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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., 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.

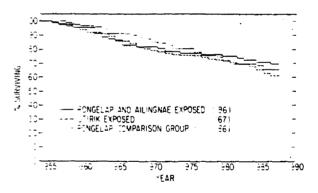


Fig. 1: Percent survivors of the different exposure groups since 1964. The number of persons in each group are given in the parentheses.

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 proce-

dure 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 abnormalitites 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.

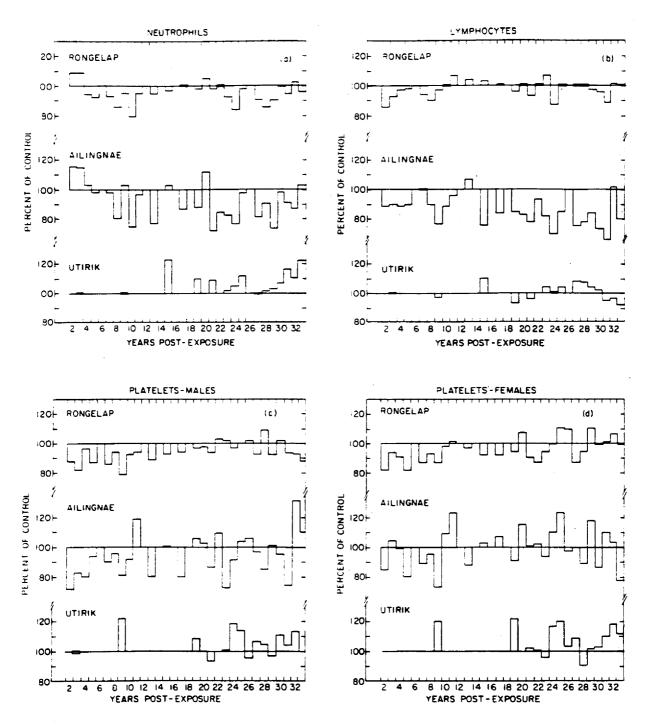


Fig. 2: Annual mean blood cell counts of the different exposure groups (age 5 years or more) expressed as percent of control, beginning two years after exposure. Values for both sexes are grouped for neutrophils and lymphocytes. Detailed annual observations, including blood cell counts, on the Utirik 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	$7392 \pm 1955 (n=96)$	$6731 \pm 1775 (n=48)$	$7985 \pm 1957^{\circ} (n=100)$
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 ± 1131	2811 ± 981	2691 ± 927
1987	2972 ± 950	2915 ± 863	2749 ± 1054
MONOCY	TES		
1985	309 ± 168	229 ± 127°	321 ± 177
1986	294 ± 189	301 ± 169	361 ± 251
1987	323 ± 240	307 ± 203	429 ± 311°
BASOPHI	LS		
1985	12 ± 35	18 ± 38	12 ± 32
1986	40 ± 57	47 ± 59	60 ± 74
1987	53 ± 70	53 ± 58	63 ± 71
EOSINOP	HILS		
1985	261 ± 216	284 ± 207	273 ± 238
1986	365 ± 426	297 ± 310	343 ± 322
1987	310 ± 267	293 ± 326	238 ± 239
		250 = 020	200 1 200
PLATELE'			
1985	$261 \pm 75 (\text{n}=38)$	$242 \pm 57 (n=20)$	$271 \pm 51 (n=45)$
1986	$252 \pm 54 (n=33)$	$240 \pm 43 (\text{n}=24)$	$289 \pm 66^{\circ} (n=43)$
1987	$266 \pm 76 (\text{n}=35)$	$240 \pm 54 (\text{n}=20)$	$266 \pm 55 (n=41)$
PLATELE	rs, women		
1985	$271 \pm 61 (n=56)$	$277 \pm 66 (n=28)$	$299 \pm 72 \cdot (n=55)$
1986	$276 \pm 71 (n=44)$	$291 \pm 84 (n=30)$	$328 \pm 81 \cdot (n=55)$
1987	$273 \pm 67 (n=47)$	$261 \pm 51 (n=28)$	$308 \pm 73^{\circ} (n=49)$
HEMOGLO	DBIN, MEN		
1985	14.5 ± 1.4	14.8 ± 0.8	14.9 ± 1.2
1986	14.9 ± 1.6	14.7 ± 1.0	15.3 ± 1.3
1987	14.4 ± 1.1	14.6 ± 1.1	$15.2 \pm 1.3^{\circ}$
EMOGLO	DBIN, WOMEN		
1985	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

^{*}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
2251 - 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	-	· ·	-	l
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%).

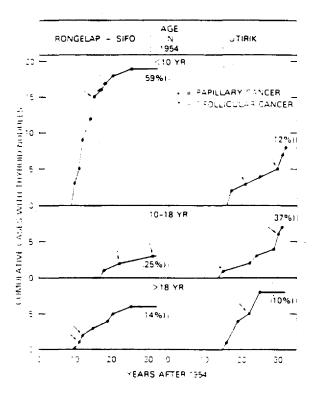


Fig. 3: The accrual of cases with thyroid nodules and thyroid cancer in the exposed Rongelap population as a function of age at the time of exposure in 1954. The <10 year group includes exposure in utero. Two cases of thyroid atrophy without nodule formation (2 Rongelap boys, <10 years of age) are excluded.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

3

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

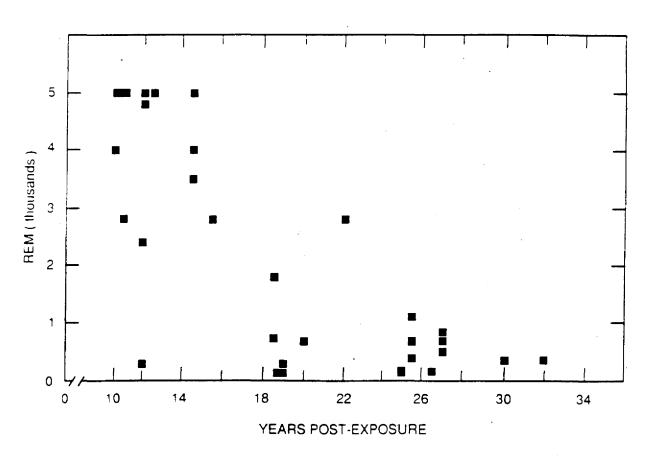


Fig. 4: The time required to develop adenomatous nodules following radiation exposure appears, in this graph, to be dose-related. However, the thyroid-absorbed radiation dose was highly dependent on the age at exposure.

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	44
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-

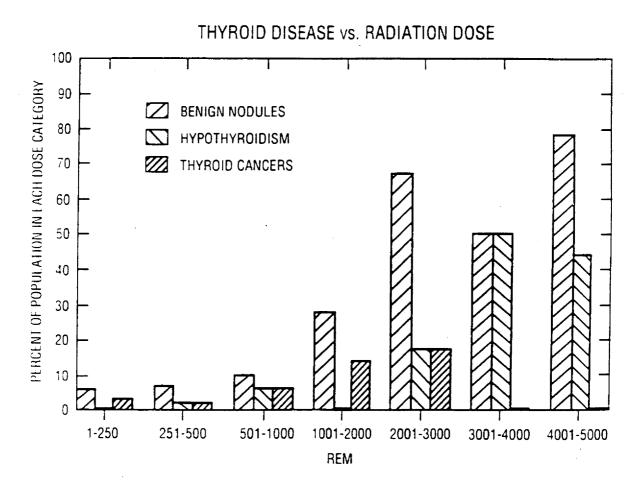


Fig. 5: Thyroid-absorbed radiation dose vs. benign thyroid nodules, carcinoma, and hypofunction.

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 overall 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 dving 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 all 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	IPARISON 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
9 75	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
68	1 974	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
15-1 9	13	0
20-24	10	1
25-28	9	0
Total	227	8 (13% of recorded deaths)
. RONGELAP EXPOSED		
ı) <u>-4</u>	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	
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	l	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.	97 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
Greene. G	9/85	Pediatrics	Univ. of California Irvine Medical Center Orange, CA 92668

NAME	PARTICIPATING SURVEY	SPECIALTY	AFFILIATION					
Harper, J.	9 86	Family Practice	Private Practice Portland, ME 04103 (formerly BNL Resident Physician stationed at Kwajalein)					
Jacobs, D.	3 86	Nurse	Armer Ishoda Mem. Hospital. Majuro, MI 96960					
Jensen, L.P.	3/85	Obstetrics/Gyn.	University of Miami School of Medicine Miami, FL 33101					
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					
Lakshmanan, M.	3, 86, 5, 87	Internal Medicine	Natl. Institutes of Health Bethesda, MD 20892					
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McClintock, C.	37 85	Internal Medicine (Gastroenterology)	Boston City Hospital Boston, MA 02118					
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					
Pacifico. A.	5/87	Internal Medicine (Cardiology)	Baylor College of Medicine Houston, TX 77030					
Panebianco, R.	3/85	Internal Medicine	Private Practice Southampton, NY 11968					
Rittmaster, R.	3/85	Internal Medicine (Endocrinology)	Natl. Institutes of Health Bethesda, MD 20892 (Formerly BNL Resident Physician stationed at Kwajalein)					

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				
Ugolini, V.	5 87	Internal Medicine (Cardiology)	University of Texas Southwestern Medical Ctr. Dallas. TX 75235				
Werth, V.	3 86	Internal Medicine (Dermatology)	New York University Dept. of Dermatology NY. NY 10017				
Williams, K.	3/86	Internal Medicine	Cornell University Department of Medicine NY, NY 10032				

