unfavourable effect / higher risk |

Excluded

Table 31. Excluded publications on the relation with pregnancy and birth defects

| Animal studies | Reason for exclusion |
|---------------------------------------|--|
| Magras & Xenos (1997) ³⁴¹ | No sham control group |
| Inalöz et al. (1997) ²¹⁰ | No quantitative data; no statistics; exposure by location next to microwave oven; no dosimetry |
| Nakamura et al. (2000) ³⁴² | No sham control group |
| Nakamura et al. (2003) ³⁴³ | No sham control group |
| Bas et al. (2009) ³⁴⁴ | No sham control group |
| Gul et al. (2009) ³⁴⁵ | Incomplete dosimetry, no frequency |
| Rağbetli et al. (2009) ³⁴⁶ | No dosimetry, no exposure level |
| Aldad et al. (2012) ³⁴⁷ | Mobile telephone on cage; no dosimetry, no exposure level |
| Jing et al. (2012) ³⁴⁸ | No exposure level, no frequency |
| Haghani et al. (2013) ³⁴⁹ | SAR values provided, but no information on dosimetry, no other exposure information |
| Köktürk et al. (2013) ³⁵⁰ | No dosimetry, no exposure level |



| Animal studies | Reason for exclusion |
|--|--|
| Seckin et al. (2014) ¹⁹⁹ | No sham control group |
| Bedir et al. (2015) ³⁵¹ | No dosimetry, no exposure level |
| Odacı et al. (2015) ³⁵² | No sham control group |
| Türedi et al. (2015) ³⁵³ | No sham control group |
| Zhang et al. (2015) ³⁵⁴ | No information on exposure setup, no exposure level |
| Erkut et al. (2016) ³⁵⁵ | No sham control group; no dosimetry, no exposure level |
| Razavinasab et al. (2016) ³⁵⁶ | Calculation SAR unclear, no other exposure information |
| Türedi et al. (2016) ³⁵⁷ | No sham control group |
| Othman et al. (2017) ³⁵⁸ | No dosimetry, no exposure level |
| Othman et al. (2017) ³⁵⁹ | No dosimetry, no exposure level |
| Yilmaz et al. (2017) ³⁶⁰ | No sham control group, insufficient information on exposure level |
| Alimohammadi et al. (2018) ³⁶¹ | No sham control group, insufficient information on exposure level |
| Tumkaya et al. (2019) ³⁶² | No sham control group, unclear exposure and assessment of exposure level |
| Amandokht Saghezchi et al. (2019) ³⁶³ | No dosimetry |

Conclusion

The committee concludes that unfavourable effects of exposure to radiofrequency electromagnetic fields during pregnancy on the course of pregnancy, on birth defects and on early development are possible for the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz. No statement is possible for the frequency range of 20-40 GHz.



05

overviews of publications relevant for 5G: biological processes



For several biological processes indications have been observed for an unfavourable effect of exposure to radiofrequency electromagnetic fields. This is the case for behaviour, cognition, brain neurotransmitters, brain electrical activity, sleep, blood-brain barrier, blood, oxidative stress and gene expression in brain tissue. For other biological processes – immune system and hormones – no indications for adverse effects have been observed. The observed effects indicate that radiofrequency electromagnetic fields may have the potential to cause adverse health effects, but there is no proof that health is indeed affected. The committee did not analyse whether the effects reported may have a threshold, or whether and how the effect increases with increasing exposure level.

5.1 Behaviour

Several types of behaviour have been investigated. Studies in humans generally involve behavioural problems in children. In animals, more specific behaviours have been studied: explorative behaviour, recognition of objects and situations, anxiety and effects on learned behaviour.

The committee has taken 58 studies into the relation between exposure to radiofrequency electromagnetic fields and behaviour into account in this report, see table 32.

Table 32. Numbers of publications on the relation with behaviour, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|--|--|-----------------|--|
| 9 epidemiological 29 experimental animals | 1 epidemiological 19 experimental animals | No publications | 2 epidemiological 22 experimental animals |

700-2200 MHz

In 3 out of 9 epidemiological studies, no relation has been observed between exposure to electromagnetic fields and behaviour. In the other 5 epidemiological studies unfavourable effects were observed and in 1 study a favourable effect. In 16 animal studies no effect on behaviour was found, in 8 an unfavourable effect, in 3 a favourable effect and in 2 both favourable and unfavourable effects.



Table 33. Publications on the relation with behaviour in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|---|------------------------------|-------------------------------|--|
| Guxens et al. (2019) ³⁶⁴ | Epidemiology cohort | Mobile telephone | No association |
| Divan et al. (2008) ³⁶⁵ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Divan et al. (2012) ³⁶⁶ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Byun et al. (2013) ³⁶⁷ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Sudan et al. (2016) ³⁶⁸ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Roser et al. (2016) ³⁶⁹ | Epidemiology cohort | Mobile telephone | Favourable association / lower risk |
| Zheng et al. (2014) ³⁷⁰ | Epidemiology cross-sectional | Mobile telephone | No association |
| Roser et al. (2016) ³⁶⁹ | Epidemiology cross-sectional | Base station | No association |
| Thomas et al. (2010) ³⁷¹ | Epidemiology cross-sectional | Base station | Unfavourable association / higher risk |
| D'Andrea et al (1989) ³⁷² | Animal | 1300 MHz pulsed | No effect |
| Quock et al. (1994) ³⁷³ | Animal | 1800 MHz continuous | No effect |
| Bornhausen & Scheingraber (2000) ³²⁴ | Animal | 900 MHz GSM | No effect |
| Dubreuil et al. (2003) ³⁷⁴ | Animal | 900 MHz GSM | No effect |
| Mausset-Bonnefont et al. (2004) ³⁷⁵ | Animal | 900 MHz GSM | No effect |
| Nittby et al. (2008) ³⁷⁶ | Animal | 900 MHz GSM | No effect |
| Takahashi et al. (2010) ³³³ | Animal | 2140 MHz WCDMA | No effect |
| Bouji et al. (2012) ³⁷⁷ | Animal | 900 MHz GSM | No effect |
| Shirai et al. (2014) ³³⁷ | Animal | 2140 MHz WCDMA | No effect |
| Klose et al. (2014) ³⁷⁸ | Animal | 900 MHz GSM | No effect |
| Son et al. (2015) ³⁷⁹ | Animal | 1950 MHz WCDMA | No effect |
| Son et al. (2016) ³⁸⁰ | Animal | 1950 MHz WCDMA | No effect |
| Barthélémy et al. (2016) ³⁸¹ | Animal | 900 MHz GSM | No effect |
| Petitdant et al. (2016) ³⁸² | Animal | 900 MHz GSM | No effect |
| Gupta et al. (2018) ³⁸³ | Animal | 900 and 1800 MHz | No effect |
| Gupta et al. (2019) ³⁸⁴ | Animal | 900 and 1800 MHz | No effect |
| Lebovitz (1981) ³⁸⁵ | Animal | 1300 MHz pulsed | Unfavourable effect / higher risk |
| Lebovitz (1983) ³⁸⁶ | Animal | 1300 MHz pulsed | Unfavourable effect / higher risk |
| Akyel et al. (1991) ³⁸⁷ | Animal | 1250 MHz pulsed | Unfavourable effect / higher risk |
| Daniels et al. (2009) ³⁸⁸ | Animal | 840 MHz | Unfavourable effect / higher risk |
| Khirazova et al. (2012) ³⁸⁹ | Animal | 905 MHz | Unfavourable effect / higher risk |
| Schneider & Stangassinger (2014) ³⁹⁰ | Animal | 900 MHz GSM and 1966 MHz UMTS | Unfavourable effect / higher risk |
| Zhang et al. (2017) ³⁹¹ | Animal | 1800 MHz | Unfavourable effect / higher risk |
| Jeong et al. (2018) ³⁹² | Animal | 1950 MHz | Unfavourable effect / higher risk |



| Reference | Type of study | Source of exposure | Effect |
|-------------------------------------|---------------|--------------------|------------------------------------|
| Kumlin et al. (2007) ³⁹³ | Animal | 900 MHz GSM | Favourable effect / lower risk |
| Kim et al. (2017) ³⁹⁴ | Animal | 835 MHz | Favourable effect / lower risk |
| Wang et al. (2017) ³⁹⁵ | Animal | 1800 MHz | Favourable effect / lower risk |
| Son et al. (2018) ³⁹⁶ | Animal | 1950 MHz | Favourable and unfavourable effect |
| Broom et al. (2019) ³⁹⁷ | Animal | 1846 MHz | Favourable and unfavourable effect |

2.2-5.0 GHz

In 1 epidemiological study no effect on behaviour was observed.

In 6 animal studies no effect was found, in 11 unfavourable effects, in 1 a favourable effect and in 1 effects that are not clearly favourable or unfavourable.

Table 34. Publications on the relation with behaviour in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------------|---|-----------------------------------|
| Guxens et al (2019) ³⁶⁴ | Epidemiology cohort | Wi-Fi | No association |
| Quock et al. (1987) ³⁹⁸ | Animal | 2450 MHz continuous | No effect |
| Mitchell et al. (1989) ³⁹⁹ | Animal | 2450 MHz continuous | No effect |
| Quock et al. (1994) ³⁷³ | Animal | 4.7 GHz continuous | No effect |
| Kemerov et al. (1999) ⁴⁰⁰ | Animal | 2375 MHz, 433.93 MHz, 27.13 MHz | No effect |
| Cosquer et al. (2005) ⁴⁰¹ | Animal | 2450 MHz pulsed | No effect |
| Crouzier et al. (2007) ⁴⁰² | Animal | 2450 MHz pulsed with 1 kHz | No effect |
| Thomas et al. (1982) ⁴⁰³ | Animal | 2.8 GHz continuous and pulsed | Unfavourable effect / higher risk |
| Lai et al. (1983) ⁴⁰⁴ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| D'Andrea et al. (1988) ⁴⁰⁵ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Chou et al. (1992) ⁴⁰⁶ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Raslear et al. (1993) ⁴⁰⁷ | Animal | 3 GHz pulsed | Unfavourable effect / higher risk |
| Shtemberg et al. (2001) ⁴⁰⁸ | Animal | 4.2 GHz modulated with 20 Hz-20 kHz | Unfavourable effect / higher risk |
| Chaturvedi et al. (2011) ⁴⁰⁹ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Kumar et al. (2016) ⁴¹⁰ | Animal | 2450 MHz continuous and modulated with 400 Hz | Unfavourable effect / higher risk |
| Obajuluwa et al. (2017) ⁴¹¹ | Animal | 2.5 GHz Wi-Fi | Unfavourable effect / higher risk |



| Reference | Type of study | Source of exposure | Effect |
|------------------------------------|---------------|-------------------------------|--|
| Gupta et al. (2018) ³⁸³ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Gupta et al. (2019) ³⁸⁴ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Sinha et al. (2008) ⁴¹² | Animal | 2450 MHz modulated with 1 kHz | Favourable effect / lower risk |
| Sinha (2008) ⁴¹³ | Animal | 2450 MHz modulated with 1 kHz | Effect, not clearly favourable or unfavourable |

Excluded

Table 35. Excluded publications on the relation with behaviour

| Epidemiological studies | Reason for exclusion |
|---|---|
| Calvente et al. (2016) ⁴¹⁴ | Exposure assessment meaningless |
| Guxens et al (2019) ³⁶⁴ | Excluded for presence of phones and Wi-Fi, included for number of calls |
| Animal studies | |
| Galloway (1975) ⁴¹⁵ | No statistical analysis; no exposure level |
| Mattsson & Oliva (1976) ⁴¹⁶ | Study with 1 animal |
| Thomas et al. (1980) ⁴¹⁷ | No sham control group; no statistical analysis |
| Carratalá & Moya (1991) ⁴¹⁸ | No sham control group |
| Jensh (1997) ⁴¹⁹ | No data or p-values reported |
| Crouzier et al. (2007) ⁴²⁰ | No data reported |
| Narayanan et al. (2009) ⁴²¹ | No exposure information; no sham control group |
| Narayanan et al. (2010) ⁴²² | No exposure information; no sham control group |
| Carballo-Quintás et al. (2011) ⁴²³ | No data reported |
| Ntzouni et al. (2011) ⁴²⁴ | No exposure level |
| Aldad et al. (2012) ³⁴⁷ | Mobile telephone on cage; no dosimetry, no exposure level |
| El Kholly & El Husseiny (2012) ⁴²⁵ | No dosimetry, no exposure level; no sham control group |
| Sokolovic et al. (2012) ⁴²⁶ | No quantitative data on behaviour |
| Haghani et al. (2013) ³⁴⁹ | SAR values provided, but no information on dosimetry, no other exposure information |
| Ntzouni et al. (2013) ⁴²⁷ | No exposure level |
| de Caires Júnior et al. (2014) ⁴²⁸ | No exposure level |
| Saikhedkar et al. (2014) ⁴²⁹ | Incorrect dosimetry (SAR calculated for humans), no other exposure information |
| Lee et al. (2015) ⁴³⁰ | Mobile telephone in aquarium, no dosimetry |
| Zhang et al. (2015) ³⁵⁴ | No information on exposure setup, no exposure level |
| Shehu et al. (2016) ⁴³¹ | Mobile telephone in cage, no dosimetry |
| Hassanshahi et al. (2017) ⁴³² | No dosimetry |
| Othman et al. (2017) ³⁵⁹ | No dosimetry, no exposure level |



Conclusion

The committee concludes that both favourable and unfavourable effects of exposure to radiofrequency electromagnetic fields cannot be excluded.

