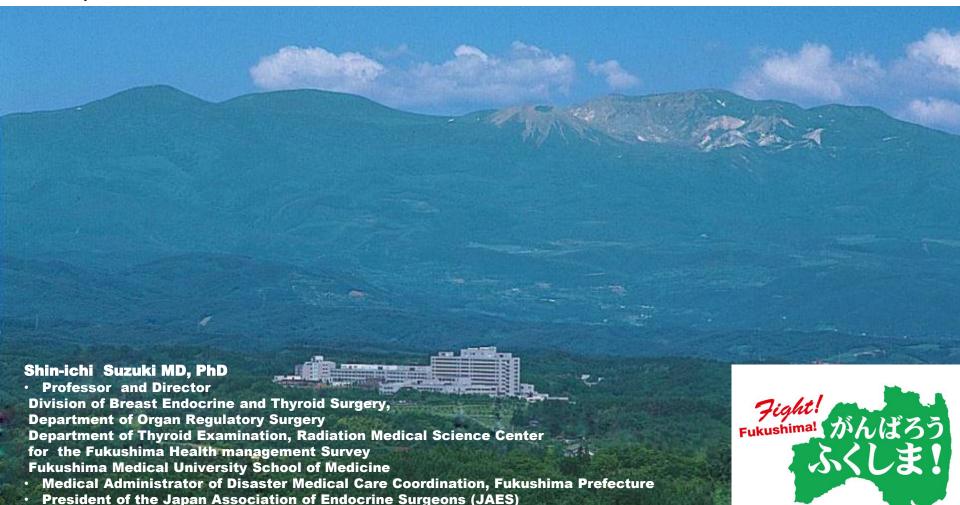
# Highly Sophisticated Thyroid Ultrasound Examination used in the Fukushima Health Management Survey

February 25, 2013



## Introduction1

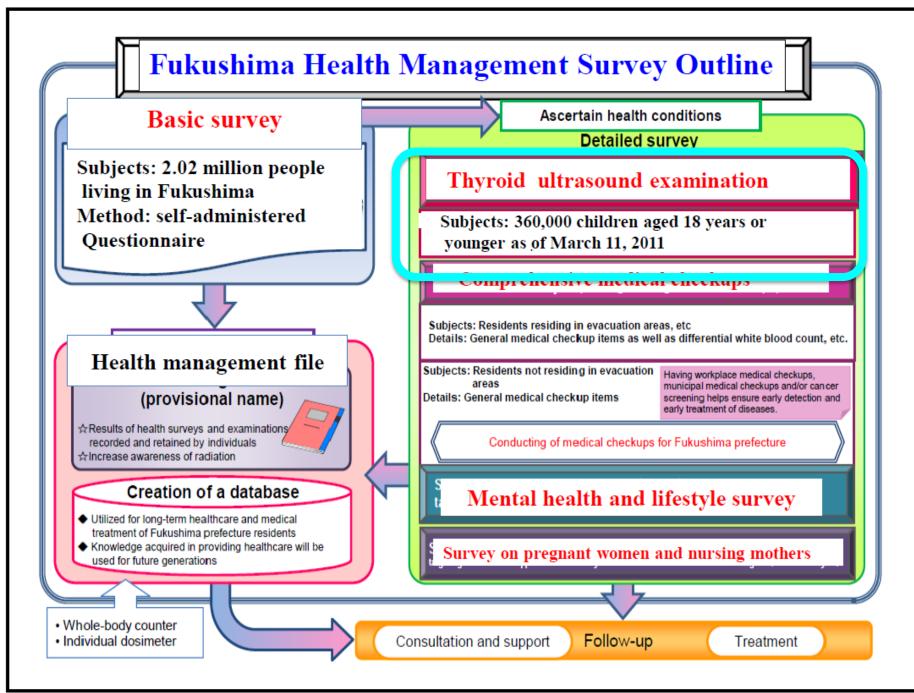
- Thyroid cancer is well known to have a good prognosis within all solid neoplasms.
- External (X-ray, γ-) radiation and internal exposure to radioiodine impose increased thyroid cancer risk.
- Risk has a strong inverse correlation with age at exposure; the highest risk is in younger children.
- Thyroid cancer in children is usually rare.