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
Bullis, James Jr.	3 86	Medical Department Brookhaven National Laboratory Upton, NY 11973
deBrum, Reynold	3 85, 9 85, 3 86 9 86, 5 87, 9 87	U.S. Department of Energy Majuro, Marshall Islands 96960
Duhaime, Susan	5 87	Stony Brook University Hospital State University of New York at Stony Brook, NY 11791
Emos. Helmer	3 85, 9 85, 3 86 9 86, 5/87, 9 87	Medical Department Brookhaven National Laboratory Stationed at Ebeye, Marshall Islands
Gideon, Kalman	3 86	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
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
Scott, William	3/85, 9/85, 3/86 5/87, 9/87	Medical Department Brookhaven National Laboratory Upton. NY 11973
Shoniber, Sebio	3 85, 9, 85, 5, 87	Armer Ishoda Memorial Hospital Majuro, Marshall Islands 96960
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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 = vears
  WBC = leukocyte count/μl
  PMN = neutrophil count/\mu l
 BAND = band forms/ul
LYMPH = lymphocytes/\mul
 MONO = monocytes/µl
   EOS = eosinophils/ul
 BASO = basophils/\mu l
   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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					201	. bumen											
PID	SEI	AGE	WBC	PHN		LYMPH	LISTING MONO	EOS	BASO		HCT	RBC	RCA	HGB	TSH	PRL	T4
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2	. !	33	7900	4898	168	2133	316	318	79	224	42.9	4.45	96	15.0	16.60	4.5	10.4
1	!	70	9500	6890	95	2660	670	190				5.26		14.9	8.20	2.2	
5 7	į	33	6100	2562	0	2989	244	305	0	281	42.7	4.81	96	14.1	6.00	2.3	
ģ	1	88	2000								_	_	_		5.60	11.9	
10	i	52 55	6900	3933	2001	828	138	276			43.6		98	15.2	3.20	• •	6.2
12	2	48	10500 7600	7246	106	2418	626	210			45.4			14.8	2.60	3.0	
14	ā	58	6100	3498 2858	78	3496	228	304	0		40.3			13.2	5.10	2.7	
16	2	39	8900	3916	61 0	1683	204	306	0		34.3			11.7	6.30	2.6	
iĕ	ī	71	4800	2484	_	4539 1610	356 322	89	0		42.1			13.8 13.9	36.00	21.7 8.3	
17	ż	36	6400	3778	138 266	1792	384	48 128	0 64		43.8			12.9	17.00 2.50	18.1	
18	2	63	5700	3078	171	1787	285	399	0	313				12.7	6.90	15.0	
19	ĩ	37	7300	4526	73	2044	219	438	ŏ		48.1			14.3	68.00	12.9	3.9
20	ĩ	38	8200	5858	82	2296	164	100	ŏ		61.1		88	18.4	8.20	4.8	7.9
21	2	34	4300	2023	43	1032	172	430	_		41.1			13.7	2.60	17.2	
22	2	47	6100	2746	122	2684	122	427	Ŏ	281			96	12.8	6.30	13.6	
23	ı	36	,							_							
24	2	48	7400	3700	0	2812	296	518	74	202	38.7		91	13.8	2.90	3.1	
27	1	58	7800	3626	225	2925	225	525	76	243			99	14.8	3.10	1.3	
34	3	78	7800	4680	280	2418	166	150	0	239			98	11.7	10.60	11.1	
36	1	39	6200	3598	188	1984	372	62	0	272		4.69		16.6	6.00	4.3	8.0.
37 39	1 2	52 46	4100	2080	41	1478	41	410		200		4.10		13.8	6.70 6.00		
40	î	61	6200 49 00	3348 1862	19	2294	372	180	188	208	40.4		93 94	12.4	6.00 3.90	6.8	
41	i	73	6500	3770	79	2842 2080	130 98	49 520		186		4.63	95	13.9	6.00	4.6	
42	à	34	7700	4466	ŏ	2095	308	231	ő		48.7		91		3.10	11.6	14.2
44	ĩ	36	6000	2700	100	2050	100	50	_		45.8			14.8	6.20	3.2	9.4
49	2	48	8400	2498	84	3072	320	448			43.8		91		8.00	2.9	4.3
61	2	40	7400	3330	Ö	3922	148	ŏ		368					35.00	7.1	
63	2	67	6800	3332	204	2040		1166	Ō	258			94		4.60	3.8	
65	2	33	4800	2498	48	1880	192	338	48	296	33.5	3.73	90	10.8	168.00	36.3	
66	2	81	6800	3468	204	2852	204	272	0	241	38.7	4.20			10.30	3.9	
67	2	46	7900	4187	316	3081	79	168				4.29			3,20	6.6	11.0
71	2	56	7000	2800	0	3380	360	490				4.19			8.50	6.3	
72	a	39	7800	6016	0	1900	380	304				4.39			3.80	22.3	13.8
74	2	47	6900	2760	69	3450	345	207			47.6				3.40	6.6	18.8
75	3	43	11400	6208	342	2508	228	114	-		41.8				13.10	6.7	9.9
78 77	1	42 66	5000 5400	1800 3564	. 0	2700	200	260			43.6				3.30 4.00	4.9	6.1
78	å	87	7800	3120	162	1666 4368	54 78	54 234			40.3				3.60	4.7	
79	ī	71	7900	4682	79	2449	395	396			47.8				4.60	4.9	
83	i	32	5400	2592	ő	2062	324	324			48.7				2.80	4.3	8.5
86	i	31	8600	4644	ŏ	3628	344	86			48.6					• • • •	
86	a	31	7000	8040	360	1190	140	280				3.36			4.60		
- 8	2	33	11000	8910	330	1210	Ö	860						10.6	10.70	69.9	
46	2	63	4500	2340	136	1305	225	450	45	296	34.7	3.67	7 96		3.10	6.2	
63	2	38	6600	3366	0	2904	198	132	. 0	360	43.4				9.80		12.1
70	2	48	3600	2275	0	980	140	106				4.24			3.60	6.7	12.4
81	2	41	4200	2604	42	1302	126	126				4.31			6.30	10.4	8.2
84	ļ	30	4800	2064	192	1778	192	678			60.0			-	3.00		
2102	j	42	8400	4636	0	3276	504	0			48.5				1.60		
2103	1	75	9700	6402	291	2425	388	194	0	281	43.7	4.40	8 8	13.8	3.90		
2104	2	. 55	11666	~~~	_									177	8.40		
2106	,	77	11600	7360	0	2990	346	230			41.2			13.1	3.90		
2106	1	36.	12800	6796	262	5418	766	378	. 0	213	49.6	0.78	, 90	16.9			

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PID	SEX	AGE	WBC	PHN		LYHPH	HONO	EO8	BASO		НСТ	RBC	HCV	HGB	TSH	PRI.	T4
				• • • • • • • • • • • • • • • • • • • •			******		2						•		
2107	2	67	12800	7296	768	3968	384	384	0	202	42.9	4.77	90	13.7	1.30		
2108	1	43	7200	4032	144	2808	0	216				4.81	90	15.1	1:30		
2110	1	79	7800	4680	150	2262	312	280	0	244	39.9	3.97	101	12.8	6.40		
2111	2	36	8900	6340	0	2670	· 448	448	0	361	39.8	4.87	82	13.1	3.60		
2113	2	20	8200	8248	0	2214	410	328	0	348	38.9	4.90	79	13.6	4.00		
2114	1	78	6400	3776	256	8048	188	192	0	881	49.8	B. 41	99	13.9	8.90		
2116	1	31	9600								44.1	9.80	86	14.8			
2117	À	88	8800	4780	88	1976	426	206	b	360	87.7	8.41 8.80 4.04	93	13.8			
2119	2	60	8400	3948	84	3696	420	252	0	238	40.4	4.56	89	13.4	2.80		
2123	ı	46	6000	2600	60	2160	120	0	0	204	47.1	4.88	97	18.8	3.20		
2124	1	32	8800	4664	88	3344	616	88	0	384	48.8	5.36	91	16.0	3.20		
2126	1	68	6700	3283	0	3149	134	134	0	280	47.1	4.84	97	18.1	4.10		
2126	2	40	8200	3634	62	2046	372	62	0	280	41.2	4.61	91	13.1	3.10		
2129	2	49	8000	4180	80	2320	660	880	0	421	40.7	5.00	81	13.2	4.10		
2130	2	34	6100	4392	61	1281	244	122	0	204	34.8	3.88	89	11.4	6.00		
2134	2	32	8700	1740	87	6568	348	622	0	308	39.3	3.90	90	12.3	3.40		
2136	1	38	8200	4182	0	2542	328	492	82			4.85		14.3	4.30		
2137	1	47	6000	3300	0	2280	120	300				6.11		14.4	3.80		
2138	à	36	10800	8818	Ō	2205		1470				4.81		12.6	3.20		
2139	2	87	6500	3380	65	2406	260	390				4.01	96		6.20		
2140	ã	78	6400	4096	Ŏ	1792	320	Ö				4.17		12.8	6.50		
2142	ī	37	11200	7188	112	3472	112	336	_			3.20		18.4	4.20		
2143	ī	34	6400	3328	ō	2304	384	384				4.77		12.6	7.40		
2146	i	64	6100	2928	183	2501	844	244				4.30		13.7	6.40		
2147	ā	37	8300	1802	83	3180	159	108				4.69		14.7	2.40		
2148	ī	78	9500	6225	380	3420	285	190	_			4.48		15.7	4.70		
2140	ż	40	5800	3010	ő	2436	290	88				4.33		11.4	4.40		
2150	ĩ	44	9300	5580	186	2883	186	480		300		6.84		18.2	4.60		
2182	i	49	8800	3080	68	1860	330	220				4.89		14.7	2.90		
2163	i	34	4900	3479	49	1078	147	147				5.61		13.2			
2188	i	32	6200	2388	ō	3162	372	310		264		6.78		18.1	3.60		
2186	i	40	6400	3904	ŏ		320	128				4.98		14.6	3.00		
2168	å	61	7000	4830	ŏ	1610	420	140				4.31		13.0	4.10		
2159	ã	37	8100	8427	243		324	81				4.67		13.8	4.70		
2160	2	36	8000	6200	320			660				4.78		14.0	6.00		
2182	2	64	7400	4614	148			222				4.02			6.30		
2165	ī	43	7800	3666	78			156	-			4.94		14.5	3.40		
2166	i	69	7800	3666	78			546				4.74		13.9	5.50		
2167	i	48	7800	3744	312			78				6.32		16.3	3.20		
2171	å	34	8500	6015	425			595				4.60		13.0	2.80		
2172	2	44	7100	6041	142			142	- 1			4.00		12.5	3.30		
															4.40		
2174	1	32	8800	6336	0			284				6.70		16.9			
2176	, ,	42	6800	3128	68							4.66		14.6	4.80		
2179	1	34	8100	4860	0			162				8.25		18.8	3.00		
2182	3	84	4600	1794	0			92				3.74		11.6	4.60		
2188	1	34	8800	4400	176			440				6.91		16.6	4.30		
2189	2	69	8400	6662	168			504				3.46		10.3	3.70		
2193	2	63	6900	4130	295			(4.30		13.0	4.80		
2196	2	56	8700	3484	67			67				4.86		13.4	4.70		
2198	2	70	6600	2880	65			8				4.70			27.00		
2197	2	33	6300	3160	63	2457	252	316	03	171		3.73		10.9	4.70		
2200	ä		6200	4004		7000	400					3.76		11.8	4 00		
2205	1	61	9200	4784	92			184				4.96		13.7	3.90		
2206	1	04	9200	4608	184			184				6.13		14.6	2.40		
2207	1	37	10100	6969	404	3232	303	101	101	อบช	77.5	3 5.80	ים כ	14.9	3.30		