The conclusion for the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz is that an effect is possible. No statement is possible for the frequency range of 20-40 GHz.

5.2 Cognition

Studies into the relation between radiofrequency electromagnetic fields and cognition include effects on memory, reaction speed and responsiveness, since these provide information on the functioning of the brain. Sometimes effects are very subtle. The committee has taken 107 studies into the relation between exposure to radiofrequency electromagnetic fields and cognition into account in this report, see table 36.

Table 36. Numbers of publications on the relation with cognition, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-------------------------|-------------------------|-----------------|-------------------------|
| 11 epidemiological | 2 experimental humans | No publications | 9 epidemiological |
| 46 experimental humans | 24 experimental animals | | 16 experimental humans |
| 24 experimental animals | | | 18 experimental animals |

700-2200 MHz

Two of the 11 epidemiological studies do not show an association, 4 an unfavourable association, 2 a favourable association, 2 a favourable and unfavourable association and 1 an association not clearly favourable or unfavourable. In 31 human experimental studies no effect was found, in 7 an unfavourable effect and in 8 a favourable effect. Out of the 24 animal studies, 14 show no effect, 9 an unfavourable effect and 1 a favourable effect.

Table 37. Publications on the relation with cognition in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|---------------------------------------|------------------------------|--------------------|---|
| Thomas et al. (2010) ⁴³³ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Foerster et al. (2018) ⁴³⁴ | Epidemiology cohort | Mobile telephone | Unfavourable association / higher risk |
| Ng et al. (2012) ⁴³⁵ | Epidemiology cohort | Mobile telephone | Favourable association / lower risk |
| Brzozek et al. (2019) ⁴³⁶ | Epidemiology cohort | Mobile telephone | Favourable and unfavourable association |
| Redmayne et al. (2016) ⁴³⁷ | Epidemiology cross-sectional | Mobile telephone | No association |
| Abramson et al. (2009) ⁴³⁸ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Lee et al. (2001) ⁴³⁹ | Epidemiology cross-sectional | Mobile telephone | Favourable association / lower risk |
| Guxens et al. (2016) ⁴⁴⁰ | Epidemiology cross-sectional | Mobile telephone | Association, not clearly favourable or unfavourable |
| Hutter et al. (2006) ⁷⁵ | Epidemiology cross-sectional | Base station | No association |
| Roser et al. (2016) ³⁶⁹ | Epidemiology cross-sectional | Base station | Unfavourable association / higher risk |
| Guxens et al. (2016) ⁴⁴⁰ | Epidemiology cross-sectional | Base station | Favourable and unfavourable association |



| Reference | Type of study | Source of exposure | Effect |
|--|----------------------------|--------------------|-----------------------------------|
| Freude et al. (1998) ⁴⁴¹ | Experimental humans adults | Mobile telephone | No effect |
| Freude et al. (2000) ⁴⁴² | Experimental humans adults | Mobile telephone | No effect |
| Krause et al. (2000) ⁴⁴³ | Experimental humans adults | Mobile telephone | No effect |
| Krause et al. (2000) ⁴⁴⁴ | Experimental humans adults | Mobile telephone | No effect |
| Krause et al. (2007) ⁴⁴⁵ | Experimental humans adults | Mobile telephone | No effect |
| Haarala et al. (2003) ⁴⁴⁶ | Experimental humans adults | Mobile telephone | No effect |
| Haarala et al. (2004) ⁴⁴⁷ | Experimental humans adults | Mobile telephone | No effect |
| Haarala et al. (2003) ⁴⁴⁸ | Experimental humans adults | Mobile telephone | No effect |
| Aalto et al. (2006) ⁴⁴⁹ | Experimental humans adults | Mobile telephone | No effect |
| Kwon et al. (2011) ⁴⁵⁰ | Experimental humans adults | Mobile telephone | No effect |
| Kwon et al. (2012) ⁴⁵¹ | Experimental humans adults | Mobile telephone | No effect |
| Hamblin et al. (2006) ⁴⁵² | Experimental humans adults | Mobile telephone | No effect |
| Besset et al. (2005) ⁴⁵³ | Experimental humans adults | Mobile telephone | No effect |
| Curcio et al. (2008) ⁴⁵⁴ | Experimental humans adults | Mobile telephone | No effect |
| Luria et al. (2009) ¹⁴⁸ | Experimental humans adults | Mobile telephone | No effect |
| Terao et al. (2006) ⁴⁵⁵ | Experimental humans adults | Mobile telephone | No effect |
| Terao et al. (2007) ⁴⁵⁶ | Experimental humans adults | Mobile telephone | No effect |
| Russo et al. (2006) ⁴⁵⁷ | Experimental humans adults | Mobile telephone | No effect |
| Cinel et al. (2007) ⁴⁵⁸ | Experimental humans adults | Mobile telephone | No effect |
| Haarala et al. (2007) ⁴⁵⁹ | Experimental humans adults | Mobile telephone | No effect |
| Fritzer et al. (2007) ⁸⁴ | Experimental humans adults | Mobile telephone | No effect |
| Schmid et al. (2012) ⁸⁹ | Experimental humans adults | Mobile telephone | No effect |
| Schmid et al. (2012) ⁹⁰ | Experimental humans adults | Mobile telephone | No effect |
| Kleinlogel et al. (2008) ⁴⁶⁰ | Experimental humans adults | Mobile telephone | No effect |
| Sauter et al. (2011) ⁴⁶¹ | Experimental humans adults | Mobile telephone | No effect |
| Curcio et al. (2012) ⁴⁶² | Experimental humans adults | Mobile telephone | No effect |
| Krause et al. (2004) ⁴⁶³ | Experimental humans adults | Mobile telephone | Unfavourable effect / higher risk |
| Hamblin et al. (2004) ⁴⁶⁴ | Experimental humans adults | Mobile telephone | Unfavourable effect / higher risk |
| Eliyahu et al. (2006) ¹⁴⁵ | Experimental humans adults | Mobile telephone | Unfavourable effect / higher risk |
| Keetley et al. (2006) ⁴⁶⁵ | Experimental humans adults | Mobile telephone | Unfavourable effect / higher risk |
| Lustenberger et al. (2012) ⁹⁰ | Experimental humans adults | Mobile telephone | Unfavourable effect / higher risk |
| Preece et al. (1999) ⁴⁶⁶ | Experimental humans adults | Mobile telephone | Favourable effect / lower risk |
| Koivisto et al. (2000) ⁴⁶⁷ | Experimental humans adults | Mobile telephone | Favourable effect / lower risk |
| Koivisto et al. (2000) ⁴⁶⁸ | Experimental humans adults | Mobile telephone | Favourable effect / lower risk |
| Curcio et al. (2004) ⁴⁶⁹ | Experimental humans adults | Mobile telephone | Favourable effect / lower risk |



| Reference | Type of study | Source of exposure | Effect |
|--|--------------------------------------|-----------------------|-----------------------------------|
| Regel et al. (2007) ⁴⁷⁰ | Experimental humans adults | Mobile telephone | Favourable effect / lower risk |
| Verrinder et al. (2016) ⁹⁴ | Experimental humans adults | Mobile telephone | Favourable effect / lower risk |
| Preece et al. (2005) ⁴⁷¹ | Experimental humans children | Mobile telephone | No effect |
| Haarala et al. (2005) ⁴⁷² | Experimental humans children | Mobile telephone | No effect |
| Loughran et al. (2013) ⁴⁷³ | Experimental humans children | Mobile telephone | No effect |
| Leung et al. (2011) ⁴⁷⁴ | Experimental humans children | Mobile telephone | Unfavourable effect / higher risk |
| Wilén et al. (2006) ¹⁰¹ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Jech et al. (2011) ⁴⁷⁵ | Experimental humans electrosensitive | Mobile telephone | Favourable effect / lower risk |
| Wiholm et al. (2009) ⁴⁷⁶ | Experimental humans electrosensitive | Mobile telephone | Favourable effect / lower risk |
| Maier et al. (2004) ⁴⁷⁷ | Experimental humans adults | Base station | Unfavourable effect / higher risk |
| Eltiti et al. (2009) ²³¹ | Experimental humans electrosensitive | Base station | No effect |
| Sienkiewicz et al. (2000) ⁴⁷⁸ | Animal | 900 MHz 217 Hz pulsed | No effect |
| Dubreuil et al. (2002) ⁴⁷⁹ | Animal | 900 MHz 217 Hz pulsed | No effect |
| Dubreuil et al. (2003) ³⁷⁴ | Animal | 900 MHz 217 Hz pulsed | No effect |
| Yamaguchi et al. (2003) ⁴⁸⁰ | Animal | 1439 MHz pulsed | No effect |
| Ammari et al. (2008) ⁴⁸¹ | Animal | 900 MHz GSM | No effect |
| Daniels et al. (2009) ³⁸⁸ | Animal | 840 MHz | No effect |
| Mori & Arendash (2011) ⁴⁸² | Animal | 918 MHz GSM | No effect |
| Arendash et al. (2012) ⁴⁸³ | Animal | 918 MHz GSM | No effect |
| Klose et al. (2014) ³⁷⁸ | Animal | 900 MHz GSM | No effect |
| Bouji et al. (2016) ⁴⁸⁴ | Animal | 900 MHz | No effect |
| Son et al. (2016) ³⁸⁰ | Animal | 1950 MHz | No effect |
| Zhang et al. (2017) ³⁹¹ | Animal | 1800 MHz | No effect |
| Keleş et al. (2018) ⁴⁸⁵ | Animal | 900 MHz | No effect |
| Bouji et al. (2020) ⁴⁸⁶ | Animal | 900 MHz | No effect |
| Deshmukh et al. (2013) ⁴⁸⁷ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Jeong et al. (2015) ⁴⁸⁸ | Animal | 1950 MHz WCDMA | Unfavourable effect / higher risk |
| Deshmukh et al. (2015) ⁴⁸⁹ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Tang et al. (2015) ⁴⁹⁰ | Animal | 900 MHz continuous | Unfavourable effect / higher risk |
| Deshmukh et al. (2016) ⁴⁹¹ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Sharma et al. (2017) ⁴⁹² | Animal | 1000 MHz | Unfavourable effect / higher risk |
| Tan et al. (2017) ⁴⁹³ | Animal | 1500 and 2856 MHz | Unfavourable effect / higher risk |
| Ahmadi et al. (2018) ⁴⁹⁴ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Sharma et al. (2019) ⁴⁹⁵ | Animal | 2100 MHz | Unfavourable effect / higher risk |
| Kumlin et al. (2007) ³⁹³ | Animal | 900 MHz GSM | Favourable effect / lower risk |



2.2-5.0 GHz

One of the 2 human experimental studies does not show an effect, the other shows an unfavourable effect. Also 7 animal studies show no effect and 17 show an unfavourable effect.