## Introduction 2

- After the Chernobyl nuclear accident in 1986, childhood thyroid carcinoma increased significantly in Belarus and Ukraine, as a consequence of the exposure to iodine radioactive fallout.
- The accident of the Fukushima Daiichi Nuclear Power Plant is similar to the Chernobyl nuclear accident in terms of severity of its nuclear crisis, which was rated as level 7. However, the environmental radiation dose in Fukushima is one seventh to one tenth of Chernobyl.

## Introduction 3

- The increase in thyroid cancer was reported to start 4 or 5 years after the Chernobyl accident. In Fukushima, however, the assessment of the current thyroid status, which is not apparently related to this nuclear plant accident, will be completed within 3 years.
- Therefore, we decided to perform thyroid ultrasound examinations on all children in Fukushima prefecture as one of the detailed surveys of Fukushima Health Management Survey.



### **Outline of Thyroid Ultrasound Examination**

Subjects: 360,000 children aged 18 years or younger as of March 11, 2011

Methods: Ultrasonography of thyroid gland

#### **Details:**

First Screening: Screening Ultrasonography
Second Screening: Followed by detailed examination at
Fukushima Medical University when necessary

#### **Implementation:**

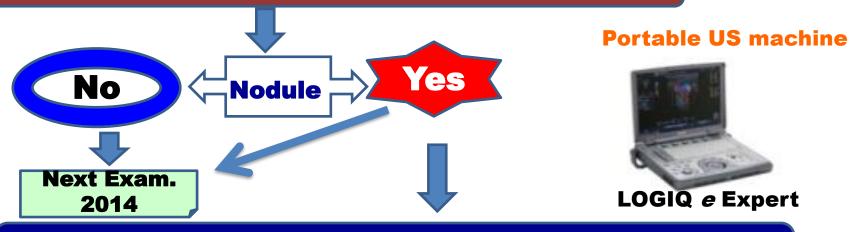
Preliminary survey: from October 9, 2011 to end of March 2014

Full scale survey: start from April, 2014 to end of March 2016

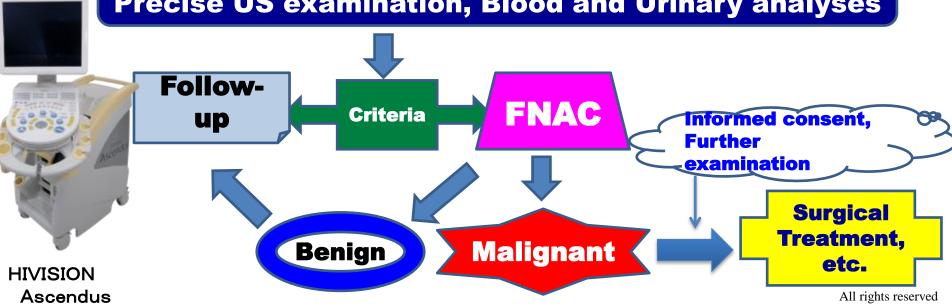
Repetition: every 2 years until age 20, and every 5 years after that for life

#### Flow Chart of Thyroid Ultrasound Examination

### First screening (primary examination)



Secondary screening (Confirmatory examination)
Precise US examination, Blood and Urinary analyses



#### **Schedule of Thyroid Ultrasound Examination**

 Preliminary survey: 360,000 from October 2011 to March 2014

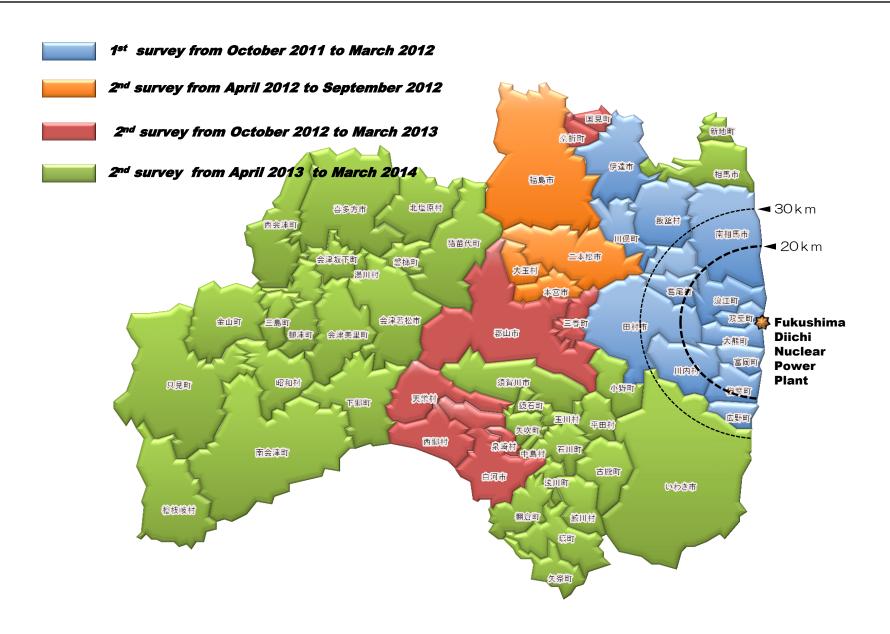
1<sup>st</sup> survey: from October 2011 to March 2012 2<sup>nd</sup> survey: from April 2012 to March 2014

