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MEDICAL STATUS OF MARSHALLESE ACCIDENTALLY EXPOSED TO 1954 BRAVO FALLOUT RADIATION: JANUARY 1980 THROUGH DECEMBER 1982

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MASTER

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Introduction

This report updates, for 1980 through 1982, the results of continuing medical surveillance of a Marshallese population accidentally exposed to radioactive fallout in March 1954. It is the sixty-fifth in a series of publications from the Medical Department, Brookhaven National Laboratory, concerning the effects of that exposure, all publications being listed in the Reference section beginning on page 16. Many of these publications include details of the acute effects suffered by the Marshallese and the radiologic assessments at the time of, and subsequent to, the fallout, with the most recent summary being Dr. Robert Conard's 26-year review.¹ A recounting of those events is therefore not included in this report.

The originally exposed Marshallese population comprised 64 persons on Rongelap Atoll who each received, on the average, an estimated 190 rads of absorbed external gamma radiation, 18 on Ailingnae Atoll who received 110 rads, and 159 on Utirik who received 11 rads (see Appendix I for the derivation of these new dose estimates). There were, in addition, 3 persons *in utero* on Rongelap, 1 person *in utero* on Ailingnae, and 8* persons *in utero* on Utirik who are considered exposed. Under the Brookhaven National Laboratory program, the recipients of primary medical care include exposed and comparison populations as well as a rather large number of additional beneficiaries who are seen on a humanitarian basis of practical need and resource availability. In recent years, about 1400 people have been seen annually. This report, however, deals with four clearly defined groups: the remaining individuals who were exposed to radioactive fallout on Rongelap, Ailingnae, and Utirik in 1954 (including those *in utero*), and a comparison population of individuals from Rongelap who were unexposed. The number of persons now in each exposure category are 51, 12, 116, and 137, respectively.

The unexposed comparison group, which was individually matched by age and sex against the combined Rongelap and Ailingnae groups in 1957,² has varied in composition over the years as some individuals have voluntarily withdrawn or been lost to followup and others

have been added. There has been, in addition, the expected natural mortality. Despite these factors, chi-square values based on contingency table analysis currently reveal no statistically significant differences between the age, sex, and age-sex distributions of the combined Rongelap-Ailingnae group and the comparison population. Statistical analysis also shows an equivalent but fortuitous similarity between the Utirik and comparison groups.

Scope of the Medical Program

Participation in the Brookhaven National Laboratory medical program is voluntary for both exposed and unexposed Marshallese. The program itself, however, which Brookhaven National Laboratory is under contract to the Department of Energy to carry out, is currently mandated by Public Law 95-134. Its expressed purpose is to provide "care and treatment" of radiation-related disease in the exposed population. No such etiologic distinction is made in actual medical practice, however. There is, of course, particular attention paid to thyroid neoplasia, as over the years that is one disease category clearly associated with the high radiation exposure of some of the Marshallese. In addition, surveillance for possibly radiation-related disease is undertaken because the exposed population must be considered at increased risk for such disorders. For example, when a prolactinoma was diagnosed in an exposed woman in 1981, sera from virtually all exposed persons were tested for the presence of hyperprolactinemia (see below). This extra dimension in medical surveillance does not detract from primary care coverage. It is through the provision of comprehensive medical coverage that unpredicted effects of radiation exposure can be effectively disclosed.

Thus the medical program continues to address a wide variety of health matters. Updating of children's immunizations is a regular part of the medical team visits to Rongelap and Utirik. This is done in conjunction with a public health nurse from the Republic of the Marshall Islands Health Services. An intestinal helminth control program begun in 1978 was continued through 1982. Clinical care of diabetic patients now includes routine determinations of hemoglobin A_{1c} levels. An attempt at

*This number includes two previously unidentified persons confirmed in 1982 as being exposed *in utero*.

diabetes education, which has included distribution of a brochure on diabetic care that was translated into Marshallese for patients, is an ongoing process, as diabetes is a serious medical problem in the Republic of the Marshall Islands. A survey for folic acid and vitamin B₁₂ deficiencies has been completed. Dental care has been redirected toward preventive dentistry; repairs and restorations are now the main thrust rather than extractions which can be managed by local personnel. A major effort has been directed at the inclusion of a wide variety of specialists and subspecialists as participants on the medical teams. Participants have been chosen from excellent medical centers throughout the United States. These physicians not only perform the required routine physical examinations; they greatly increase the diagnostic and therapeutic capabilities of the team in handling unusual or difficult problems. Their services are also offered to the Republic of the Marshall Islands Health Services as time permits. The specialties and subspecialties utilized in 1980-1982 are listed below:

Dentistry (adult and pediatric)
Endocrinology
Family Practice
Hematology
Internal Medicine (including Fellows
in Rheumatology and Pulmonary
Medicine)
Nuclear Medicine
Obstetrics and Gynecology
Oncology
Ophthalmology
Pediatric Cardiology
Pediatrics
Surgery
Tropical Medicine and Parasitology

For the 3-year period covered by this report, medical surveys have been conducted semiannually. The "Spring Survey" offers complete medical examinations to all exposed individuals, the comparison population, and all persons 15 years of age or older residing on Rongelap and Utirik Atolls. In addition, a daily sick call is available to anyone in the younger age group. At the population centers of Ebeye and Majuro, complete examinations are available to all exposed persons and to members of the comparison group. The "Fall Survey" permits examinations of persons missed in the spring and

followup of medical problems. It also enables and facilitates pediatric/dental coverage. Complete examinations are offered to all individuals under 15 years of age residing on Rongelap and Utirik Atolls, and a sick call service is available daily to all others. At Ebeye and Majuro, examinations are offered to children of the exposed and comparison populations. Followup care for people with chronic medical problems such as diabetes and hypertension is a focus of both major surveys as well as the periodic visits of our physician-in-residence (see below).

Persons with identified problems clearly unrelated to radiation exposure and beyond the capabilities of the medical team are referred to the Republic of the Marshall Islands Health Services. Radiation-related illnesses, possibly radiation-related illnesses, and medical evaluations which could conceivably lead to the diagnosis of a radiation-related or possibly radiation-related illness are handled through medical channels established with the help of the Department of Energy Pacific Area Support Office in Honolulu.

In the early 1970s, some Bikini families resettled Bikini Island. The peak population during this period was about 140. Because of the remoteness of Bikini and the apprehensions of the settlers, the medical team was authorized to extend its Rongelap/Utirik surveys to provide sick call visits to Bikini. These settlers were again relocated to Kili and Ejit (Majuro) in 1978. At the request of the Department of the Interior, following this relocation, these Bikinians have been seen twice a year during the Majuro visits.

An attempt to provide medical coverage between the semiannual medical team visits has been continued. A Brookhaven National Laboratory physician is stationed on Kwajalein, and office hours and laboratory services are maintained on Ebeye, to which the physician commutes daily. In addition to providing primary medical care for persons holding a Brookhaven National Laboratory identification card on Ebeye, the physician undertakes periodic visits to Rongelap and Utirik. Such visits must be performed within limits set by available transportation to these remote atolls. A Brookhaven National Laboratory nurse and/or technician, both Marshallese, accompany the physician. A Brookhaven National Laboratory technician

/administrator stationed at Kwajalein in 1978 returned to the United States in 1981. He was replaced by the Marshallese laboratory technician who had completed a clinical laboratory training course in Honolulu under the auspices of Brookhaven National Laboratory. Other Marshallese medical and paramedical personnel who are included on the semiannual medical trips are provided by the Republic of the Marshall Islands. They are listed among the team participants on pages v-ix.

In 1981-82 five reports on matters pertinent to public health were submitted to the Minister of Health, Republic of the Marshall Islands. These reports were based on data collected during the course of the semiannual medical trips. The topics included the prevalence of anemia, toxoplasmosis, hyperuricemia, yaws (an analysis of serologic tests), and clinical findings of a pediatric trip. This is an ongoing project. Sharing of such data obtained from the populations we serve may benefit the Marshallese people as a whole.

Laboratory Support

Most medical activities and all laboratory services of the Brookhaven National Laboratory medical surveys are conducted aboard a chartered U.S. Oceanography vessel, Liktanur II. Exceptions include the examinations performed in Brookhaven National Laboratory facilities on Ebeye and pediatric examinations at Rongelap and Utirik which, for reasons of the children's safety, are carried out in dispensaries on shore.

Laboratory support during the medical trips is provided by four technicians. Routine five-parameter blood counts are performed on a J.T. Baker 500A electronic particle counter and sizer. Leukocyte differentials and phase contrast platelet counts are done concurrently. A battery of clinical tests (including serum creatinine, glucose, amylase, uric acid, and liver function tests) are carried out on a Beckman spectrophotometer with commercially available reagent kits. Serum sodium and potassium measurements are made on a Beckman Instruments Electrolyte 2 system. Urinalysis (dipstick and microscopic), stool examinations (for occult blood and parasites), and bacteriologic cultures (aerobic and anaerobic) with antibiotic sensitivity testing are available. Hemoglobin A_{1c}

determinations, glucose-6-phosphate dehydrogenase testing, and erythrocyte sedimentation rates are also provided. Serum is routinely separated and frozen for thyroid function tests and other studies which must be sent to commercial or university laboratories. Fingerstick techniques are used on young children whenever possible. An x-ray machine is available for most commonly required roentgenograms. Electrocardiograms are also available.