Table 38. Publications on the relation with cognition in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---|----------------------------|---------------------|-----------------------------------|
| Hosseini et al. (2019) ⁴⁹⁶ | Experimental humans adults | Wi-Fi | No effect |
| Bamdad et al. (2019) ⁴⁹⁷ | Experimental humans adults | Wi-Fi | Unfavourable effect / higher risk |
| Cobb et al. (2004) ⁴⁹⁸ | Animal | 2450 MHz pulsed | No effect |
| Cassel et al. (2004) ⁴⁹⁹ | Animal | 2450 MHz pulsed | No effect |
| Cosquer et al. (2005) ⁵⁰⁰ | Animal | 2450 MHz pulsed | No effect |
| Cosquer et al. (2005) ⁵⁰¹ | Animal | 2450 MHz pulsed | No effect |
| Cosquer et al. (2005) ⁴⁰¹ | Animal | 2450 MHz pulsed | No effect |
| Takahashi et al. (2010) ³³³ | Animal | 2140 MHz WCDMA | No effect |
| Shirai et al. (2014) ³³⁷ | Animal | 2140 MHz WCDMA | No effect |
| Lai et al. (1994) ⁵⁰² | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Wang & Lai (2000) ⁵⁰³ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Lai (2004) ⁵⁰⁴ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Li et al. (2008) ⁵⁰⁵ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Chaturvedi et al. (2011) ⁴⁰⁹ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Lu et al. (2012) ⁵⁰⁶ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Wang et al. (2013) ⁵⁰⁷ | Animal | 2856 MHz pulsed | Unfavourable effect / higher risk |
| Qiao et al. (2014) ⁵⁰⁸ | Animal | 2856 MHz pulsed | Unfavourable effect / higher risk |
| Wang et al. (2015) ⁵⁰⁹ | Animal | 2856 MHz pulsed | Unfavourable effect / higher risk |
| Li et al. (2015) ⁵¹⁰ | Animal | 2856 MHz pulsed | Unfavourable effect / higher risk |
| Shahin et al. (2015) ⁵¹¹ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Deshmukh et al. (2015) ⁴⁸⁹ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Deshmukh et al. (2016) ⁴⁹¹ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Tan et al. (2017) ⁴⁹³ | Animal | 2856 MHz | Unfavourable effect / higher risk |
| Wang et al. (2017) ⁵¹² | Animal | 2856 MHz pulsed | Unfavourable effect / higher risk |
| Shahin et al. (2018) ⁵¹³ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Karimi et al. (2018) ⁵¹⁴ | Animal | 2450 MHz | Unfavourable effect / higher risk |



Excluded

Table 39. Excluded publications on the relation with cognition

| Epidemiological studies | Reason for exclusion |
|--|--|
| Wilén et al. (2004) ¹²¹ | No information on selection of participants and participation rates, representativeness of participating subjects cannot be assessed |
| Arns et al. (2007) ⁵¹⁵ | Recruitment process unclear, therefore comparability of groups is difficult to judge |
| Abdel-Rassoul et al. (2007) ¹²⁴ | No information on selection of participants and participation rates, representativeness of participating subjects cannot be assessed |
| Mortazavi et al. (2013) ⁵¹⁶ | Radar frequencies outside ranges (2-18 GHz) |
| Jarideh et al. (2015) ⁵¹⁷ | No information on selection of participants, except that they were volunteers |
| Calvente et al. (2016) ⁴¹⁴ | Exposure assessment meaningless |
| Guxens et al. (2016) ⁴⁴⁰ | Exposure assessment Wi-Fi meaningless, included for exposure base stations |
| Mohan et al. (2016) ⁵¹⁸ | Only 9 subjects divided into 3 groups and compared with each other in relation to their self-reported mobile phone use |
| Meo et al. (2019) ⁵¹⁹ | Difference between groups, exposure assessment incomplete |
| Human experimental studies | |
| Eibert et al. (1997) ⁵²⁰ | No numerical data provided, insufficient information to evaluate whether statistical analysis was relevant |
| Hladky et al. (1999) ⁵²¹ | No information on control exposure level and blinding |
| Croft et al. (2002) ⁵²² | Insufficient information about exposure |
| Edelstyn & Oldershaw (2002) ⁵²³ | No information on control of exposure level |
| Lee et al. (2003) ⁵²⁴ | Insufficient information on exposure and control of exposure level |
| Smythe & Costall (2003) ⁵²⁵ | No information on control of exposure level |
| Maier et al. (2004) ⁵²⁶ | No information on exposure level |
| Papageorgiou et al. (2004) ⁵²⁷ | Insufficient information on control of exposure level, no information on blinding |
| Papageorgiou et al. (2006) ⁵²⁸ | No information on blinding |
| Hareuveny et al. (2011) ⁵²⁹ | No sham control group |
| Mortazavi et al. (2012) ⁵³⁰ | No information on control of exposure level |
| Vecchio et al. (2012) ⁵³¹ | No statistical comparison between sham and real exposure, insufficient data to conclude on statistical significance |
| Movvahedi et al. (2014) ⁵³² | No information on control of exposure level |
| Malek et al. (2015) ²⁴⁸ | Incorrect information on exposure level; insufficient data to draw conclusions on difference between sham and real exposed |
| Kalafatakis et al. (2017) ⁵³³ | Parallel group design |
| Altuntas et al. (2018) ⁵³⁴ | No information on exposure level |
| Animal studies | |
| Kumar et al. (2009) ⁵³⁵ | No exposure level, no sham control group |
| Narayanan et al. (2009) ⁴²¹ | No information on exposure |
| Fragopoulou et al. (2010) ⁵³⁶ | Exposure level not clear |



Animal studies

| | |
|--|---|
| Arendash et al. (2010) ²⁵⁴ | Assessment of SAR not clear, no information about other relevant exposure quantities provided |
| Zhao et al. (2012) ⁵³⁷ | Type of RF EMF and timing of assay relative to exposure not specified |
| Hao et al. (2012) ⁵³⁸ | Power density measured in centre of cage, but large variation likely, therefore inadequate dosimetry |
| Hao et al. (2013) ⁵³⁹ | Power density measured in centre of cage, but large variation likely, therefore inadequate dosimetry |
| Banaceur et al. (2013) ²⁵⁶ | Assessment of SAR not clear, no information about other relevant exposure quantities provided |
| Ikinci et al. (2013) ⁵⁴⁰ | No dosimetry |
| Saikhedkar et al. (2014) ⁴²⁹ | Incorrect dosimetry (SAR calculated for humans), no other information on exposure level |
| Maaroufi et al. (2014) ⁵⁴¹ | SAR incorrectly calculated using external electric field, which is not provided, no other information on exposure level |
| Narayanan et al. (2015) ⁵⁴² | Mobile telephone in cage, no dosimetry |
| Razavinasab et al. (2016) ³⁵⁶ | Assessment of SAR not clear, no information about other relevant exposure quantities provided |
| Nirwane et al. (2016) ⁵⁴³ | Mobile telephone over aquarium, no dosimetry |
| Wang et al. (2016) ⁵⁴⁴ | Source of exposure not provided; incomplete dosimetry |
| Othman et al. (2017) ³⁵⁸ | No dosimetry, no exposure level |
| Varghese et al. (2017) ⁴¹¹ | Incomplete dosimetry |
| Nasser et al. (2018) ⁵⁴⁵ | No exposure level |

Conclusion

The committee concludes that for the frequency ranges 700-2200 MHz and 2.2-5.0 GHz both favourable and unfavourable effects of exposure to radiofrequency electromagnetic fields on cognition are possible.

No statement is possible for the frequency range of 20-40 GHz.

5.3 Sleep

Sleep is a phase in the diurnal rhythm that is used for the processing of impressions and consolidation in long-term memory, and to reset the brain and the body. Sleep has a number of distinct cyclic phases: shallow sleep, deep sleep and REM (rapid eye movement) sleep. Dreams occur in the

latter phase. Usually there are 4 or 5 cycles per night. Sustained disturbance of the sleeping pattern can have an unfavourable effect on health. The committee has taken 47 studies into the relation between exposure to radiofrequency electromagnetic fields and sleep problems into account in this report, see table 40.

Table 40. Numbers of publications on the relation with sleep, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|--|-----------------|-----------------|-------------------|
| 21 epidemiological 26 experimental humans | No publications | No publications | 3 epidemiological |



700-2200 MHz

Of the 21 epidemiological studies that were identified, 12 show no association, 6 show an unfavourable association, 2 show a favourable association and 1 an association that could be both favourable and

unfavourable. In 12 experimental studies in human volunteers no effect on sleeping pattern was found, while in 14 other studies an effect was found that is not clearly favourable or unfavourable.

Table 41. Publications on the relation with sleep in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|------------------------------------|--------------------|---|
| Cho et al. (2016) ⁵⁴ | Epidemiology cohort | Mobile telephone | No association |
| Mohler et al. (2012) ⁵³ | Epidemiology cohort | Mobile telephone | Association, not clearly favourable or unfavourable |
| Söderqvist et al. (2008) ⁵⁹ | Epidemiology cross-sectional | Mobile telephone | No association |
| Redmayne et al. (2013) ⁶³ | Epidemiology cross-sectional | Mobile telephone | No association |
| Cho et al. (2016) ⁶⁶ | Epidemiology cross-sectional | Mobile telephone | No association |
| Heinrich et al. (2010, 2011) ^{60, 61} | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Huss et al. (2015) ³⁷⁹ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Stalin et al. (2016) ⁶⁷ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Durusoy et al. (2017) ⁶⁸ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Cabr -Riera et al. (2019) ⁵⁴⁶ | Epidemiology cross-sectional | Mobile telephone | Unfavourable association / higher risk |
| Chiu et al. (2014) ⁶⁴ | Epidemiology cross-sectional | Mobile telephone | Favourable association / lower risk |
| Tettamanti et al. (2020) ⁵⁴⁷ | Epidemiology cohort | Base station | No association |
| R sli et al. (2010) ⁵⁴⁸ | Epidemiology cohort | Base station | Favourable association / lower risk |
| Hutter et al. (2006) ⁷⁵ | Epidemiology cross-sectional | Base station | No association |
| Thomas et al. (2008) ⁷¹ | Epidemiology cross-sectional | Base station | No association |
| Berg-Beckhoff et al. (2009) ⁷² | Epidemiology cross-sectional | Base station | No association |
| Heinrich et al. (2011) ⁶¹ | Epidemiology cross-sectional | Base station | No association |
| Frei et al. (2012) ⁵⁶ | Epidemiology cross-sectional | Base station | No association |
| Mohler et al. (2012) ⁵³ | Epidemiology cross-sectional | Base station | No association |
| Martens et al. (2017) ⁷⁴ | Epidemiology cross-sectional | Base station | No association |
| Huss et al. (2015) ³⁷⁹ | Epidemiology cross-sectional | Base station | Unfavourable association / higher risk |
| Wagner et al. (1998) ⁵⁴⁹ | Experimental humans adults healthy | Mobile telephone | No effect |
| Borb ly et al. (1999) ⁷⁷ | Experimental humans adults healthy | Mobile telephone | No effect |
| Wagner et al. (2000) ⁵⁵⁰ | Experimental humans adults healthy | Mobile telephone | No effect |