PID	SEX	AGE	WBC	PMM		PUTER Limpe	LISTING MONO	OF 1 EOS	985 R/ Baso		ATA BCT	RBC	HCV	нGВ	тѕн	PRI,	T4
832	2	48	8500	3316	. 0	2730	130	326	0	251	36.7	4 62	81	12.2			
622	Ĩ	63	4100	1927	78	1845	88	41	Ō	184	48.3		86	18.4			
834	1		7800	3378	75	3760	300	Ó	Ö	299	49. i	4.90 6.47	90	18.8			
838	a	Ba	10800	6618	108	4240	424	106	0	280	42.8	4.48	98	14.6			
838	1	84	8800	4782	176	3344	352	176	0	249		6.45	98	18.1			
839 840	9 1	89	7800	2262	78	4788	848	166	0	321	47.1	4.98	95	14.2			
841	2	66 63	10900 8400	4678 4956	218 84	8460 2184	545 420	109 788	0	366 252	43.1	8.82	79 98	14.9 13.2			
842	ī	61	6800	2924	136	3488	138	136	ă	144		4.61	96				
843	à	67	5600	2520	112	2520	112	336	ŏ	323		4.03	97				
844	2	67	7400	4886	74	2368	222	148	Ō	241							
845	1	86	6700	2948	0	3082	469	201	0	217	42.0	4.65	90	13.2			
848	2	93	3700	999	148	2406	111	37	0	232		3.84	95				
861	2	78	8100	2886	61	1632	367	204	ŏ	219		4.02	98				
864 865	1 2	60 52	7600 9300	8344 4743	0 279	3724 3182	228 558	228 558	0	227			98		8.90		
887	2	87	10800	4860	432	4860	216	432	ŏ	336			90		2.50		
868	ī	62	4400	2080	108	1760		80	40				94				
879	à	30	8500	6186	0	2890		86	Õ	308			9i	:			
880	1	83	12000	7800	600	2760	600	240	0	211		4.47					
881	1	63	6800	3740	88	2884		0	0				91	14.7			
882	1	62	6400	3776	. 0	2368		256	0		47.4		83				
898	2	40	5800	3364	232	1972		0	0				89				
911 917	2	33 85	8800 8000	4002 6200	174 80	1450 2400		118	0	260			98 85		6.20		
919	i	38	8300	2385	63	2438		212	ŏ		38.7				6.20		
920	i	84	8300	8014	159	2544		371	ŏ								
922	ä	62	8700	2223	67	2907		342	ŏ								
926	2	36	9800	5985	288	2090	865	475	Ō	288							
928	2	73	6200	2028	210	1922		682	0		32.4		9.8				
931	1	32	8600	4816	0	3354		86	0				91				
932	2	01	6400	3966	84	1726		676	Ŏ		38.8						
934	2	61 63	6100	2684	122	2989		122	200					:	7 70		
938 941	2	86	10000 8800	8800 8440	700 0	2800 2550		200 340	200 0			4.84			3.30		
942	2	71	7600	4940	458	1900		228	76						2.90		
943	7	66	9200	4876	184	2300		920	184						2.00		
944	i	61	9100	4880	273	2912		182	Ŏ						3.20		
960	2	29	11800	6136	590	4484	364	236	0	333	46.3	8.24	86	15.1			
955	2	33	10400	8884	208	2600		208	0								
956	2	77	8500	3380	0			326	0			3.88					
959	2	37	6500	2860	220			110	0								
960	2	34	11800	8850	118			354	0		36.2						
963 965	1 2	59 42	6900 8300	3127 4731	118 664			236 332	0 83								
966	ī	64	8800	2805	001			495	68							•	
969	i	69	12500	8376	500			500	ű								
970	å	73	8500	4845	0.00			85	ŏ								
971	7	43	8800	3626	Õ		· · · ·	344	ŏ								
977	2	40	5700	2907	67			114	0		39.7	4.48					
980	2	33	7400	4662	. 0			148	0								
981	1	32	7400	4292	Q		•	. 0	0								
998	2	38	8000	8840	0			160	0						,		
1001	2	52 75	7600 8600	4104	159 56			0 280	0			4.90 3 4.60			2.60		
1007	. 1	70	9900	2744	96	00%	100	# DU	U	. 101	. 41.6	, T. O	, 08	- 14.U	. OU		

					CO	MPUTER	LISTING	OF 1	1985 RA	W D	ATA						
PID	BEI	AGE	WBC	PHN	BAND	LYMPH	HONO	EOS	BASO	PLT	HCT	RBC	HCA	HGB	TSH	PRL	T4
1035		34	8000	4000	80	3440	480	0	0	426	42.7	4.74	90	14.8			
1043		80	6300							156	44.8	6.23	88	11.9			
1800		66	67 00	3819	134	2211	402	134	0	260	36.3	3.98	91	11.7			
1808	2	46													3.20		
1618		43	7700	4312	154	2696	462	77	0	226	62.2	6.49	96	10.2			
1620		66	7200	4392	144	2232	360	72	0	324	44.0	6.11	86	14.8			
1830	2	39	3900	2067	117	1092	78	548	0	140	40.8	4.68	89	13.8		•	
1841	. 2	68	5800	2900	0	2262	348	290	0	172	39.3	4.27	92	13.1			
1642	2	33	8400	3024	252	4452	420	262	0	268	48.6	5.80	80	15.5			
1646	1 1	72	8600	3188	86	3250	0	0	0	162	61.1	6.41	96	15.8			
1848	a	44	12700	7493	381	3937	254	635	0	328	38.1	4.18	92	13.2			
1649	1	32	6800	2992	88	3198	478	88	0	284	44.8	4.88	91	14.7			
1662	ì	66	7100	4970	71	1778	284	Ō	Ō		43.1		90	14.3			
1863	ì	34	8400	2970	84	1838	216	84	Ō	268			96	16.0			
1686		43	8100		• •			- •	_			5.85		16.7			
1556		41	5200	3640	38	1824	62	114	0	253	44.8						
1658		38	8000	4080	480		400	160	ŏ			4.33			4.20		
1669		33	8600	3440	ŏ	3870	516	774	ŏ	252		5.22		12.8			
1580		63	9200	3220	184	6060	92	844	ŏ	205		4.81		14.8	,		
1661		69	6700	2747		3082	134	670	87	380							
1663		60	7000	3780	ŏ		420	140	Ö								
1684		37	6900	3450	ŏ	3106	276	89	ŏ			4.67			2.70		
1569		31	6800	3740	ő		408	138	ŏ	206		4.26		13.2			
1670		65	8500	3998	ő	3828	510	170	_		43.0					•	
1672		38									49.5						
1873			5200	2756	52		104	156			49.6				3.00		
		30	8800	4752	88		88	362							5.00		
1877		36	9600	4896	96		480	288			38.7						
1578	2	81	8300	8048	279	2326	858	93	0	364	48.2	6.39	, 80	14.5			

