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September 22, 1969

Dr. Robert A. Conard
Medical Department
Brookhaven National Laboratory
Upton, L. I., New York 11973

BEST COPY AVAILABLE

Dear Dr. Conard:

I am writing to confirm our telephone conversation regarding the diagnosis on the recent thyroid specimens from the Marshallese.

I am in agreement with the diagnoses of Dr. Warren and Dr. Reid.

1. ( ) - Mixed papillary and follicular carcinoma (left lobe) with lymph node metastasis. Adenomatous goiter.
2. ( ) - Adenomatous goiter.
3. ( ) - Follicular carcinoma (right lobe). Adenomatous goiter.
4. ( ) - Follicular carcinoma (right lobe). Adenomatous goiter.
5. ( ) - Adenomatous goiter.

I am forwarding the slides as well as the copies of the histories and operative notes to Dr. Lou Woolner at the Mayo Clinic, as you suggested.

Sincerely yours,

William A. Meissner, M.D.

WAM/emo

cc - Dr. Woolner
Dr. Dobyns
Dr. Reid
Dr. Warren

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September 26, 1969

William A. Meissner, M.D.
New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

Dear Bill:

I have examined the thyroid sections on the Marshallese and my diagnoses are listed below. I have not attempted to include accurate statements as to size or multiplicity of lesions.

1. (, - Left lobe: Infiltrative grade 1 papillary carcinoma with cervical nodal metastasis. The carcinoma is mixed papillary and follicular in structure. Remainder of thyroid: Multiple macrofollicular adenomatous nodules.

2. ( ) - Right lobe: Degenerating follicular adenoma. Left lobe: Multiple macrofollicular adenomatous nodules.

3. ( ) - Right lobe: Encapsulated grade 1 follicular carcinoma with capsular and minimal vascular invasion by tumor. Remainder of thyroid: Multiple fetal adenomas.

4. ( ) - Occult papillary carcinoma, invasive, with predominantly follicular structure. Remainder of thyroid: Not remarkable.

5. ( ) - Multiple macrofollicular adenomatous nodules some of which show a prominent papillary component.

I note that I am in essential agreement with your diagnoses. Thank you for letting me see this interesting material. I am returning the slides to Dr. John Reid as you requested.

Kindest regards,

Lewis B. Woolner, M.D.

LBW:js
cc.: Dr. Conard ✓
Dr. Dobyns
Dr. Reid

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CANCER RESEARCH INSTITUTE
NEW ENGLAND DEACONESS HOSPITAL
185 PILGRIM ROAD
BOSTON, MASSACHUSETTS 02215

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September 17, 1969

Dr. Robert A. Conard
Medical Department
Brookhaven National Laboratory
Upton, L. I., New York 11973

Dear Dr. Conard:

In confirmation of our telephone conversation this morning, I have arrived at the following diagnoses on the slides from the Marshallese.

a 34-year-old female from Utirik who received only 36 R, shows a well-developed follicular carcinoma with capsule invasion suggesting origin from a preexisting adenoma. In some foci there is tumor in the thyroid tissue without any evidence of a preexisting capsule. There is also evidence of blood vessel invasion.

, 22-year-old male from Rongelap, shows a mild adenomatous goiter.

22-year-old female from Rongelap, shows mild adenomatous goiter.

, 36-year-old female from Rongelap, shows mild adenomatous goiter with one sclerosing focus that I have been unwilling to call carcinomatous but should be studied further. It may ultimately prove to be carcinoma.

21-year-old female from Rongelap, shows papillary adenocarcinoma with metastases to lymph node. The nonneoplastic portion of the thyroid shows evidence of mild adenomatous goiter. There are metastases to lymph nodes from the left lower pole of the thyroid, the left upper pole and upper cervical lymph nodes and cervical lymph nodes at midportion of radical neck dissection.

Sincerely yours,

[signature]

SW:RM
cc.: Dr. Brown M. Dobyns
Dr. John D. Reid
Dr. William A. Meissner

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CANCER RESEARCH INSTITUTE
NEW ENGLAND DEACONESS HOSPITAL
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September 22, 1969

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Dr. Robert A. Conard
Medical Department
Brookhaven National Laboratory
Upton, L. I., New York 11973

Dear Bob:

On further study of the slides from , I have come to the conclusion that this is indeed a carcinoma. This provides a startlingly high incidence of carcinoma in this group of cases recently operated upon.

In view of the relatively high incidence of thyroid cancer known to exist in Japan and the recently reported high incidence in Hawaii, additional studies of controls are essential.

Dr. Meissner and Dr. Gates have looked at these cases individually and agree as to final diagnoses.

Sincerely yours,

Shields

SW:RM
cc.: Dr. Brown M. Dobyns
Dr. John D. Reid

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