| Reference | Type of study | Source of exposure | Effect |
|---|--------------------------------------|--------------------|--|
| Huber et al. (2000, 2003) ^{78, 79} | Experimental humans adults healthy | Mobile telephone | No effect |
| Fritzer et al. (2007) ⁸⁴ | Experimental humans adults healthy | Mobile telephone | No effect |
| Danker-Hopfe et al. (2011) ⁵⁵¹ | Experimental humans adults healthy | Mobile telephone | No effect |
| Lustenberger et al. (2015) ⁵⁵² | Experimental humans adults healthy | Mobile telephone | No effect |
| Nakatani-Enomoto et al. (2013) ⁵⁵³ | Experimental humans adults healthy | Mobile telephone | No effect |
| Lowden et al. (2019) ⁹⁶ | Experimental humans adults healthy | Mobile telephone | No effect |
| Mann and Röschke (1996) ⁷⁶ | Experimental humans adults healthy | Mobile telephone | Favourable and unfavourable effect |
| Hung et al. (2007) ¹⁴⁷ | Experimental humans adults healthy | Mobile telephone | Favourable and unfavourable effect |
| Lustenberger et al. (2013) ⁹² | Experimental humans adults healthy | Mobile telephone | Favourable and unfavourable effect |
| Huber et al. (2002) ⁵⁵⁴ | Experimental humans adults healthy | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Loughran et al. (2005) ⁵⁵⁵ | Experimental humans adults healthy | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Loughran et al. (2012) ⁸³ | Experimental humans adults healthy | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Regel et al. (2007) ⁴⁷⁰ | Experimental humans adults healthy | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Schmid et al. (2012) ⁸⁹ | Experimental humans adults healthy | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Schmid et al. (2012) ⁹⁰ | Experimental humans adults healthy | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Danker-Hopfe et al. (2016) ⁵⁵⁶ | Experimental humans adults healthy | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Danker-Hopfe et al. (2010) ¹⁰⁶ | Experimental humans adults healthy | Base station | No effect |
| Jech et al. (2001) ⁴⁷⁵ | Experimental humans adults patient | Mobile telephone | No effect |
| Lowden et al. (2011) ¹⁰⁴ | Experimental humans adults patient | Mobile telephone | Favourable and unfavourable effect |
| Leitgeb et al. (2008) ¹¹¹ | Experimental humans electrosensitive | Base station | No effect |

Excluded

Table 42. Excluded publications on the relation with sleep

| Epidemiological studies | Reason for exclusion |
|--------------------------------------|--|
| Eger & Jahn (2010) ¹²⁶ | No peer-reviewed journal |
| Huss et al. (2015) ³⁷⁹ | Excluded for Wi-Fi, included for mobile phones |
| Redmayne et al. (2013) ⁶³ | Excluded for Wi-Fi, included for mobile phones |

Conclusion

Both favourable and unfavourable effects of exposure to radiofrequency electromagnetic fields have been found. For the frequency range of 700-2200 MHz the conclusion is that an effect is possible. No statement is possible for the frequency ranges of 2.2-5.0 GHz and 20-40 GHz.



5.4 Brain neurotransmission

A decrease in neurotransmission in nerves and brain tissue will have adverse consequences for brain function and therefore for the functioning of the body. The committee has taken 28 studies into the relation between exposure to radiofrequency electromagnetic fields and brain neurotransmission into account in this report, see table 43.

Table 43. Numbers of publications on the relation with brain neurotransmission, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-------------------------|-------------------------|-----------------|-------------------------|
| 14 experimental animals | 14 experimental animals | No publications | 10 experimental animals |

700-2200 MHz

In 2 animal studies no effect was found on substances that are involved in brain neurotransmission, while in 8 studies an unfavourable effect was found. In 2 animal studies a favourable effect was found and in 2 others effects that are not clearly favourable or unfavourable.

Table 44. Publications on the relation with brain neurotransmission in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|---------------|----------------------------|--|
| Hata et al. (2005) ⁵⁵⁷ | Animal | 1439 MHz TDMA | No effect |
| Crouzier et al. (2007) ⁴²⁰ | Animal | 1800 MHz GSM | No effect |
| Mausset et al. (2001) ⁵⁵⁸ | Animal | 900 MHz GSM and continuous | Unfavourable effect / higher risk |
| Mausset-Bonnefont et al. (2004) ³⁷⁵ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Aboul Ezz et al. (2013) ⁵⁵⁹ | Animal | 1800 MHz GSM | Unfavourable effect / higher risk |
| Megha et al. (2015) ⁵⁶⁰ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Kim et al. (2017) ⁴⁹² | Animal | 835 MHz | Unfavourable effect / higher risk |
| Zhang et al. (2017) ³⁹¹ | Animal | 1800 MHz | Unfavourable effect / higher risk |
| Kim et al. (2019) ⁵⁶¹ | Animal | 835 MHz | Unfavourable effect / higher risk |
| Belyaev et al. (2006) ⁵⁶² | Animal | 900 MHz GSM | Favourable effect / lower risk |
| Bodera et al. (2019) ⁵⁶³ | Animal | 1800 MHz | Favourable effect / lower risk |
| Khadrawy et al. (2009) ⁵⁶⁴ | Animal | 900 MHz GSM | Effect, not clearly favourable or unfavourable |
| Ahmed et al. (2018) ⁵⁶⁵ | Animal | 1800 MHz | Effect, not clearly favourable or unfavourable |

2.2-5.0 GHz

In 1 animal study no effect was found and 9 studies showed an unfavourable effect. In 1 study both favourable and unfavourable effects were found and in 3 studies effects that are not clearly favourable or unfavourable.



Table 45. Publications on the relation with brain neurotransmission in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|--|---------------|--------------------------------------|--|
| Crouzier et al. (2007) ⁴⁰² | Animal | 2450 MHz pulsed with 1 kHz | No effect |
| Lai et al. (1990) ⁵⁶⁶ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Lai et al. (1991) ⁵⁶⁷ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Lai et al. (1992) ⁵⁶⁸ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Inaba et al. (1992) ⁵⁶⁹ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Lai et al. (1994) ⁵⁰² | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Lai et al. (1996) ⁵⁷⁰ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Shtemberg et al. (2001) ⁴⁰⁸ | Animal | 4200 MHz modulated with 20 Hz–20 kHz | Unfavourable effect / higher risk |
| Wang et al. (2015) ⁵⁷¹ | Animal | 2.856 GHz pulsed | Unfavourable effect / higher risk |
| Tan et al. (2017) ⁴⁹³ | Animal | 2.856 GHz | Unfavourable effect / higher risk |
| Qiao et al. (2014) ⁵⁰⁸ | Animal | 2.856 GHz pulsed | Favourable and unfavourable effect |
| Lai et al. (1992) ⁵⁷² | Animal | 2450 MHz pulsed | Effect, not clearly favourable or unfavourable |
| Li et al. (2015) ⁵¹⁰ | Animal | 2.856 GHz pulsed | Effect, not clearly favourable or unfavourable |
| Wang et al. (2015) ⁵⁰⁹ | Animal | 2.856 GHz | Effect, not clearly favourable or unfavourable |

Excluded

Table 46. Excluded publications on the relation with brain neurotransmission

| Animal studies | Reason for exclusion |
|---------------------------------------|---|
| Wang et al. (2009) ⁵⁷³ | Not clear at what time points sham controls were assayed; type of microwaves not specified |
| Maskey et al. (2010) ⁵⁷⁴ | Whole-body SAR, assessment unclear: not calculated, no measurements of temperature or electric field |
| Noor et al. (2011) ⁵⁷⁵ | Units of concentration not provided and an unusual assay parameter used, the equilibrium ratio percent, which is not explained |
| Dogan et al. (2012) ⁵⁷⁶ | No exposure level |
| Jing et al. (2012) ³⁴⁸ | No exposure level, no frequency provided |
| Wang et al. (2012) ⁵⁷⁷ | No exposure source and frequency reported |
| Zhao et al. (2012) ⁵³⁷ | Not clear whether time points of neurotransmitter assays were calculated from the first or the last exposure; type of field not specified |
| Maaroufi et al. (2014) ⁵⁴¹ | SAR incorrectly calculated using external electric field, which is not provided, no other information on exposure level |
| Maskey et al. (2014) ⁵⁷⁸ | SAR assessment unclear: not calculated, no measurements of temperature or electric field |
| Song et al. (2015) ⁵⁷⁹ | No dosimetry, no sham control group |

Conclusion

The committee concludes that radiofrequency electromagnetic fields may have an effect on brain neurotransmission. For the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz it is concluded that an effect is possible. No statement is possible for the frequency range of 20-40 GHz.

5.5 Brain electrical activity

The brain functions using chemical and electrical processes. These are continuously influenced by all kinds of factors and behaviours. Changes in electrical processes in the brain continuously occur. The committee has



taken 80 studies into the relation between exposure to radiofrequency electromagnetic fields and brain electrical activity into account in this report, see table 47.

Table 47. Numbers of publications on the relation with brain electrical activity, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|--|---|-----------------|--|
| 64 experimental humans 9 experimental animals | 1 experimental humans 6 experimental animals | No publications | 3 experimental humans 10 experimental animals |

700-2200 MHz

In 23 human experimental studies no effects on brain electrical activity were observed, and in 41 studies effects were observed that are not clearly favourable or unfavourable. In 4 animal studies no effects were found and in 5 studies effects that are not clearly favourable or unfavourable.



Table 48. Publications on the relation with brain electrical activity in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|---|--------------------|--|
| Hinrichs & Heinze (2004) ⁵⁸⁰ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Hamblin et al. (2006) ⁴⁵² | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Yuasa et al. (2006) ⁵⁸¹ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Ferreri et al. (2006) ⁵⁸² | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Stefanics et al. (2008) ¹⁶⁴ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Kleinlogel et al. (2008) ⁴⁶⁰ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Parazzini et al. (2009) ¹⁶⁵ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Parazzini et al. (2010) ¹⁶⁶ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Kwon et al. (2009) ⁵⁸³ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Trunk et al. (2014) ⁵⁸⁴ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Dalecki et al. (2018) ⁵⁸⁵ | Experimental humans adults event related potentials | Mobile telephone | No effect |
| Freude et al. (1998) ⁴⁴¹ | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Freude et al. (2000) ⁴⁴² | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Krause et al. (2000) ⁴⁴³ | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Krause et al. (2000) ⁴⁴⁴ | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Krause et al. (2004) ⁴⁶³ | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Krause et al. (2007) ⁴⁴⁵ | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Hamblin et al. (2004) ⁴⁶⁴ | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Vecchio et al. (2012) ⁵³¹ | Experimental humans adults event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Inomata-Terada et al. (2007) ⁵⁸⁶ | Experimental humans adults patient event related potentials | Mobile telephone | No effect |
| Jech et al. (2001) ⁴⁷⁵ | Experimental humans adults patient event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Maby et al. (2005, 2006) ^{587, 588} | Experimental humans adults patient event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Tombini et al. (2013) ⁵⁸⁹ | Experimental humans adults patient event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Curcio et al. (2015) ⁵⁹⁰ | Experimental humans adults patient event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Kwon et al. (2010) ⁵⁹¹ | Experimental humans children event related potentials | Mobile telephone | No effect |
| Krause et al. (2006) ⁵⁹² | Experimental humans children event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Leung et al. (2011) ⁴⁷⁴ | Experimental humans children event related potentials | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Röschke & Mann (1997) ⁵⁹³ | Experimental humans adults EEG awake | Mobile telephone | No effect |
| Perentos et al. (2007) ⁵⁹⁴ | Experimental humans adults EEG awake | Mobile telephone | No effect |
| Kleinlogel et al. (2008) ⁸⁶ | Experimental humans adults EEG awake | Mobile telephone | No effect |
| Hietanen et al. (2000) ⁵⁹⁵ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Huber et al. (2002) ⁵⁵⁴ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |



