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MEDICAL STATUS OF MARSHALLESE ACCIDENTALLY EXPOSED TO 1954 BRAVO FALLOUT RADIATION: JANUARY 1985 THROUGH DECEMBER 1987

William H. Adams, M.D., Peter M. Heotis, and William A. Scott



MEDICAL DEPARTMENT

BROOKHAVEN NATIONAL LABORATORY
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ERRATA AND CLARIFICATIONS

PG. 1:The third sentence under EXPOSURE GROUPS should begin "In December 1984,...."

PG. 2:The first sentence of the legend of Fig.1 should read "Percent survivors of the different exposure groups since 1954."

PG. 10: In Table 2 the fourth identification number should read "2197".

PG. 11: In Fig. 3 the name SIFO can be considered the equivalent of Ailingnae, for Sifo Island is part of the Ailingnae atoll.

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DEDICATION

This report is dedicated to the captain and crew of the M.V. Liktanur. For ten years the Liktanurs II and III have served as home and workplace for much of each medical mission to the Marshall Islands. Throughout this time it has been the good fortune of the medical program to have the excellent support of the ship's crew. More importantly, that good fortune was extended to the population served by the medical team: the emergency rigging of oxygen tanks to treat hypoxic patients, lighting of a small airstrip at night to facilitate an emergency air evacuation, radio liaison, transport of patients between the atolls and to and from shore, and the emergency repair of medical equipment are just some of the nonnautical activities that benefited the medical missions. Now, a new support vessel for work in the Marshall Islands has come under contract to the Department of Energy. Therefore, on the departure of the Liktanur, we would like to acknowledge our debt to Capt. Keith Coberly; Monroe Wightman, engineer: Jim Whitney and Jan Kocian, first mates; Cisco Peru, cook; Les Nunes, boatswain; Tony Ned and Mathan Almen, seamen; and other crew members who, for shorter periods, also contributed to the effectiveness of the missions. We thank them for a job well done.

IN MEMORIAM

Two former members of the Brookhaven medical team who participated in several surveys died during the past year. Colonel Austin Lowrey, Jr., died at the age of eighty-six. He was a well-known ophthalmologist with a long career in the army. He was a most kind and generous person and contributed a great deal to the evaluation of possible radiation effects on eyes. Dr. Leo Meyer, who died at age eighty-two, was a well-known hematologist and was Director of the Sickle Cell Anemia Program of the Veterans' Administration. He made outstanding contributions to the program in evaluating hematological radiation effects. Leo will be remembered for his joviality, for always having a joke ready to cheer us. Both of these men were well liked by medical teams and the Marshallese people, and we shall truly miss them.

Robert A. Conard, M.D. January 23, 1989

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INTRODUCTION

This report updates, through 1987, the medical findings on a population of Marshallese accidentally exposed to radioactive fallout in 1954. The Marshall Islands Medical Program of the Medical Department, Brookhaven National Laboratory, issues these summaries for distribution to institutions and individuals worldwide who are concerned about the adverse medical consequences of radiation exposure in general or, in particular, the plight of the radiation-exposed Marshallese.

The exposed Marshallese population originally comprised 64 persons on Rongelap Atoll who received an estimated 190 rads of whole-body external gamma radiation. 18 on Ailingnae Atoll who received 110 rads, and 159 on Utirik Atoll who received 11 rads. In addition, there were 3 fetuses on Rongelap, 1 on Ailingnae, and 8 on Utirik, each of which received equivalent whole-body doses. Because of radioiodines in the fallout, the thyroid gland received an additional exposure that was much greater than the whole-body dose, although its magnitude was, in part, a function of age at the time of exposure (Lessard et al., 1985).

The content of this report is restricted to the more recent medical findings, some aspects of which bear on late effects of radiation exposure. Those features of the Marshall Islands Medical Program by which medical diagnosis and treatment are provided are discussed. For detailed information on the nature of the 1954 fallout and the acute effects suffered by the population. the reader is referred to several earlier publications (Bond, et al., 1955; Cronkite et al., 1955; Cronkite et al., 1955; Cronkite et al., 1956; Conard et al., 1957). Other reports provide reviews of delayed effects of the exposure (Conard et al., 1980; Conard, 1984; Robbins and Adams, 1989).

EXPOSURE GROUPS

The medical program examines and treats about 800 persons annually. However, the populations on which this report is based include only the exposed persons and a selected group of unexposed individuals. In December 1987, the number of exposed persons was: Rongelap 50, Ailingnae - 12, and Utirik - 112. For most purposes in this report the Rongelap and

Ailingnae groups are combined and referred to as the Rongelap group, for those persons exposed on Ailingnae atoll were visiting from nearby Rongelap at the time of the fallout. Also examined was the Comparison group that dates from 1957 when 86 unexposed people from Rongelap were selected so that the Comparison group approximated, in age and sex distribution, the exposed Rongelap group (Conard et al., 1958). Sixty persons remain in this group, against which the overall survival of the exposed population is compared (Figure 1). However, a larger unexposed group is also followed. Currently numbering 135, the age and sex distributions of its members were statistically similar to those of the Rongelap and Utirik groups in 1982 (Adams et al., 1983). Included among the 135 are most of the remaining 60 individuals selected in 1957. It is this expanded unexposed population that is used for statistical comparisons of year-to-year medical events; this provides the baseline prevalences from which any unexpected consequences of the radiation exposure can be identified.

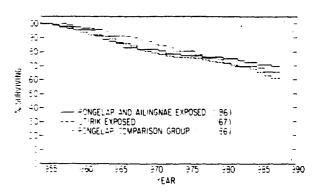


Fig. 1: Percent survivors of the different exposure groups since 1964. The number of persons in each group are given in the parentheses.

THE MARSHALL ISLANDS MEDICAL PROGRAM

Policies:

The Marshall Islands Medical Program provides medical care twice yearly to the exposed population by visiting the islands where most now reside, namely Rongelap (and, temporarily, Mejato), Utirik. Ebeye, and Majuro. In addition, the medical team provides health care to a con-

siderable number of unexposed persons. All the inhabitants of Rongelap, Mejato, and Utirik are eligible for medical attention at the time of the team visits to those islands. Team physicians need not be aware of the status of radiation exposure of the individual patient because health care delivery is the same for everyone. The only difference allotted to the exposed population is a U.S. Department of Energy-sponsored referral system to the Marshallese health care system or to tertiary care facilities in the United States for diseases that can reasonably be considered to be radiation-related or for diagnosis of such diseases. Unexposed persons are directed into the referral channels of the Health Services of the Republic of the Marshall Islands whereby referrals are assigned on the basis of priorities set by a medical committee in Majuro.

Any exposed person who has, or who might have, a malignant neoplasm, is referred to secondary or tertiary medical facilities for a definitive evaluation and for therapy if a lesion is found. The usual hospitals to which patients are referred are in Honolulu and Cleveland, the latter because of the presence there of a preeminent thyroid surgeon who has long been involved with the exposed and Comparison groups of Marshallese.

The medical program also dispenses primary medical care and preventive medical services, such as immunizations, during visits to the exposed population. In bringing modern facilities for diagnosis and treatment of disease to the exposed Marshallese, the physicians of the medical program come into contact with children and other family members of the exposed, as well as other inhabitants of the islands. It has been the policy of the Department of Energy to support the medical program in its efforts to provide primary medical care to these individuals on the basis of humanitarian need and as resources permit.

The medical direction of the Marshall Islands Medical Program and the organization of the medical missions to the Marshall Islands are centered at Brookhaven National Laboratory. The staff of the program includes a physician-director, an administrator, and a technical specialist at the Laboratory, and a Marshallese laboratory technician on Ebeye. At the time of the missions a variety of physicians are chosen for the medical team. They are skilled volun-

teers, primarily faculty from medical schools, often with past experience with the program. Logistical support is provided by the Department of Energy, capably facilitated by Holmes and Narver. Inc., Honolulu, HI. The Marshall Islands government, as requested, temporarily assigns nurses, translators, and other health care workers to each mission.

Although there are two medical missions each year, in the interim the exposed population has access to the Marshallese health care system. To expedite exchange of medical information, copies of all examination and laboratory data from the Marshall Islands Medical Program are forwarded to the Marshall Islands Health Service hospitals on Ebeye and Majuro and to the special programs set up for persons from the radiation-affected atolls, currently the 177 Health Care Plan with administrative offices at the Majuro hospital. In addition, copies of the examinations and laboratory data are given to the examinees.

A computer program with data base was developed for portable (lap-top) computers. Computerization of the clinical data permits rapid access while in the field to all findings obtained during the preceding five years of examinations and to selected data collected over more than thirty years. It is hoped that in the near future the development of compatible programs by the Marshallese 177 Health Care Plan will permit sharing of up-to-date problem lists and other medical record items that are important to effective continuity of care.

The Marshall Islands Medical Program, as a satellite clinic of the Clinical Research Center, Brookhaven National Laboratory, is accredited by the Joint Commission on Accreditation of Healthcare Organizations, a nationwide organization that sets standards of performance for institutions dispensing medical care and monitors compliance with those standards. By voluntary participation in the accreditation process. the Marshall Islands Medical Program receives a valuable and impartial external review of its policies and procedures, as well as an assessment of the adequacy of the services it provides. Laboratory and radiological services, medical records, patient satisfaction, pharmaceutical services, and clinical competence of physicians are among the many items reviewed by the Joint Commission.

Much medical data unrelated to radiation exposure is acquired during each medical mission. Some of this information, from exposed and unexposed individuals, is relevant to health care throughout the Marshall Islands. Consequently, public health reports, based on medical team observations unrelated to radiation, have been submitted periodically to the Health Services of the Republic of the Marshall Islands. The topics during this reporting period have included the following:

- 1) Serum lipids in Marshallese
- 2) Pediatric growth and development (an analysis prompted by observations of medical team physicians that Rongelap children, following their transfer to Mejato, were not maintaining their positions on charted growth curves)
- 3) Pediatric audiometry
- 4) Dental conditions on Rongelap and Utirik
- 5) Chlamydia infections in Marshallese women
- 6) Large optic disks (a relatively frequent finding by medical team ophthalmologists)

Some significant observations in these and earlier public health reports were published in medical journals. Moderately elevated serum uric acid levels were noted in many Marshallese and the frequency of this finding and that of gout were analyzed (Adams et al., 1984). Toxoplasmosis was identified as a serious health hazard in the Marshall Islands, with an estimated 200 persons being visually impaired and an incidence of chorioretinitis of 273 cases/ year/100,000 seropositive persons (Adams et al., 1987). Hepatitis B, the subject of a serological survey described in a previous Brookhaven National Laboratory report (Adams et al., 1985), constituted another serious public health problem (Adams et al., 1986). The prevalence of anemia in children was described, and normal ranges for hemoglobin level and erythrocyte mean corpuscular volume for Marshallese children were derived (Dungy et al., 1987). The latter were found to be identical to those of children in the United States. Because of the devastating effects of diabetes mellitus among the Marshallese, an effort was made to determine if a dietary deficiency of chromium, a trace element that is relevant to glucose tolerance. contributed to the problem. The analytic procedure used was too insensitive to quantitate blood levels of chromium, but during the analysis it was found that bromine levels were higher than those reported for any other population (Wielopolski et al., 1986). The reason for this is unknown; further, the levels of bromine that were detected fall far short of its known toxic levels. The observation by team ophthalmologists of large optic disks in many persons prompted another report to the Marshallese Health Services because the associated increase in disk cupping could be misconstrued by physicians as representing glaucoma. The high prevalence of the condition indicates Marshallese are unique among all populations in whom such measurements have been obtained (Maisel et al., 1989).

Procedures:

The exposed population, which now numbers 163, must be considered at increased risk for malignant disease as a late complication of radiation injury. Therefore, the medical program has in place a cancer-oriented annual health evaluation. The examination follows the guidelines of the American Cancer Society and includes a medical history, complete physical examination, advice on decreasing risk factors for cancer, advice on self-detection of lesions, annual pelvic examinations and Papanicolaou smears, stool testing for blood, blood count, and urinalysis. Several new diagnostic procedures were incorporated into the medical missions in the past three years. Because of the development of x-ray films and cassettes that significantly decrease radiation exposure, annual mammography is offered to all exposed women and to all unexposed women forty years of age or older. For persons over the age of fifty years, flexible sigmoidoscopy is offered every three years or whenever clinically indicated. An ultrasound machine has been acquired that greatly increases the diagnostic capabilities of the medical team, especially in managing acute problems seen at the time of team visits. For thyroid diagnosis, needle biopsy of selected thyroid nodules has been instituted in an effort to avoid surgery and the subsequent loss of normal thyroid tissue in patients with benign nodular lesions. Because of earlier medical program observations it is known that the exposed are at greater risk for certain endocrine problems and for this reason they receive annual thyroidfunction blood tests and thyroid examinations by a specialist in endocrinology or thyroid surgery. Other tests are performed on a regular basis in an attempt at early detection of malignant nonthyroidal lesions. There is also ongoing monitoring for clinical evidence of immune competence, for exposed persons may be at increased risk for unusual manifestations of infectious diseases.

Medical examinations and services performed during this three-year reporting period were conducted primarily aboard the Liktanur II and the Liktanur III, vessels chartered from U.S. Oceanography. Exceptions, as in the past. included the use of Brookhaven National Laboratory facilities on Ebeye and, when necessary, Marshallese medical dispensaries on Rongelap, Utirik, and Mejato. Laboratory support during the medical missions is provided by several technicians. Routine blood counts are performed on a J.T. Baker 5000 electronic particle counter and sizer. Leukocyte differentials and phase contrast platelet counts are part of each hemogram. A variety of nonhematological testing services is provided, including bacteriology, stool examination, and urine testing. In the past a battery of manual clinical chemistry tests was carried out using commercial spectrophotometric kits. Recently, however, Eastman-Kodak's DT-60 and DTSC analyzers were added to increase the variety of chemistry tests available in the field and to improve the turn-around time for results; this has significantly improved laboratory operation. Fortunately, there have been few problems associated with transport. operation, and handling of the new equipment on board ship, even during bad weather. A Beckman Electrolyte 2 analyzer is used to measure sodium and potassium in serum and urine. Roentgenographic services are performed with a Bennett standard x-ray unit and mammography unit, both of which are contained in a separate module on the deck of the ship. Serum is usually collected from most examinees and frozen for subsequent testing. Referral laboratories have included Bio-Science Laboratories and Accupath in Honolulu for special chemistries and serologies: Pathologists' Laboratories, Inc., Honolulu, for Papanicolaou smears and other cytology; Brookhaven National Laboratory's clinical laboratory for general chemistry and alpha fetoprotein analysis; Hazelton Biotechnologies Co.. Vienna. VA. for hormone assays: Michael Reese Hospital and Medical Center (Dr. A. B. Schneider, Department of Endocrinology and Metabolism). Chicago, for thyroglobulin analysis: Medical Microbiology Division. University of California, Irvine, for chlamydia culture and serology; and the Eugene L. Saenger Radioisotope Laboratory, University of Cincinnati, for antimicrosomal and antithyroglobulin antibody testing (Dr. Harry Maxon).