Referral laboratories for studies mentioned in this report include: BioScience Laboratories in Honolulu (special chemistries, serologic tests), Pathologists Laboratories, Inc. (Papanicolaou smear readings), the Endocrinology Laboratory at Brigham and Women's Hospital, Boston (thyroid function tests and prolactin assays), Protozoal Diseases Branch, Centers for Disease Control, Atlanta (toxoplasma serologies), Division of Endocrinology and Metabolism, Reese Hospital and Medical Center, Chicago (thyroglobulin levels), Hematology Laboratory at the University of California, San Francisco (erythropoietin assays), Parasitology Laboratory of the National Hansen's Disease Center, Carville (ova and parasite identifications), and the Hematology Laboratory, University of Louisville School of Medicine (folic acid and vitamin B₁₂ assays).

Medical Findings

OVERALL MORTALITY

The age- and sex-matched comparison population of 86 Marshallese² selected in 1957 has been used in the construction of survival curves. Although 38 of these persons are no longer seen for annual medical examinations (26 are deceased), their status has been made available to the medical team through personal acquaintances of the individuals. Figure 1 shows the survival of the exposed and unexposed populations through 1982. Note that data collection on the comparison group began in 1957 rather than 1954. Use of the tests of Mantel³ and Breslow⁴ revealed no statistically significant difference between the survival curves of each of the exposed groups and the comparison group.

RECENT MORTALITY

The following 10 deaths have been recorded since the 26-year report¹:

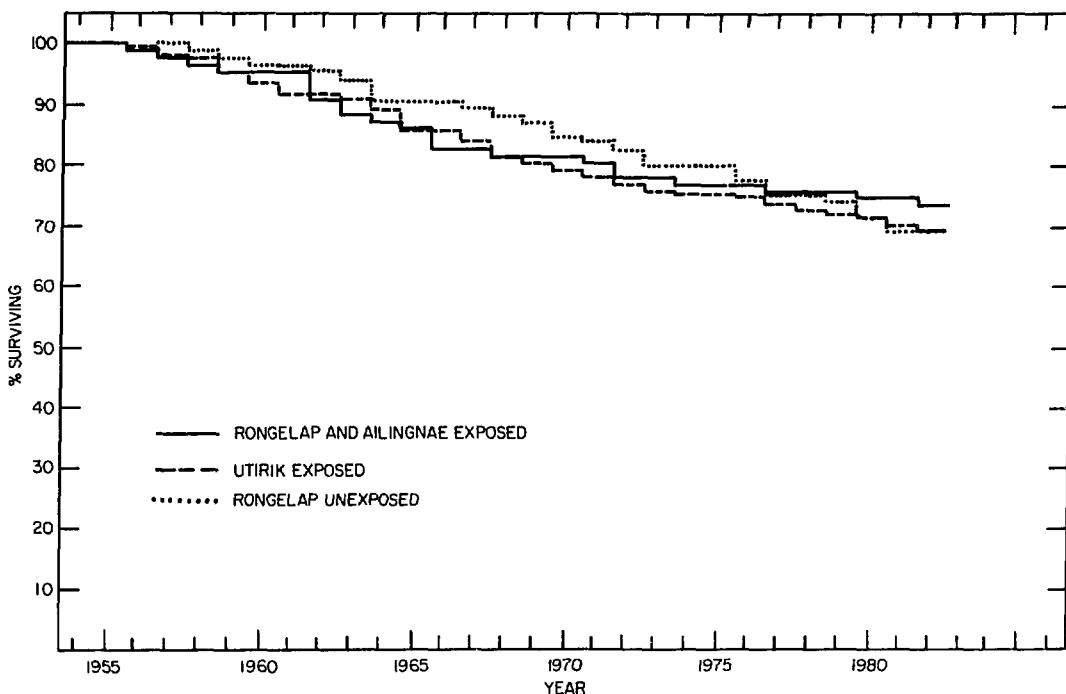


Figure 1. Percent survivors of the different exposure groups since 1954. The curves are based on the total original populations, including those *in utero*.

Rongelap

NONE

Ailingnae

SUBJECT No. 51. This 51-year-old woman had severe chronic obstructive pulmonary disease with marked emphysematous changes on chest x ray and evidence of cor pulmonale on her electrocardiogram. Chronic bronchitis and emphysema had been persistent at least since 1974. She expired at Majuro Hospital.

Utirik

SUBJECT No. 2241. This 56-year-old woman died at Straub Clinic and Hospital (Honolulu) with septicemia resulting from diabetes (known for at least 6 years) and a recent above-the-knee amputation stump that had become infected after surgery at Ebeye Hospital.