| Reference | Type of study | Source of exposure | Effect |
|---|--|--------------------|--|
| D'Costa et al. (2003) ⁵⁹⁶ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Curcio et al. (2005) ⁸² | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Regel et al. (2007) ⁵⁹⁷ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Vecchio et al. (2007) ⁵⁹⁸ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Vecchio et al. (2010) ⁵⁹⁹ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Croft et al. (2008) ⁶⁰⁰ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Hountala et al. (2008) ⁶⁰¹ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Perentos et al (2013) ⁶⁰² | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Ghosn et al. (2015) ²²⁶ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Lv et al. (2014) ⁶⁰³ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Yang et al. (2017) ⁶⁰⁴ | Experimental humans adults EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Vecchio et al. (2012) ⁶⁰⁵ | Experimental humans adults patient EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Loughran et al. (2013) ⁴⁷³ | Experimental humans children EEG awake | Mobile telephone | No effect |
| Croft et al. (2010) ⁹⁷ | Experimental humans children EEG awake | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Wagner et al. (1998) ⁵⁴⁹ | Experimental humans adults EEG sleep | Mobile telephone | No effect |
| Wagner et al. (2000) ⁵⁵⁰ | Experimental humans adults EEG sleep | Mobile telephone | No effect |
| Danker-Hopfe et al. (2011) ⁵⁵¹ | Experimental humans adults EEG sleep | Mobile telephone | No effect |
| Lustenberger et al. (2015) ⁵⁵² | Experimental humans adults EEG sleep | Mobile telephone | No effect |
| Mann & Rösche (1996) ⁷⁶ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Huber et al. (2002) ⁵⁵⁴ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Loughran et al. (2005) ⁵⁵⁵ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Loughran et al. (2012) ⁸³ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Regel et al. (2007) ⁴⁷⁰ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Hung et al. (2007) ¹⁴⁷ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Schmid et al. (2012) ⁸⁹ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Schmid et al. (2012) ⁹⁰ | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Lustenberger et al. (2013) ⁹² | Experimental humans adults EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Danker-Hopfe et al. (2010) ¹⁰⁶ | Experimental humans adults EEG sleep | Base station | No effect |
| Borbély et al. (1999) ⁷⁷ | Experimental humans adults EEG sleep | Base station | Effect, not clearly favourable or unfavourable |
| Huber et al. (2000) ⁷⁸ | Experimental humans adults EEG sleep | Base station | Effect, not clearly favourable or unfavourable |
| Jech et al. (2001) ⁴⁷⁵ | Experimental humans adults patient EEG sleep | Mobile telephone | No effect |
| Lowden et al. (2011) ¹⁰⁴ | Experimental humans adults patient EEG sleep | Mobile telephone | Effect, not clearly favourable or unfavourable |
| Crouzier et al. (2007) ⁴²⁰ | Animal | 1800 MHz GSM | Unfavourable effect / higher risk |
| López-Martín et al. (2009) ⁶⁰⁶ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |



| Reference | Type of study | Source of exposure | Effect |
|---|---------------|---|--|
| Pelletier et al. (2013) ⁶⁰⁷ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Prochnow et al. (2011) ⁶⁰⁸ | Animal | 2000 MHz UMTS | Unfavourable effect / higher risk |
| Chizhenkova & Safroshkina (1996) ⁶⁰⁹ | Animal | ~800 MHz | Effect, not clearly favourable or unfavourable |
| Vorobyov et al. (2004) ⁶¹⁰ | Animal | 915 MHz modulated with 4 Hz | Effect, not clearly favourable or unfavourable |
| Vorobyov et al. (2010) ⁶¹¹ | Animal | 915 MHz modulated with 4 Hz | Effect, not clearly favourable or unfavourable |
| Mohammed et al. (2013) ⁶¹² | Animal | 900 MHz continuous and modulated with 8 and 16 Hz | Effect, not clearly favourable or unfavourable |
| Hidisoglu et al. (2016) ⁶¹³ | Animal | 2100 MHz GSM | Effect, not clearly favourable or unfavourable |

2.2-5.0 GHz

In 1 human experimental study no effect on brain electrical activity was found. In 2 animal studies no effects were found and in 4 animal studies effects that are not clearly favourable or unfavourable.

Table 49. Publications on the relation with brain electrical activity in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---------------------------------------|--------------------------------------|-------------------------------|--|
| Zentai et al. (2015) ⁶¹⁴ | Experimental humans adults EEG awake | Mobile telephone | Unfavourable effect / higher risk |
| Crouzier et al. (2007) ⁴⁰² | Animal EEG | 2450 MHz pulsed with 1 kHz | Unfavourable effect / higher risk |
| Wang et al. (2013) ⁵⁰⁷ | Animal EEG | 2.856 GHz pulsed | Unfavourable effect / higher risk |
| Thuróczy et al. (1994) ⁶¹⁵ | Animal EEG | 2450 MHz continuous | Effect, not clearly favourable or unfavourable |
| Sinha et al. (2008) ⁴¹² | Animal EEG | 2450 MHz modulated with 1 kHz | Effect, not clearly favourable or unfavourable |
| Li et al. (2015) ⁵¹⁰ | Animal EEG | 2.856 GHz | Effect, not clearly favourable or unfavourable |
| Tan et al. (2017) ⁴⁹³ | Animal EEG | 2.856 GHz | Effect, not clearly favourable or unfavourable |

Excluded

Table 50. Excluded publications on the relation with brain electrical activity

| Human experimental studies | Reason for exclusion |
|--|---|
| Lv et al. (2015) ⁶¹⁶ | No peer-reviewed journal |
| Roggeveen et al. (2015) ⁶¹⁷ | Single-blind experiments, no within-subject control of time-of-day, no clear sham exposure control condition |
| Roggeveen et al. (2015) ⁶¹⁸ | Single-blind experiments, no within-subject control of time-of-day, no clear sham exposure control condition |
| Animal studies | |
| Vorobyov et al. (1997) ⁶¹⁹ | Fixed order of exposure |
| Sidorenko (1999) ⁶²⁰ | No sham control group; exposure levels not sufficiently controlled and documented |
| Marino et al. (2003) ⁶²¹ | Exposure not assessed |
| Chizhenkova (2004) ⁶²² | Not clear whether separate animals or repeated measurements in the same animals were used; not clear whether controls were sham exposed |
| Barcal et al. (2005) ⁶²³ | Exposure not assessed |
| Petrova et al. (2005) ⁶²⁴ | No dosimetry |
| Sallam (2006) ⁶²⁵ | No control group |
| Sallam et al. (2008) ⁶²⁶ | No sham control group |
| Razavinasab et al. (2016) ³⁵⁶ | SAR assessment unclear, no other exposure information |
| Sistani et al. (2019) ⁶²⁷ | No dosimetry, no sham control group |



Conclusion

The committee concludes that exposure to radiofrequency electromagnetic fields can have an effect on brain electrical activity. For the frequency range of 700-2200 MHz the conclusion is that an effect is likely, but it is not clear whether the effects are favourable or unfavourable. For the 2.2-5.0 GHz range the conclusion is that a (favourable or unfavourable) effect is possible. No statement is possible for the frequency range of 20-40 GHz.

5.6 Blood-brain barrier

The blood-brain barrier plays an important role in protecting the brain against harmful substances in the blood. These cannot reach the brain tissue. A decrease in the effectiveness of the blood-brain barrier may increase the risk of brain damage. The committee has taken 32 studies into the relation between exposure to radiofrequency electromagnetic fields and the blood-brain barrier into account in this report, see table 51.

Table 51. Numbers of publications on the relation with the blood-brain barrier, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|--|------------------------|-----------------|------------------------|
| 1 epidemiological 26 experimental animals | 5 experimental animals | No publications | 9 experimental animals |

700-2200 MHz

There is 1 epidemiological study that did not find an association between exposure to electromagnetic fields between 700 and 2200 MHz and several indicators of effects on the blood-brain barrier. In addition, 18 animal studies did not show effects on the blood-brain barrier, in 2 studies an effect was found that was not clearly favourable or unfavourable, and in 6 studies an unfavourable effect: indications for an increase in the permeability of the blood-brain barrier.



Table 52. Publications on the relation with the blood-brain barrier in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|------------------------------|--|--|
| Söderqvist et al. (2009) ⁶²⁸ | Epidemiology cross-sectional | Mobile telephone | No association |
| Söderqvist et al. (2009) ⁶²⁹ | Epidemiology cross-sectional | Mobile telephone | No association |
| Söderqvist et al. (2009) ⁶³⁰ | Epidemiology cross-sectional | Mobile telephone | No association |
| Finnie et al. (2001) ⁶³¹ | Animal | 898 MHz GSM | No effect |
| Finnie et al. (2002) ⁶³² , Finnie & Blumbergs (2004) ⁶³³ | Animal | 900 MHz GSM | No effect |
| Kuribayashi et al. (2005) ⁶³⁴ | Animal | 1439 MHz TDMA | No effect |
| Finnie et al. (2006) ⁶³⁵ | Animal | 900 MHz GSM | No effect |
| Finnie et al. (2006) ⁶³⁶ | Animal | 900 MHz GSM | No effect |
| Kumlin et al. (2007) ³⁹³ | Animal | 900 MHz GSM | No effect |
| Masuda et al. (2007) ⁶³⁷ | Animal | 1439 MHz TDMA pulsed | No effect |
| Masuda et al. (2007) ⁶³⁸ | Animal | 1439 MHz TDMA pulsed | No effect |
| Ushiyama et al. (2007) ⁶³⁹ | Animal | 1500 MHz TDMA | No effect |
| Grafström et al. (2008) ⁶⁴⁰ | Animal | 900 MHz GSM | No effect |
| McQuade et al. (2009) ⁶⁴¹ | Animal | 915 MHz continuous and pulsed with 16 and 217 Hz | No effect |
| Masuda et al. (2009) ⁶⁴² | Animal | 915 MHz GSM | No effect |
| Pouletier de Gannes et al. (2009) ⁶⁴³ | Animal | 915 MHz GSM | No effect |
| Finnie et al. (2009) ⁶⁴⁴ | Animal | 900 MHz GSM | No effect |
| Nittby et al. (2011) ⁶⁴⁵ | Animal | 900 MHz GSM | No effect |
| Masuda et al. (2015) ⁶⁴⁶ | Animal | 1439 MHz PDC | No effect |
| Masuda et al. (2015) ⁶⁴⁷ | Animal | 1439 MHz PDC | No effect |
| Pouletier de Gannes et al. (2017) ⁶⁴⁸ | Animal | 1800 MHz GSM and 1960 MHz UMTS | No effect |
| Fritze et al. (1997) ⁶⁴⁹ | Animal | 900 MHz GSM and continuous | Unfavourable effect / higher risk |
| Eberhardt et al. (2008) ⁶⁵⁰ | Animal | 915 MHz GSM | Unfavourable effect / higher risk |
| Sirav & Seyhan (2009) ⁶⁵¹ | Animal | 900 en 1800 MHz continuous | Unfavourable effect / higher risk |
| Sirav & Seyhan (2011) ⁶⁵² | Animal | 900 en 1800 MHz continuous | Unfavourable effect / higher risk |
| Tang et al. (2015) ⁴⁹⁰ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Sirav & Seyhan (2016) ⁶⁵³ | Animal | 900 and 1800 MHz GSM | Unfavourable effect / higher risk |
| Belyaev et al. (2006) ⁵⁶² | Animal | 915 MHz GSM | Effect, not clearly favourable or unfavourable |
| Nittby et al. (2008) ⁶⁵⁴ | Animal | 1800 MHz GSM | Effect, not clearly favourable or unfavourable |



2.2-5.0 GHz

In 3 animal studies no effect was found on the blood-brain barrier, in 2 other studies an unfavourable effect was found.