2 1 34 1100 6869 64 3284 428 384 0 286 45.0 4.09 86 14.6 240.00 30.4 6.8 2.4 20 4.0 1.0 10.2 4 1 71 1700 6869 2419 0 3857 404 80 10.4 0 30.4 6.8 6.3 4.0 4.0 1.0 10.2 4 1 71 1700 5116 20 3857 40 10 10.4 0 3857 40 10 10.4 0 3857 40 10 10.4 0 3857 40 10 10.4 0 3857 40 10 10.4 0 3857 10 10 10.2 10 10 10.2 10 10.2 10 10.2 10 10.4 10.4 10.4 10.4 10.4 10.4 10.4 1	PID	SEX	AGE	WBC	PMN	BAND	LYMPH	COMPUT MONO	ER LIS				W DAT		HGB	TSH	PRL	T4	TPR	Al R	GLOB	A/G	CAL
3 1 34 11700 6888 234 3510 488 818 0 228 48.7 1.10 80 18.8 244.00 30.4 8.8 13.4 0.0 4.3 1.0 0.0 1.0 8.6 1.0 4.0 1.0 1.0 1.0 8.6 1.0 4.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	•			2.00							-						100						
4 1 71 7600 3116 0 3876 304 304 0 300 48.8 4.9 88.8 18.8 47.2 11.8 270 39.2 4.22 93 13.3 32.10 6.8 7.3.90 3.3 1.2 7.7 1 87 4300 1189 0 1849 286 286 286 200 40.3 4.00 92 13.6 2.0 7.8 8.1 3.30 4.8 7.9 1.0 11.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.																	3 0 4						
8		i															SU . 4	0.8					
7 1 87 4300 1189 0 1849 286 268 268 268 268 268 268 268 268 268		1								_								8.8					0.0
10 1 88 8700 4221 67 1878 350 187 187 187 187 187 187 187 187 187 187		1			1159	0	1849																9.5
14 2 49 8800 3080 0 2800 108 246 0 200 308 37. 4 3.8 0 13. 4 3.90 7. 6 3.0 0 3.0 1.0 8 6 16 20 308 0 308 108 80 6 200 308 108 20 6 200 37. 4 3.8 0 13. 4 3.90 7. 6 3.0 0 3.0 1.0 8 6 16 20 308 30 30. 4 3.0 9 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	-	1				_		207	138	138	183	45.9	4.79	96	14.7	2.70	1.5		7.6	4.10	3.4	1.2	10.0
14		•				- :				134					14.3							1.0	
18		-								_													
16 1 72		-						·		-													
17	•	-														. 30			0.1	3 . BU	1.0	. 9	B.3
18	17	2				_			_										7 8	3 80	3 8	1.0	8 6
19		2		7400	3478					_						4.40	18.3	7.4					
21									338		240			78	14.2	8.80						-	
24		•				_				-													
24		-								-								12.7					
27		-				-				-													
33										_													
34						_				_					•		14.9						
38		2	77	6300	2394					_													
37		_							180	0	220				16.1		4.5		7.6	4.00	3.4	1.2	9.3
39		-				_			_	_													
40 1 62 6000 8820 5 8820 5 8820 6 60 508 43.2 4 84 96 13.6 3.80 6 13.40 3.2 11 1 9.2 4 14.2 4		-								_							1.6	7.6					
41		ĩ								_													
42 2 38 8200 4810 0 3196 246 246 0 203 33 3 3 3 3 100 14.8		i																6.6					9.5
47 1 41 6000 2940 0 2820 180 300 60 183 48.6 4.6 12 18.6 3.80 4.6 8.6 4.10 4.8 9 10.1 49 2 49 8500 1488 0 3878 110 278 88 300 41.4 4.74 87 13.8 2.90 9.4 8.8 4.10 4.7 .9 81 2 41 8200 3880 0 3772 184 574 0 243 43.2 4.62 94 14.8 12.60 7.1 3.60 3.8 1.0 9.6 83 2 68 7000 3010 0 3430 280 210 70 183 40.9 4.30 96 13.7 1.30 7.3 3.70 3.8 1.0 10.10 16.6 2 83 4700 4002 2418 69 414 187 33.0 3.43 96 11.3 .70 3.3 10.6 7.8 3.60 4.2 8 9.6 86 2 34 4700 3431 848 282 47 94 313 22.7 2.46 92 7.9 46.80 7.7 7.3 3.20 4.1 8 8.6 68 2 62 7000 2440 0 3990 210 490 70 238 38.7 4.17 93 12.9 9.80 9.6 7.6 3.60 4.0 99 1.6 7.1 2 69 8600 3870 0 4300 86 344 0 213 38.2 4.03 96 13.6 4.00 9.6 7.6 3.60 4.0 9.9 1.7 7.1 2 69 8600 3870 0 4300 86 344 0 213 38.2 4.03 96 13.8 1.0 10.1 3.6 7.8 3.20 4.8 10.1 7.7 7.3 1 51 5900 2419 59 3009 413 0 0 238 48.8 4.96 93 14.7 40 4.2 18.3 7.7 4.00 3.7 1.1 9.4 7.8 2.4 9 8100 3402 81 3078 408 133 40.9 40.8 4.9 11.8 18.8 0 8.2 49 8100 3402 81 3078 408 133 40 30 40.9 91 13.8 11.60 8.3 3.8 4.0 10.1 7.8 3.20 4.8 10.1 7.9 3.20 4.8 10.1 7.9 3.20 4.8 10.1 7.9 3.20 4.8 10.1 7.9 3.20 4.8 10.1 7.9 3.20 4.8 10.1 7.9 3.20 4.8 10.1 7.9 3.20 4.8 10.1 7.9 3.5 4.0 8.9 1.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8	42	2	38			0				_													9.7
49		•				_		466	85	130	210	48.8	5.69	82	15.5	2.80		9.2					
61 2 41 8200 3680 0 3772 164 874 70 243 43.2 4.82 94 14.8 12.80 7.1 3.60 3.8 1.0 9.6 83 2 88 7000 3010 0 3430 280 210 70 183 40.9 4.30 95 13.7 1.30 7.3 3.70 3.8 1.0 10.1 84 2 83 4700 4002 2418 89 414 187 33.0 3.43 96 11.3 .70 3.3 10.6 7.8 3.60 4.2 8 9.5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		-				_					•						4.6						10.1
63 2 68 7000 3010 0 3430 280 210 70 183 40.9 4.30 98 13.7 1.30 7.3 3.70 3.6 1.0 10.1 10.1 64 2.34 4700 4418 69 414 167 33.0 3.43 96 11.3 7.0 3.3 10.6 7.8 3.60 4.2 8.9 6.6 68 2.2 4000 3240 0 3990 210 490 70 238 38.7 4.17 93 12.9 9.50 9.6 7.6 3.60 4.1 8.66 68 2.2 400 3098 0 3168 604 144 144 368 39.4 4.34 91 13.6 7.6 3.60 4.0 9.9 7.6 3.80 3.7 1.0 9.4 13.8 4.0 13.8 4.0 13.8 4.0 13.8 4.0 13.8 4.0 13.8 4.0						_												9.4					0.0
64										_													
68						U				70							3.3	10 B					
88										94							0.0						
67	66	. 2	62	7000	2240	0															4.0	. 9	9.1
72 2 40 9700 5626 97 2910 388 562 97 350 37.5 3.91 96 11.8 16.60 7.8 3.20 4.6 10.1 73 1 61 5900 2419 59 3009 413 0 0 238 46.8 4.96 93 14.7 .40 4.2 15.3 7.7 4.00 3.7 1.1 9.4 74 2 49 8100 3402 81 3078 408 1134 0 310 46.9 6.22 88 16.2 7.9 3.50 4.4 8.0 1.4 624 1834 131 298 40.8 4.43 91 13.8 11.80 8.3 3.80 4.8 9.8 7.9 3.50 4.4 8.9 9.8 7.4 8.3 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2	67	2	46	7200	3096	0	3168			144												1.0	
73	-	-				-				_												. 8	
74 2 49 8100 3402 81 3078 408 1134 0 310 46.9 6.22 88 16.2 7.9 3.50 4.4 .8 9.1 76 2 44 13100 7860 131 3144 624 1834 131 298 40.6 4.43 91 13.6 11.60 6.3 3.80 4.6 .8 9.6 76 1 43 6000 2040 480 0 16.4 1.43 91 13.8 11.60 6.3 3.80 4.6 .8 9.6 77 1 67 7600 4788 0 1824 760 228 0 258 47.6 5.26 90 15.1 4.80 8.0 3.40 4.6 .7 10.0 78 2 68 7400 3700 0 3404 148 74 0 405 49.4 5.20 95	-	_																					
76		•							•								4.2	10.3					
76 1 43 6000 2040 3240 240 480 0 156 45.1 4.64 97 14.8 4.40 3.3 77 1 67 7600 4788 0 1824 760 228 0 258 47.6 5.26 90 15.1 4.80 8.0 3.40 4.6 .7 10.0 78 2 68 7400 3700 0 3404 148 74 0 405 40.9 3.96 103 13.9 6.40 8.1 4.00 4.1 1.0 79 1 72 6300 4410 0 1449 315 63 63 178 49.4 5.20 95 15.5 2.70 9.8 7.4 3.80 3.6 1.0 8.5 85 1 31 8600 4902 2638 518 344 235 46.5 4.95 94 15.5 2.00 86 2 32 5500 3025 0 2090 220 110 55 275 33.7 4.10 82 10.9 3.90 7.6 3.90 3.7 1.1 6 1 34 5900 3245 0 2301 238 118 0 333 42.0 4.41 95 14.3 3.40 8.2 4.40 3.8 1.1 9.4 8 2 34 8200 3526 62 3854 164 492 82 280 40.9 4.40 93 13.5 .10 24.5 7.8 3.80 4.0 9 9.8 48 2 36 5400 2268 108 2322 324 324 0 318 38.0 3.88 93 12.2 7.7 3.50 4.2 8 9.5 48 2 38 6400 3778 64 2048 320 84 128 215 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.2 63 2 40 9400 4512 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.60 4.2 .9 9.8																							
77 1 67 7600 4768 0 1624 760 228 0 268 47.6 6.26 90 16.1 4.80 8.0 3.40 4.6 .7 10.0 78 2 68 7400 3700 0 3404 148 74 0 406 40.9 3.96 103 13.9 6.40 8.1 4.00 4.1 1.0 79 1 72 6300 4410 0 1449 318 63 63 178 49.4 5.20 95 18.6 2.70 9.8 7.4 3.80 3.6 1.0 8.9 86 1 31 8600 4902 2 2638 518 344 238 48.6 4.96 94 18.5 2.00 86 2 32 5600 3026 0 2090 220 110 56 276 33.7 4.10 82 10.9 3.90 7.8 3.90 3.7 1.1 8 1 34 8900 3245 0 2301 238 118 0 333 42.0 4.41 95 14.3 3.40 8.2 4.40 3.8 1.1 9.4 8 2 34 8200 3526 82 3854 164 492 82 280 40.9 4.40 93 13.5 .10 24.5 7.8 3.80 4.0 .9 9.8 48 2 38 6400 3778 64 2048 320 84 128 218 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.2 8 2 38 40 9400 4612 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.60 4.2 .9 9.8 63 2 40 9400 4612 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.60 4.2 .9 9.8																	3.3		• • •		• • • •		
79 1 72 6300 4410 0 1449 318 63 63 178 49.4 5.20 95 18.6 2.70 9.8 7.4 3.80 3.6 1.0 8.9 85 1 31 8600 4902 2838 518 344 238 48.5 4.95 94 18.5 2.00 88 2 32 5500 3025 0 2090 220 110 56 275 33.7 4.10 82 10.9 3.90 7.6 3.90 3.7 1.1 6 1 34 5900 3245 0 2301 238 118 0 333 42.0 4.41 95 14.3 3.40 8.2 4.40 3.8 1.1 9.4 8 2 34 8200 3528 82 3864 184 492 82 280 4.9 4.40 93 13.5 .10 24.5 7.8 3.80 4.0 .9 9.8 48 2 38 6400 3778 64 2048 320 84 128 215 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.2 63 2 40 9400 4512 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.80 4.2 .9 9.8	_	Ĭ				0				_													10.0
86 1 31 8600 4902 2638 616 344 238 46.6 4.95 94 18.6 2.00 86 2 32 6500 3025 0 2090 220 110 65 276 33.7 4.10 82 10.9 3.90 7.6 3.90 3.7 1.1 6 1 34 6900 3245 0 2301 236 118 0 333 42.0 4.41 95 14.3 3.40 8.2 4.40 3.8 1.1 9.4 8 2 34 8200 3526 62 3864 184 492 82 280 40.9 4.40 93 13.5 .10 24.5 7.8 3.80 4.0 9 9.8 46 2 65 6400 2268 108 2322 324 324 0 318 36.0 3.68 93 12.2 7.7 3.50 4.2 .8 9.5 48 2 38 6400 3778 64 2048 320 84 128 216 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.2 63 2 40 9400 4512 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.80 4.2 .9 9.8	78	2	68	7400	3700	0	3404	148	74	0	406	40.9	3.96	103	13.9								
86 2 32 5600 3026 0 2090 220 110 56 276 33.7 4.10 82 10.9 3.90 7.6 3.90 3.7 1.1 6 1 34 5900 3245 0 2301 236 118 0 333 42.0 4.41 95 14.3 3.40 8.2 4.40 3.8 1.1 9.4 8 2 34 8200 3526 62 3864 164 492 82 280 40.9 4.40 93 13.5 1.0 24.5 7.8 3.80 4.0 .9 9.8 48 2 38 6400 3778 64 80.48 320 84 128 215 41.1 4.17 99 13.5 3.80 7.2 3.50 3.7 1.0 9.2 63 2 40 9400 4512 0 4324 420 0 94 573 43.9 4.88 90 14.9 9.20 16.2 7.8 3.60 4.2 .9 9.8	-	1				. 0				63								9.8	7.4	1 3.8	3.6	1.0	8.9
6 1 34 5900 3245 0 2301 238 118 0 333 42.0 4.41 95 14.3 3.40 8.2 4.40 3.8 1.1 9.4 8 2 34 8200 3528 82 3854 184 492 82 280 40.9 4.40 93 13.5 .10 24.5 7.8 3.80 4.0 .9 9.8 45 2 86 5400 2868 108 2322 324 324 0 318 38.0 3.88 93 12.2 7.7 3.50 4.2 8 9.5 48 2 38 6400 3778 64 2048 320 84 128 215 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.8 63 2 40 9400 4512 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 18.2 7.8 3.60 4.2 .9 9.8		Ĭ				_													ty 4		n 3 0		
8 2 34 8200 3526 82 3854 164 492 82 280 40.9 4.40 93 13.5 .10 24.5 7.8 3.80 4.0 .9 9.6 45 2 85 5400 2268 108 2322 324 324 0 315 36.0 3.88 93 12.2 7.7 3.50 4.2 .8 9.5 48 2 38 6400 3776 64 8046 320 84 128 215 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.2 63 2 40 9400 4512 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.60 4.2 .9 9.8																							
45 2 65 5400 2268 108 2322 324 324 0 318 38.0 3.88 93 12.2 7.7 3.80 4.2 8 9.5 48 2 38 6400 3778 64 2048 320 64 128 215 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.2 63 2 40 9400 4512 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.80 4.2 .9 9.8	_	•				_				_							24 . B						
48 2 38 6400 3778 64 2048 320 64 128 216 41.1 4.17 99 13.3 3.80 7.2 3.50 3.7 1.0 9.2 63 2 40 9400 4612 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 16.2 7.8 3.80 4.2 .9 9.8																							
63 2 40 9400 4612 0 4324 420 0 94 373 43.9 4.88 90 14.9 9.20 18.2 7.8 3.80 4.2 .9 9.8	-									_													9.2
70 2 49 5400 2430 0 1998 270 848 54 230 39.2 4.61 87 13.0 8.3 4.00 4.3 .9 9.8			40	9400						94	373	43.9	4.88	90	14.6	9.20	10.2						
	70	2	49	5400	2430	0	1998	270	848	54	230	39.2	4.61	87	13.0)			8.	3 4.0	U 4.3	. 9	9.8