SUBJECT No. 2161. This 56-year-old woman died on Ailinglapalap Atoll after a two-month illness characterized by abdominal pain and jaundice. The cause of the illness is unknown as

no physician was in attendance. Other medical problems had included post-polio paralysis since childhood and bilateral congenitally dislocated hips.

SUBJECT No. 2120. Insulin-requiring diabetes and severe neuropathy were the major problems of this 70-year-old man when last examined in 1982. He was being followed at Majuro Hospital where he died later that year.

Comparison

SUBJECT No. 982. This 61-year-old lady had a history of moderate hypertension under treatment for at least 15 years. In 1980 she had a paralytic stroke complicated by pneumonia and was referred to the Ebeye Hospital. She died in April 1981.

SUBJECT No. 849. This 62-year-old man had diabetes treated with insulin. Severe peripheral vascular disease had led to bilateral leg amputations in 1972 and 1977. No other significant problems were detected on his last examination in 1980. He died in 1981.

SUBJECT No. 889. This 55-year-old woman had ductal carcinoma of the breast with positive axillary nodes diagnosed in 1980. She was treated at Straub Clinic and Hospital and returned to Ebeye to be placed on chemotherapy, but expired late in 1980.

SUBJECT No. 1554. Diabetes and senility were the clinical problems of this 62-year-old woman who died in 1981 on Ebeye.

SUBJECT No. 1571. Neurologic abnormalities detected on the 1982 examination led to the diagnosis of a spinal cord tumor (astrocytoma) in this 28-year-old woman. She died at Tripler Army Hospital following surgery for the tumor in 1982.

SUBJECT No. 945. This 57-year-old woman had severe pulmonary disease ($FEV_1 = 0.5$) and a history of cough and dyspnea for many years. She died in 1982 after being admitted to Ebeye Hospital with increasing cough and chest pain. Tuberculosis had not been confirmed in earlier evaluations, and the cause of the lung disease was not ascertained.

HEMATOLOGY

No hematologic malignancies were diagnosed in 1980-1982. Mean neutrophil counts (Figure 2a) in the Rongelap and Ailingnae groups remain, as in most years, slightly lower than control values. Lymphocyte counts (Figure 2b) are low only in the small Ailingnae group, although mean Rongelap values were below control levels during the early years of surveillance. Platelet counts (Figure 2c and d) are currently near control levels, although in retrospect one can argue that it may have taken about 20 years for this to occur in the Rongelap group. Hematocrit values have always been within a few percent of control levels and are not shown.

There have been few statistically significant differences in blood counts between exposed and unexposed groups on a year-to-year basis. The relative constancy of the differences over many years, however, raises the possibility of long-term constraints on hematopoiesis in the Rongelap and Ailingnae groups.

The following table is an analysis of group differences in the blood cell counts of Figure 2. The entries are p values for tests of trend of blood cell counts over time,⁵ the counts of the

exposed groups being less than the comparison group in all instances.

	Rongelap vs Comparison	Ailingnae vs Comparison
Neutrophils	0.04	0.04
Lymphocytes	NS	0.004
Platelets (females)	0.04	NS
Platelets (males)	0.04	NS

NS = not significant

The nonparametric test used in this analysis is one of low sensitivity, and a more detailed analysis is in preparation. In particular, the effects of mortality on trend will be investigated.

Although there could have been inherently different counts among the groups irrespective of radiation exposure, the significance of the latter is suggested by the observation that three cell lines reflect the same trend. The possibility that there may be such a long-term depression of hematopoietic elements stands in contrast to data from other sources. Occasional differences in blood counts have been noted between radiation-exposed and control populations in Japan, but the differences "were small and too irregular with respect to age, sex, and time of exposure to be attributed conclusively to radiation exposure."⁶ Quantitative recovery of hematopoietic tissue from acute radiation injury is often complete within 2-3 months.⁷ There is no reason to infer clinical significance from the present findings; the variations, on both a group and an individual basis, are minor, and there is no evidence so far of increased susceptibility to infection in exposed persons.

MARKERS OF POSSIBLE SUBCLINICAL NEOPLASIA

A variety of tests have been performed as a part of surveillance efforts to detect neoplastic or paraneoplastic processes which might remain subclinical for extended periods. In 1981, 400-cell leukocyte differentials were done to look for changes in low frequency cells, particularly monocytes and basophils (Table 1). Macrocytosis and polycythemia are routinely evaluated when clinically indicated, and grouped values