The Marshall Islands Medical Program is deeply indebted to the many outstanding physicians who, despite the inevitable personal inconvenience, participated in the medical team visits of 1985-1987. It is fair to say that they are the heart of the program. Drawn from excellent medical centers throughout the United States and from private practices, these physicians provide the program with a wide range of up-to-date clinical experience and perspective that contribute to better patient care. The physicians involved in the 1985-1987 missions are listed in Appendix A, and represent the following medical specialties:

Internal Medicine
Pediatrics
Infectious Disease
Cardiology
Obstetrics/Gynecology
Ophthalmology
Endocrinology
Surgery
Gastroenterology
Family Practice
Geriatrics
Allergy/Immunology
Dermatology
Neurology
Pediatric Dentistry

The participation of many excellent medical specialists undoubtedly has been a major factor in the acceptance of the Marshall Islands Medical Program by the population it serves. The percent of persons in the exposed and Comparison groups who appear for the voluntary examinations remains high. For the current reporting period the annual acceptance rates were:

	1985	1986	1987
Rongelap	82%	93%	95%
Utirik	92 %	92%	90%
Comparison	76%	66%	72%

The percent of the eligible population examined on at least one occasion during the three year period was:

 Rongelap
 97%

 Utirik
 100%

 Comparison
 94%

These figures do not include several persons residing outside the Marshall Islands. Most exposed persons in this category have medical examinations arranged through a local physician by the Department of Energy or the Marshall Islands Medical Program. The acceptance rate for mammography among eligible women was 100%. For sigmoidoscopy, about 50% of ageligible persons elect to undergo this procedure on a regular basis.

MEDICAL FINDINGS

Overall Survival:

After thirty-three years there continues to be no significant difference in the survival curves of the high-exposure Rongelap group, the lowexposure Utirik group, and the unexposed Rongelap population followed for the purpose of comparison (Fig. 1). Estimates of the survival distribution by the actuarial life table method were analyzed by Mantel-Cox and Breslow statistics for testing the equality of the survival curves. The "p" values were 0.68 by both techniques. In the Brookhaven National Laboratory report covering January 1983 through December 1984, it was noted that Okajima et al. (1985) suggested that medical programs providing health screening might lead to an underestimation of the effect of radiation on mortality. In particular, it was postulated that this could explain the lower age-specific death rates from all causes among Nagasaki A-bomb survivors, compared to a control population. The effect of medical examinations on the survival of the exposed Marshallese is unknown. On the one hand about 15 percent of the Comparison group selected in 1957 is no longer seen because those individuals have voluntarily foregone examination. In addition, BNL referrals for the Comparison group are channeled into the Marshallese Health Services system, whereas selected medical problems in the exposed groups can be referred directly to tertiary care facilities in the United States. On the other hand, the exposed populations of Rongelap and Utirik have received

equivalent medical attention from the BNL program since 1972, and yet, despite the far higher radiation dose received by the Rongelap group, the survival curves are similar.

Another factor that contributes to the difficulty in interpreting differences in the group survivals in Fig. 1 is that the population used to construct the "Rongelap unexposed" curve was selected in 1957, and it is in that year that their survival is graphed as one-hundred percent; i.e., data from three years of observation, during which some deaths occurred, had already been acquired from the two exposed populations.

Causes of Recent Mortality:

The number of deaths occurring in the last three years are as follows: Rongelap exposed - 2; Utirik exposed - 9; Comparison group - 10. The specific clinical situations are described below.

Rongelap

Subject No. 1. The causes of death listed on the death certificate of this 81-year-old woman in June 1985 were "Inanition" and "Senility." When seen in March 1985, she had a normal blood pressure and cardiac examination revealed "premature beats." In 1984 she was noted to have cataracts, atrial fibrillation, and complaints of urinary incontinence, some cough, constipation, and joint pains. Her hemoglobin was 12.7 g/dl, the mean corpuscular volume was 92 fl, and the white blood cell count was 6,600 per ul with a normal differential.

Subject No. 11. This 81-year-old man died in 1987 of unknown cause. Diagnoses made during the preceding four years included severe osteoarthritis, chronic obstructive pulmonary disease with bullous emphysema, macrocytic anemia that was being treated with vitamin B12 injections, cataracts, and "organic brain syndrome." He had declined a medical examination when visited at his home in September 1986, but did not appear acutely ill at that time.

Utirik

Subject No. 2123. This 47-year-old man died in December 1986 from biopsy-proven hepatocellular carcinoma. His alpha fetoprotein level was elevated and the serum contained hepatitis B surface antigen but no delta antibody. No evidence of tumor was found at his March 1986 examination. Symptoms related to the tumor developed in June of that year.

Subject No. 2125. This patient died in 1987 from carcinoma of the lung with brain metastases at age 70. He had been referred to a Honolulu hospital for evaluation of guaiac-positive stools in October 1986. A chest x-ray was negative at the time of referral. No serious problems were detected during his Honolulu examination, but respiratory symptoms from the tumor developed in January 1987. He had been a cigarette smoker, and was felt to have severe chronic obstructive pulmonary disease with recurrent bronchitis.

Subject No. 2128. This 39-year-old woman had diabetes mellitus complicated by chronic renal failure, severe diabetic retinopathy and neuropathy, and anemia (hemoglobin 9.4 g/dl in October, 1984). She died in a Honolulu hospital after emergency air evacuation from Utirik. Diagnoses made at the hospital included hypoglycemic and hypoxemic brain damage, diabetes mellitus treated with insulin, anemia secondary to renal failure, and sepsis.

Subject No. 2164. "Postpartum hemorrhage" and "uterine inertia" were listed on the death certificate of this 42-year-old woman in February 1985. Previous problems included obesity and possible gout. A blood count in March 1984 was normal.

Subject No. 2189. This 59-**year**-old woman died in 1987 from chronic renal failure due to diabetes mellitus. Her serum creatinine in March 1986 was 10.9 mg/dl and the hemoglobin level was 7.7 g/dl.

Subject No. 2200. "Inanition" and "senility" were the death certificate diagnoses for this 72-year-old woman who died in December 1985. A thyroid nodule had been noted at least since 1977 but the patient "appeared to be a poor surgical risk." Her hemoglobin level was 11.6 g/dl and the white blood cell count was 6,200 per ul. A left breast mass had been noted since 1966, but the patient had declined biopsy and surgery. She said the mass had been present since youth.

Subject No. 2212. This 66-year-old woman died in 1987 from chronic renal failure due to diabetes mellitus. She was evaluated at Kwajalein hospital in 1985 and noted to have renal failure, hypertension, and anemia. When evaluated by physicians of the 4-Atoll Healthcare

Program she was not felt to be a candidate for dialysis, and her family agreed to supportive management.

Subject No. 2218. The death certificate diagnosis on this 34-year-old woman in September 1985 was "congestive heart failure." When examined in March 1985, the only significant abnormality had been a urinary tract infection for which she was given an antibiotic, although asthma had been noted in the past. The patient was late in pregnancy at the time of her demise and was, on the basis of history obtained from the 4-Atoll program physicians, probably eclamptic.

Subject No. 2249. This woman died at age 57 in February 1986 from complications directly arising from local extension of a "malignant meningioma." A description of this patient and the tumor was presented in a previous BNL report (Adams et al., 1983) following the original diagnosis in 1982.

Comparison group

Subject No. 814. The death certificate diagnosis in June 1985 for this 33-year-old man was pneumococcal meningitis confirmed by culture. He worked on Kwajalein and died in Kwajalein hospital after being transferred from Ebeye hospital. His most recent BNL medical examination had been in April 1983, when problems of smoking and heavy alcohol consumption were noted. His blood count was normal at that time.

Subject No. 821. This 38-year-old woman died in 1986 from complication of childbirth, her death certificate diagnosis being "postpartum hemorrhage." When seen in April 1986 she was 22 weeks into her thirteenth pregnancy. No significant abnormalities were noted at that time.

Subject No. 842. The death certificate diagnosis on this 61-year-old man in March 1986 was "liver failure due to hepatoma." The only active problem noted in his last BNL medical examination in March 1985 was chronic low back pain. A routine sigmoidoscopic examination was normal except for the presence of hemorrhoids. Hepatitis B surface antigen was not detected in his serum, but antibody to the surface antigen was present.

Subject No. 846. This 63-year-old woman underwent a bone marrow aspiration in March

1986 for evaluation of anemia and leukopenia. The diagnosis of refractory anemia with excess blasts was made and subsequently confirmed in Honoidu at the Straub Clinic ("myelodysplastic syndrome with an evolving acute nonlymphocytic leukemia"). She died in 1986.

Subject No. 928. The cause of death in 1987 of this 73-year-old woman is unknown. When last seen by the BNL medical team in Majuro in March 1986, no serious medical illnesses were noted. She had been moderately anemic for several years (hemoglobin level between 10.5 and 11.5 g/dl), and a flexible sigmoidoscopic examination in 1985 was normal. No gastrointestinal blood loss was documented in recent years.

Subject No. 950. This 40-year-old woman died in Kwajalein hospital in August 1985. The death certificate diagnoses were essential hypertension and intracerebral hemorrhage. She had been known to be hypertensive for 13 years and was followed in the hypertension program of the Trust Territories.

Subject No. 969. The clinical diagnosis in this 69-year-old man was either metastic tumor to the lung or pulmonary tuberculosis. However, the 1987 death certificate diagnoses were "congestive heart failure" and "pneumonia." Sputum cultures for *M. tuberculosis* were negative and there was no clinical response to antituberculous therapy.

Subject No. 975. When splenomegaly and thrombocytopenia were detected in March 1984, this 65-year-old man was referred for further evaluation. A lymph node biopsy in October 1984 showed "atypical lymphoepithelioid cell proliferation of uncertain etiology," possibly a lymphoma. He died in 1985 and details of the terminal illness could not be obtained.

Subject No. 991. This 78-year-old woman died in January 1986. Death certificate diagnoses included "septicemia, diabetes mellitus, and chronic renal failure from diabetic nephropathy." She had a mid-calf amputation of the right leg some six years earlier and was being followed at the Ebeye hospital. Her most recent BNL medical examination was in 1981.

Subject No. 1050. Colon carcinoma with hepatic metastases is the death certificate diagnosis in March 1985 for this 50-year-old woman.

This diagnosis was made after she was referred to Majuro for evaluation of a possible abdominal mass detected in June of 1984.

Laboratory Findings:

A review of average blood cell counts of the different exposure groups during the three-year reporting period does not reveal any systematic differences among groups. Figure 2 is a continuation graph in which the exposed groups are portrayed in relation to the Comparison group. Table 1 gives the actual mean counts of formed blood elements of the different groups and identifies counts which differed significantly from those of the Comparison group.

Biochemical test results are listed by individual identification number in Appendix B.

Neoplasms:

Thyroid nodules

Surgery for palpable thyroid nodules was performed on five persons in 1985 and one person in 1986. No new lesions were detected in 1987. The specific diagnoses, determined by an expert panel of pathologists, are listed in Table 2, and Table 3 gives a summary of all nodules diagnosed throughout the medical program. The benign thyroid nodules include adenomas, adenomatous nodules, and occult papillary carcinomas. The adenomatous nodules are included in the tabulation even though it is highly debatable that they are true neoplasms. The occult papillary carcinomas are, with rare exceptions, "harmless tumors" (Sampson, 1976). A recently reported autopsy series from the Federal Republic of Germany found occult papillary carcinomas in 6.2% of 1020 thyroid glands. Almost half of the tumors were multicentric and 14% had regional lymph node metastases (Lang et al., 1988). Since there was no predilection for age it was concluded, as in earlier studies, that occult papillary carcinomas have no propensity to cause clinically apparent thyroid disease. However, controversy continues on how the clinical diagnosis of occult papillary carcinoma is to be made (Schneider et al., 1980), and some authorities would accept that diagnosis only if the tumor were an incidental finding at surgery. Since some of the purported occult papillary carcinomas removed from the Marshallese patients presumably were palpable before surgery, there may by differing opinions on their clinical, if not histologic, classification.

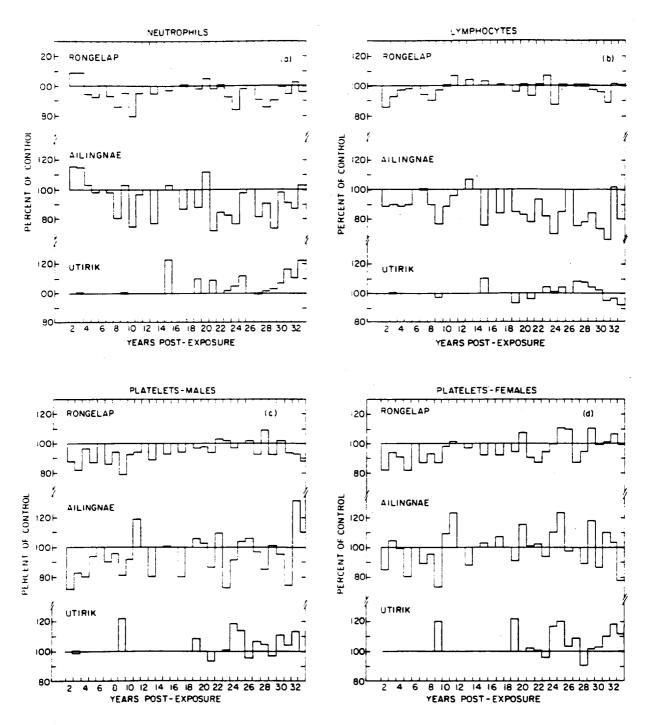


Fig. 2: Annual mean blood cell counts of the different exposure groups (age 5 years or more) expressed as percent of control, beginning two years after exposure. Values for both sexes are grouped for neutrophils and lymphocytes. Detailed annual observations, including blood cell counts, on the Utirik population did not begin until 1973. Leukocyte differentials and platelet counts were not obtained for six and five of the examinations, respectively, but for graphing purposes the 100% line has not been broken at those years.