PID

BEX AGE

2 56

2 34

. 0

VBC

BAND LYMPH

HOHO

0 218 40.8 4.49

0 330 47.9 6.46

144 298 39.8 4.48

90 13.4

89 12.9

88 13.7

10.00

4.00

COMPUTER LISTING OF 1986 RAW DATA

EOS BASO PLT MCT RBC MCV

69 320 50.8 5.25

0 280 41.7 4.22

48 298 38.1 3.93

103 492 40.6 4.89

TSH

8.40

97 16.0

97 12.3

88 14.3

99 13.8

PRL

TPR ALB GLOB A/G CAL

1.4

1.1

1.1

8.3 4.40 3.9

7.9 4.20 3.7

7.4 3.70 3.7 1.0

7.3 4.00 3.3

7.9 3.90 4.0

8.0 4.80 3.4

8.1 4.10 4.0 1.1

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PID	ERI	AGE	ABC	PMM	BAND	LTHPH	MONO	EOS	TING OF 11 BASO PLT			MCA	HGB	TSH	PRL	T4	TPR ALB G	LOB	A/G	CAL
2206	1	88	8500	4676		2975	810	170	170 240	48.3	4 06	02	14.4				7.7 3.80	3 0	1.0	
2207	1	36	7000	3010	0	3800	0.0	420	70 288			87	13.9					4.2	9	
2206	2	70	10800	6264	Ō	3240	216	884	216 360			91	13.9					4.5	. В	
2209	8	30	9300	6766	93	2139	93	820	279 488			89	12.8					4.2	. 9	
3310	8	22	9800	7410	0	1620	476	96	0 273			95	12.4				7.2 3.20	4.0	. 8	
2212	9	67	8100	4636	0	2754	162	667	81 293	26.9	2.98	90	8.9	2.60			6.0 2.30	3.7	. 6	
2213	2	34	8300	3662	0	3984	249	416	0 373	39.0	4.40	89	12.6				8.1 3.80	4.3	. 9	
2216	3	66	7600	3800	Ō	2736	380	684	0 348	47.6	6.63	84						4.4	. 8	
2216 2217	2	67	9000	6210	. 0	2250	90	360	90 445			86	12.0					6.3	. 6	
2220	2	84 68	6600	3306	132	8640	132	220	132 263		4.46	99	14.2					4.9	. 7	
2221	2	86	8700 8700	2100 3192	67	.3136	- 0	342	0 273		4.63	95	14.6					4.0	1.1	
2224	2	84	7100	4615	213	1996	399	114	0 273		4.01	97		4.10				4.4	1.2	
2226	ā	39	6500	5005	130	1917	365 65	195	0 296		3.56 3.13			0.00				3 6 4 3	1.2	
2226	ã	34	5900	3658	89	1652	298	118	130 232		4.17		12.1	2.00				3.7	ğ	
2227	2	37	10200	6630	ŏ	2448	012	408	102 476		3.72	74	9.1					4.2	. 8	
2228	2	41	11600	6380	ŏ	3828	580	696	116 450		4.72		13.2					4.2	1.2	
2229	2	61	8200	6246	82	2050	874	246	0 348		4.48		13.7					3.6	1.0	
2230	2	46	7200	4636	144	1872	72	570	0 263		6.06		14.4	1.50			8.0 4.40	3.8	1.2	
2231	2	34	8700	6666	87	1740	348	Ŏ	261 868		5.26						8.6 4.40	4.2	1.0	
2232	1	36	8800	3608	Ó	3872	792	440	88 228	81.4	8.32	97	18.7	5.80			7.4 4.10	3.3	1.2	
2233		33	8500	4506	85	3486	86	340	0 908	61.0	8.44	94	17.3					3.9	1.2	
2236	1	40	6700	3360	0	2614	67	402	67 266	48.8	6.26	92	14.7					3.6	1.2	
2236	1	44	9200	6488	0	3666	0	92	92 236	42.6	4.97	86	14.9					4.3	1.1	
2237	ļ	39	6300	2772	0	2961	378	63	136 262	42.5	4,60	62	14.3				8.0 4.40	3.6	1.2	
2239	2	36	6300	2703	0	8014	108	477	277		3.73			3.20						
2242	1	33	8700	2206	_0	1663	399	288	67 248		6.61		16.9				8.0 4.60		1.3	
2244	2	77	8000	8400	60	2050	60	460	0 870		4.09							4.4	9	
2246	1 2	22	7700	2695	0	3860	847	231	77 300								7.8 4.80		1.3	
2247	2	41	8200	4610	0	2706	738	240	0 210								7.7 3.90	3.8	1.0	
2248 2250	1	48	8900	3916	0	2848	448	1613	178 848	-							8.1 4.20		1.1	
2281	2	43 38	8600 10200	3784	0	3870	268	602	86 363								7.7 4.80 8.2 4.00	4.2	1.6	
2284	ā	37	5800	6426 3074	0	2868	306	610	102 396		4.98						8.3 3.80	4.8	.9	
2266	<u> </u>	33	7400	3922	ŏ	1740	174 298	896	116 410				10.7				7.1 3.60	3.6	1.0	
2256	2	38	6400	2944	128	3328	290	74	222 183 0 300		4.82		12.8				7.3 3.80	3.7	1.0	
2267	- ī	40	6900	4968	60	1380	276	138	69 883		5.66						7.9 4.40	3.6	1.4	
2260	ā	33	8300	3488	100	3984	332	332	0 405				14.3			•	7.6 4.10	3.6	i . 2	
2261	ī	88	5200	3224	104	1404	416	62	0 218								8.0 4.30	3.7	1.1	
2269	i	32	13200	9372	Ŏ	3036	660	132	132 263		8.00		18.5				7.8 4.40	3.2	1.4	
2271	1	32	7900	2923	Ō	3950	711	316	0 296				15.9	3.60			8.6 5.00	3.6	1.4	
2273	1	33	7100	2414	0	3906	639	142	0 310	49.7	8.89	84	17.1	1.20			8.5 4.90	3.6	1.3	
2274	1	32	7600	3268	76	3724	380	78	78 473	47.8	8.41	87	18.4				8.1 4.50		1.2	
2276	1	33	10200	3878	0	5610	102	408	204 308	63.0	6.76	92	18.1				9.6 6.60		1.4	
805	2	33	7800	4524	234	2106	312	824	0 343		4.00		11.3				6.7 3.20	3.8	. 9	
812	2	32	8500	6390	1260	425	340	86	0 200		3.30		10.6				0 0 0 0 00	a ^		
816	2	37	6200	2704		1924	104	418	62 143	32.2	3.93	8 82	11.1				6.7 3.70		1.2	
821	2	36			_		_										8.8 3.30		1.0	
823	1	43	6700	4286	0	1943	201	201	67 185				14.4				7.0 4.00 6.0 3.70		1.4	
826	2	48	7000	2660	. 0	4080	280	0	0 250								9.2 4.00		. 8	
826	2	60	4400	2200	128	1320	396	352	0 816					-			8.7 3.80		. 8	
829	8	49	6800	3468	0	3060	204	. 0	68 420		3.8						7.2 3.70		1.1	
630	ļ	48	9300 6800	4984	204	884	204	544		42.7			7 16.0 3 16.6				8.3 3.70		• • •	
831	1	40	8000	3534	0	4667	558	372	279 323	45.6	7.0		, , 0.0				0.0 0.10	•		