 Full scale survey: 360,000 from April, 2014 to end of March 2016

Repetition: every 2 years until age 20, and every 5 years after that for life

The thyroid ultrasound examination was performed one after another at the time of the Nuclear accident on the residents from areas with high atmospheric dose of radioactivity.

#### **Schedule of Preliminary Survey for Thyroid Ultrasound Examination**



# Primary Examination of Thyroid Ultrasound Examination from Oct 9, 2011 at the Fukushima Medical University Hospital





# Diagnostic Criteria

Judgment	Interpretation	recommendation
A	Within normal limits	
(A1)	No nodule and/or Cyst*	next primary examination
(A2)	Nodule with ≤5.0mm** or/and Cyst with ≤20.0mm	next primary examination
В	Nodule with ≥5.1mm or/and Cyst with ≥20.1mm	confirmatory examination
C	Requires immediate examination	urgent confirmatory examination

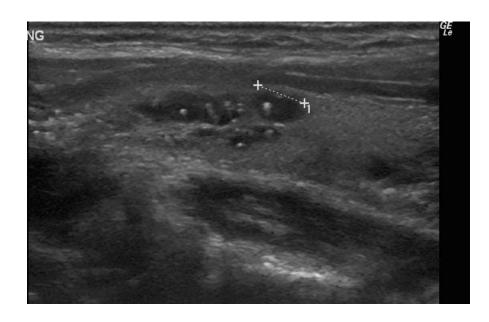
<sup>\*</sup>Mixed cystic-solid nodule is included in the category of "nodule".

<sup>\*\*</sup>Some test results of A2 may be classified as B when clinically indicated.

# Criteria of Cyst



Mixed cystic-solid nodule is included in the category of "nodule" in this survey.



Multiple Cysts with colloid clot (Colloid cysts)
This is rare in children aged 5 and under.

In this survey, "cyst" is a simple cyst or colloid cyst referring to normal.

# Results of First Screening of Preliminary Survey (1st Survey) from October 9, 2011 to the End of March 2012

Judgment		Interpretation	N	(%)
A subtotal			37,928	99.5%
	(A1)	No nodule and/or Cyst	24,468	64.2%
Α	(A2)	Nodule with ≤5.0mm and/or Cyst with ≤20.0mm	13,460	35.3%
В		Nodule with ≥5.1mm and/or Cyst with ≥20.1mm	186	0.5%
С		Requires immediate examination	0	0%
		38,114*		

(Data available at <a href="http://www.cms.pref.fukushima.jp/">http://www.cms.pref.fukushima.jp/</a>)

<sup>\*</sup> Participation rate :80%

# Results of First Screening of Preliminary Survey from April 2012 to January 2013

Judgment		Interpretation	N	(%)
A subtotal				99.4%
	(A1)	No nodule and/or Cyst	53,028	55.8%
Α	(A2)	Nodule with ≤5.0mm and/or Cyst with ≤20.0mm	41,398	43.6%
	В	Nodule with ≥5.1mm and/or Cyst with ≥20.1mm	548	0.6%
С		Requires immediate examination	1	0.001
	94,975*			

(Data available at <a href="http://www.cms.pref.fukushima.jp/">http://www.cms.pref.fukushima.jp/</a>)

<sup>\*</sup> Participation rate :85%

# Result of Cysts and Nodules

Test results			October 2011-March 2012					
			Number	Proportion (%)	Total (%)			
		5.1 mm =<	184	0.48				
Nodules		=< 5.0 mm	201	0.53	385 (1.01)			
Cysts	/	20.1 mm =<	1	0.003	13,383			
		=<20.0 mm	13,382	35.11	(35.11)			
	Judgment B							