TABLE 1:

	Comparison	Rongelap Exposed	Utirik Exposed
LEUKOC	YTES		
1985	$7392 \pm 1955 (n=96)$	$6731 \pm 1775 (n=48)$	$7985 \pm 1957 \cdot (n=100)$
1986	$7438 \pm 2102 (n=78)$	$7231 \pm 2060 (n=54)$	$7684 \pm 2023 (n=98)$
1987	$7690 \pm 1843 (n=78)$	$7418 \pm 1675 (n=49)$	$8434 \pm 3195 (n=90)$
NEUTRO	PHILS		
1985	3948 ± 1433	3716 ± 1524	4606 ± 3948*
1986	3786 ± 1396	3771 ± 1648	4188 ± 1570
1987	3998 ± 1427	3825 ± 1434	4926 ± 2984*
LYMPHO	CYTES		
1985	2739 ± 883	2345 ± 860°	2607 ± 915
1986	2785 ± 663 2785 ± 1131	2811 ± 981	2691 ± 927
1987	2765 ± 1151 2972 ± 950	2811 ± 981 2915 ± 863	2749 ± 1054
1901	2912 II 900	2919 ± 803	2748 王 1UD4
MONOCY)00	221
1985	309 ± 168	229 ± 127°	321 ± 177
1986	294 ± 189	301 ± 169	361 ± 251
1987	323 ± 240	307 ± 203	429 ± 311*
BASOPH	ILS		
1985	12 ± 35	18 ± 38	12 ± 32
1986	40 ± 57	47 ± 59	$60~\pm~74$
1987	53 ± 70	53 ± 58	$63~\pm~71$
EOSINO	PHILS	·	
1985	261 ± 216	284 ± 207	273 ± 238
1986	365 ± 426	297 ± 310	343 ± 322
1987	$310~\pm~267$	293 ± 326	$238~\pm~239$
PLATELE	CTS, MEN		
985	$261 \pm 75 (\text{n}=38)$	$242 \pm 57 (n=20)$	$271 \pm 51 (n=45)$
1986	$252 \pm 54 (n=33)$	$242 \pm 37 (\text{n} - 20)$ $240 \pm 43 (\text{n} = 24)$	$289 \pm 66^{\circ} (n=43)$
987	$266 \pm 76 (\text{n}=35)$	$240 \pm 43 (n-24)$ $240 \pm 54 (n=20)$	$266 \pm 55 (n=41)$
. 301	200 ± 70 (H=33)	240 ± 94 (N−2U)	200 ± 55 (n=41)
	TS, WOMEN	088 L 06 (00)	
985	$271 \pm 61 \text{ (n=56)}$	$277 \pm 66 (n=28)$	$299 \pm 72^{\circ} (n=55)$
986	$276 \pm 71 (n=44)$	291 ± 84 (n=30)	$328 \pm 81^{\circ} (n=55)$
987	$273 \pm 67 (n=47)$	$261 \pm 51 (n=28)$	$308 \pm 73^{\circ} (n=49)$
	OBIN, MEN		
985	14.5 ± 1.4	14.8 ± 0.8	14.9 ± 1.2
986	14.9 ± 1.6	14.7 ± 1.0	15.3 ± 1.3
987	14.4 ± 1.1	14.6 ± 1.1	$15.2 \pm 1.3^{\circ}$
EMOGL	OBIN, WOMEN		
985	13.0 ± 1.2	12.9 ± 1.2	12.6 ± 1.2*
986	13.0 ± 1.6	13.1 ± 1.4	12.8 ± 1.6
900			

^{*}Significantly different, by t-test analysis, from equivalent values of the Comparison group. The only level of significance tested was p < 0.05.

TABLE 2: THYROID SURGERIES, 1985-1987

Identification Number & Group	Age at Diagnosis	Sex	Year of Surgery	Consensus Diagnosis*
67 - Rongelap	45	F	1985	Papillary follicular carcinoma plus occult papillary carcinoma
822 - Comparison	41	M	1985	Normal
2172 - Utirik	45	F	1985	Follicular adenoma
21 72 - Utirik	34	F	1985	Occult papillary carcinoma
2225 - Utirik	39	F	1985	Adenomatous nodule
2 251 - Utirik	37	F	1986	Follicular adenoma plus occult papillary carcinoma

^{*} Majority diagnoses, based on interpretations by: Dr. L.V. Ackerman, Health Sciences Center, SUNY, Stony Brook, NY; Dr. W.A. Meissner, formerly with New England Deaconess Hospital, Boston, MA; Dr. A.L. Vickery, Massachusetts General Hospital, Boston, MA; Dr. L.B. Woolner, Mayo Clinic, Rochester, MN.

TABLE 3: THYROID NODULES DIAGNOSED AT SURGERY THROUGH 1987

	Adenomatous nodules	Adenomas	Papillary cancers	Follicular cancers	Occult cancers
Rongelap (67)*	17	2	5	-	1
Ailingnae (19)*	. 4	-	· ·	•	1
Utirik (167)*	11	. 4	4	1***	5
Comparison (227)**	4	1	2	•	2****

NOT INCLUDED are the following unoperated (and therefore unconfirmed) nodules: Rongelap -1; Ailingnae -1; Utirik -1; Comparison -5.

INCLUDED are all consensus diagnoses of a panel of consultant pathologists; two different lesions were detected in one person from Rongelap, one from Ailingnae, and two from Utirik.

- * Number of persons (including those in utero) who were originally exposed.
- •• This number includes all persons who have been in the Comparison group since 1957 (see page 18). Some have not been seen for many years: others were added as recently as 1976.
- *** Equally divided opinion in one case; follicular carcinoma vs. atypical adenoma.
- **** Majority opinion in one case; occult papillary carcinoma vs. follicular carcinoma. The same patient had lymphocytic thyroiditis.

The cumulative experience of benign plus malignant nodule development as a function of age at exposure shows clearly the increased susceptibility of the younger population to nodule induction (Fig. 3). Most benign nodules and all the thyroid carcinomas have occurred in females. It was noted (Robbins and Adams, 1989) that the prevalence of thyroid carcinomas compared to benign nodules (15%) was lower than that reported following medical x-ray therapy (about 30%).

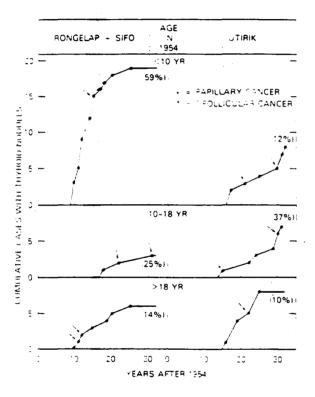


Fig. 3: The accrual of cases with thyroid nodules and thyroid cancer in the exposed Rongelap population as a function of age at the time of exposure in 1954. The <10 year group includes exposure in utero. Two cases of thyroid atrophy without nodule formation (2 Rongelap boys, <10 years of age) are excluded. (Figure taken from Robbins and Adams, 1989).

It appears that there is an inverse correlation between the radiation dose absorbed by the thyroid and the time after exposure for development of the benign adenomatous nodules (Fig. 4). However, since the thyroid-absorbed radiation dose was determined primarily by age at exposure (children receiving greater doses than adults), another interpretation of Fig. 4 is that the time for development of adenomatous nodules following radiation exposure varies directly with age at exposure.

Nonthyroidal tumors

During the period 1985 through 1987, deaths attributable to cancer occurred in three exposed persons. all from Utirik. The types of tumors were: lung cancer, hepatoma, and meningioma. During the same period there were three cancerrelated deaths in the unexposed population, the tumor types being: colon carcinoma, hepatoma, and myelodysplastic syndrome.

Additional tumor diagnoses resulted from clinical investigation initiated at the time of medical team visits. These included a case of breast carcinoma (detected by mammography) and a case of colon carcinoma, both diagnosed in exposed Utirik women. Both lesions were surgically resected and have a high probability of being cured. In addition, an epithelioma was removed from the skin of an exposed Rongelap woman, the site of the lesion being in the approximate area of a beta burn that developed soon after the 1954 exposure. This type of lesion. also termed basal cell carcinoma, is very common in the United States and is not included in the detailed cancer statistics published by the American Cancer Society (Silverberg and Lubera, 1987). However, its frequency in Marshallese is unknown.

The development of two cases of hepatoma among the population served by the medical team requires comment. Two persons, one each from the Utirik and the Comparison groups, died from this tumor during the period covered by this report. To this number should be added the death of another Utirik man who died in 1984 from complications of cirrhosis (Adams et al., 1985), for he, like one of the hepatoma patients, had hepatitis B surface antigen detected in his serum. Studies have demonstrated an association between hepatitis B surface antigenemia and hepatoma, cirrhosis, and chronic active hepatitis (Beasley et al., 1981). Early BNL observations revealed that infection with hepatitis B virus is nearly universal among Marshallese, as it is among many tropical populations, and that serological evidence of the infection is common in childhood. In view of the

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two fatalities that might be causally linked to hepatitis B virus, infection with this organism must be considered a public health problem of great concern. The Marshall Islands Medical Program annually tests all persons previously shown to be hepatitis B surface antigen-positive for the presence of alpha-fetoprotein, a tumor marker for hepatoma. Should an elevated level be detected the affected subject would be promptly referred for evaluation in the hope that early detection might permit curative resection of a localized lesion (Heyward et al., 1984).

The question arises as to whether the exposed Marshallese are at increased risk for the late complications of hepatitis B. This problem was

discussed previously (Adams et al., 1986), and it was noted that the prevalence of hepatitis B surface antigenemia was 3.3% in the Rongelap group, 18.8% in the Utirik group, and 10.5% in the Comparison group. There is evidence suggesting an association between radiation dose and prevalence of cirrhosis, but not hepatoma, in survivors of the atomic bombings in Japan (Asano et al., 1982). Assuming that two of the three deaths from hepatoma and cirrhosis in Marshallese resulted from chronic hepatitis B infection, the frequency of hepatitis B-related deaths, as percent of hepatitis B surface antigen-positive persons is: exposed Rongelap - 0% (0.2); exposed Utirik - 9.5% (2/21); Comparison group - 0% (0/10).

ADENOMATOUS NODULES AS FUNCTION OF RADIATION DOSE AND TIME

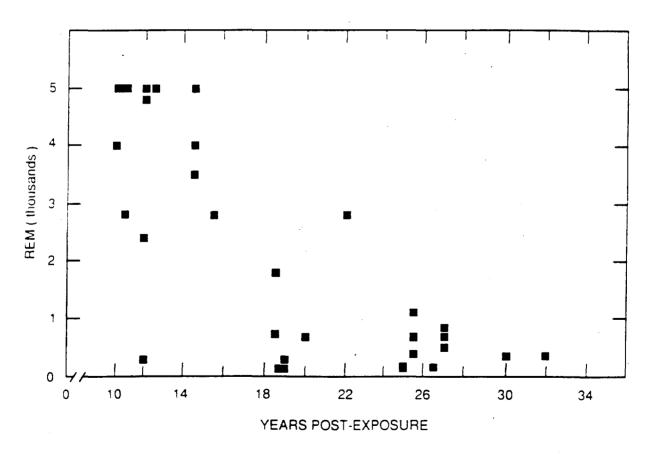


Fig. 4: The time required to develop adenomatous nodules following radiation exposure appears, in this graph, to be dose-related. However, the thyroid-absorbed radiation dose was highly dependent on the age at exposure.

Autoimmune thyroid injury:

Radiation-induced thyroid hypofunction. diagnosed in fourteen exposed Rongelap individuals, was not found to be increased among Japanese A-bomb survivors. This difference reflects the larger dose absorbed by thyroids of the Marshallese, a consequence of ingestion of radioiodines. The question arises as to whether thyroid hypofunction in the exposed Marshallese is a consequence not only of direct radiation injury, but also of immunologic damage. Immunologic studies by the Radiation Effects Research Foundation found that Japanese A-bomb survivors greater than fifteen years of age at exposure had a significant decrease in mixed lymphocyte culture response that was inversely related to radiation dose (Akiyama et al., 1987), and lymphocyte responses to phytohemagglutinin decreased more rapidly with age in persons who received more than 200 rad. However. the immunological responses of aging Japanese A-bomb survivors do not appear to have been affected by radiation exposure (Bloom et al., 1988), nor does there appear to be an increase in diseases associated with autoimmunity in the exposed Japanese population.

Immunologic damage to the thyroid is mediated, in part, by circulating autoantibodies that are apparently cytotoxic. Antimicrosomal antibodies are important in the diagnosis of autoimmune thyroiditis, a disease process commonly progressing to hypothyroidism (Frey, 1987). Antithyroglobulin antibodies are far less specific an indicator of thyroid autoimmune

disease, but are useful as a screening test. Hypothyroidism is often quite subtle and difficult to diagnose, and any marker that might identify a population at risk for subsequent hypothyroidism would be clinically useful. Therefore 231 Marshallese sera collected in March 1987 were tested for the presence of antithyroglobulin and antimicrosomal antibodies in the laboratory of Dr. Harry Maxon. Fifty-five sera were from the Rongelap-exposed, 94 were from Utirik-exposed, and 82 were from the Comparison group. Two persons had data consistent with the diagnosis of autoimmune thyroid disease (Table 4), and both were in the Comparison group. One was a 38-vear-old woman who had Grave's disease with hyperthyroidism diagnosed in 1980 that was treated with 131I. Her serum contained both types of antibodies in 1980 as well as in 1987. The other person, a 32-year-old woman, had an antithyroglobulin antibody level of 35 U/l. She has Sheehan's syndrome, present since 1975 following postpartum hemorrhage. In . addition, six persons had nondiagnostic but slightly elevated levels of antithyroglobulin antibodies, two from Rongelap and four from Utirik. None have clinical evidence of autoimmune thyroid disease, although three have had thyroid lobectomies for benign nodules. The lack of evidence for an increase in autoimmune thyroid disease among the exposed Marshallese is consistent with the findings of Radiation Effects Research Foundation studies. In a 30-year followup of persons less than 20 years of age at the time of exposure to the atomic bomings in Japan, no difference was detected in the preval-

TABLE 4: ANTITHYROID ANTIBODIES IN THE DIFFERENT RADIATION EXPOSURE GROUPS.

Exposure group (n)	Elevated antithyroglobulin antibodies*	Percent elevated
Rongelap (55)	2	4%
Utirik (94)	· 4	4%
Comparison (82)	2**	2%

^{*} The levels ranged between 6 and 11 U/1, with normal levels being ≤ 5 U/1.

 $^{^{\}circ \circ}$ One subject had elevated antimicrosomal antibodies (35 U/1) and a history of Grave's disease with hyperthyroidism.

ence of antithyroglobulin antibodies in unexposed versus exposed groups (Morimoto et al., 1987). In addition, no difference in the prevalence of chronic thyroiditis was found in children considered exposed or unexposed to radioactive fallout in Utah and Nevada (Rallison et al., 1974). Notably, in that study the prevalence of elevated titers of antithyroglobulin antibodies in children with "normal" thyroids was 4.8%. Hypothyroidism is common in aging populations, and in the Framingham Heart Study a clearly elevated thyrotropin (TSH) level was found in 4.4% of persons older than 60 years (Sawin et al., 1985a). The prevalence of antimicrosomal antibodies also increases with age: two-thirds of elderly persons with evidence of thyroid hypofunction had significant levels of antimicrosomal antibodies (Sawin et al., 1985b). The Marshallese data suggest that autoimmune thyroid disease is not common in that population, regardless of a history of radiation exposure.

NONCANCEROUS THYROID MORBIDITY IN EXPOSED MARSHALLESE

The late somatic effects of exposure to ionizing radiation have been equated with cancer induction, the ultimate measure of those effects being expressed in mortality. Since cancer mor-

tality from radiation exposure is low when compared to naturally occurring cancer mortality it is not surprising that there is no observed increase in mortality among the radiation-exposed Marshallese. Nevertheless, much attention has been addressed to their cancer risk. On the other hand, limited attention has been given to morbidity from nonmalignant disease, principally of the thyroid, as a late consequence of radiation exposure, and yet these lesions have been of great clinical importance (Table 5).

A. Thyroid surgery:

Twenty-six (30 %) of the Rongelap group and eighteen (11%) of the Utirik group have had surgery for thyroid nodules that were ultimately found to be benign. The types of thyroid nodules found in the exposed population since 1963 can be grouped into cancers, adenomas, and adenomatous nodules. Cancers and adenomas are neoplasms. Adenomatous nodules, which, like adenomas, are benign, are not properly categorized as neoplasms. Histologically, they are hyperplastic lesions. In the exposed population both benign nodules and thyroid hypofunction display a similar correlation with radiation dose (Fig. 5), and, in contrast to thyroid cancer, adenomatous nodules have been very common (see Table 3). Adenomatous nodules are rarely of clinical significance, because they do not evolve into carcinoma. Surgery is necessary only to

TABLE 5: LATE THYROID MORBIDITY UNRELATED TO DIAGNOSIS AND TREATMENT OF THYROID CANCER IN 253 RADIATION-EXPOSED MARSHALLESE.