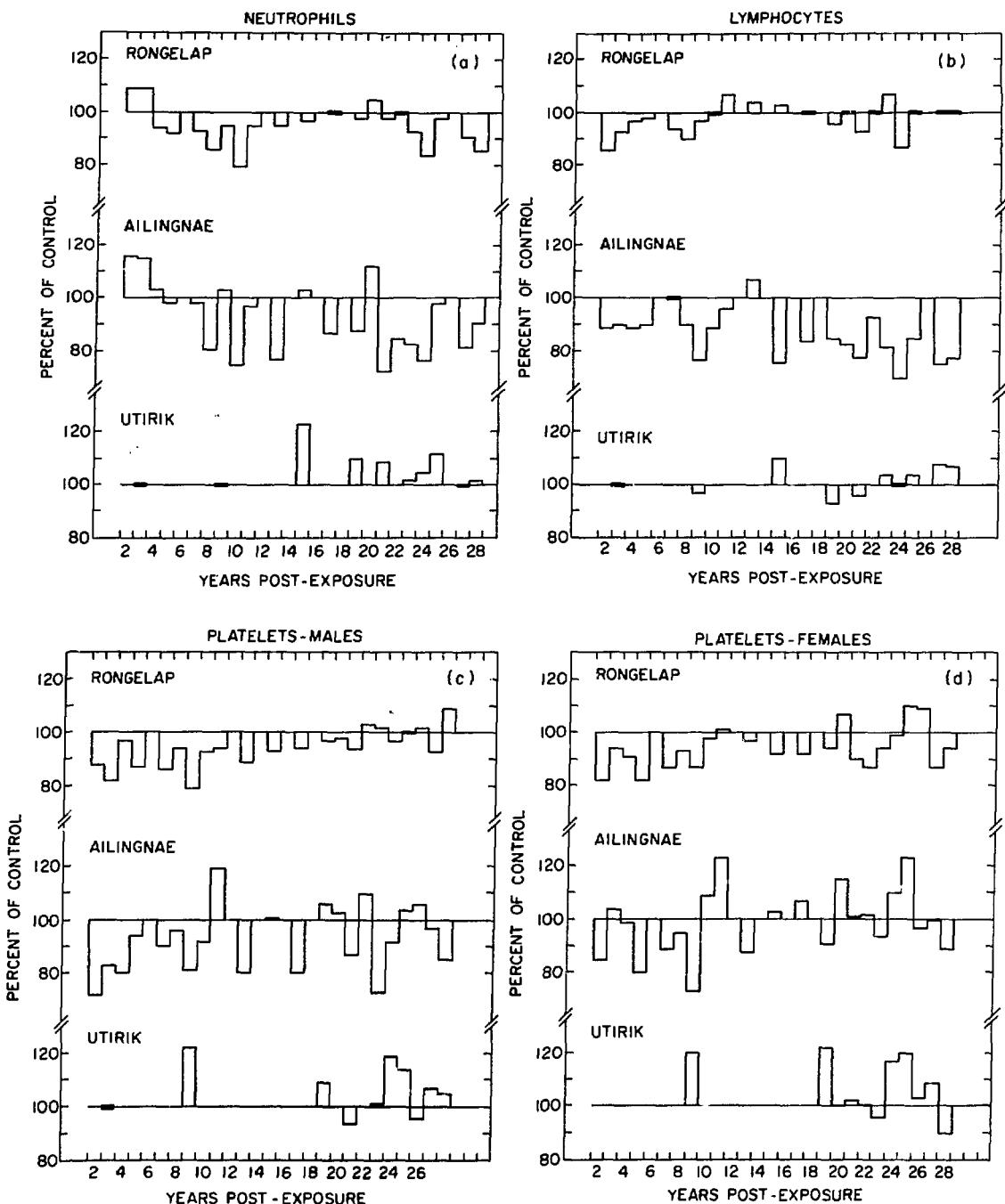


Figure 2. Mean blood cell counts of the different exposure groups (age 5 years or more) expressed as percent of control, beginning two years after exposure. Values for both sexes are grouped for neutrophils and lymphocytes. Detailed annual observations on Utirik blood cell counts were not begun until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

Table 1

Grouped values (\pm SD) of hematologic data obtained from persons who had 400-cell leukocyte differential counts in 1981. Using analysis of variance and t-tests, no significant differences were found among the exposure groups or between exposed groups and the comparison population.

Exposure Group (n)	Monocytes/ μ l	Basophils/ μ l	Mean Corpuscular Volume (fl)	Hemoglobin (g/dl)
Rongelap (46)	354 \pm 139	9.3 \pm 21	91.7 \pm 5	14.2 \pm 1.6
Ailingnae (13)	338 \pm 166	7.7 \pm 17	90.4 \pm 5	13.9 \pm 1.2
Utirik (108)	375 \pm 167	11.6 \pm 20	88.9 \pm 5	14.2 \pm 1.7
Comparison (103)	386 \pm 177	10.8 \pm 21	90.0 \pm 5	14.2 \pm 1.4

for mean corpuscular volume and hemoglobin level, also from 1981, are shown in the same table. In 1982 the following special tests were performed: serum erythropoietin assays were obtained on many individuals, including all those with elevated or high-normal hemoglobin levels, using a sensitive radioimmunoassay,⁸ and serum calcium and serum protein levels, as well as serum protein electrophoresis, were done on all exposed individuals. The results are discussed below.