D14	SEI	AGB	WBC	PHN	BAND	LYMPH	COMPUT	ER LIS 208	STING O				TA B MCV	ндв	TSH	PRL	T4	TPR ALB G	LOB	A/G	CAL.
832	2	49	6400	2692	0	2538	162	108	0	328	37 8	4.6	82	12.8				7.6 3.90	3 7	1.0	
833	ī	64	8500	1980	ŏ	3025	330	110				6.10						7.6 3.90		i.ĭ	
834	1	63	6300	4221	0	1764	189	128				8.3									
835 840	2	63 68	9300 8800	3266 4664	0	6394 2376	186 704	372 1088				4.64						7.8 3.60 8.1 4.10	4.0 4.0	. 9 1.0	
841	à	64	9700	6432	97	2910	873	388		198 263		6.82 3.90							4. B	. 8	
843	2	88	8600	8640	Ö	1980	388	440	_	236		4.20							4.0	. 8	
844	ą	68	6200	2808	0	2028	364	0				3.90						8.8 4.00	4.0	. 9	
845	ļ	57 63	9100	4459	0	3822	728	91		290		4.6						7.3 3.70	3.6	1.0	
848 861	2	77	1800 5400	306 2754	64	1386	108	54 108		164 293) 1.96 3.81						7.8 3.60	4 2	. 9	
863	ī	36	8500	3056	ő	8088	200	86		290		5.4 1						7.8 3.70		Ö	
864	i	80	8400	2944	O	8816	192	448		228	46.1	8.00	89	14.8							
865	2	62	8800	2924	_0	3264	408	204				4.8			2.40			7.8 4.20		1.2	
867 881	2	68 64	7300 8400	2774 4704	73 0	4181 3444	146 168	73		263		8.00 4.70						7.9 3.80	4.3	. 8 . 8	
882	i	64	8000	4000	ŏ	2880	80	1040				6.6						7.6 3.60		. 9	
883	ì	76	7000	•	_			V - V-	_		48.0			• • • •				•	_		
888	2	67	10000		_						48.0							~ # 7 80		0	
891 896	2	38 47	8500 3900	2990 2808	0 39	3065 686	130 273	260 78	117	303	46.7	7 4.9	2 80	14.8				7.6 3.60	4 .U	. 9	
911	2	34	5800	3752	0	1232	188	392		306	39.0	4.30	a 91	13.1				7.6 3.80	3.7	1.0	
914	2	62	9800	4214	Õ	4018	392	1078	98	120	34.1	3.8	1 89	11.4					3.6	1.1	
917	1	88	7000	4200	70	2380	70	280	0			4.4			3.00				3.6	1.0	
919 920	ļ	38 88	6100 6200	2142 2294	0	2193 2976	610 186	163 744		178		1 4.8		13.7	3.00			8.3 3.70 8.8 3.90	4.8	. 8 . 8	
928	ż		6300	4821	441	1260	262	120	_			3.7						9.0 3.70	6.3	. 7	
931	1	33	13200	7666	ŏ	4366	792	396		235	60.0	8.9	0 105	19.6				7.4 4.10	3.3	1.3	
932	2		7600	4070		8664	148	618	_	262		4.0						8.1 3.70	4.4	. 8	
934 938	2 2		6100 6400	2808 4224	61 0	2379 1664	0 64	183 384		306 196		2 6.4 2 4.6						7.9 3.70 8.1 3.70	4.4	. 9 . 8	
939	<u> </u>	41	8500	3655	ŏ	4250	0	425		320		5 4.7						7.7 3.90		1.0	
942	4		4900	2208	Ŏ	8548	147	147		218		1 4.0						7.4 3.60		. 9	
943	3	6.5	9400		_					203											
944 966	1 2	62 35	6000 6400	4140	0 64	1320 1728	180 256	240 878				8 5.6 8 4.1		15.4				7.6 4.40 7.8 4.00	3.8	1.4	
956	2		7400	3996	74	2960	148	222	0	313		9 3.8						7.4 3.90	3.6	1.1	
958	ī		8900	3827	178	8738	366	712	_	298		7 4.0						7.9 4.30	3.8	i 2	
959	2		6700	3016	67	2077	268	1139	0	250		8 4.5						7.2 3.90	3.3	1.2	
960	2 2		13100	7338	131	4978	262	393	0			1 4.3						7.9 4.00		1.0	
966 966	# 1	43 66	7600 8000	4788 2900	162	1672 1550	304 100	684 400	0	395 193		1 4.8 0 4.2						7.9 3.90 7.5 4.20	4.0	1.0	
971	i		7800	3354	78	3510	488	390	_	373				18.4				8.7 6.20	3.5	1.5	
977	2	40	8100	3646	81	2916	243	1134	81									8.6 4.20	4.4	. 8	
980 981	2	34 33	11400	7182	ŏ	3420	458	228	114			3 8.1		14.0				7.7 4.00		1.1	
998	2		4400 9300	2288 5982	82 0	1892 2790	132 372	88 93	0	195		7 4.7 8 4.3						7.2 4.30 7.2 .34	2.9 3.8	1.6 .9	
1001	2		6700	3149	0	2814	638	201	ŏ			0 6.2						8.2 4.40		1.2	
1007	1		6100	2764	0	2091	163	102	Ō	298	39.	B 4.3	8 91	1 13.6				7.6	3.6	1.5	
1500 1519	1		6100	3843	0	1891	244	122		243		8 4.0			1.40			7.7 3.80		1.0	
1520	å	• •	6900 6100	3381 1962	0	2622 3699	483 388	346 122		255 255		8 5.0 1 4.8						7.6 4.20		1.3	
1524	1	44	10100	2828	ŏ		202	101				6 6.2						7.8 4.40		1.3	
1625	2	43	6900	2822	89		207	138				7 4.2		3 13.0				7.2 4.00		1.2	