Morbid event	Number of cases
Thyroid surgery for benign lesions	-14
Hypothyroidism. radiogenic	15
Hypothyroidism, postsurgical	21
Hypoparathyroidism, postsurgical	2
Recurrent laryngeal nerve palsy	1
Pituitary tumor*	2
Total morbid events	85

^{*} Possible association (Adams et al., 1984).

exclude that diagnosis. Nevertheless, the clinical evaluation required to establish a diagnosis is associated with its own morbidity. Prominent in this morbidity is thyroid surgery itself, a procedure that requires general anesthesia and results in a cosmetic defect and the unavoidable removal of some normal thyroid tissue.

B. Thyroid hypofunction, radiation-induced:

Overt hypothyroidism was diagnosed in two Rongelap boys who were infants at the time of exposure (Sutow et al., 1965). In addition, subclinical hypothyroidism unrelated to thyroid surgery was confirmed in twelve other Rongelap persons (Larsen et al., 1982). In 1987 a Utirik man was diagnosed as biochemically hypothyroid. He was two years of age at the time of exposure, and he is the first exposed person from Utirik to have this diagnosis.

C. Hypothyroidism, postsurgical:

In 1972 to 1974 it was noted that 11 of 20 exposed persons from Rongelap who underwent surgery for removal of thyroid nodules had elevated levels of thyroid-stimulating hormone (TSH). Because this evidence of postsurgical hypofunction was more frequent than expected it was surmised that thyroid insufficiency might be developing in the exposed Rongelap population as a whole, rather than being limited to the two hypothyroid children diagnosed some ten years earlier (Sutow et al., 1965). Such an event was likely to be clinically inapparent because all of that group had been placed on suppressive doses of thyroxin since 1965 to prevent thyroid neoplasia. Therefore, after temporarily discontinuing thyroxin, a survey of thyroid function was undertaken, and twelve persons were found to have biochemical evidence of thyroid insuffi-

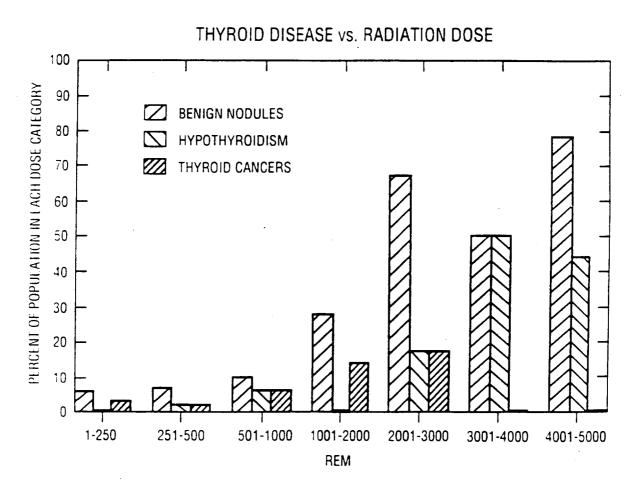


Fig. 5: Thyroid-absorbed radiation dose vs. benign thyroid nodules, carcinoma, and hypofunction.

ciency. Retrospective testing of six persons who had thyroid hypofunction after thyroid surgery revealed the hypofunction had been present earlier (Larsen et al., 1982).

The development of thyroid hypofunction in the exposed individuals continues to be a cause for concern. While the routine use of suppressive doses of thyroxin should render this concern moot, it was noted that, based on medical history or results of annual TSH testing, somewhat more than forty percent of exposed persons who are supposed to be taking thyroxin have evidence of irregular or noncomplicance with the prescribed medication regimen (Adams et al., 1983). It is desirable to minimize loss of thyroid tissue at surgery insofar as it is deemed clinically safe to do so: in fact, this has been the practice of the thyroid surgery consultant to the Marshall Islands Medical Program for almost twenty years.

Despite efforts to mitigate loss of thyroid tissue, however, there continues to be evidence of an inordinantly high frequency of postsurgical thyroid hypofunction among the exposed population. Table 6 shows data obtained through 1987 illustrating this point. An increase in frequency of postsurgical thyroid hypofunction with increase in the 1954 thyroid radiation dose is apparent, even though all thyroid surgery patients were advised to take thyroxin. However, the data in Table 6 must represent a minimum estimate of the prevalence of postsurgical thyroid hypofunction. In contrast to the study by Larsen et al. (1982), thyroxin was not pur-

posely discontinued before testing. Therefore, except for those relatively few instances in which selected individuals were asked not to take thyroxin for four to six weeks prior to thyroglobulin testing or thyroid scanning, elevated TSH levels were apparent only because of noncompliance. Some persons may have had normal TSH levels after surgery only because they are adhering satisfactorily to the prescribed thyroxin regimen.

It is unlikely that the differences in prevalence of postsurgical thyroid hypofunction among the groups result from different degrees of compliance in taking thyroxin after surgery. Furthermore, it is likely that, on the average, the extent of resection of thyroid tissue was greater in the unexposed persons undergoing thyroid surgery than in exposed individuals because of concern that the latter were more likely to have impaired thyroid reserve. As Table 6 shows, this concern was well-founded. Although present data are without doubt quantitatively inaccurate, they are likely to be qualitatively adequate.

The distinction between these data and those of Larsen et al. (1982) is that, whereas thyroid hypofunction was found by the latter group to antedate thyroid surgery (as documented by retrospective analysis of stored sera collected before institution of thyroxin suppression in the exposed Rongelap group), the present data reveal an inordinantly high frequency of post-surgical thyroid hypofunction in exposed persons with previously normal TSH levels. The importance of this finding is that there appears

TABLE 6: MARSHALLESE WITH PREVIOUSLY NORMAL TSH LEVELS WHO HAVE DEVELOPED ELEVATED LEVELS FOLLOWING THYROID SURGERY.

Exposure group	Adult thyroid dose (rad)*	Number with surgery	Number with hypothyroidism**	Percent
Rongelap***	1200	23	14	61
Utirik	160	25	7	28
Comparison	none	11	1	8

Average estimated dose for an adult male.

^{**} Biochemical evidence of thyroid hypofunction as indicated by at least two determinations of thyroid stimulating hormone $\geq 7.0 \text{ uU}/1$. Normal values are less than 6.0 uU/1.

^{***} Routine thyroxin suppression prescribed.

to be significantly diminished thyroid reserve in many exposed persons, and, although this diminution is not apparent from routine TSH testing, it frequently may be made clinically significant by thyroid surgery. The extent of the problem cannot be accurately assessed with the data at hand because of the variability in compliance with the taking of the prescribed thyroxin suppression, and because no clinical benefit would accrue to the exposed population from discontinuing thyroxin for the purpose of proving the point. Nevertheless, a 61% prevalence of postsurgical thyroid hypofunction is reason for great concern in view of the high frequency of benign thyroid nodules in the exposed population.

D. Postsurgical hypoparathyroidism:

In two thyroid surgery patients transient postsurgical hypocalcemia was observed. However, two other Rongelap women developed chronic hypoparathyroidism requiring replacement therapy since undergoing thyroid surgery. In one the deficiency was diagnosed postoperatively and has not resolved. In the other the diagnosis was first made twenty years following surgery. Both surgeries were performed on Guam during the early years of the medical program. Postsurgical hypoparathyroidism is not an unusual complication of extensive thyroid surgery, occurring in up to 20% of patients. However, in experienced hands the frequency of postsurgical hypoparathyroidism is much lower.

E. Laryngeal nerve injury:

One Rongelap man has a mild but definite impairment in speech resulting from recurrent laryngeal nerve injury, a well-known complication of thyroid surgery. This is not a common complication, occurring in perhaps 1% of patients. As with postsurgical hypoparathyroidism, its frequency depends greatly on the experience of the surgeon and the extent of the surgery.

F. Pituitary tumor formation:

Two women exposed as young children, one from Rongelap and one from Utirik, have developed pituitary tumors. These tumors are usually benign, causing disease, in part, because of their expansion inside a rigid structure. There is no known direct association between radiation exposure and development of pituitary tumor, but there are reasons to suspect that pituitary tumor formation may be a consequence of thyroid injury (Adams et al., 1984).

In summary, hypothyroidism and subclinical thyroid hypofunction, benign thyroid nodule formation, thyroid surgery with its attendant risks and complications, an excessive prevalence of thyroid hypofunction after thyroid surgery, and possibly pituitary tumors can be considered adverse delayed consequences of radiation injury in the exposed Marshallese. The tally comes to 85 morbid events in 253 persons. In contrast, the only evidence for a "stochastic" effect of radiation exposure has been an increase in thyroid cancers in the Rongelap population, none of whom yet have evidence of residual disease. While several nonthyroidal cancers known to be inducible in humans by external ionizing radiation have been documented in the exposed population, similar cancers have occurred in the unexposed Comparison population of Marshallese. Therefore, one may conclude that in the Marshallese experience the delayed expression of nonmalignant morbidity due to irradiation has indeed been great and far exceeds that of malignant disease.

REVIEW OF CANCER IN THE COMPARISON POPULATION

In earlier BNL publications neoplasms of the exposed population were compared to those of an unexposed "Comparison" population with a similar age and sex distribution. However, since. the last report, which brought the period of medical coverage up to December 31st, 1984, concerns have been voiced about present-day safety of habitation on Rongelap island. An analysis of the current radiation risk of Rongelap habitation is not a function of the Marshall Islands Medical Program, which is a clinical program devoted to aspects of health care for persons acutely exposed to radioactive fallout in 1954. Nevertheless, medical information collected over many years concerning the unexposed Rongelap people has been requested by different groups who are involved in assessing that risk. To assist them and others who may wish to review the medical experience of the Comparison population, a summary of diagnoses of neoplastic disease is presented here. It is essential to realize that whatever radiation risk exists today on Rongelap is quite distinct from that incurred by 86 Rongelap inhabitants and 167 Utirik inhabitants during the two-day exposure to Bravo fallout in 1954. The reasons for this statement are given below.

The selection of the Comparison group began in 1957 at Majuro when the group was initiated with 86 individuals matched approximately for sex and age with the exposed group of 86 individuals. Members of the Comparison group were examined periodically thereafter at Rongelap or elsewhere along with members of the exposed Rongelap population. During 1958-59, after the return to Rongelap island, the number of persons actively enrolled in the Comparison group was increased to about 150. During the following years up to 1974, another 31 persons were added. In 1974-76, to make up for more persons lost to followup or deceased, another 32 persons were added. No additions to the roster have been made since that time. When all enrollees are tallied, including those who have discontinued their participation in the annual medical examinations, 227 persons have been examined at one time or another as part of the Comparison group. Although some of the group were lost to followup, there were 63 deaths recorded through 1987. Some deaths may have occurred in those lost to followup that were not brought to the attention of the Marshall Islands Medical Program. Furthermore, the death rate in subsequently added subgroups may not be the same as that for persons in 1957. There is no way to determine if there is any bias introduced into mortality statistics as a consequence of these events which were beyond the control of the program. However, two points can be made. First, since it is cancer mortality which is specifically in question, cancer deaths can be expressed in terms of total known deaths, thereby controlling to some extent for uncertainties in the determination of total deaths. Therefore, on the basis of information made available to the Marshall Islands Medical Program. 8 of the 63 known deaths (13%) may have been due to malignant disease. In the United States cancer mortality accounts for 22% of total mortality (Silverberg and Lubera, 1987), and in the exposed Rongelap group it accounts for 19% of total mortality (5 of 26 deaths). Second, cancer deaths can be expressed in person/years of observation, thereby controlling somewhat for persons lost to followup. When this is done the cancer death rate for the 33-year observation period is 171/100,000 (8 possible cancer deaths in 4669 person/years) for the Comparison group overail and 187/100,000 (4 possible cancer deaths in 2136 person/years) for the 86

persons in the original 1957 Comparison group. The similarity of these numbers does not suggest the introduction of bias in death rates in subsequent additions in the Comparison population. For the Rongelap exposed population, which was statistically similar in age and sex distribution to the Comparison group when evaluated in 1982 (Adams et al., 1983), this number is 234/100,000 (5 possible cancer deaths in 2139 person/years). The confirmed or presumptive cancer diagnoses in the Comparison group are given in Table 7, along with cancer deaths in the exposed Rongelap population.

Table 8 contrasts the distribution of possible cancer deaths in the Comparison group according to years of residence on Rongelap with that of the exposed population. One of the eight persons dying of possible cancer in the Comparison group was never known to be present on the island. Furthermore, six of the eight spent only a short time on Rongelap. However, for those six that short time lay between 1958 and 1961, a period when residual radioactivity would have been higher than in subsequent years. One hundred fifty-one persons in the Comparison population were known to be on Rongelap at some time between 1958 and 1961. Of the six that ultimately died of possible cancer, four were among forty-two who were not on Rongelap after 1961, whereas two were among the one hundred-and-nine that were seen on Rongelap at a later date (Table 9). It is a statistical oddity that even the latter two individuals were found on Rongelap only once after 1961.

There are several points that are relevant for those who would apply an epidemiologic analysis to these data:

- 1. Since the Marshall Islands Medical Program has not maintained a year-round medical presence on the different atolls where examinees may be found, causes of death were obtained in many instances from records and verbal accounts of health aides and family members living on those atolls and from records and death certificates at the Ebeye and Majuro hospitals. Autopsies are rarely performed in the Marshall Islands.
- 2. Of the eight deaths that clinically may have been cancer-related, confirmation by tissue diagnosis is available in only four. In the exposed Rongelap population only three of the five deaths attributed to cancer were confirmed.

Table 7 presents limited information relevant to the diagnosis of the cancers in the Comparison group, but ail 8 cases have been described in greater detail in this or earlier BNL reports.

- 3. The most frequent lethal cancers in the United States are lung, breast, colon and leukemia.-lymphoma.
- 4. Areas where health care is limited often have increased mortality from noncancerous disease, and an increase in cancer incidence has been viewed as evidence of improved overall health of some populations because it reflects improvements in longevity.
- 5. Table 7 lists only deaths that might have been related to cancer. There have been two cases of thyroid cancer that have been diagnosed. The thyroid cancers, discussed elsewhere in this report, have not been a cause of death, and at

the present time there is no evidence of residual disease in either of the thyroid cancer patients.

6. In attempting to determine whether there has been an increase in cancer deaths in either the exposed or Comparison population one should note a Radiation Effects Research Foundation report on the Japanese exposed to atomic bombing. From 1950 to 1985, there had been 5936 cancer deaths among 75991 persons in the LSS (Life Span Study) cohort. Three hundred and forty of the cancer deaths (6% of the total cancer deaths) are thought to be attributable to the 1945 radiation exposure (Preston and Pierce, 1988). The small size of the exposed and Comparison Marshallese groups, the smaller number of cancer deaths, and naturally occurring fluctuations in disease incidence will make statistical detection of any excess cancer mortality impossible in these populations.