First Screening of Preliminary 1<sup>st</sup> Survey from October 9, 2011 to the End of March 2012

# **Results of Cysts**

First Screening of Preliminary 1<sup>st</sup> Survey from October 9, 2011 to the End of March 2012

	Total	Class	%			
	Total	Male Female		Class		
None	24,731	12,891	11,840	A1 (64.9%)	83.3%	
< 3.0 mm	7,036	3,552	3,484		05.576	
3.1-5.0 mm	5,377	2,404	2,973			
5.1-10.0 mm	949	341	608	A2 (35.1%)	16.7%	
10.1-15.0 mm	18	4	14		10.770	
15.1-20.0 mm	2	0	2			
20.1-25.0 mm	1	0	1	B (0.003%)	0.003%	
25.1 mm <	0	0	0	<b>B</b> (0.00370)	0.00378	
Total	38,114	19,192	18,922			

Classification based solely on size of cysts.

Test results C are not included in the table since no single case has been observed to date.

Cysts < 3.0 mm are included in 'None' according to generally accepted classification.

Cysts below 3.0 mm, which are treated as negligible, were found in 7,036 children (18.4 %).

Children with no cysts or cysts below 3.0 mm, when combined, counted 31,767, sharing 83.3% of the total number screened.

High incidence?

#### **Outline of Confirmatory Examination (Second Screening)**

#### 1 Procedure

- Confirmatory examination (advanced ultrasound examination, blood test, urine test, and fine needle aspiration biopsy cytology) is performed at Fukushima Medical University (FMU) Hospital
- Those with test results A2 but classified as B as clinically indicated are advised to undergo the confirmatory examination.
- FMU Radiation Medical Science Center contacts residents who require further examination and the confirmatory examination is conducted at an agreed venue on an agreed date.

#### 2 Items

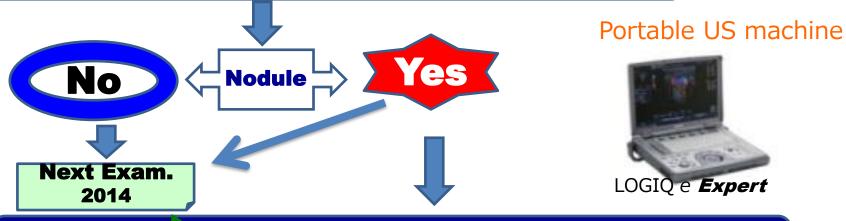
- Detailed ultrasound
- Blood test (TSH, FT-3, FT-4, Tg, Tg-Ab, TPO-Ab)
- Urine test (urinary iodine)
- Fine Needle Aspiration Biopsy and Cytology (FNAC) (in nodules of the thyroid gland suspected to be malignant by detailed ultrasound)

#### 3 Test results

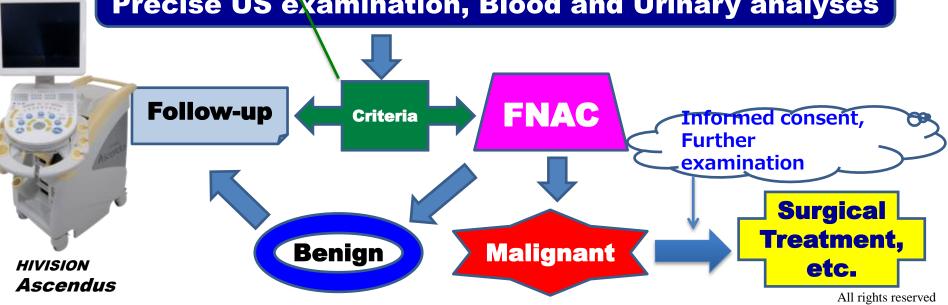
- Results of the confirmatory examination will be informed directly to the patient with detailed explanation

### Flow Chart of Thyroid Ultrasound Examination





Secondary screening (Confirmatory examination)
Precise US examination, Blood and Urinary analyses