Table 53. Publications on the relation with the blood-brain barrier in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---------------------------------------|---------------|---------------------|-----------------------------------|
| Moriyama et al. (1991) ⁶⁵⁵ | Animal | 2450 MHz continuous | No effect |
| Lin et al. (1998) ⁶⁵⁶ | Animal | 2450 MHz continuous | No effect |
| Cosquer et al. (2005) ⁵⁰⁰ | Animal | 2450 MHz pulsed | No effect |
| Neubauer et al. (1990) ⁶⁵⁷ | Animal | 2450 MHz pulsed | Unfavourable effect / higher risk |
| Lange & Sedmak (1991) ⁶⁵⁸ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |

Excluded

Table 54. Excluded publications on the relation with the blood-brain barrier

| Animal studies | Reason for exclusion |
|---------------------------------------|--|
| Persson et al. (1992) ⁶⁵⁹ | No dosimetry; insufficient description of experimental protocols and exposure |
| Salford et al. (1993) ⁶⁶⁰ | SAR incorrectly calculated from external electric field. |
| Salford et al. (1994) ⁶⁶¹ | No dosimetry |
| Persson et al. (1997) ⁶⁶² | Incomplete dosimetry, insufficient information about exposure level |
| Tsurita et al. (2000) ⁶⁶³ | No dosimetry |
| Salford et al. (2003) ⁶⁶⁴ | Incomplete dosimetry; SAR variations due to animal size, position and age not analysed; peak power density given, but no information on brain exposure |
| Persson et al. (2005) ⁶⁶⁵ | No dosimetry |
| Vojtisek et al. (2005) ⁶⁶⁶ | No dosimetry |
| Nittby et al. (2009) ⁶⁶⁷ | No data on neurodegeneration; incomplete dosimetry; SAR assessment unclear |

Conclusion

The committee concludes that no unambiguous effects of exposure to radiofrequency electromagnetic fields on the blood-brain barrier have been found. For the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz the conclusion is that an effect is possible. No statement is possible for the frequency range of 20-40 GHz.

5.7 Neurodegeneration

Neurodegeneration is the gradual decline of nerve cell functions and an increase of their death. This can lead to diseases such as ALS and Alzheimer. The committee has taken 13 studies into the relation between exposure to radiofrequency electromagnetic fields and neurodegeneration in brain tissue into account in this report, see table 55. In these studies, various endpoints have been investigated: death of nerve cells – occurring as a normal biological process (apoptosis) –, nerve cell activity, blood circulation in the brain and changes in the number of glial cells and the density of neurotransmitter vesicles.

Table 55. Numbers of publications on the relation with neurodegeneration of brain tissue, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-------------------------|-----------------|-----------------|-------------------------|
| 13 experimental animals | No publications | No publications | 13 experimental animals |



700-2200 MHz

In 4 out of 13 animal studies no effect was found on neurodegeneration of brain tissue. In 8 studies an increase in neurodegeneration was found and in 1 study both favourable and unfavourable effects.

Table 56. Publications on the relation with neurodegeneration of brain tissue in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|---------------|--------------------|------------------------------------|
| Masuda et al. (2009) ⁶⁴² | Animal | 900 MHz GSM | No effect |
| Poullietier de Gannes et al. (2009) ⁶⁴³ | Animal | 915 MHz GSM | No effect |
| De Pomerai et al. (2016) ⁶⁶⁸ | Animal | 1800 MHz | No effect |
| Zhang et al. (2017) ³⁹¹ | Animal | 1800 MHz | No effect |
| Eberhardt et al. (2008) ⁶⁵⁰ | Animal | 915 MHz GSM | Unfavourable effect / higher risk |
| Mori & Arendash (2011) ⁴⁸² | Animal | 918 MHz GSM | Unfavourable effect / higher risk |
| Arendash et al. (2012) ⁴⁸³ | Animal | 918 MHz GSM | Unfavourable effect / higher risk |
| Barthélémy et al. (2016) ³⁸¹ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Kim et al. (2017) ³⁹⁴ | Animal | 835 MHz | Unfavourable effect / higher risk |
| Kim et al. (2017) ⁴⁹² | Animal | 83 MHz | Unfavourable effect / higher risk |
| Gökçek-Saraç et al. (2017) ⁶⁶⁹ | Animal | 900 and 2100 MHz | Unfavourable effect / higher risk |
| Kim et al. (2018) ⁶⁷⁰ | Animal | 835 MHz | Unfavourable effect / higher risk |
| Keleş et al. (2019) ⁶⁷¹ | Animal | 909 MHz | Favourable and unfavourable effect |

Excluded

Table 57. Excluded publications on the relation with neurodegeneration of brain tissue

| Animal studies | Reason for exclusion |
|--|---|
| Salford et al. (2003) ⁶⁶⁴ | Incomplete dosimetry; SAR variations due to animal size, position and age not analysed; peak power density provided, but no information on brain exposure |
| Seaman & Phelix (2005) ⁶⁷² | Incorrect information on dosimetry; no other exposure information |
| Nittby et al. (2009) ⁶⁶⁷ | No data on neurodegeneration; incomplete dosimetry; assessment SAR unclear |
| Arendash et al. (2010) ²⁵⁴ | Assessment SAR unclear, no other exposure information |
| Dragicevic et al. (2011) ²⁵⁵ | SAR calculated incorrectly from external electric field |
| Dasdag et al. (2012) ⁶⁷³ | SAR calculated incorrectly from external electric field |
| Celikozlu et al. (2012) ⁶⁷⁴ | No exposure level; no frequency |
| Aldad et al. (2012) ³⁴⁷ | Mobile telephone on cage; no dosimetry, no exposure level |
| Banaceur et al. (2013) ²⁵⁶ | No information on SAR assessment |
| Kopani et al. (2017) ⁶⁷⁵ | Incomplete dosimetry |
| Obajuluwa et al. (2017) ⁴¹¹ | No dosimetry; no exposure level |
| Fragopoulou et al. (2018) ⁶⁷⁶ | Exposure by mobile phone; no exposure level |
| Seymen et al. (2019) ⁶⁷⁷ | No sham control group, incorrect dosimetry |

Conclusion

The committee concludes that in some studies an increased level of neurodegeneration was found, but that the endpoints used are widely varying. The conclusion for the frequency range of 700-2200 MHz is that effects are possible. No statement is possible for the frequency ranges of 2.2-5.0 GHz and 20-40 GHz.



5.8 Brain gene expression

Studies on gene expression aim to investigate which parts of the DNA are expressed, i.e., which parts will produce proteins. Gene expression studies generally do not focus on specific genes, but investigate the expression of hundreds of genes simultaneously. Changes in gene expression occur continuously in response to many internal and external stimuli. They express the ability of an organism to adapt to changing circumstances. Information on gene expression may provide data on the formation of proteins that are involved in processes that are unfavourable for the organism. The committee has taken 51 studies into the relation between exposure to radiofrequency electromagnetic fields and gene expression in the brain into consideration in this report, see table 58.

Table 58. Numbers of publications on the relation with gene expression in brain, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-------------------------|-------------------------|-----------------|-------------------------|
| 38 experimental animals | 13 experimental animals | No publications | 36 experimental animals |

700-2200 MHz

No effect on gene expression in brain tissue was found in 17 animal studies. In 16 studies a possible unfavourable effect was found, in 3 studies an effect that is not clearly favourable or unfavourable and in 2 studies effects that can be both favourable and unfavourable.

Table 59. Publications on the relation with gene expression in brain in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------|----------------------------|-----------|
| Fritze et al. (1997) ⁶⁷⁸ | Animal | 900 MHz GSM and continuous | No effect |
| Stagg et al. (2001) ⁶⁷⁹ | Animal | 1600 MHz pulsed with 11 Hz | No effect |
| Finnie (2005) ⁶⁸⁰ | Animal | 900 MHz GSM | No effect |
| Belyaev et al. (2006) ⁶⁸² | Animal | 915 MHz GSM | No effect |
| Finnie et al. (2006) ⁶⁸¹ | Animal | 900 MHz GSM | No effect |
| Finnie et al. (2007) ⁶⁸² | Animal | 900 MHz GSM | No effect |
| Paparini et al. (2008) ⁶⁸³ | Animal | 1800 MHz GSM | No effect |
| Finnie et al. (2009) ⁶⁸⁴ | Animal | 900 MHz GSM | No effect |
| Finnie et al. (2009) ⁶⁴⁴ | Animal | 900 MHz GSM | No effect |
| Finnie et al. (2010) ⁶⁸⁵ | Animal | 900 MHz GSM | No effect |
| Watilliaux et al. (2011) ⁶⁸⁶ | Animal | 1800 MHz GSM | No effect |
| Bouji et al. (2012) ³⁷⁷ | Animal | 900 MHz GSM | No effect |



| Reference | Type of study | Source of exposure | Effect |
|--|---------------|---|--|
| Court-Kowalski et al. (2015) ⁶⁸⁷ | Animal | 900 MHz GSM | No effect |
| McNamee et al. (2016) ⁶⁸⁸ | Animal | 1900 MHz continuous and pulsed with 50 Hz | No effect |
| Bouij et al. (2016) ⁴⁸⁴ | Animal | 900 MHz GSM | No effect |
| Petitdant et al. (2016) ³⁸² | Animal | 900 MHz GSM | No effect |
| Lameth et al. (2017) ⁶⁸⁹ | Animal | 1800 MHz | No effect |
| Morrissey et al. (1999) ⁶⁹⁰ | Animal | 1600 MHz continuous and pulsed with 11 Hz | Unfavourable effect / higher risk |
| Mausset-Bonnefont et al. (2004) ³⁷⁵ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Kuribayashi et al. (2005) ⁶³⁴ | Animal | 1439 MHz TDMA | Unfavourable effect / higher risk |
| Brillaud et al. (2007) ⁶⁹¹ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Nittby et al. (2008) ⁶⁵⁴ | Animal | 1800 MHz GSM | Unfavourable effect / higher risk |
| Ammari et al. (2008) ⁶⁹² | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| López-Martín et al. (2009) ⁶⁰⁶ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Ammari et al. (2010) ⁶⁹³ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Carballo-Quintás et al. (2011) ⁴²³ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Jeong et al. (2015) ⁴⁸⁸ | Animal | 1950 MHz | Unfavourable effect / higher risk |
| Daşdağ et al. (2015) ⁶⁹⁴ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Megha et al. (2015) ⁵⁶⁰ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Deshmukh et al. (2015) ⁴⁸⁹ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Deshmukh et al. (2016) ⁴⁹¹ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Xu et al. (2017) ⁶⁹⁵ | Animal | 1800 MHz | Unfavourable effect / higher risk |
| Kumar et al. (2019) ⁶⁹⁶ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Zhao et al. (2015) ⁶⁹⁷ | Animal | 2100 MHz | Favourable and unfavourable effect |
| Barthélémy et al. (2016) ³⁸¹ | Animal | 900 MHz GSM | Favourable and unfavourable effect |
| Fragopoulou et al. (2012) ⁶⁹⁸ | Animal | 900 MHz GSM | Effect, not clearly favourable or unfavourable |
| Gökcek-Sarac et al. (2017) ⁶⁶⁹ | Animal | 900 and 2100 MHz | Effect, not clearly favourable or unfavourable |
| Fragopoulou et al. (2018) ⁶⁷⁶ | Animal | 1800 MHz | Effect, not clearly favourable or unfavourable |

2.2-5.0 GHz

In 3 animal studies no effect on gene expression was found, in 8 studies a possibly unfavourable effect, in 1 study an effect not clearly favourable or unfavourable and in 1 study an effect that can be both favourable and

unfavourable. It mostly concerns the expression of genes involved in stress responses.