Monocytes. The normal monocyte concentration in peripheral blood is approximately 300/ μ l with an upper limit of normal of about 800/ μ l.⁹ Values above this could be 1) occasionally normal; 2) the result of statistical variability inherent in a differential count; 3) due to a variety of infectious and granulomatous diseases; and 4) an accompaniment of a malignant process, including preleukemia. Mean values were similar in all exposure groups. Using analysis of variance and t-tests, significant differences were not found among the four exposure groups or between exposed groups and the comparison population. Four persons from Utirik and two from the comparison population had counts exceeding 800/ μ l. All but one (a person from Utirik who has not presented for reexamination) were normal when retested.

Basophils. These cells normally number less than 200/ μ l, with a mean of 40/ μ l. Basophilia is often seen in the various myeloproliferative syndromes. There were no statistically significant differences among the exposure groups. The highest value recorded, 120/ μ l, was in the unexposed population.

Mean Corpuscular Volume (MCV). An increase in the size of erythrocytes is most often due to alcoholism or a deficiency of folic acid or vitamin B₁₂. It can also be seen with aplastic anemia, sideroblastic anemia, preleukemia, and occasionally with solid tumors. There were no statistically significant differences in MCV among the exposure groups. The upper limit of normal for the MCV is about 100 fl. In 1981 one person from Rongelap, a 70-year-old woman, exceeded this (MCV of 102 fl). Her serum B₁₂ level was found to be low (108 pg/ml), although intrinsic factor antibodies were absent. She was started on parenteral vitamin B₁₂.

Hemoglobin. There were no statistically significant differences in mean hemoglobin level among the exposure groups. The upper limits of normal in Marshallese have been found to be approximately 17.7 g/dl for men and 15.7 g/dl for women. These are identical to values found in a normal U.S. population.⁹ Polycythemia is seen most often in heavy smokers, but it can also occur with the myeloproliferative syndromes and certain solid tumors, particularly those of renal or hepatic origin. *Polycythemia vera*, a myeloproliferative disorder, characteristically has a depressed level of serum erythropoietin. No low levels were found in any person tested. High erythropoietin levels are characteristic of the polycythemias due to solid tumors. No high levels were found in any nonanemic individual.

Serum Calcium. Hypercalcemia (serum calcium $>$ 10.5 mg/dl) can be caused by, among other things, parathyroid adenomas and many malignant diseases, usually metastatic tumors.

There is increasing evidence of an association of parathyroid adenomas and hyperparathyroidism with radiation exposure to the head and neck regions.¹⁰ Two persons from Utirik and one of the comparison population had mildly elevated serum calcium levels of 10.9-11.2 mg/dl. These are to be rechecked when the individuals appear for reexamination.

There were no low serum albumin levels which could have resulted in the masking of hypercalcemia.

Serum Protein Electrophoresis. Monoclonal increases in serum globulins can occasionally be benign, but they are also seen in association with myeloma, lymphoma, and solid tumors. No monoclonal spikes were found on serum protein electrophoresis. A decrease in gamma globulin is a frequent finding in the lymphoproliferative disorders. The normal range for gamma globulin is from 0.50 to 1.40 g/dl. The lowest value found in the Marshallese was 1.20 g/dl. There were no significant differences in mean gamma globulin values among the exposure groups (Table 2).

IMMUNE STATUS

In 1957 the first of several tests for evaluating the immune function of exposed Marshallese was performed.² The serologic responses to primary and secondary challenges of tetanus toxoid were found not to be significantly different between exposed and unexposed persons, although the range of titers was great, the number of persons tested was small, and the

primary response was somewhat lower in the exposed. In 1959 complement fixation tests for a battery of viral and rickettsial diseases (including influenza, mumps, and adenovirus) were performed. The Rongelap group had lower mean titers than the comparison group for most of the complement-fixing antibodies tested.¹¹ No significant differences were noted in serum protein electrophoretic studies in 1957. In 1969, however, exposed persons had a mean gamma globulin level 18.3% below that of the comparison group ($p = 0.01$).¹² In 1974 this difference was not noted.¹³ The gamma globulin levels measured in 1982, shown in Table 2, again reveal no statistically significant differences among exposure groups. Also included in Table 2 are the mean 1982 lymphocyte counts; the Ailingnae values are, by t-test analysis, significantly lower than that of the comparison group ($p < 0.05$).