# Fine Needle Aspiration Biopsy and Cytology (FNAC)



# Secondary Examination (Confirmatory Examination)

started from March 2012

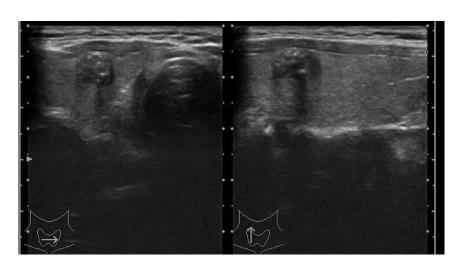
		No. of	of Implement-		No. of Secondary Examination result decision						
	Secondary  Examination  Secondary  Secondar	persons ation rate of Secondary Examination	No. of Re- examination			wn staging   Follow		w up for usual medical examination※2		Total No.	
		Examination		exammation		A1	A2	total	FNAC done	US alone	Second Examination
1 <sup>st</sup>											
Preliminary	186	162	87.1	11	151	11	22	118	76	42	390
Survey											
2 <sup>nd</sup>											
Preliminary	549	56	10.2	20	36	0	12	24	9	15	102
Survey											
Total	735	218	29.7	31	187	11	34	142	85	57	492

<sup>\*1</sup> The cases recommended a next full scale survey starting April 2014 as they were re-judged by A1 and A2 to be without abnormal findings.

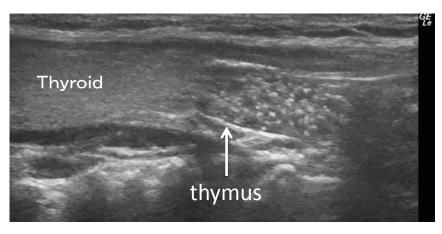
Of the 76 cases in which FNAC was performed in 1<sup>st</sup> Preliminary Survey, 10 cases were diagnosed as malignant or suspected for malignancy, and thyroid cancer was already confirmed in 3 of the 10 cases after thyroid surgery.

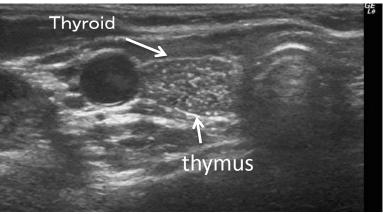
leph2 The cases are going to shift to the usual medical examination and be re-consulted in six months or one year.

### **Thyroid cancer and Thymus**



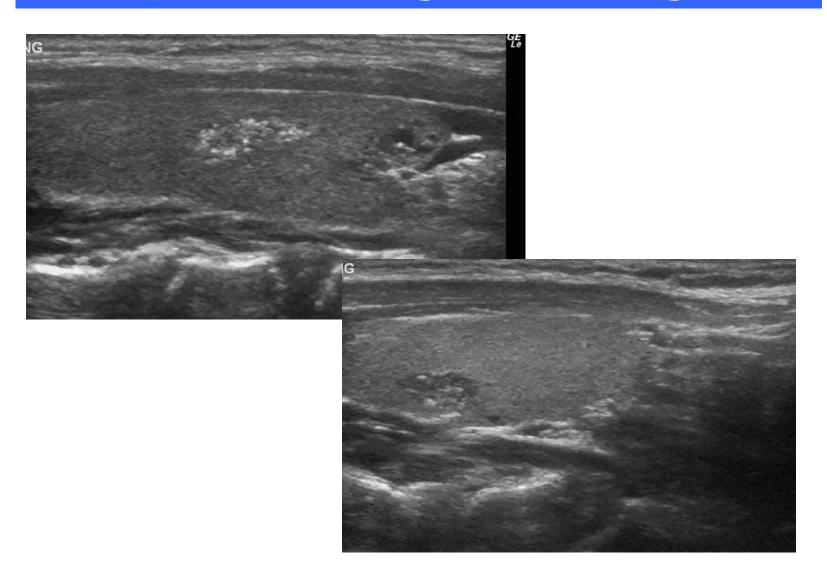
Papillary thyroid carcinoma (adult case)
T1 N0 M0 Stage I