Table 60. Publications on the relation with gene expression in brain in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------|--------------------|--|
| Xiong et al. (2015) ⁶⁹⁹ | Animal | 2.856 GHz pulsed | No effect |
| Wang et al. (2015) ⁵⁷¹ | Animal | 2.856 GHz pulsed | No effect |
| Wang et al. (2017) ⁵¹² | Animal | 2.856 GHz pulsed | No effect |
| Paulraj & Behari (2006) ⁷⁰⁰ | Animal | 2540 MHz | Unfavourable effect / higher risk |
| Jorge-Mora et al. (2011) ⁷⁰¹ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Daşdağ et al. (2015) ⁶⁹⁴ | Animal | 2.4 GHz Wi-Fi | Unfavourable effect / higher risk |
| Deshmukh et al. (2015) ⁴⁸⁹ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Deshmukh et al. (2016) ⁴⁹¹ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Ohtani et al. (2016) ⁷⁰² | Animal | 2240 MHz WCDMA | Unfavourable effect / higher risk |
| Obajuluwa et al. (2017) ⁴¹¹ | Animal | 2.5 GHz | Unfavourable effect / higher risk |
| Kumar et al. (2019) ⁶⁹⁶ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Wang et al. (2015) ⁵⁰⁹ | Animal | 2.856 GHz pulsed | Favourable and unfavourable effect |
| Yang et al. (2012) ⁷⁰³ | Animal | 2540 MHz pulsed | Effect, not clearly favourable or unfavourable |

Excluded

Table 61. Excluded publications on the relation with gene expression in brain

| Animal studies | Reason for exclusion |
|--|--|
| Singh et al. (1994) ⁷⁰⁴ | No statistical analysis; incomplete dosimetry |
| Daşdağ et al. (2004) ⁷⁰⁵ | No dosimetry |
| El-Sweify et al. (2008) ⁷⁰⁶ | No dosimetry |
| Kim et al. (2008) ⁷⁰⁷ | No statistical analysis, only descriptive |
| Lee et al. (2008) ⁷⁰⁸ | SAR assessment unclear; no sham control group |
| Yilmaz et al. (2008) ⁷⁰⁹ | No statistical analysis, only descriptive |
| Guler et al. (2010) ⁷¹⁰ | Experimental procedures unclear: stated that after exposure during pregnancy, animals were left until the end of pregnancy, but also that animals were killed the day after the exposure |
| Maskey et al. (2010) ⁷¹¹ | SAR assessment unclear: not calculated, no measurements of temperature or electric field |
| Maskey et al. (2010) ⁵⁷⁴ | SAR assessment unclear: not calculated, no measurements of temperature or electric field |
| Aryal et al. (2011) ⁷¹² | From Maskey et al. (2010) ⁷¹¹ : SAR assessment unclear: not calculated, no measurements of temperature or electric field |
| Dogan et al. (2012) ⁵⁷⁶ | No exposure level |
| Jing et al. (2012) ³⁴⁸ | No exposure level, no frequency reported |



| Animal studies | Reason for exclusion |
|--|--|
| Maskey et al. (2012) ⁷¹³ | From Maskey et al. (2010) ⁷¹¹ : SAR assessment unclear: not calculated, no measurements of temperature or electric field |
| Tsybulin et al. (2012) ⁷¹⁴ | Incomplete and incorrect dosimetry |
| Eser et al. (2013) ⁷¹⁵ | Incomplete dosimetry, SAR incorrectly calculated from external electric field; power density assessed, but not indicated at which location |
| Kesari et al. (2014) ⁷¹⁶ | SAR calculated using external electric field, which is not provided |
| Motawi et al. (2014) ⁷¹⁷ | No exposure level, no sham control |
| Saikhedkar et al. (2014) ⁴²⁹ | Incomplete and incorrect dosimetry |
| Yilmaz et al. (2014) ⁷¹⁸ | Incomplete dosimetry, SAR incorrectly calculated from external electric field |
| Saili et al. (2015) ⁷¹⁹ | No dosimetry |
| Sangun et al. (2015) ³³⁹ | Exposure of foetus and newborns not provided; quoted SAR levels for adults; exposure head-on, so variation over body |
| Song et al. (2015) ⁵⁷⁹ | No exposure level, no sham control |
| Tohidi et al. (2015) ⁷²⁰ | No dosimetry |
| Guler et al. (2016) ⁷²¹ | Incomplete dosimetry |
| Hussein et al. (2016) ⁷²² | No dosimetry |
| Kerimoğlu et al. (2016) ⁷²³ | No dosimetry |
| Kim et al. (2016) ⁷²⁴ | Incomplete dosimetry |
| Wang et al. (2016) ⁵⁴⁴ | Source of exposure not provided; incomplete dosimetry |
| Hassanshahi et al. (2017) ⁴³² | No dosimetry |
| Kim et al. (2017) ⁷²⁵ | Incomplete dosimetry |
| Othman et al. (2017) ³⁵⁹ | No dosimetry, no exposure level |
| Othman et al. (2017) ³⁵⁸ | No dosimetry, no exposure level |
| Varghese et al. (2017) ⁴¹¹ | Incomplete dosimetry |
| Ghatei et al. (2017) ⁷²⁶ | No dosimetry |
| Gohari et al. (2017) ⁷²⁷ | No dosimetry |
| Ibitayo et al. (2017) ⁷²⁸ | No dosimetry |

Conclusion

The committee concludes that for the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz effects on the expression of genes in brain tissue that may result in unfavourable health effects are possible. No statement is possible for the frequency range of 20-40 GHz.



5.9 Immune system

The immune system consists of many components in blood, bone marrow and other tissues. An effect on one of these components does not necessarily mean that the entire immune system is compromised. A reduced immune system can lead to a greater susceptibility to infections and other diseases. On the other hand, an over-functioning immune system can also be involved in the development of diseases, such as autoimmunity. The committee has taken 23 studies into the relation between exposure to radiofrequency electromagnetic fields and the immune system into account in this report, see table 62.

Table 62. Numbers of publications on the relation with the immune system, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|---|-------------------------|-----------------|---|
| 3 experimental humans 9 experimental animals | 10 experimental animals | No publications | 1 epidemiological 5 experimental animals |

700-2200 MHz

In 3 human experimental studies and 7 animal studies no effects on the immune system have been found. In 2 other animal studies unfavourable effects on the immune system were observed.

Table 63. Publications on the relation with the immune system in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|---|--------------------------------------|---------------------------------|-----------------------------------|
| Radon et al. (2001) ⁷²⁹ | Experimental humans adults | Mobile telephone | No effect |
| Johansson et al. (2008) ⁸⁷ | Experimental humans electrosensitive | Mobile telephone | No effect |
| Augner et al. (2010) ⁷³⁰ | Experimental humans adults | Base station | No effect |
| Chagnaud & Veyret (1999) ⁷³¹ | Animal | 900 MHz GSM | No effect |
| Gatta et al. (2003) ⁷³² | Animal | 900 MHz GSM | No effect |
| Nasta et al. (2006) ⁷³³ | Animal | 900 MHz GSM | No effect |
| Prisco et al. (2008) ⁷³⁴ | Animal | 900 MHz GSM | No effect |
| Watilliaux et al. (2011) ⁶⁸⁶ | Animal | 1800 MHz GSM | No effect |
| Jin et al. (2012) ⁷³⁵ | Animal | 849 MHz CDMA and 1900 MHz WCDMA | No effect |
| Rosado et al. (2014) ⁷³⁶ | Animal | 900 MHz GSM | No effect |
| Bouji et al. (2012) ³⁷⁷ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Megha et al. (2012) ⁷³⁷ | Animal | 900 en 1800 MHz GSM | Unfavourable effect / higher risk |

2.2-5.0 GHz

In 6 animal studies no effects on the immune system were found and in 4 studies unfavourable effects were found.



Table 64. Publications on the relation with the immune system in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|---|---------------|-----------------------------------|-----------------------------------|
| Chou et al. (1992) ⁴⁰⁶ | Animal | 2450 MHz pulsed | No effect |
| Elekes et al. (1996) ⁷³⁸ | Animal | 2450 MHz continuous and modulated | No effect |
| Poullétier de Gannes et al. (2009) ⁷³⁹ | Animal | 2450 MHz | No effect |
| Sambucci et al. (2010) ⁷⁴⁰ | Animal | 2450 MHz Wi-Fi | No effect |
| Laudisi et al. (2012) ⁷⁴¹ | Animal | 2450 MHz Wi-Fi | No effect |
| Aït-Aïssa et al. (2012) ³³⁴ | Animal | 2450 MHz Wi-Fi | No effect |
| Nakamura et al. (1997) ⁷⁴² | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Nakamura et al. (1998) ⁷⁴³ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Grigoriev et al. (2010) ⁷⁴⁴ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Sambucci et al. (2011) ⁷⁴⁵ | Animal | 2450 MHz Wi-Fi | Unfavourable effect / higher risk |

Excluded

Table 65. Excluded publications on the relation with the immune system

| Epidemiological studies | Reason for exclusion |
|--|---|
| Møllerlækken & Moen (2008) ⁴⁸ | Radar frequencies outside ranges (9.1-9.4 GHz) |
| Animal studies | |
| Fesenko et al. (1999) ⁷⁴⁶ | Presentation of results and assessment of significance of differences unclear |
| Novoselova et al. (1999) ⁷⁴⁷ | Presentation of results and assessment of significance of differences unclear |
| Moustafa et al. (2001) ⁷⁴⁸ | No sham control group; no control of exposure level |
| Kimata (2005) ⁷⁴⁹ | No control of exposure level, fixed order of exposure conditions; no statistical comparison between sham and real exposure |
| Eser et al. (2013) ⁷¹⁵ | Incomplete dosimetry; SAR assessed incorrectly using external electric field; power density assessed, but not indicated at which location |

Conclusion

The committee concludes that for the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz no unfavourable effects of exposure to radiofrequency electromagnetic fields on the immune system have been found. No statement is possible for the frequency range of 20-40 GHz.

5.10 Blood

Blood has a vital function in transporting oxygen and nutrients to tissues and to remove waste products. It also contains components of the immune system and it transports hormones. Disturbance of one or more of these functions may adversely affect health. The committee has taken 7 studies into the relation between exposure to radiofrequency electromagnetic fields and blood into account in this report, see table 66.

Table 66. Numbers of publications on the relation with blood, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|------------------------|------------------------|-----------------|---|
| 3 experimental animals | 4 experimental animals | No publications | 1 epidemiological 7 experimental animals |

700-2200 MHz

In 2 of the 3 animal studies into effects of exposure to electromagnetic fields on components of the blood an unfavourable effect has been found, in the third one a favourable effect.



Table 67. Publications on the relation with blood in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--------------------------------------|---------------|---------------------------------|-----------------------------------|
| Jin et al. (2011) ⁷⁵⁰ | Animal | 850 MHz CDMA and 1950 MHz WCDMA | Unfavourable effect / higher risk |
| Kismali et al. (2012) ⁷⁵¹ | Animal | 1800 MHz GSM | Unfavourable effect / higher risk |
| Cao et al. (2011) ⁷⁵² | Animal | 900 MHz continuous | Favourable effect / lower risk |

2.2-5.0 GHz

In 1 animal study no effect was found on components of the blood, in 3 studies unfavourable effects were found.

Table 68. Publications on the relation with blood in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|--|---------------|---------------------|-----------------------------------|
| Braithwaite et al. (1991) ⁷⁵³ | Animal | 2450 MHz continuous | No effect |
| Trošić et al. (2004) ⁷⁵⁴ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Trošić & Busljeta (2006) ⁷⁵⁵ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |
| Shahin et al. (2013) ³⁰⁴ | Animal | 2450 MHz continuous | Unfavourable effect / higher risk |

Excluded

Table 69. Excluded publications on the relation with blood

| Epidemiological studies | Reason for exclusion |
|---|---|
| Goldoni et al. (1993) ⁷⁵⁶ | Non-specified radar |
| Animal studies | |
| Nakamura et al. (2003) ³⁴³ | No sham control group |
| Busljeta et al. (2004) ⁷⁵⁷ | No sham control group |
| Adang et al. (2009) ⁷⁵⁸ | Methodological deficiencies and flawed data analysis ⁷⁵⁹ |
| Achudume et al. (2010) ⁷⁶⁰ | No dosimetry, SAR incorrectly indicated in $\mu\text{V}/\text{m}$. |
| Mortavazi et al. (2012) ⁷⁶¹ | No dosimetry |
| Shojaeifard et al. (2018) ⁷⁶² | No exposure level; no frequency |
| El-Maleky & Ebrahim (2019) ⁷⁶³ | No dosimetry |

Conclusion

The committee concludes that both favourable and unfavourable effects of exposure to radiofrequency electromagnetic fields on blood have been found. For the frequency ranges of 700-2200 MHz and 2.2-5.0 GHz the conclusion is that an effect is possible. No statement is possible for the frequency range of 20-40 GHz.