				_					TING OF I											
PID	BEI	AGE	ABC	PMN	BYND	LYMPH	MONO	EO8	BASO PLT	ECT	RBC	MCV	KGB	TSK	PRL	T4	TPR	ALB GLC	B A/	G CAI.
1628	1	66	8100	4698	0	2511	243	887	81 308	35.8	4 06	88	12.7				7.6	3.80 3.	8 1.	0
1629	ĺ	39	11600	8004	110	8784	232	404	0 183			86						4.30 3.		4
1841	à	89	6800	8262	··ŏ	3016	174	290	0 338				12.6					4.20 3		_
1842	2	33	9100	6096	ŏ	3367				41.7			14.3					3.00 3		2
1848	- 7	73	9900	3306	=		648	0										4.00 3		2
	į	1.2			. 0	8448	99	891	99 210				16.0							4
1648	2	45	12000	4660	180	2880	480	3120	130 893	41.1	4.60		13.2					3.70 4.		9
1662	1	87	8800	3878	0	2536	195	196	0 320	48.4	6.10	90	14.8	1.90				6.90 4		-
1863	1	38	10000	6300	100	3700	600	200	200 328	39.4	4.03	98	13.9					4.70 3		4
1666	2	44	8300	6063	0	2056	418	166	0 260	48.5	6.04	80	15.6				7.8	4.20 3	.8 1.	2
1008	2	42	4100	8009	82	1858	808	846	0 285				18.0	6.30			7.4	4.00 3	.4 1.	2
1666	2	36	6200	2356	- 0	2728	682	372	62 246				14.0	2.40			7.4	3.80 3	. 6 1.	0
1009	2	84	9000	4080	180		270	90	0 275				12.4					3.90 3		ň
1663	- 7	80																4.40 3		-
			6000	2820	80			180		47.6			16.1							
1884	- 2	38	8200	3936	0	2110	246	902	0 323	40.1	4.42	90	13.8				8.0	3.90 4	. 1 1.	U
1886	2	- 36	9600							37.0										
1670	2	65	8800	6072	0	2200	264	264	0 418	45.4	4.98	91	14.3				13.2	6.30 6	.9.	9
1672	1	38	7400	3562	370			148	148 816	60.7	6.21	97	16.8				78	4.30 3	.21.	3
1673	Ĭ	38	7500	3628	0.0	2200	525	160	0	50.8			17.4							
1877	ż	38	10400	5616	208				_								k A	4.20 4	4 1	0
	•	50	19400	0010	400	3744	418	410	0 266	46.6	J . BU	•	10.0				J. 0	7.80 7	• • •	•

PID	SEX	AGE	VBC	PMN	BAND	LYMPH	COMPUT:	ER LIS EOS	TING O		87 R HCT		TA MCV	ИGВ	TSH	PRL	T4	FBS	HBAIC
2	1	34	8200	4592	0	2542		820							•	• • • •	14.8		
3	i	34	0.00	1002	U	4074	184	020	04	440	43.9	4 . 0	97	16.2	44.90		11.0		
4	i	71	5800	1972	68	3421	290	0	58	270	43.1	5.02	86	16.6	1.60			229.0	16.7
5	1	34	5400	1944	0	2638	648	324			44.3			14.0	81.40				
7	1	87	6100	1626	0	3782	849	183			39.2			13.1			18.3		
. 9	1	63	8800	6280	0	2904	264	284			43.9			15.0	1.60				
10	1	88	6800	4556	0	1836	272	0			40.0				.20		8.3	131.0	8.6
12	2	40	5900	2006	118	3840	177	59			38.1				1.80				
14 16	2	87 40	7100 11200	2063	Õ	3763	213	71			30.9				3.40				
18	ī	72	6100	6272 2867	. 0 81	3136 2867	784	0			41.0			13.2	3.40 .30				
17	ż	36	8100	4293	0	3402	305 81	324			40.8				. 50				
18	2	84	6800	3400	ŏ	2684	204	612	ő		38.3				2.10		14.2		
19	ī	38	9100	8918	ŏ	1729	384	0.0	_	265								92.0	I
20	ĩ	39	9000	4800	ŏ	3330	450	630			48.4				1.10		10.2		
21	2	36	5200	3636	0	1456	104	104			33.4			12.1					
22	2	48	6300	2703	0	2120	318	108	108	200	37.1		7 96					106.0)
23	1	36	7200	2600	0	3384	72	144	0		48.0			15.0					
24 27	2	48	6600	2310	0	3564	594	86			42.6							106.0	9.8
33	1 2	59 34	9900 6600	3861 3432	0	4059	594	1386	Õ	145		4.3) 16.8 13.1	32.80			100.0	<i>a</i> .0
34	2	77	8600	6332	ő	2970 2838	132 258	66 0	. O	320		4.8 3.8		12.6					
36	ĩ	40	6300	2394	. ŏ	3213	630	63	ő		37.1								
37	i	63	5500	1980	ŏ	3080	56	330			42.2				2.10				
39	à	47	7100	4473	ŏ	2343	71	0			38.7								
40	1	62	8100	3807	0	3888	324	81			39.6			13.7	3.10				
41	1	74	6700	4388	0	1876	636	134			40.5			15.1					
42	2	36	11000	7160	220	3410	110	0			38.8								
44	1	37	8400	2856	0	4116	262	1008		246		4.9					8.7		
47	1	41	8300	3403	0	4087	498	166	166	230	44.4	4.3	2 103	3 16.6					
49 81	2 2	49 41	7600	4484	0		_	608			48 1		a 0/	18.6	1.80			349.	n
63	2	68	6500	3640	Ö	2888 2276	195	196	ŏ		46.3 38.2			13.6				103.	
84	2	63	0000	0010	U		100	100	v	-00			· •		80.00			•	
86	2	34	7100	4618	0	1704	639	0	142	270	30.0	3.8	7 9:	3 11.8					
66	2	62	7100	3063	71	3337	284	284	71			4.1		13.0					
87	2	48	8600	3696	Ö		482	198		260		8 4.1		4 13.6	. 60		9.2	1	
71	2	59	7400	4514	74	2388	74	370	0	230	38.4	4.0		4 13.0					
72	2	40	6700	3691	67	1824	228	0	0			9 4.4		7 13.					
73	1	61	6600	3894	0	2244	264	198	0			4.6							
74 76	2	40	10900	8688	0		646	848			43.1								
76	2 1	44 43	10400 8300	8408 2324	0		418	936 166	0		40.0 45.0			3 13.4 6 16.6					
77	i	67	8300		U	5478	249	100	60	040	. 40.1	J 4		0 10.	1.90				
78	ż	68	8500	4080	0	3400	680	340	0	235	40.6	B 4 2	6 9	8 12.					
79	ĩ	72	5555			0400	000	010	•			• • • •	•	•	1.60			137.	0
83	i	32	8500	1560	0	4095	130	715	0	176	48.	1 4.7	7 10	1 16.	8 4.70				
88	ž	32	8800	4160	Ō		325	390			37.			3 12.					
8	1	34	6700	2793	0		570	67	57		41.			4 14.					
8	2	34	11300	7910	O		113	339	0		42.								
46	2	65	7400	4810	74		222	618	74	199	38.	2 3.7	. 6 6	6 12.					
48	2	38	6300	2809	63	2173	106	63	108	280	37.	7 3.6	ა 9	8 13.	3 1.80 .80				
53 70	2 2	40 49	4800	2400	^	1000	40	432	^	100	37	1 4		4 12.					
10	2	19	4800	2400	0	1920	48	432	U	170	37.	1 11.1	0	7 10.	- ,				

PID	SEX	AGE	WBC	PMH	BAND	LYMPH	COMPUT MONO	ER LIS	TING O		87 R MC T			нGВ	тѕн	PRL.	T4	FBS	HBA1C	
81 2102	2	41	8100	3646	0	3159	162	1063				4.34	92	13.4	. 60			00.0		
2103	i	43 78	8100 16800	3888 12600	672	2916 2520	891 804	243 336	162 168			4.66	96	15.6	1.40			67.0 86.0		
2104	ż	56	5900	3422	0.0	1829	831	118		215	38.8	3.98	98 98	13.2 13.0	1.20 6.00		8.4	121.0	9.4	
2108	ī	78	10800	6804	ŏ	2700	768	640		408	39.2 44.8	4:11	ĐŎ	14.4	.30		0.4		•	
2107	A	8.8	10200	8802	Ō	0900	480	884	101	480	41.4	4.68	ěø	18.4	8.80			164.0		
2108	1	43	6900	4209	207	2208	138	138				4.83		18.3	2.10			96.0		
2110	1	80	7800	3723	0	2701	366	366			36.1		104	12.3	3.10					
2111	2	36	21700	16275	0	2029	1302	1085				6.63		16.5	3 .00					
2113	2	87	8900	4183	0	4272	267	178					82	14.9	1.90			274.0	10.8	
2114	1 2	73 87	8200	5822	82	1840	248	164				4.71	86	14.4	1.60			280.0	10.8)
2119	2	5 Y	11200 8600	6162 4816	0	5040 3354	336 172	448	0	395	43.7	4.89	93 91	14.7	3.40 1.60			221.0		
2126	2	41	7800	6162	ŏ	1560		0				4.22		13.7 12.8	.70					
2129	2	60	7400	4884	74	1884	370	370			33.2				2.90			363.0	10.0)
2130	2	36	6100	3660		1982	122	366				3.87		12.0	1.00	12.1		•••		
2134	2	33			•									•••	1.40	•				
2136	1	37	7100	2911	0	3660	366	284	0	330	45.8	4.74	97	15.1	1.60					
2137	1	48	6600	3446	0	8600	198	196				4.38	93		1.50					
2138	2	38	7600	6400	0	1878	300	160				3.47	93		1.30			•		
2139	3	88	6000	3660	Ŏ	1680	300	360				3.86		12.4	4.00					
2140 2142	2	79 38	8700 8200	3708	0	1639	285	171		260		3.18 3.47	91	9.9	8.40					
2143	•	36	8200 14700	4428 8232	0	2542 6174	984	104	_	230 336			96 81		1.90 3.40			92.0	9.7	,
2146	i	86	5200	2860	ŏ	1788	260	208		278		3.73	98		2.00				.	
2148	i	77	6500	3066	ŏ	2730	390	196				3.94	94		4.30					
2140	ž	41	7600	3800	ŏ	3110	76	488		280		4.03	88		•					
2160	1	46	8400	6208	0	2436	888	168	0	320		6.81	86		1.70			256.0		2
2152	1	80	6100	4331	0	1464	244	01				4.38		14.8	1.30			79.0)	
2153	1	34	6600	2586	0	2200	440	166		208		6.06	82		2.80					
2166	1	33	6900	2068	0	8260	364	118		216		6.11	86		1.00			100.0		
2156	ļ	48	6100	2196	0	3899	244	0		270		6.24	96		. 90			89 . C	7.6	•
2158 2159	2 2	62 38	6400 7400	2752 4292	222	2944 2220	384 592	320 74	0	490		1 4.87 7 4.88	88	13.3 14.9	1.70 1.90					
2160	2	37	6500	3446	Õ	2340	850	65	ŏ	306		4.72	90		6.50			233.0	10.6	8
2162	2	66	11100	7659	ŏ	2331	888	111	_	290		4.13	86		4.30					•
2166	ī	70	10800	6608	216	4762	216	324	Ö			6.00		18.4	3.60					
2167	ì	47	10300	8283	Ō		824	103	Ŏ	216		8 6.08	88		1.10					
2170	1	74		•																
2171	2	36	8300	6312	0		332	0	83			4.48	90				10.3		_	
2172	ä	46	6400	3136	0		448	128	64			8 4.57	89		. 40			208.6)	
2174	i	33	9000	8490	0		720	180				5 6.16	90		1.80		8.4	167.0	0 11.	2
2176	1 2	43 86	7300 5500	3869 3190	0		365 O	73 0				7 4.62 3 3.66		15.1	1.40	19.9		107.0	J 11.	~
2182 2188	î	36	10600	7875	ő	1890	736	ŏ	0			7 5.38			1.70	10.0				
2193	ż	64	5700	3819	ŏ		0	228	114			9 3.38			3.70			87.0	0	
2195	2	67	5700	2907	ŏ		114	228		376		8 4.49			1.20		9.4			
2196	ã	71	7100	4189	ŏ	2789	71	71	Ö			4 4.20		12.7	.30			124.0	D 8.4	0
2197	2	34	8700	3484	Ŏ		134	268				7 3.74		12.0	1.30					
2205	1	62	8000	4240	0		660	240	0			0 6.32		14.7	1.00			207.	0 10.	l
2208	ļ	86	8000		0		600	240	0	240		4 4.49		14.2	.90					
2207	1	38	8000	3040	0		400	720	. 80			7 8.33			1.80			161.4		
2208	2	70	10100	7777	0		101	404		265		3.98		12.6	6.60			289.	0 13.	y
2209	2	38	8400	4636	. 0	3444	84	336	Ü	376	37.	1 4.18	68	13.1	1.50					