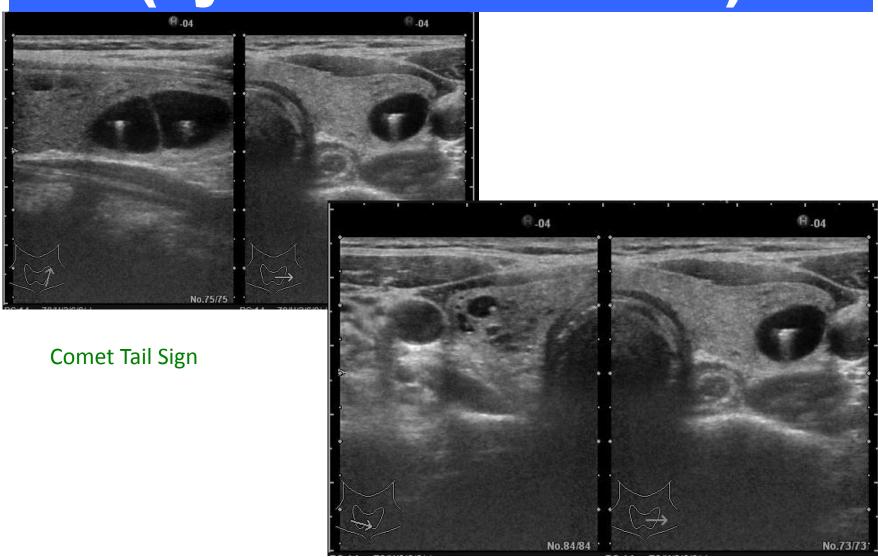


Thymus closed to normal thyroid gland

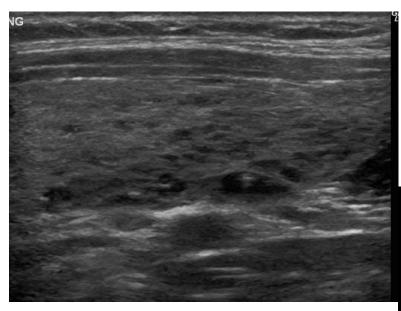
## **Ectopic intrathyroidal thymus**

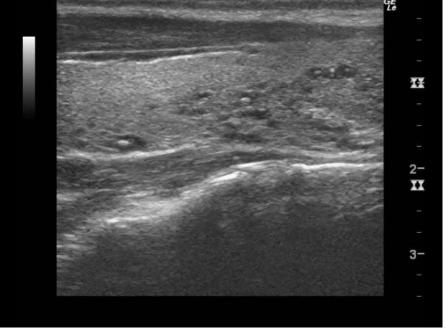


# Colloid Cyst (Cyst with Colloid Clot)

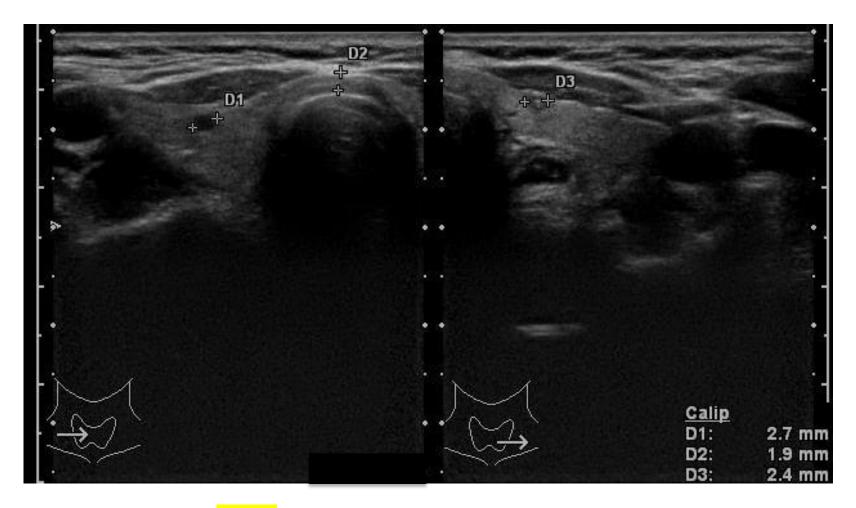


# Colloid Cyst (Cyst with Colloid Clot)





### Case of 3 years old girl





Children and their mothers are waiting for the examination.

Thyroid Ultrasound Examination in an elementary schools and a junior high schools



elementary school

Students are listening to the explanation, while waiting for thyroid ultrasound examination.

junior high school

The arrangement of apparatus, and preparation of halls and booths for examinations.



Our staff sets up the hall in a short time themselves just before the examination starts every day with the aid of workers of a transport company.





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### Conclusion



- This long-term large scale thyroid ultrasound examination has begun.
- Thyroid ultrasound examination has been performed on over 150,000 children to date.
- Three of the 38,224 children, who mostly completed the confirmatory examination, were diagnosed with thyroid cancer after surgical treatment, and seven were suspected of malignancy after FNAC.
- This examination is highly sophisticated due to a detection ability of less than 1mm.
- From November 2012, at least one institute was designated as an examination center in each of the 46 prefectures except Fukushima, to serve the approximately 20,000 evacuees living in other prefectures.