5.11 Hormones

Hormones transmit signals and regulate many processes in the body. Disturbance of hormone levels may lead to adverse health effects.

The committee has taken 7 studies into the relation between exposure to radiofrequency electromagnetic fields and hormones into account in this report, see table 70.



Table 70. Numbers of publications on the relation with hormones, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-----------------------|-----------------|-----------------|---|
| 7 experimental humans | No publications | No publications | 1 epidemiological 8 experimental animals |

700-2200 MHz

In 7 human experimental studies no effects on hormone levels have been found.

Table 71. Publications on the relation with hormones in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|-------------------------------------|----------------------------|--------------------|-----------|
| Mann et al. (1998) ⁷⁶⁴ | Experimental humans adults | Mobile telephone | No effect |
| Radon et al. (2001) ⁷²⁹ | Experimental humans adults | Mobile telephone | No effect |
| Wood et al. (2006) ⁷⁶⁵ | Experimental humans adults | Mobile telephone | No effect |
| Braune et al. (2002) ²²² | Experimental humans adults | Mobile telephone | No effect |
| Barker et al. (2007) ²²³ | Experimental humans adults | Mobile telephone | No effect |
| Ghosn et al. (2015) ²²⁶ | Experimental humans adults | Mobile telephone | No effect |
| Augner et al. (2010) ⁷³⁰ | Experimental humans adults | Base station | No effect |

Excluded

Table 72. Excluded publications on the relation with hormones

| Epidemiological studies | Reason for exclusion |
|--|---|
| Singh & Kapoor 2015 ⁷⁶⁶ | Radar frequencies outside ranges (8-18 GHz) |
| Animal studies | |
| Bortkiewicz et al. (2002) ¹⁴⁰ | No control of exposure level |
| de Sèze et al. (1999) ⁷⁶⁷ | No blinding |
| de Sèze et al. (1998) ⁷⁶⁸ | No blinding |

Animal studies

| | |
|---|--|
| de Sèze et al. (2001) ¹⁷⁸ | No blinding |
| Djeridane et al. (2008) ⁷⁶⁹ | No blinding |
| Geronikolou et al. (2015) ⁷⁷⁰ | No sham control, no blinding, no control of exposure level |
| Jarupat et al. (2003) ⁷⁷¹ | No control of exposure level |
| Møllerløgken et al. (2012) ⁷⁷² | No blinding |

Conclusion

The committee concludes that for the frequency range of 700-2200 MHz no effect has been found. No statement is possible for the frequency ranges of 2.2-5.0 GHz and 20-40 GHz.

5.12 Oxidative stress

Highly reactive substances are formed in the body under the influence of normal metabolic processes and external factors. These may react with other substances and damage these or render them ineffective.

An important group of such reactive substances are oxygen radicals. An increased level of oxygen radicals is called 'oxidative stress'.

There are several mechanisms in the body to neutralize oxygen radicals. When these are not sufficient, oxidative stress may increase. This may lead to disturbances of processes in the body and ultimately to adverse health effects. The committee has taken 42 studies into the relation between exposure to radiofrequency electromagnetic fields and oxidative stress into account in this report, see table 73.



Table 73. Numbers of publications on the relation with oxidative stress, by frequency range

| 700-2200 MHz | 2.2-5.0 GHz | 20-40 GHz | Excluded |
|-------------------------|-------------------------|-----------------|-------------------------|
| 31 experimental animals | 10 experimental animals | No publications | 19 experimental animals |

700-2200 MHz

In 9 animal studies no effect on oxidative stress was found, in 22 studies an increased level of oxidative stress and in 1 study both favourable and unfavourable effects.

Table 74. Publications on the relation with oxidative stress in the frequency range 700-2200 MHz

| Reference | Type of study | Source of exposure | Effect |
|--|---------------|---------------------------------|-----------------------------------|
| Ferreira et al. (2006) ⁷⁷³ | Animal | 834 MHz | No effect |
| Ribeiro et al. (2007) ²⁵⁷ | Animal | 1800 MHz GSM | No effect |
| Lee et al. (2010) ²⁵⁹ | Animal | 848.5 MHz CDMA | No effect |
| Khalil et al. (2011) ⁷⁷⁴ | Animal | 900 MHz | No effect |
| Lee et al. (2012) ²⁶⁰ | Animal | 849 MHz CDMA and 1950 MHz WCDMA | No effect |
| Daşdağ et al. (2012) ⁶⁷³ | Animal | 900 MHz GSM | No effect |
| Kismali et al. (2012) ⁷⁵¹ | Animal | 1800 MHz GSM | No effect |
| Kerimoğlu et al. (2016) ⁷⁷⁵ | Animal | 900 MHz | No effect |
| Jeong et al. (2018) ³⁹² | Animal | 1950 MHz | No effect |
| Köylü et al. (2006) ⁷⁷⁶ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Ozguner et al. (2006) ⁷⁷⁷ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Sokolovic et al. (2008) ⁷⁷⁸ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Daşdağ et al. (2009) ⁷⁷⁹ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Aydin and Akar (2011) ⁷⁸⁰ | Animal | 900 MHz GSM | Unfavourable effect / higher risk |
| Kerman & Senol (2012) ⁷⁸¹ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Megha et al. (2012) ⁷³⁷ | Animal | 900 and 1800 MHz GSM | Unfavourable effect / higher risk |
| Jelodar et al. (2013) ⁷⁸² | Animal | 900 MHz base station | Unfavourable effect / higher risk |
| Akbari et al. (2014) ⁷⁸³ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Tang et al. (2015) ⁴⁹⁰ | Animal | 900 MHz | Unfavourable effect / higher risk |
| Megha et al. (2015) ⁷⁸⁴ | Animal | 900 and 1800 MHz GSM | Unfavourable effect / higher risk |
| Furtado-Filho et al. (2015) ⁷⁸⁵ | Animal | 950 MHz | Unfavourable effect / higher risk |
| Bodera et al. (2015) ⁷⁸⁶ | Animal | 1800 MHz | Unfavourable effect / higher risk |
| Sahin et al. (2016) ⁷⁸⁷ | Animal | 2100 MHz GSM | Unfavourable effect / higher risk |
| Hidisoglu et al. (2016) ⁶¹³ | Animal | 2100 MHz | Unfavourable effect / higher risk |



| Reference | Type of study | Source of exposure | Effect |
|--|---------------|---------------------------|--|
| Bodera et al. (2017) ⁷⁸⁸ | Animal | 1800 MHz | Unfavourable effect / higher risk |
| Kim et al. (2017) ⁷²⁵ | Animal | 835 MHz | Unfavourable effect / higher risk |
| Kim et al. (2018) ⁶⁷⁰ | Animal | 835 MHz | Unfavourable effect / higher risk |
| Ertlav et al. (2018) ⁷⁸⁹ | Animal | 900 and 1800 MHz | Unfavourable effect / higher risk |
| Alkis et al. (2019) ⁷⁹⁰ | Animal | 900, 1800 and 2100 MHz | Unfavourable effect / higher risk |
| Sharma et al. (2019) ⁴⁹⁵ | Animal | 2100 MHz | Unfavourable effect / higher risk |
| Hidisoglu et al. (2018) ¹⁷⁴ | Animal | 2100 MHz 217 Hz modulated | Unfavourable effect / higher risk |
| Ahmed et al. (2017) ⁷⁹¹ | Animal | 900 MHz 217 Hz modulated | Effect, not clearly favourable or unfavourable |

2.2-5.0 GHz

In 2 animal studies no effect on oxidative stress was found and in 8 studies an increased oxidative stress level.

Table 75. Publications on the relation with oxidative stress in the frequency range 2.2-5.0 GHz

| Reference | Type of study | Source of exposure | Effect |
|--|---------------|-------------------------------|-----------------------------------|
| Naziroğlu & Gümral (2009) ⁷⁹² | Animal | 2450 MHz | No effect |
| Aït-Aïssa et al. (2013) ⁷⁹³ | Animal | 2450 MHz | No effect |
| Meena et al. (2014) ²⁷¹ | Animal | 2450 MHz modulated with 50 Hz | Unfavourable effect / higher risk |
| Saygin et al. (2016) ²⁷⁵ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Shahin et al. (2014) ²⁷² | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Megha et al. (2015) ⁷⁸⁴ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Kuybulu et al. (2016) ³⁴⁰ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Tan et al. (2017) ⁴⁹³ | Animal | 2.856 GHz | Unfavourable effect / higher risk |
| Chauhan et al. (2017) ⁷⁹⁴ | Animal | 2450 MHz | Unfavourable effect / higher risk |
| Shahin et al. (2018) ²⁷⁸ | Animal | 2450 MHz | Unfavourable effect / higher risk |



Excluded

Table 76. Excluded publications on the relation with oxidative stress

| Animal studies | Reason for exclusion |
|--|--|
| Irmak et al. (2002) ⁷⁹⁵ | No exposure level and dosimetry |
| Ilhan et al. (2004) ⁷⁹⁶ | Exposure level not clear: likely derived from mobile phone specifications |
| Meral et al. (2007) ⁷⁹⁷ | Exposure level not clear: SAR likely derived from mobile phone specifications |
| Imge et al. (2010) ⁷⁹⁸ | No dosimetry |
| Kesari et al. (2011) ⁷⁹⁹ | Assessment SAR unclear |
| Avci et al. (2012) ⁸⁰⁰ | SAR calculated incorrectly using external electric field; power density assessed, but not indicated at which location; electric field assessed, but exposure inhomogeneous with head pointed to source, so field at head unknown |
| Naziroğlu et al. (2012) ⁸⁰¹ | Incorrect dosimetry |
| Ben Salah et al. (2013) ⁸⁰² | No dosimetry |
| Bilgici et al. (2013) ⁸⁰³ | SAR calculated incorrectly using external electric field; power density assessed, but not indicated at which location; electric field assessed, but exposure inhomogeneous with head pointed to source, so field at head unknown |
| Çetin et al. (2014) ⁸⁰⁴ | Exposure of foetus and newborns not provided; quoted SAR levels are for adults; exposure inhomogeneous with head pointed to source, so variation over body. |
| Gürler et al. (2014) ⁸⁰⁵ | SAR calculated incorrectly using external electric field; power density assessed, but not indicated at which location; electric field assessed, but exposure inhomogeneous with head pointed to source, so field at head unknown |
| Hu et al. (2014) ⁸⁰⁶ | Exposure source and duration not provided |
| Maaroufi et al. (2014) ⁵⁴¹ | SAR calculated incorrectly using external electric field, field strength not provided, no other exposure information |
| Narayanan et al. (2014) ⁸⁰⁷ | Exposure by phone in cage: inhomogeneous field over cage; actual exposure of animals not known |
| Ragy (2014) ⁸⁰⁸ | No exposure level, no sham control |
| An et al. (2015) ⁸⁰⁹ | Incorrect dosimetry |
| Nirwane et al. (2016) ⁵⁴³ | No dosimetry |
| Shehu et al. (2016) ⁴³¹ | Mobile telephone in cage, no dosimetry |
| Kamali et al. (2018) ⁸¹⁰ | No exposure level |

Conclusion

The committee concludes that for the frequency ranges of 700-2200 MHz and 2.2.-5.0 GHz an increased level of oxidative stress after exposure to radiofrequency electromagnetic fields is possible. No statement is possible for the frequency range of 20-40 GHz.



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