TABLE 7: POSSIBLE CANCER DEATHS IN THE RONGELAP EXPOSED AND COMPARISON (UNEXPOSED) POPULATION

ID#	Year of Death	Age at Death	Years on Rongelap*	Cancer Type	Confirmation
A. COM	PARISON GR	OUP			
842	1986	61	2	? Hepatoma	Not available
846	1986	63	4	Leukemia	Yes
861	1960	68	2	Cervix	No. Normal pelvic exam in 3/59.
889	1980	55	2	Breast	Yes
975	1985	65	2	? Lymphoma	"Atypical lymphoepithelioid proliferation"
1005	1984	51	2	Lung	Yes (Smoker)
1050	1985	50	20**	? Colon	No
1571	1982	28	0***	Astrocytoma	Yes
B. RON	GELAP EXPO	SED			
62	1959	60	2	Ovary	Yes
30	1962	60	5	Cervix	No
13	1966	71	9	Uterus	No
54	1972	19	7	Leukemia	Yes
6 8	1974	64	16	Stomach	Yes

^{*} Years of residence on Rongelap after rehabitation of Rongelap island in 1957, as recorded in the medical records of the Marshall Island Medical Program or from personal history.

^{**} Added to Comparison group in 1964; did not live on Rongelap between 1957 and 1964

^{***} Added to Comparison group in 1976; residence prior to 1976 is not recorded.

TABLE 8: DISTRIBUTION OF POSSIBLE CANCER DEATHS ACCORDING TO YEARS OF RESIDENCE ON RONGELAP

Years on Rongelap	Number of Persons	Possible Cancer Deaths
A. COMPARISON GROUP		
0-4	135	7
5-9	40	0
10-14	20	0
15-19	13	0
20-24	10	1
25-28	9	0
Total	227	8 (13% of recorded deaths)
. RONGELAP EXPOSED		
0-4	8	0
5-9	10	0
10-14	12	1
15-19	13	0
20-24	30	3
25-28	10	1
Total	83	5 (19% of recorded deaths)

TABLE 9: COMPARISON AND EXPOSED GROUP

— CANCER DEATHS

Group	No. in Group	Total Deaths	Cancer Deaths	Age at Death
A. Comparison	227	63*	8	28-68
A.1 Resident on Rongelap <i>only</i> during '57-'61	42	12	4	55-68
A.2 Resident in '57-'61 and for some time thereafter	109	32	2	51,63
A.3 Resident only after 57-61	47	5	1	50
A.4 Never on Rongelap	29	13	1	28
B. Exposed in 1954	86	26**	5	
B.1 Like A.1	8	3	1	60
B.2 Like A.2	73	20	4	19-71
B.3 Like A.3	1	0	. 0	
B.4 Like A.4	1	0	0	

^{*} One death occurred five months after return to Rongelap.

^{**} Three deaths occurred prior to return to Rongelap in 1957.

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APPENDIX A PROFESSIONAL STAFF PARTICIPATING IN THE 1985-87 MARSHALL ISLANDS SURVEYS

NAME	PARTICIPATING SURVEY	SPECIALTY	AFFILIATION
Adams, W.H.	3/85, 9/85, 3/86 9/86, 5/87, 9/87	Internal Medicine (Hematology)	Brookhaven Natl. Lab. Upton, NY 11973
Anderson, J.	5/ 87	Internal Medicine (Geriatrics)	NY Bellevue Div. of Geriatric Medicine NY. NY 11016
Arelong, T.	3/85, 9/85, 3/87	Nurse	Armer Ishoda Memorial Hosp., Majuro, MI 96960
Barciay, P.	5/87	Internal Medicine (Allergy/Immun.)	Central General Hosp. Plainview, NY 11803 (Director, Emergency Physicians)
Benes. S.	5/87	Ophthalmology	Ohio State University Medical School Columbus, OH 43210
Beydoun, S.	3/86	Obstetrics/Gyn.	Univ. of Miami School of Medicine Miami, FL 33101
Bliss, M.	3/85, 9/87	Internal Medicine (Gastroenterology)	Boston City Hospital Boston, MA 02118
Cheatham, W	3 86	Internal Medicine (Endocrinology)	Walter Reed Army Medical Center Washington, D.C. 20012
Dec. W.	3 86	Internal Medicine (Cardiology)	Harvard Medical School Mass. Gen. Hospital Boston. MA 02114
Dobyns, B.	3 85	Surgery	Case Western Reserve Univ. Cleveland Gen. Hospital Cleveland. OH 44109
Engle, J.	3/85, 9/85, 3/86	Family Practice	Vet. Adm. Med. Center Martinsburg, WV 25401 (formerly BNL Resident Physician stationed at Kwajalein)
Ferguson, F.	9/85	Pediatric Dentistry	School of Dental Medicine State Univ. of New York at Stony Brook, NY 11791
Giorgio, B.	3 85, 5 87	Gyn. Surgery	Private Practice Pearl City, HI 96782
Giorgio, L.	3/ 85	Nurse	Pearl City, HI 96782
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NAME	PARTICIPATING SURVEY	SPECIALTY	AFFILIATION
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Kabua, J.	3/85, 9 85, 3/86 9/86, 5 87, 9/86	Nurse	Ebeye Marshall Islands, 96960
Kehne, S.	3/85, 3/86	Internal Medicine (Pediatric Neurology)	Boston City Hospital Boston, MA 02118
Kindermann, R.	3 85	Ophthalmology	Private Practice Cherry Hill, NJ 08003
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Melkonian, R.	5/ 87	Obstetrics/Gyn.	Stony Brook Univ. Hospital SUNY at Stony Brook, NY 11791
Mellan. M.	5/87	Nurse	Armer Ishoda Mem. Hosp. Majuro, Mashall Is., 96960
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Panebianco, R.	3/85	Internal Medicine	Private Practice Southampton, NY 11968
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NAME	PARTICIPATING SURVEY	SPECIALTY	AFFILIATION
Stewart, D.	9 85	Pediatrics	University of California Irvine Medical Center Orange, CA 92668
Symes, D.	5 87	Ophthalmology	Private Practice Tucson, AZ 85718
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TECHNICAL SPECIALISTS PARTICIPATING IN THE 1985-87 MARSHALL ISLANDS SURVEYS

NAME	PARTICIPATING SURVEY	AFFILIATION
Adams, Diana	3 85	Medical Department Brookhaven National Laboratory Upton. NY 11973
Ankien, Risong	3 85, 5 87	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
Boyd. Lindora	9 85	Medical Department Brookhaven National Laboratory Upton. NY 11973
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Heotis. Peter	3 85, 9 85, 3 86 9 86, 5 87, 9 87	Medical Department Brookhaven National Laboratory Upton, NY 11973
Heinrichs, John	5 87	Medical Department Brookhaven National Laboratory Upton, NY 11973
Jacob, Stanley	3 85, 3 86	Ebeye Hospital Ebeye, Marshall Islands 96960
Lehman, William	9/86, 5/87, 9/87	Medical Department Brookhaven National Laboratory Upton, NY 11973
Saul. Joe	3/85, 9/85, 3/86	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
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Shoniber, Sebio	3 85, 9:85, 5:87	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
Stravino, Michael	3 85, 9-85, 3-86	Medical Department (Retired) Brookhaven National Laboratory Upton, NY 11973
Tommy, Morris	5 87, 9 87	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960

APPENDIX B

Individual Marshallese laboratory data collected during the 1985, 1986, and 1987 medical surveys, (Identification numbers 1 to 86 belong to exposed persons of Rongelap and Ailingnae; numbers beginning at 2102 belong to the Utirik exposed; numbers from 805 through 1578 belong to the Comparison group).

Abbreviations:

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PID = Brookhaven National Laboratory identification number
   SEX = 1 - Male: 2 - Female
   AGE = years
  WBC = leukocyte count/\mul
   PMN = neutrophil count/\mu l
 BAND = band forms/\mu l
LYMPH = lymphocytes/\mu l
 MONO = monocytes/\mu l
   EOS = eosinophils/\mu l
  BASO = basophils/\mul
   PLT = platelet count x 10^3 \mu l
   HCT = percent
   RBC = erythrocytes x 10^3/\mu l
  MCV = mean corpuscular volume in fl
  HGB = hemoglobin level in g. dl
   TSH = thyroid stimulating hormone level in \mu U I
   PRL = serum prolactin in ng/ml
    T4 = thyroxine in \mu g/dl
   TPR = total protein in g.dl
  ALB = albumin in g/dl
 GLOB = globulin in g/dl
  A/G = albumin/globulin ratio
  CAL = calcium in mg/dl
  FBS = fasting blood sugar in mg/dl
HBA1C = glycosylated hemoglobin A1C in percent
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COMPUTER LISTING OF 1988 RAW DATA

PID	SET AGE	WBC	PMM	CO	HPUTER LTMPH	LISTING MONO	OF 1 EOS	985 RA BASO			RBC	HCV	НGВ	тѕн	PRI,	T4
832	2 48	8500	3316	. 0	2730	130	326	O	251	36.7	4 62	A 1	12.2			
633	1 62	4100	1027	76	1846	88	41	0	184			86	13.4			
834		7600	3378		3780	300	Ó	Ö	299	48.3 49.1	4.90 6.47		18.8		. •	
836	2 62	10800	6618	106	4240	424	106	Ō		42.6			14.5			
838	1 64	8800	4782	176	3344	352	176	0					16.1			
840	4 69 1 66	7800 10900	2262	78	4788	846	166	0		47.1			14.2			
841	2 63	8400	4578 4958	218	8460	848	109	Ŏ		48.9			14.9			
842	1 61	6800	2924	84 136	2184 3488	420 138	766 136	0		43.1			13.2			
843	2 67	5600	2520	112	2520	112	336	ő	144	44.3 39.0			13.9 12.7			
844	8 67	7400	4888	74	2368	222	148	ŏ	241		4.04		12.0			
846	1 56	6700	2948	Ö	3082	469	201	ŏ	217		4.85		13.2			
846	2 63	3700	999	148	2405	111	37	Ŏ		34.6			11.6			
861	8 78	8100	2866	61	1632	367	204	0			4.02		12.1			
864	1 60	7600	8344	0	3724	228	228	0		43.2		. 90	13.9			
865	2 62	9300	4743	279	3162	668	668	0		43.6			14.0	5.90		
867 868	2 57 1 52	10800	4860	432	4860	216	432	.0			6.00		18.2	2.50		
879	1 62 2 30	4400 8500	2080 5185	0	1760 2890	80	80			43.0			14.6			
880	1 83	12000	7800	600	2760	340 600	86 240	0		49.6			12.8			
881	i 63	6800	3740	88	2584	408	270	ŏ		46.6	4.47		13.5			
882	i 62	6400	3776	ő	2368	100	256	ŏ		47.4			14.7 14.8			
898	à 46	5800	3364	232	1972	232	0	ŏ			4.87		13.5			
911	2 33	8800	4002	174	1480	58	110	ŏ		32.2			11.0			
917	1 06	8000	6200	80	2400	240	80	0			4.27		11.7	6.20		
919	1 38	8300	2385	63	2438	212	212	0	376	38.7	4.19		12.0			
920	1 64	8300	8014	. 159	2544	212	371	0			4.97		14.8			
922	2 62	8700	2223	67	2907	171	342	0			4.60		13.4			
926 928	2 36 2 73	9800 6200	5985	286	2090	885	475	Ŏ			4.49		12.6			
931	1 38	8600	3038 4816	210	1922 3354	248 344	682	0		32.4			10.3			
932	2 61	6400	3988	84	1728	64	86 578	0		46.3	3.79		18.7			
934	2 6i	6100	2684	122	2989	183	122	ŏ			4.88		11.8			
938	2 63	10000	6800	700	2800	600	200				4.64		14.0	3.30		
941	2 86	8500	8440	Õ	2550	170	340				4.03		12.9	0.00		
942	2 71	7600	4940	488	1900	466	228	76			4.23		12.9	2.90		
943	1 66	9200	4876	184	2300	736	920				4.37		14.8	2.00		
944	1 61	9100	4880	273	2912	637	182	0			6.43		16.0	3.20		
960	2 39	11800	6136	590	4484	354	236	0			8.24		15.1			
955	2 33	10400	8884	208	2600	620	208	0			4.26		12.7			
956	2 77	6500	3380	0	2340	455	326	0			3.89		11.8			
959	2 37	6500	2860	220	2036	275	110	0			4.69		13.5			
963 960	2 34 1 59	11800	8850	118	1888	690	364	0			3.88		11.4			
965	2 42	6900 8300	3127	118	2124	295	236	.0			4.80		13.1			
988	1 64	6600	4731 2808	884 0	2158	332 110	332 495	83			4.25		12.1		•	
969	i 69	12500	8378	500	2750	600	500				4.37		13.6			
970	2 73	8500	4846	0	3145	425	85	ŏ			3.68		10.4			
971	1 43	8800	3626	ŏ	4214	516	344				4.72		14.1			
977	2 40	5700	2907	67	2337	286	114	ŏ			4.49		13.0			
980	2 33	7400	4662	. 0	2294	296	148	ŏ		41.0			13.5			
981	1 32	7400	4292	0	2960	148	0	Ō			6.89					
998	A 38	8000	8840	0	1600	400	160	0			4.19	89				
1001	2 62	7600	4104	152	3040	304	0	0			4.90		13.6	•		
1007	1 75	8600	9744	88	9369	188	280	^	101	41 0	4 40		10.0	0.00		

						MPUTER	LISTING	OF I	985 RA	AW DA	ATA						
PID	RRI	AGE	WBC	PMM	BAND	LYMPH	HONO	EOS	BASO			RBC	MCV	HGB	TSH	PRL	T4
1036	2	34	8000	4000	80	3440	480	0		425	42 7	4.74	90	14.0			
1043	2	80	6300		•	0110	100	U	U			5.23	88	14.8			
1800	1	66	6700	3819	134	2211	402	134	ο.			3.98		11.7			
1505	2	48					408	104	U	200	30.3	3.90	91	11.7	3.20		
1519	1	43	7700	4312	154	2696	462	77	Λ	228	82 2	6.49	96	10.2	J . &U		
1620	2	66	7200	4392	144	2232	360	72	ŏ		44.0		86	14.5			
1830	2	39	3900	2087	117	1092	78	548	ŏ	140		4.68	89	13.8			
1541	2	58	5800	2900	Ö	2262	348	290	ŏ	172		4.27	92	13.1			
1642	2	33	8400	3024	252	4452	420	252	ŏ	256	48.6		80	15.6			
1546	· î	72	6600	3188	85	3250	7.0	0	ŏ	162	61.1		95				
1548	à	44	12700	7493	381	3937	_	635	ŏ	328				15.8			
1649	ĩ	32	8800	2992	88	3196	254		_			4.18	92	13.2			
1662	i	66	7100	4970	71	1775	478	68	0	264		4.88	91	14.7			
1863	i	34	8400	2970			284	.0	ŏ	300		4.77	90				
1888	•	43	8100	4070	84	1836	216	64	0	268		4.76	96				
1558	2	41		2040					_	'_		6.85	81				
1668	2		5200	3640	38	1824	62	114		263		4.34	99	12.8			
1669	•	36	8000	4080	480	2960	400	160	Ō	361		4.33	83		4.20		
1660	-	33	8600	3440	. 0	3870	618	774	0	252		5.22	81				
1661	2	63	9200	2330	184	6060	92	844	0	205		4.61	97	14.8	•		
	×	69	6700	2747	0	3082	134	6 70	67	360		4.01	98				
1663	i	60	7000	3780	0	2660	420	140	0	254	45.6	4.73	96	14.8			
1684	. 2	37	6900	3460	0	3106	276	69	0	227	41.2	4.87	88	13.4	2.70		
1689	2	31	6800	3740	0	2618	408	138	0	206	38.6	4.26	91	13.2			
1670	2	66	8500	3996	0	3826	510	170	0	322	43.0	4.88	88	14.3			
1672	1	38	5200	2756	52	2132	104	166	Ō	814		5.46					
1673	1	36	8800	4762	88	3620	88	362	Ŏ			B.23			3.00		
1677	2	36	9600	4896	96	3840	480	288	Ō	307		4.21	92				
1578	2	61	9300	8048	279	2325	658	93	Ö	362		6.39					

