Thyr amir	oid natio							: Result							Japan
Resu	lts of	the Pr	imary E	xam	ination										
	Coverage (people)		E>	amir	nees (peo	ple)			Number of those diagnosed (people)						
			Percentage of examinees (%)				Diagnosis rate (%)		Breakdown by grade (%)						
									Α			Those requiring the Confirmatory Examination			
					outside the prefecture				A1			A2	В		С
Total	367,	649 30	300,473 (81.7)		9,511		300,473 (100.0)		154,605(51.5)		143	3,574 (47.8)	2,293(0.	8)	1 (0.0)
	Nur	Numbe with de	ber of those determined lts (people)				Grade A: 99.2%  ast number of those with determined results (%) Cysts								
		results			5.1 mm or larger		5.0 mm or smalle		r 20.1 mm or larger		rger	20.0 mm or smaller		]	
	Total	30			2,275 (0.8)		ij	1,713 (0.6)	12 (0.0)		143,899		9 (47.9)		
Resu	lts of	the Co	onfirma	tory	Examina	tion	_	Grade B		2	20.0 mm	or smaller, the	e 5.0 mm or sma relevant examir epending on oth	nee may b	e
			Ev	mino	es (people)			Number of the	se w	se with determined results (people)					
		Coverag	ige le) Perce		" ' 1				amination		Regular healthcare program, etc.			etc.	
		(people			ntage of Determinat (%)		on rate	A 1	A 2				Those who received fine-needle		
T.4.		2 202				2 000 (00 4)		422 (6.2)					aspiration cytology		
Tota	2,293 2,130 (92.9)  • Results of the fine-needle a				U (92.9)	2,090 (9	8.1)	132 (6.3)	579 (27.7) 1,3		1,37	79 (66.0)	547 (39.7)		

Malignant or suspicious for malignancy: 116 people; 39 males and 77 females

Average age: 17.3  $\pm$  2.7 years old (8 to 22 years old); At the time of the earthquake: 14.9  $\pm$  2.6 years old (6 to 18 years old) Average tumor size:  $13.9 \pm 7.8 \text{ mm}$  (5.1 to 45.0 mm)

• Out of 116 people whose tumors were diagnosed as malignant or suspicious for malignancy, 102 people had surgery (benign nodule: 1; papillary cancer: 100; poorly differentiated cancer: 1).

Prepared based on the material for the 27th Prefectural Oversight Committee Meeting for Fukushima Health Management Survey

These are the final results of the Initial Screening, which was the very first Thyroid Examination. Examinees diagnosed as Grade A in the Primary Examination accounted for 99.2% of the total, while those diagnosed as Grade B accounted for 0.8%. It became clear that most of those diagnosed as Grade A2 had cysts of 20 mm or smaller and that those diagnosed as Grade B had nodules of 5.1

mm or larger.

In the Confirmatory Examination, as a result of a more accurate ultrasound examination and other tests, 34%, or approximately one out of three who received the Confirmatory Examination, were diagnosed as being equivalent to Grade A and were recommended to receive the next periodic examination in the same manner as those diagnosed as Grade A in the Primary Examination. This is because those who were suspected to have any abnormalities were diagnosed as Grade B just to be safe in the Primary Examination, and such people include those eventually diagnosed as Grade A in the Confirmatory Examination as a result of comprehensive and objective judgments through a more detailed examination, etc.

Among the examinees receiving the Confirmatory Examination, 66% were shifted to ordinary medical care covered by health insurance and most of them have been advised to receive another thyroid examination six months to one year later, as determined by the responsible doctor, based on individual findings and circumstances.

Furthermore, 39.7% received fine-needle aspiration cytology, and out of 116 examinees whose tumors were diagnosed as malignant or suspicious for malignancy, 102 had surgery. It is not that all patients whose tumors are diagnosed as malignant or suspicious for malignancy have surgery. Whether to have surgery or not is decided depending on the individuals' situations on a case-by-case basis through consultations among doctors in charge, patients themselves, and their families.

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