PID

SEX AGE

WEC

PMN

BAND LYMPH

HONO

COMPUTER LISTING OF 1987 RAW DATA

EOS BASO PLT HCT RBC MCV HGB

FBS

PRI.

TSH

T4

HBAIC

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					•		COMPILE	Pn 110	mtwa 0											
PID	SEX	AGE	WBC	PHN	BAND	LYMPH	COMPUT MONO	E EOS	BASO			RBC		HGB	TSH	PRL	T4	FBS	HBAIC	
833	1	54	5000	1750	0	2950	50	100	0	200	44.2	5 23	86	14.8						
834	1	83	6700	3685	Ō	2546	336	134			48.0			18.0						
836	2	63	6200	8418	0	3348	848	62	184	220	43.1	4.49		18.0				218.0	8.7	
838	1	84	7100	3834	0	2982	71	213			48.8			18.0				89.0	1	
839	2	89	9900	2073	99	6336	693	99						16.1				114.0		
841	2	64	10900	7987	0	1982	872	327						12.8	1.80			109.0		
843	2	68	7800	3024	144	2808	360	804			30.2			13.0	•					
844	2	68	6400	2638	Ŏ	2538	182	102			41.2			12.8						
846	1	67	7400	4218	Õ	2220	740	222			47.0			14.3						
861	2	77	6800	3906	Ŏ	1922	186	310			33.3			11.9				169.0	8.3	í
867	2	68	6800	2662	Ō	4012	Õ	136			42.8			14.1				187.0		
861	ĩ	84	7700	4620	ŏ		616	184			44.4			13.9				118.0		
662	i	54	6200	3658	ŏ	1984	434	124	Ö		42.0			14.8				108.0		
883	ī	75	8800	2584	ŏ	3872	408	136			42.8			14.3	3.40					
888	à	67	7500	8976	ŏ		225	Ö		246	39.7	4 38		13.8	0.10					
891	2	38	7400	4818	ŏ	2980	74	148	Ö		35.4			12.1						
896	ã	47	7100	8124	ŏ		710	668	ŏ		37.2		87	12.8						
909	2	37	8100	8240	ŏ		406	488			40.6		94	13.4						
911	2	34	5800	2610	ŏ		232	174	174		43.0			13.3						
912	ī	34	7600	3344	ŏ	3268	488	400			40.2		87	14.0						
914	ä	52	9500	6080	ŏ		100	1048	ő		30.7		88	12.7						
917	ĩ	00	11500	7016	ŏ		878	116			32.7		82	11.7				162.0	8.0)
920	i	66	8800	4762	88	3608	864	88		169			94	14.8				162.0 139.0)	•
922	à	62	12100	4710	121	6171	242	847	ŏ	390			93	13.2					2	
926	ã	36	8900	4028	Ö		89	801			39.3		83	13.1						
926	2	74	4700	1833	ŏ		ŏ	611	ő	218			20	10.2						
931	ī	33	6100	2295	ŏ		459	163	61			4.62	66	16.3						
932	ż	62	8000	3980	ŏ		320	480	100		34.1		97	11.8						
934	Ž.	62	7500	2850	150		460	378			43.1		86	14.6						
936	2	64	7800	4368			390	834			38.2		85	13.0	3.70					
939	ī	41	8900	6408	ŏ		350	366			48.9		93	16.0	•					
941	à	88	6900	4278	ŏ		69	Ŏ			38.5		93	12.0						
942	2	72	4800	2256	ŏ		288	288	0		36.0			12.3			10.1	91.0	0 6.8	2
944	7	62	8100	3402	ŏ	3402	810	488	ŏ		43.6		84	18.4			•••			•
988	ż	36	6300	3087	ŏ		63	378		220	38.0	7.08	96	12.8						
958	ī	56	10800	5670	210		316	948	ŏ		36.8		91	12.4						
960	i	36	11900	7878	0		595	119			34.3		90	11.8						
963	ī	69	9100	8278	ŏ		91	646	ŏ		43.1		92	14.6						
966	à	43	8900	6840	ŏ		267	712	ă		38.9		89	12.6	2.40				9.	8
966	7	56	7900	5451	79		316	474		500		3.76	98	12.4						_
989	i	89	8800	6896	Ö		264	382	Ö	315		4.11	98	13.8						
970	ż	73	7400	4144	ŏ		-07	74			25.6		98	8.8						
971	7	44	7700	3927	ŏ		184	308	154		43.4		87	14.2						
980	ż	34	6700	2337	ŏ		171	228			41.8		90		. 90					
981	7	33	0,00		·		•••		٠.		11.0		•							
993	å	40	6200	1736	. 0	4030	310	62	82	318	40.7	4 84	88	14.2						
998	2	39	6700	4020	ŏ		201	134	ō		41.0			14.3				218.	0 9.	2
1001	2	53	7800	5226	ő		234	78	ŏ		44.3							~		_
1007	7	78	6000	3960	ŏ		180	120	ŏ	200							13	6 124.	0 7.	6
1036	1	38	6700	1787	ŏ		813	57	ŏ	320		6.00		18.8						_
1500	i	56	10000	6200	ŏ		900	100		370		4.67	89					120.	0 11.	8
1619	i	44	8900	6230	ŏ		178	.00	.00			4.90							7.	
1620	å	66	8200	5229	ă		88	83		176		4.94						287	o 10.	3
1524	ī	44	10200	8871	ŏ		206	206			44.1							,.		_
1 7 5 7		77			·		~~~		•	~~~										

							COMPUT	RK FIR	TING (JE 11	307 K/	IM DV.	I.V						
PID	SRI	AGE	ABC	PMN	BAND	LANDM	MONO	EO8	BASO	PLT	HCT	RBC	HCA	HGB	TSH	PRL	T4	FBS	HBAIC
1626	1	56	13100	6943	0	4061	624	1310	262	265	41.9	4.65	90	14.3				101.0	8.8
1633	1	34						_											
1841	2	59	7900	4187	0	3081	158	316	168	190	38.3	4.28	89	13.3					
1548	1	73	6100	3660	61	2136	183	61	0	130	44.8	4.71	95	15.0				207.0	11.0
1548	2	45	11200	6048	872	2688	224	448	Ó	300			91	12.2					
1552	1	67	6100	2989	Õ	2684	122	183	122	220	41.0	4.66		14.0					
1663	ĭ	36	8000	3080	ŏ	2880	720	640	80		42.7			14.4					
1866	ž	44	8400	4788	84		262	168	108					14.9		*			10.0
1888	2	42	6700	1878	ő	4221	636	.00	87	238					4.40				
1667	- 7	39	8400					_		228					1.10			95.0	1
				3048	. 0	3560	252	840	-									90.0	
1889	2	34	9800	4018	198	4704	784	98	0	278	40.5	4.98	81	13.4					
1660	2	63	7900	3713	0	3397	883	79	0	188	43.9	4.88	98	14.7					
1561	2	69	8000	4960	Ō	2320	400	320	0	330	36.4	3.77	97	13.0					
1884	2	38	10600	4028	Ŏ		630	318	212					12.9					
1886	ī	42	8400	3948	ŏ		84	672	84	====									
1687	à	33	6200	2768	ŏ		104	208	104		36.3			11.8					
1877			0400	4700	U	#U#0	104	#U8	101	-00	50.0	1.01		11.0					
	2	36			_													017 (12.8
1678	2	61	7400	2738	0	3162	1184	148	148	220	44.4	D.16	86	15.4				217.0	14.0