PID	SEI	AGE	WBC	PMN	BAND	LYMPH	COMPUT MONO	ER LIS	TING OF 1 BASO PLT	986 R	AW DA'	TA MCV	HGB	тѕн	PRL	T4	TPR	AI.B	GLOB	A/G	C A	M.
2	1	34	6400	2560	0.4	7004										• •	••••	,	4	•••	01	
3	i	34	11700	6669	84 234	3264 3610	128	384		45.0		96	14.8	0.00					0 4.0	1.0		
4	i	71	7600	3116	- 0	3878	468 304	819 304	0 235			90	15.8	344.00	30.4	6.8			0 4.3	. 9		
6	1	34	6900	2419	ŏ	2537	384	472		45.8 39.2		92		4.20					0 4.0	1.0		8
7	1	87	4300	1159	ŏ	1849	258	288		40.3		92	13.3 13.6	32.10 .20		8.8 7.5	8.1		0 3.3	1.2		Ŀ
9	1	63	6900	3381	Ö	3038	207	138	138 183			96	14.7	2.70	1.5	7.0	7.6			1.2		
10	1	68	6700	4221	67	1876	336	87	134 216			83	14.3	0.00	1.0		7.7		0 3.8	1.0		
12	2	49	8200	4920	0	2870	184	240		38.6		90	13.4	3.90					0 3.8	1.1		
14	2	67	6500	3055	. 0	2925	196	260		37.4		97	12.8	4.20		•	7.8			i a		
16 16	ą	40	11300	6763	113	4407	791	113	113 406		4.70	92	13.3	. 30					0 4.3	. 9		
17	2	72 36	8300	2756	0	2067	371	63	63 248			75	13.0									_
18	2	84	8400 7400	5628 3478	84	1848	262	588	0 186		4.69	93							0 3.8		8	. в
19	ī	38	4800	3120	0	3330 1104	222	298	74 418			89	14.0	4.40	18.3	7.4	7.8	4.2	0 3.6	1.2	9	. 8
20	i	39	13700	11508	0	1233	240	338	240			78	14.2	6.80							_	
21	à	36	6900	3933	ŏ	2891	.885 .69	274 69	0 258 0 283			86	16.6	3.40					0 3.9			
22	2	48	6500	3186	ŏ	2665	260	390	0 325			81 96	12.3	7 00		12.7	7.8		0 3.6 0 4.3	1.1		. 7
24	2	48	6100	3619	81	1173	255	102	0 220			93	14.4	3.80 4.50			8.0			. 8		. 5
27	1	69	10800	3888	Ŏ	8166	848	108	0 288		4.91			.60				3.7		. 6		. B
33	2	34	8800	4312	88	3784	362	284	0 338		4.26	96	13.4	61.60	14.9		8.1			. 6		. 4
34	a	77	6300	2394		3402	316	126	203	36.0	3.88	103		6.20			7.8			. 6		ė
36 36	. !	46	4500	2790	0	1350	180	180	0 220	44.3	4.40	101	16.1	0.00	4.5		7.6	4.0				. 3
37	1	40 63	7700	4158	.0	3080	231	. 0	0 243		4.84		14.7	4.00		1.8						
39	2	47	6400 6600	2692 2640	84	2376 2970	0	432	0 208		4.22		13.6	2.50	1.6	7.6			0 3.4			. 7
40	ĩ	62	6000	2820	ŏ	2820	396 240	0 60	80 308 80 308			94	13.3	8.60			8.2					. 5
41	í	74	8300	5561	ŏ	2873	83	83	80 308 0 270		4.84	96 98	13.6 12.6	3.60° 3.40		6.6	8.1		10 3.2 30 4.7			. 2 . 5
42	2	38	8200	4810	ŏ	3198	246	246	0 203		4.32			3.40		0.0	8.0					. 7
44	1	37	6500	3900	Õ	1960	466	65	130 210		5.69	82	16.6	2.80		9.2			0 4.0			. 2
47	1	41	6000	2940	0	2520	180	300	60 163		4.48	102	18.5	3.50	4.6			4.1				
49	2	49	6600	1488	0	3676	110	276	55 300			87	13.8	2.90	• • •	9.4	8.8					•
61	2	41	8200	3690	0	3772	164	674	0 243	43.2	4.62	94	14.8	12.60			7.1	3.6			9	. 6
63	2	68	7000	3010	0	3430	280	210	70 183	40.9	4.30	96	13.7	1.30			7.3	3.7	70 3.E	1.0	10	. 1
64	2	63	4700	4002		2415	69	414	187		3.43	96			3.3	10.6	7.8				9	. 6
65 66	2	34 62	4700	3431	_	848	262	47	94 313			92	7.9			7.7		3.4				. 6
67	. 2	46	7000 7200	2240 3096	0	3990	210	490	70 235		4.17	93				9.6	7.6		30 4.0			. 1
71	2	69	8600	3870	ŏ	3168 4300	804 86	144 344	144 366			91							30 3.7			. 4
72	2	40	9700	5626	97	2910	388	582	0 213 97 380		4.03	96 96	13.6				8.2					. 1
73	ī	61	5900	2419	89	3009	413	0		48.8		93			4.2	15.3	7.8		00 3.7		10	. 4
74	2	49	8100	3402	81	3078	405	1134	0 310		5.22	88			7	10.0	7.6			-		. 1
76	2	44	13100	7860	131	3144	524	1834	131 298			91	13.0				8.3					. 5
78	1	43	6000	2040		3240	240	480	0 188			97			3.3		• • •	•				. •
77	1	67	7600	4788	0	1824	760	228	0 258	47.6	6.26	90	16.1	4.80			8.0	3.4	40 4.6	. 1	7 10	. 0
78	2	68	7400	3700	Ō	3404	148	74	0 405		3.96	103	13.9	6.40			8.1) .	
79	1	72	6300	4410	. 0	1449	316	63	63 178		8.20	95				9.8	7.4	3.1	BO 3.6	3 1.0	8 (. 9
86 86	Ţ	31 32	8800	4902	_	2838	518	344	238		4.96		16.5									
80	2	34	5500 5900	3026 3245	0	2090	220	110	66 276		4.10	82							90 3.7			
8	2	34	8200	3526	82	2301 3854	236	118	0 333			95			24 =		8.2					. 4
45	â	66	5400	2268	108	2322	184 324	492 324	82 280 0 316		4.40	93			24.6		7.8					. 8 . 9
48	2	38	6400	3778	64	8048	320	84	128 215			99 93					7.2					. 2
63	ã	40	9400	4612	Õ	4324	420	07	94 373		4.88	90			10.2		7.8		BO 4.2			. 8
70	ã	49	5400	2430	ŏ	1998	270	648	64 230				13.0						00 4.			. 8
_					•												J.,	•••	• • •	- • • •		. •

PID	BEX	AGE	WBC	PMN	BAND	LYMPH	COMPUT MONO	ER LIS	TING OF BASO PL				HGB	TSH	PRL	T4	TPR AI	B GLOB	A/G	CAL
2102	1	43	6900	3667	0	2622	447		90.70											
2103	i	70	6100	3172	306	1952	463 366	89 306		3 60.8 3 41.7		97	16.0 13.8					00 3.3	1.2	
2104	2	56	4800	1920	Õ	2400	226	96	48 29		3.93		12.3	6.40				90 4.0 80 3.4	1.4	
2106	1	78	8000	6592		2781	721	103	103 49		4.89	88		0.40				10 4.0	1.1	
2106	1	36	18700	10855	187	4176	1002	801	0 29		8.66		16.4						• . •	
2107 2110	2	58 80	14400	7776	Ŏ	4890	1008	676		3 44.1		91						70 4.1	1.1	
2111	à	36	8900 10800	3363 5184	0 118	1888 388 6	364 1080	295 324	0 34		3.63		18.3			, ,		90 3.9	1.0	
2113	2	37	6000	3480	60	1800	240	360	90 38:			84		•		•		60 4.9	. 9	
2114	ĩ	73	6400	3840	128	1792	230	256		5 40.9	5.12 8.30	82	13.1 14.4				7.6 3. 8.3 4.	90 3.8	1.1	
2117	2	87	9100	8187	0	2012	384	637		49.0		96					8.8 4		1.0	
2119	2	81	6300	3466	0	2142	252	378		8 43.6			14.1				8.1 4		i .o	
2123	j	46	7200	6112	. 0	1612	266	288	0 22			99					8.2 4	.10 4.1	1.0	
2126 2126	2	08 41	5400	2784	. 0	1728	894	216		8 48.0			15.2	3.00			_			
2129	2	60	7300 6700	3723 2144	0	3066 3016	148 670	292 804		39.9		90					7.8 4	20 3.4	1.2	
2130	ã	36	8300	3634	67	2883	661	2232		8 40.0 8 38.7			13.4 12.1				0 4 4	10 4 3	1.0	
2132	2	33	4500	2745	48	1215	136	360		3 42.4			13.3				0.44	.10 4.3	1.0	
2134	2	33	8300	5229	83	2490	186	332		8 41.0		89					7 8 3	.70 3.9	. 9	
2130	1	37	7200	3816	0	2592	432	360		8 47.4			15.0					.90 3.1	1.2	
2137	}	48	6100	3660	0	1789	305	366		5 48 8			15.6				8.7 4		1.1	
2138	a	38	10300	6180	103	2878	209	102	0 43		4.16		13.6					.20 4.3	1.0	
2139 2140	2 2	88 79	8400	1612	0	3528	448	112		8 43.8			13.8	5 .60				.00 3.8	1.1	
2142	ĩ	38	7900 10900	4774 6867	0	2079 3379	231	308		8 30.9			10.0					.60 3.6	1.0	
2143	i	36	5700	3591	67	1482	109 456	218		B 47.3 5 44.8		86	16.6				7.2 3	.70 3.8 .00 3.7	1.0	
2144	i	39	8400	4368	Ö	3612	420			0 63.7		98						.40 3.6	1.3	
2146	1	65	5400	3294	Ŏ	1408	432	162		9 48.0			13.9	2.00				.00 3.9	1.0	
2147	2	37	7300	4072	0	2263	292	73	0 31		4.56	89						.00 3.7	1.1	
2148	1	77	8100	4131	0	8826	810	243		3 39.3			13.2	3.90				.00 3.7	1.1	
2149 2160	2	41 46	6700 8300	2613 6063	0	3360	201	402	134 25				12.8				7.7 3	.90 3.8	1.0	
2152	•	60	5500	3248	110	2822 1375	249 275	166 496		B 47.1 D 48.0		96	14.6	1.00				.40 4.1	1.1	
2166	i	33	9300	0136		2790	93	279		5 49.2			15.8					.60 3.3	1.4	
2156	i	42	8200	3936	104	3690	410	- 0		0 66.7		98					7.04		1.4	
2168	2	62	6600	8240	0	3060	168	88		39.6			15.0				8.4.4		. 9	
2169	2	38	7800	3876	0	2964	380	280		D 42.9			14.3					.20 3.6	1.2	
2160	2	37	6800	2262	68	2494	890	580		D 48.4			14.9	8.10				.10 4.1	1.0	
2162	3	65	9200	3884	92	4140	0	1104		8 40.6			11.8	4.10				.60 6.3	.7	
2166 2166		43 70	8200 8600	3444 3840	0	3936	574	82		2 44.4				7 10				.30 4.0 .60 3.6	1.1	
2167	•	47	7100	3479	71	1344 2911	280 284	336 284		3 41.1 3 43.6			15.0	3.10				.00 3.4	1.2	
2171	<u>.</u>	38	8200	6412	'ò	8214	246	328		8 42 .3			13.4	. 50				.80 4.0		'
2172	2	48	6900	3804	ŏ	2563	207	207		3 44.8			13.7	2.30				.60 4.0	. 9	1
2174	ī	33	8800	6280	Ŏ	1848	1056	616		D 49.3			18.6					.40 3.6	_	
2176	ĺ	43	8800	3604	88	2584	478	204		D 47.8				1.20			9.5 6	.30 4.2	1.2	:
2182	2	86	6300	2173	0	2862	266	0		3 37.5			12.1	2.80			8.8 4	.60 4.3	1.0	1
2188	1	26	6700	2808	0	1710	684	827		0 60.3			16.3						_	
2189	2	69	8400	6300	168	924	840	168		0 21.8								.30 3.8		
2193	2	64	5600	3696		1824	. 68	224		3 31.6			10.4	2.60				.80 3.6	1.1	
2196 2196	2 2	67 71	6600 6600	3640 3300	130	2275 2310	130 198	260 792		3 41.2 8 40.6			13.6	2.10 10.00				.20 3.3 .40 3.9		
2196	2	34	7200	3168	72	3466	288	792	144 29					4.00				.20 3.7	iii	
2206	ĩ	62	9500	4465	.0	4780	285	. 7		0.47.8			13.7	1.50				.70 3.7		
	-				7			_					•							