Ophthalmologic examinations in 1981 revealed the presence in several individuals of lesions compatible with ocular toxoplasmosis. *Toxoplasma gondii* is an intracellular protozoan which is most commonly disseminated among humans via cat feces or inadequately cooked pork. It elicits both humoral and cellular immune responses, and medical complications are more commonly severe in those individuals with a suppressed immune mechanism.¹⁴ Because of the potential risk of toxoplasmosis to exposed persons, a serologic survey for toxoplasma antibodies was performed on 517 Marshallese sera collected at the time of the annual examinations in 1982.

Table 2
Grouped values (\pm SD) for serum gamma globulin and lymphocyte count, 1982. No statistically significant difference between exposed and unexposed groups was found for gamma globulin, but lymphocytes were lower ($p < 0.05$) for the Ailingnae group (t-test).

	Rongelap	Ailingnae	Utirik	Comparison
Gamma Globulin g/dl* (n)	1.91 \pm 0.41 (46)	1.81 \pm 0.24 (9)	1.98 \pm 0.45 (93)	1.96 \pm 0.48 (92)
Lymphocytes/ μ l (n)	2778 \pm 791 (47)	1983 \pm 653 (10)	2865 \pm 904 (93)	2732 \pm 793 (99)

*Normal range at Brookhaven National Laboratory — 0.50 to 1.40 g/dl.

Almost all individuals tested were over 15 years of age. Fluorescent immunoassays were performed by the Parasitic Diseases Branch of the Centers for Disease Control, Atlanta, Georgia. The overall prevalence of positive titers was 93.6%, a finding to be expected on the basis of investigations by others in tropical regions, including Oceania.^{15,16} A greater number of persons with insignificant titers (<4) was found in the Rongelap and Ailingnae groups (Table 3a). Furthermore, the mean log titer (MLT) of the combined Rongelap and Ailingnae groups was significantly lower than those of the Utirik and

comparison groups ($p < 0.05$). The MLTs of the four groups were similar, however, when titers <4 were excluded, suggesting that if infection did occur there was little, if any, difference in ability to mount an antibody response. Table 3b shows that individuals living on Rongelap had the lowest MLTs whether or not exposed persons from Rongelap and Ailingnae were included, although the difference is not statistically significant. It is possible, therefore, that the lower mean toxoplasma antibody titer of the Rongelap-Ailingnae exposure group was due to a decreased opportunity for exposure to the

Table 3
Serum toxoplasma titers and chorioretinal scars.

a) Exposure Group			
	Rongelap and Ailingnae	Utirik	Comparison
MLT*	6.66±3.72 (61)**	8.29±2.49 (97)	7.81±2.49 (100)
% <4	18.0%	3.1%	4.0%
MLT minus <4	8.12±2.19	8.55±2.03	8.14±1.95
b) Island of Residence			
	Ebeye	Majuro	Rongelap
MLT	7.69±2.51 (103)	8.11±3.34 (62)	7.22±3.23 (87)
MLT minus Rongelap and Ailingnae Exposed	7.84±2.44 (69)	8.57±2.64 (53)	7.62±2.84 (71)
			8.48±2.56 (172)
			8.49±2.36 (172)
c) Age Distribution			
	<10 yr	10-19 yr	>19 yr
Rongelap and Ailingnae	5.89±3.55 (28)	8.27±3.58 (11)	6.82±3.88 (22)
Utirik	8.36±3.00 (50)	7.86±1.83 (14)	8.36±1.82 (33)
Comparison	7.49±2.56 (39)	7.76±2.80 (21)	8.15±2.26 (40)

Table 3 (Continued)
Serum toxoplasma titers and chorioretinal scars.

d) Retinal Lesions			
	Rongelap and Ailingnae (51)	Utirik (98)	Comparison (86)
Number	2	1	2
%	3.9	1.0	2.3
<p>a) Compares exposure groups, including and excluding those persons with negative tests (titers <4).</p> <p>b) Compares persons tested from the four islands visited by the medical team, including and excluding the exposed from Rongelap and Ailingnae.</p> <p>c) Compares exposure groups according to age at the time of exposure.</p> <p>d) Compares exposure groups according to prevalence of chorioretinal scars.</p> <p>* Mean log titer.</p> <p>** Number of persons per group.</p>			

organism rather than to a deficient immune response. Table 3c shows that the lowest MLTs were present in Rongelap and Ailingnae persons who were <10 years and >19 years of age at the time of exposure. No apparent clinical consequences can be related to radiation; retinal lesions which may have been due to toxoplasmosis were similar among the four exposure groups (Table 3d).