							COMPUS	an													
PID	SEI	AGE	ABC	PMN	BAND	LTHPH	MONO	EOS	BASO P		BCT	RBC		HGB	TSH	PRL	T4	TPR A	LB GLOB	A/G	CA1.
2206	1	88	8500	4676		2975		100	150 0	40.4											
2207	1	36	7000	3010	0	3500	610	170 420	170 2 70 2		10.3		92 87	14.4					80 3.9	1.0	
2206	2	70	10800	0204	ŏ	3240	216	864	: = -		10.9		91	13.9 13.9					.80 4.2	. 9	
2209	8	30	9300	6766	93	8139	93	820		88 3	6.3	4 07	89	12.8					.60 4.5 .70 4.2	. 8	
2210	2	22	9800	7410	Ō	1620	478	96			9.9		95	12.4					3.70 4.2 3.20 4.0	. 9	
2212		67	8100	4636	0	2754	162	867			16.9		90	8.9	2.60				30 3.7	. 8 . 6	
2213	2	34	8300	3662	0	3984	240	418			9.0		89	12.6	.				5.80 4.3	. 9	
2216 2216	2	66	7600	3800	0	2736	380	684			17.6		84	14.7					3.70 4.4	. 8	
2217	2	67	9000	6210	0	2250	90	360			6.3		ăs	12.0					30 6.3	. 6	
2220	2	84	6600	2200	128	8640	132	330	132 2		14.1		99	14.2					3.70 4.9	. 7	
2221	2	6 8 8 8	8700	2100	67	3136	0	342	0 2		13.8		95	14.6					1.80 4.0	1.1	
2224	2	84	8700 7100	3192	0	1995	399	114			38.7		97	12.3	4.10			7.7 3	3.30 4.4	. 7	
2226	2	39	6600	4615 5005	312	1917	366	. 0			34.0		96	11.2				7.9 4	1.30 3.6	1.2	
2226	ā	34	5900	3658	130	978	66	198	2 2		38.1		90	9.4	0.00				3.30 4.3	. 8	
2227	ã	37	10200	6630	5 <u>9</u>	1862	298	118			38.8		86	12.1	2.00				3.30 3.7	. 9	
2228	ã	41	11600	6380	ŏ	2448 3828	012	408			17.0		74	9.1					3.20 4.2	. 8	
2229	2	6 i	8200	5248	82	2050	580 574	696			12.0								3.00 4.2	1.2	
2230	2	46	7200	4536	144	1872	72	246 578			11.1								3.60 3.6	1.0	
2231	2	34	8700	6666	87	1740	348	970			12.3 14.4		84 84		1.50				1.40 3.8	1.2	
2232	1	36	8800	3608	ò	3872	792	440			1.4			14.7	5.80				.40 4.2	1.0	
2233	1	33	8500	4506	85	3485	85	340			51.0				9.80			_	1.10 3.3	1.2	
2236	1	40	6700	3360	Ŏ	8814	67	402			18.8		92					8.7 4 7.8 4		1.2	
2236	1	44	9200	6488	Ŏ	3088	Ö	92			2.6		66					8.8	1.30 3.6 1.60 4.3	1.2	
2237	1	39	8300	2772	Ŏ	2961	378	63			2.5							8.0		1.2	
2239	2	36	6300	2703	Ō	8014	100	477			3.0		88		3.20			6.0	1.40 3.0	1.4	
2242	1	33	6700	2206	Ō	1863	399	288	_		31.3		93		J. 20			804	1.80 3.8	1.3	
2244	2	77	8000	8400	60	2050	80	450				4.09	. 50						5.70 4.4	. 9	
2246	1	22	7700	2695	0	3860	847	231			10. i		97					7.8		1.3	
2247	2	41	8200	4610	0	2706	738	240			39.6		92		•			7.7		1.0	
2248	2	48	8900	3916	0	2848	446	1613			8.0		83					8.1		1.1	
2260	1	43	8600	3784	0	3870	268	602			7.1							7.7		i . 6	
2261	2	38	10200	6426	0	2858	306	610			7.6		78	12.6				8.2		i ŏ	
2284	2	37	6600	3074	0	1740	174	696			14.3		74						3.80 4.6	. 9	
2266	2	22	7400	3922	0	2886	296	74	222 1	83 4	13.0	4.82	89	13.8					3.60 3.6	1.0	
2256 2267	2	38	6400	2044	188	2238	0	0	0 3	00 2	38.4	4.23	91	12.8				7.3	3.60 3.7	1.0	
2260	1 2	40 33	6900	4968	. 69	1280	276	138	69 2		16.6		62	15.8				7.9	4.40 3.6	1.4	
2261	ĩ	68	8300 8200	3486	100	3984	332	332			12.2		96					7.6	4.10 3.5	1.2	
2269	•	32	13200	3224 9372	104	1404	418	62			18.3		94						4.30 3.7		
2271	i	32	7900	2923	Õ	3036	660	132	132 2		8.7		97						4.40 3.2		
2273	i	33	7100	2414	0	3950 3905	711	316			8.6		90		3.60				8.00 3.6		
2274	i	32	7600	3268	76	3724	639 380	142			9.7		84		1.20				4.90 3.6		
2276	i	33	10200	3878	ŏ	5610	102	76 408			7 . 8		87						4.80 3.6		
805	ž	33	7800	4524	234	2108	312	624			3.0		92						8.80 4.0		
812	ã	32	8500	6290	1360	425	340	86			88.4	3.30	88 93					6.7	3.20 3.6	. 9	
816	ã	37	6200	2704	.000	1924	104	416			32.2		82					87	3.70 3.0		
821	ã	38	0	2.04		1007	107	710	0.4 1	ט טד	7 m . m	U. BO	04	11.1				8.6			
823	ĩ	43	6700	4288	0	1943	201	201	67 1	AB 4	12 8	4 48	95	14.4				7.0			
825	ā	48	7000	2660	ŏ	4060	280	-0.			9.7		86					8.0			ı
826	ã	60	4400	2200	132	1320	398	352				4.29	92						4.00 5.2		
829	8	49	6800	3468	Õ	3060	204	0			86.0		93						3.80 4.6		
830	1	48	6800	4964	204	884	204	644				4.39	97					7.2			
831	1	48	9300	3534	Ö	4887	668	372	279 3					18.8					3.70 4.6		
				-										.					· · · · · · · · · · · · · · · · · · ·		

DIA	821	AGE	VBC	PHN	BAND	LYMPH	COMPUT	TER LIS	TING C			AW DA RBC		нgв	TSH	PRL	T4	TPR ALB GL	OB A	./G	CAL.
832	2	49	6400	2692	0	2538	162	108	0	328	37.8	4.63	82	12.8				7.6 3.90 3	7	.0	
833 834	1	64 63	8500 6300	1980 4221	ō	3025	330	110	56	346	44.5	6.16	86	14.5				7.6 3.90 3		1.1	
835	å	63	93 00	3288	0	1764 6394	189 188	128 372			48.7								_		
840	1	68	8800	4664	ŏ	2376	704	1088		198		6.82	80	16.1 15.2				7.8 3.80 4 8.1 4.10 4		.9 1.0	
841 843	2 2	64 68	9700	6432	97	2910	873	388	0	263	36.3	3.90		12.3				8.2 3.70 4		. 8	
844	2	68	8500 8200	2640 2808	0	1980 2028	388 384	440		236		4.26	96					7.3 3.30 4		. 8	
846	ĩ	67	9100	4459	ŏ	3822	728	9) 9)			38.0 42.0		95	12.7 13.6				8.6 4.00 4		. 9	
848	2	63	1800	306	Ŏ	1386	Õ	54				1.98	108	6.4				7.3 3.70 3	. 0	1.0	
861 863	2	77 36	5400	8764	64	2106	108	108	0	293	36.8	3.87	97	10 7				7.8 3.60 4	. 2	. 9	
864	i	80	6500 6400	3056 2944	0	3055 2816	260 192	85 448			64.0		98	17.6				7.8 3.70 4	. i	. 🛭	
865	ā	62	6800	2924	ŏ	3264	408	204	_	228 220		5.06 4.84		14.3 14.3	2 40			7 8 4 20 3	a 1	2	
867	2	68	7300	2774	73	4161	148	73	73	343	48.2	6.06		16.7	4 . 10			7.9 3.80 4	. 3	. 8	
881 882	1	54 54	8400 8000	4704 4000	0	3444 2880	188 80	0			42.4			14.0				7.8 3.80 4	. 3	. 8	
883	i	76	7000	4000	U	*000	80	1040	U	270	46.0	6.69	83	16.0				7.8 3.70 4 7.8 4.20 3 7.9 3.60 4 7.8 3.60 4 7.6 3.60 4	.0	. 9	
888	2	67	10000								46.0										
891 896	2 2	38 47	8500	2990	.0	3066	130	260		363		4.93	95	14.8				7.6 3.60 4	. 0	. 9	
911	2	34	3900 5600	2808 3762	39	686 1232	273 188	78 392	117	308	39 0	4.30	01	13.1				~ 5 7 60 7	~		
914	2	62	9800	4214	ŏ	4018	392	1078			34.1			11.2				7.5 3.80 3 7.3 3.80 3		. 0 .	
917	į	66	7000	4200	70	8290	70	280	0	238	39.6	4.49	86	12.4	3.00			6.9 3.40 3		1.0	
919 920	1	38 88	6100 6200	2142 2294	0	2193 2976	510 186	163			42.4			13.7					. 8	. 8	
928	à	74	6300	4821	441	1260	262	744 126		178		4.84		16.6 10.6				8.8 3.90 4 9.0 3.70 6	. 9 . 3	. 8 . 7	
931	1	33	13200	7888	Ŏ	4356	792	396				8.90		19.6					-	1.3	
932 934	2 2	62 62	7600 6100	4070 2808		2664	148	818				4.09		12.7				8.1 3.70 4	. 4	. 8	
938	2	84	6400	4224	81	2379 1664	0 64	183 384		306		5.48 4.63	84 89	14.3 13.1				7.9 3.70 4		. 9	
939	1	41	8500	3656	ŏ	4250	ŏ	426			43.6			14.8					. 4 . 8	. 8 1 . 0	
942 943	ą	72	4900	2205	0	2548	147	147		218		4.04		12.9	3.00			~ 4 = ~ ~ -		. 9	
944	1	65 62	9400 6000	4140	0	1700	100	0.40		203	•• •										
955	à	36	6400	3712	64	1320 1728	180 286	240 678				5.65 4.12		16.4 12.8				7.6 4.40 3		1.4	
968	2	77	7400	3996	74	2980	148	222		313		3.80		11.8				7.8 4.00 3 7.4 3.90 3		1.1 1.1	
958 959	1 2	66 37	8900	3827	178	8738	368	712			38.7		92	12.4				7.9 4.30 3	_	i 2	
980	2	36	6700 13100	3016 7338	67 131	2077 4978	268 262	1139		403	40.5	4.58		13.8				7.2 3.90 3		1.2	
986	2	43	7800	4788	162	1872	304	884				4.87	86	12.8 12.6				7.9 4.00 3		1.0 1.0	
986	j	55	6000	2900	. 60	1660	100	400	0	193	40.0	4.26		13.0				7.8 4.20 3		1.2	
971 977	1 2	44	7800 8100	3354 3645	78	3510	466	390		373		6.28		18.4				8.7 6.20 3	. 5	i . 6	
980	2	34	11400	7182	81	2916 3420	243 468	1134 228	114	273		6.19	89	15.1 14.0				8.6 4.20 4	. 4	. 8	
981	1	33	4400	2288	ŏ	1892	132	88	•	195		4.77		15.0				7.7 1.00 3		1.1	
998 1001	2 2	39 53	9300	5952	93	2790	372	93		168		4.39	91	13.4				7.2 .34 3	. 8	. 9	
1007	ī	78	6700 6100	3149 2764	0	2814 2091	636 153	201 102		323		8.28 4.38	84 91	14.4 13.5				8.2 4.40 3		1.2	
1500	1	66	6100	3843	ŏ	1891	244	122			34.8			13.5	1.40			7.6 3 7.7 3.80 3		1.1	
1519 1520	1 2	44 50	6900	3381	0	2622	483	346	89	266	45.8	6.04	91	15.8				7.6 4.20 3		1.3	
1524	ī	44	6100 10100	1962 2828	0	3699	388 202	122				4.87		14.3				7.3 3.90 3	. 4	i . 2	
1525	2	43	6900	3933	69	8888 2553	202	101 138	101	313	47.8	4.27	91 93	16.1 13.0				7.8 4.40 3	. 4	1.3	
				_			•	•••	•	J. J			-0					7.4 3.80 3 7.8 4.40 3 7.8 4.00 3 7.9 4.30 3 7.9 4.00 3 7.9 4.00 3 7.9 4.00 3 8.6 4.20 4 7.7 4.00 3 7.2 4.30 2 8.2 4.40 3 7.6 3 7.6 4.20 3 7.7 4.00 3 7.7 4.00 3 7.8 4.20 3	. 4	1.2	

PID	RTT	AGE	MBC	DWW		•	COMPUT															
	004	AUD	# BC	PMM	BARD	LYMPH	MONO	EO8	BABO	PLT	ECT	RBC	MCV	HGB	TSH	PRL	T4	TPR	ALB	GI.OB	A/G	CAI.
1628	1	66	8100	4898	0	2511	0.45															
1829	ĭ	39	11600				243	887			35.8			12.7				7.6	3.80	3.8	1.0	
	:			8004	110	2784	232	404	0	183	49.1	6.87	88	16.3				7.4	4.30	3.1	1.4	
1841	2	69	6800	2262	0	3016	174	290			40.8			12.6						3.6	i 2	
1842	2	33	9100	6096	0	3367	646	Ŏ			41.7			14.3								
1846	1	73	9900	3306	ŏ			-												3.2	1.2	
1648	i				_	8448	99	891			47.2			16.0				. 7.2	4.0	0 3.2	1.2	
	•	48	12000	4660	180	2880	480	3120	120	293	41.1	4.60	91	13.2				7.8	3.7	9 4.1	. 9	
1662	1	67	8800	3878	0	2636	195	195			40.4			14.8	1.90					4.6	1.3	
1863	1	38	10000	5300	100	3700	600	200			39.4				1.00							
1656	á	44	8300	6063	_									13.9						3.6	1.4	
1008					.0	2056	418	166			48.5			15.6				7.8	4.2	0 3.6	1.2	
	•	42	4100	8009	82	1868	205	846	0	288	40.2	4.07	99	12.9	6.30			7.4	4.0	0 3.4	1.2	
1666	2	36	6200	2366	0	2728	682	372	82	948	44.6	4 86		14.0	2.40					3.6	1.0	
1668	2	34	9000	4080	180	4410	270	90			40.3											
1883	1	80	6000	2820										12.4						3.9	1.0	
1884					60	2940	60	130			47.8			16.1				8.0	4.4	0 3.0	1.2	
	2	38	8200	2826	0	3116	246	902	0	323	40.1	4.42	90	13.8				8.0	3.9	0 4.1	1.0	
1886	2	- 36	9600						_		37.0	• • • •						• • •		- •.•		
1870	2	85	8800	6072	0	2200	264	004	_			4 00	٠.								_	
1672	1	38	7400					284			46.4			14.3						D 8.9	. 9	
1673	:			3662	370	2690	666	148	148	218	60.7	5.21	97	16.8				76	4.3	03.2	1.3	
		38	7800	3626	0	2200	626	160	0		50.2	5.28	98	17.4								
1877	2	30	10400	6616	208	3744	416	410	ŏ	388	46.8			13.8					4 0	0 4.4	١.	
					200			-10	U	550	TU. U	T. 00	•	10.0				0.0	7.4	U 11.11	1.0	

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PID	SEX	AGE	WBC	PMN	BAND	LYMPH	COMPUT	ER LIS	TING C						нgв	тѕн	PRL	T4	FBS	HBAIC
2	1	34	8200	4592	0	2542	104	000								V - 40	•		¥ =	
3	i	34	0.00	1002	U	2012	164	820	82	220	43.9	4.	54	97	16.2	44.90		14.8		
4	1	71	5800	1972	68	3421	290	0	58	270	43.1	. 6	nα	88	16.6	1.50			229.0	16.7
5	j	34	5400	1944	0	2638	848	324			44.3				14.0					
7	1	67	6100	1525	0	3782	849	183			39.2				13.1	•••••		18.3		
10 8	1	63	8800	6280	0	2904	264	284	88	178	43.9	4.	69	96	15.0	1.60				
12	å	56 49	8800	4556	. 0	1836	272	0	136		40.0				16.1	.20		8.3	131.0	8.6
i 4	2	87	8900 7100	2006 3063	118	3840	177	59		290				92	13.3	1.80				
is	ā	40	11200	6272	. 0	3763 3136	213	71		830					12.9					
18	ī	72	6100	2867	. 61	2867	784 308	0			41.0				13.2	3.40				
17	2	38	8100	4293	ö	3402	81	324	-		40.6			74 89	13.4	. 30				
18	2	64	8800	3400	ŏ	2684	204	612	ŏ	255	38.3				13.2	2.10		14.2		
19	1	38	9100	6916	Ŏ	1729	384	0.0			41.0			74	14.4				92.0	
20	1	39	9000	4600	0	3330	460	630		276	48.4			89	ie. i	1.10		10.2		
21	2	36	5200	3638	0	1456	104	104			33.4			85	12.1	• • • •				
22 23	2	48 38	5300	2703	0	2120	318	106		300	37.1		87	96	13.2				106.0	
24	1 2	48	7200 6600	2600	0	3384	72	144	.0		48.0				15.0					
27	î	69	9900	2310 3861	0	3564 4059	694				42.6				13.8					0.5
33	à	34	6600	3432	ő	2970	594 132	1386 66	_	146	43.4			100	16.8				106.0	9.8
34	2	77	8800	6332	ŏ	2838	258	0		320 240					13.1 12.6	32.80 10.00				
36	ĩ	40	6300	2394	. ŏ	3213	630	63		220				94	12.6					
37	1	63	5500	1980	ŏ	3080	55	330	_					97	14.1	2.10				
39	2	47	7100	4473	Õ	2343	71	Õ	213					96	13.6					
40	1	62	8100	3807	0	3888	324	81			39.6			96	13.7					
41	1	74	6700	4388	0	1675	636	134	0	206	40.6	3 4.	27	96	13.1	3.40				
42 44	ą	36	11000	7160	220	3410	110	0	110					108	12.6					
47	1	37 41	8400	2856	0	4116	262	1008	168		42.1			85	14.4			8.7		
49	ż	49	8300	3403	0	4087	498	166	186	230	44.4	1 4.	32	103	16.6					
61	2	41	7600	1484	0	2888	0	808			46.3		^_	00	18.6	1.60			349.0	
63	2	68	6500	3640	ŏ	2275	195	196		280		3 d.			13.6				103.0	
64	2	63			·			100	•	-00	00.				10.0	80.00			.00.0	
86	2	34	7100	4618	0	1704	639	0	142	270	30.0	3.	87	93	11.9					
66	2	62	7100	3063	71	3337	284	284		248					13.0					
67	8	48	6600	3696	0	2178	462	198		260				94				9.2		
71	2	59	7400	4614	74	2368	74	370	0		38.4	1 4.	08	94	13.0	2.80				
72 73	2	40	6700	2691	67	1824	228	0	0	276				87						
74	1 2	81 49	10900	3894	ŏ	2244	264	198	. 0	206				94	18.2					
76	2	44	10400	8608 8408	0	4033	646	646			43.9			89	18.2					
76	ī	43	8300	2324	ő	3840 5478	416 249	936 166	0	320	40.0			93 96			•			
77	ī	67	0000		·	0410	410	100	00	040	30.1	.	70	90	10.0	1.90				
78	ā	68	8500	4080	0	3400	680	340	0	235	40.6	8 4	26	98	12.0					
79	1	72			. –			• • •	•		••••	•		•		1.60			137.0	3
83	1	32	8500	1560	0	4095	130	715	0	176	48.	1 4.	77	101	16.6					
86	2	32	6600	4160	0	1495	325	390	130	240	37.	8 4.	88	83	12.2	2.40				
6	1	34	8700	2793	0	2223	570	67			41.			94						
8 45	2 2	34 65	11300	7910	0	2938	113	339			42.				14.					
48	2	38	7400 8300	4810	74	1924	222	618	74		36.		78	96						
53	2	40	0300	2809	63	2173	106	63	108	250	37.	7 3.	83	98	13.3					
70	2	49	4800	2400	0	1920	48	432	Λ	178	37.	۱ ۵	44	R.4	12.4	. 80				
	_	••		W 100	U	1020	70	704	U	110	37.	. 7.	77	07	10.0	• .				

PID	SEX	AGE	WBC	PMN	BAND	LYMPH	COMPUT MONO	ER LIS	STING OF 1 BASO PLT	987 R			нgв	TSH	PRL.	T4	FBS	HBAIC
81	2	41	8100	3645	0	3159	162	1053	81 218	40 0	4 34	92	13.4	. 60				
2102	1	43	8100	3888	Ō	2910	891	243	162 306			96	15.6	1.40			67.0	
2103	1	76	18800	12600	672	2520	604	336	188 278		3.98		13.2	1.20			88.0	
2104	2	56	6900	3422	Õ	1829	821	118	Ö Sie	39.2 44.6	4.11	95	13.0	6.00		5.4	121.0	9.4
2106 2107	1	78 68	10800	8804	0	2700	766	840	0 406			90	14.4	. 30			•	
2108	7	43	16200 6900	9202 4209	207	0906 2208	486	884	104 420			89	18.4	8.80			164.0	
2110	i	80	7300	3723	207	2701	138 368	138 365	0 376		4.83	89	18.3	2.10			96.0	
2111	à	36	21700	16275	ŏ	3038	1302	1085	73 335 217 165	47.0		104	12.3	3.10				
2113	2	37	8900	4183	ŏ	4272	267	178		44.5		83 82	16.5 14.9	3.00 1.90			274.0	10.8
2114	1	73	8200	5882	82	1640	240	184	246 220				14.4	1.60			280.0	
2117	2	67	11200	6152	0	6040	336	448			4.69		14.7	3.40			221.0	
2119	2	61	8600	4816	0	3364	172		0 196				13.7	1.60				
2126 2129	2	41	7800	6168	0	1660	0	0	78 340		4.22	91	12.8	. 70	•			
2130	2.	50 35	7400	4884	74	1664	370	370	148 286				12.0	2.90			363.0	10.0
2134	2	22	6100	3660	. 0	1982	122	366	0 240	35.0	3.87	90	12.0	1.00	12.1			
2136	ī	37	7100	2911	0	3650	366	284	0.000	48 6	4.74	^~		1.40				
2137	i	48	6600	8446	ŏ	2000	198	196	65 290			93	15.1 13.6	1.60 1.60				
2138	à	38	7500	5400	ŏ	1878	300	150	0 300		3.47		11.2	1.30				
2139	2	88	6000	3660	Õ	1880	300	360	0 426			94	12.4	4.00				
2140	2	79	5700	3708	0	1539	285	171	0 260			91	9.9	8.40				
2142	1	38	8200	4428	0	2542	984	184	0 230	42.3	4.47	96	14.8	1.90				
2143	1	36	14700	8232	0	6174	. 0	147	147 336				16.0	3.40			92.0	9.7
2145 2148	•	66 77	6200 6500	2860	Ō	1768	260	208	104 276			. 98	12.5	2.00				
2149	<u> </u>	41	7600	3055 3800	0	2730 3110	390	196	130 226		3.94	94	12.6	4.30				
2160	7	46	8400	5208	ŏ	2436	76 588	456 168	152 280	47.8	4.03	89 85	12.3 16.8	. ~~			080 0	
2162	i	80	6100	4331	ŏ	1464	244	61			4.38	94	14.8	1.70 1.30			256.0 79.0	
2153	i	34	6600	2586	ŏ	2200	440	166	110 205		6.06	82	14.0	2.80			70.0	
2165	1	33	6900	2068	0	8360	354	118	0 816		6.11		14.9	1.00			100.0	9.4
2156	1	48	6100	2196	0	3699	244	0	61 870		6.24	96	17.4	. 90			89.0	
2168	2	62	6400	2752	. 0	2944	384	320	0 263		4.87	90	13.3	1.70				
2159	2	38	7400	4202	333	2220	692	74	0 490		4.88	88	14.9	1.90				
2160 2162	2	37 66	6500 11100	3448	Ō	2340	650	85	0 300		4.72	90	14.4	8.50			233.0	10.6
2166	- ī	70	10800	7659 5508	216	2331 4762	888 216	111 324	111 290		4.13	86	12.3	4.30				
2167	i	47	10300	6263	- 10	4120	824	103	0 216		6.00 6.08	92 88	15.4 15.5	3.60 1.10				
2170	ī	74			v	*,=0	084	100	0	77.0	0.00	00	10.0	1.10				
2171	2	38	8300	6312	. 0	2673	332	0	83 236	40.2	4.48	90	13.4			10.3		
2172	2	46	6400	3136	0	2024	448	128	84 440		4.57	89		. 40			208.0)
2174	1	33	9000	6490	0	2430	720	180	180 280	46.6	5.16	90		1.80		8.4		
2176	1	43	7300	3869	0	2993	365	73	0 255		4.62	95	15.1	1.40			167.0	11.2
2182	ą	86	5500	3190	0	2255	0	0	55 280		3.66	94		2.90	19.9			
2188 2193	, i	36 64	10500 5700	7875	0	1890	736	0	0 316		6.38	94		1.70				_
2195	2	67	5700 5700	3819 2907	0	1539 2394	114	228 228	114 320		3.38	92		3.70			87.0	,
2198	2	71	7100	4189	ŏ	2789	71	71	67 370 0 310		4.49 4.20	84 87		1.20		9.4	124.0	8.0
2197	ā	34	6700	3484	ŏ	2680	134	268	134 23		3.74	93		1.30			1.53.	, 0.0
2205	1	62	8000	4240	ŏ	2960	880	240	0 350		6.32	85		1.00			207.0	10.1
2208	1	86	8000	3060	0	2100	600	240	0 240		4.49	90		.90			~	••
2207	1	38	8000	3040	0	3760	400	720	80 220		6.33	84	16.0	1.80			181.0	10.3
2208	2	70	10100	7777	0	1717	101	404	101 260		3.98	91		6.60			289.0	13.9
2209	2	38	8400	4636	. 0	3444	84	336	0 370	37.1	4.18	59	13.1	1.50				

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PID	SEI	AGE	WBC	PMN	BAND	LYMPH	COMPUT	ER LIS	TING O	F 16	987 R/			HGB	TSH	PRL	T4	FBS	HBAIC
833	•								220			RBC	mC V	aua	154	FKL		100	HDATC
834	1	54 53	5000 6700	1750 3685	0	2950	50	100	0	300	44.2	6.23		14.6					
836	ż	83	6200	2418	ö	2546 3348	336 248	134 62	0,0	200	48.0	4.00		18.0					
838	ĩ	84	7100	8834	ŏ	2982	71	213	123	933	43.1 48.8	4.49		18.0		•		218.0 89.0	
839	2	89	9900	2073	99	6336	693	99	ŏ	210	42.2	4 R2		16.0 15.1				114.0	
841	2	84	10900	7987	Ō	1982	872	327			36.1		89	12.8	1.80			109.0	
843	8	68	7200	3024	144	2808	360	804			30.2			13.0				.00.0	
844	2	68	6400	2628	0	2638	182	162	0	210	41.2	4.41		12.8					
846	1	87	7400	4218	0	2220	740	222	0	196	47.0	6.08		14.3					
861 867	2	77 88	6200	3906	0	1922	186	310			33.3		99	11.9				169.0	
861		84	6800 7700	2682	ŏ	4012	0	130			42.5	4.69	91	14.1				187.0	
882	•	54	6200	4620 3688	0	2156 1984	616	184			44.4			13.9				118.0	
883	i	75	8800	2584	ŏ	3672	434 408	124 136		200	42.6			14.8				108.0	7.1
888	à	67	7500	3976	ŏ	3225	225	100			42.8 39.7	4.24	101	14.3	3.40				
891	2	38	7400	4218	ŏ	2960	74	148			35.4		90	13.8 12.1					
896	2	47	7100	8124	Ŏ	2698	710	888			37.2		87	12.8					
909	2	37	8100	8240	0	3888	406	488				4.29	94	13.4					
911	2	34	5800	2610	. 0	2610	232	174			43.0		90	13.3					
912	1	34	7600	3344	0	3268	466	466			40.2		87	14.0					
914 917	ą	52 66	9500	6080	Ŏ	2378	0	1048		295			88	12.7					
920	1	66	11500 8800	7016	0	3680	878	116			32.7		82	11.7				152.0 139.0	8.0
922	á	62	12100	4762 4719	88 121	3608 6171	264 242	88					94	14.6				139.0)
926	ã	36	5900	4028	·	3293	- 39	847 801		390	30.5 39.3		93 83	13.2 13.1					
926	2	74	4700	1833	ŏ	2256	Õ	611	ő	218	29.7	2.00	99	10.2					
931	1	33	6100	2295	Ŏ	2142	459	163		298			99	16.3					
932	2	62	8000	3920	0	3120	320	480		308			97	11.8					
934	2	62	7500	2850	150	3378	460	378	300	396	43.1	5.01	86	14.6					
938	8	64	7800	4308	0	2808	390	234		176			86	13.0	3.70				
939 941	1	41 86	8900	6408	ŏ	1958	266	366	178			6.01	82	16.0					
942	2 2	72	6900 4800	4278 2266	0	2416 1988	69 288	0	138			4.14	93	12.6					
944	7	62	8100	3402	ŏ	3402	810	288 486			36.0 43.6		93	12.3			10.8	91.0	8.2
955	à	36	6300	3087	ŏ	2772	63	378		220			84 95	18.4 12.8					
958	ĩ	56	10500	5670	210	3266	316	948		326			91	12.4					
960	2	36	11900	7378		3689	595	119			34.3		90	11.8	•				
963	1	69	9100	8278	Ō	3185	91	646		240			92	14.6					
966	2	43	8900	6840	0	2681	267	712	0	346			89	12.6	2.40				9.6
986	1	66	7900	6461	79	1501	316	474	79	500	30.7	3.76	98	12.4					
969	1	69	8800	5896	0	2288	264	382		212			98	13.8					
970	ą	73	7400	4144	Õ	3034	. 0	74			25.8		98	8.8					
971 980	2	44 34	7700 8700	3927	Ŏ	3003	154	308			43.4		87	14.2					
981	ī	33	6700	2337	0	2907	171	228	67	340	41.8	1.01	90	13.9	. 90				
993	å	40	6200	1736	. 0	4030	310	62	82	316	40.7	4 04	88	14.0					
998	2	39	6700	4020	ŏ	2348	201	134			41.0		89	14.2				218.0	9.2
1001	2	53	7800	5226	ŏ	2262	234	78			44.3		82	15.1	,			#10.U	
1007	1	78	6000	3960	ŏ	1740	180	120	0	260	38.8	4.06	90	12.6			13.6	124.0	7.5
1036	į	36	6700	1787	0	3363	613	57	0	320	48.7	6.88	86	16.8					
1600	į	56	10000	6200	0	8700	900	100	100	370	41.7	4.67	89	13.1				120.0	
1619	1	44	8900	9820	Õ	2492	178	.0			46.8	4.90	93	16.7					7.1
1620 1624	2	86 44	8300	5229	0	2739	88	83			41.0		86	14.3				287.0	10.3
1047	Ţ	77	10200	8871	0	4017	206	206	U	225	44.1	4.55	96	15.1					