The immune response of the exposed Marshallese will continue to receive attention because impaired immune function may place them at greater risk for infection and perhaps for tumor development.¹⁷ Knowledge of any such risk may have a direct bearing on medical care in future years. An evaluation of tuberculin and candida skin test responsiveness is currently under way.

There has been no evidence to date of autoimmune disorders. Rheumatoid arthritis has yet to be diagnosed with certainty in exposed persons. Two hundred fifty-seven persons (154 exposed and 103 unexposed) had serological evaluation for the presence of rheumatoid factor in 1981-82. The only positive test found was in a 46-year-old Utirik man who had no evidence of rheumatic or collagen-vascular disease. This low prevalence of 0.4% contrasts with 5.2% reported for Maoris in New Zealand¹⁸ and 4% to 40% reported for various age groups in the U.S.¹⁹

NONTHYROIDAL NEOPLASMS IN EXPOSED PERSONS

Pituitary Tumor

A prolactinoma was diagnosed in 1981 and confirmed at surgery in 1982 in a 29-year-old Utirik woman (No. 2160X) with galactorrhea/amenorrhea. She had been exposed as an infant, but, in contrast to others, she left Utirik within 24 hours of the fallout and never returned to the atoll. The hospital summary of her surgical admission at the National Institutes of Health can be found in Appendix II. Retrospective assays of frozen sera saved on this patient from previous years revealed equivalent prolactin elevations as far back as 1975 (earlier sera were not available for testing). A photomicrograph of the surgically removed tumor is shown in Figure 3.

A nonfunctioning pituitary tumor had been diagnosed in 1976 in a 35-year-old exposed Rongelap woman and reported.¹ The finding of a second clinically significant pituitary tumor in a total of 241 persons originally exposed to fallout (not including those *in utero*) represents a high incidence for these benign neoplasms. The incidence of clinically apparent pituitary tumors in the U.S. among persons under 45 years of age approaches 1/100,000 population/year.²⁰ The

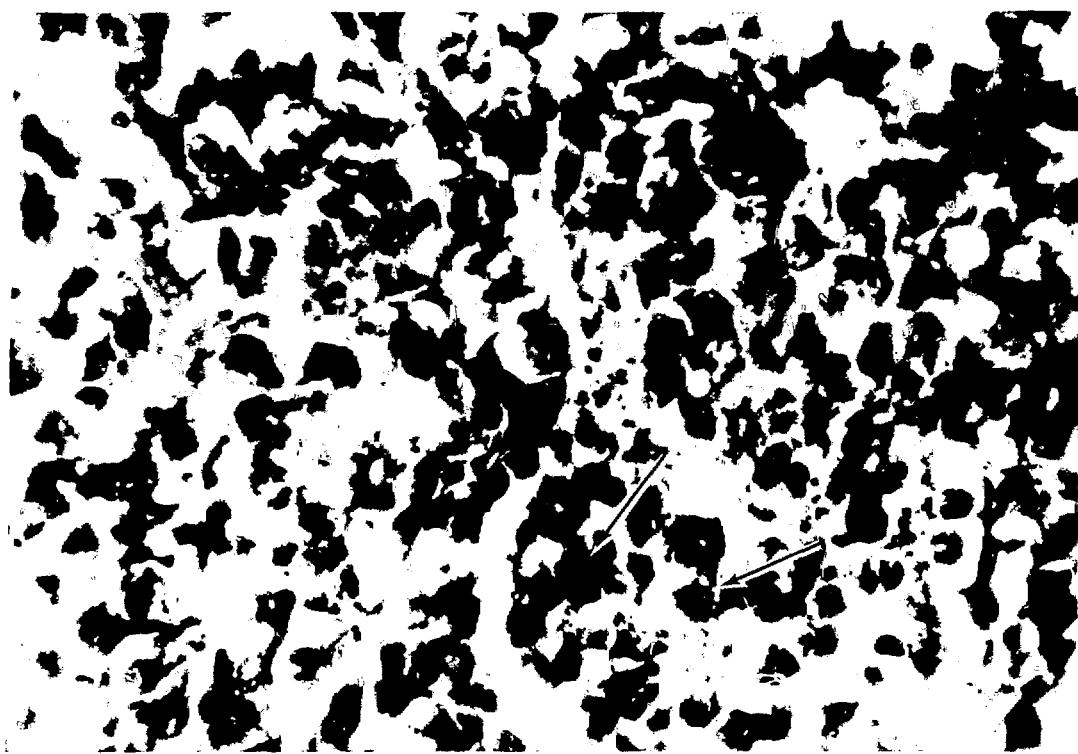


Figure 3. With immunofluorescent staining a dark cytoplasmic reaction product, indicated by the arrows, can be seen localizing prolactin in cells of the pituitary adenoma diagnosed in an exposed Utirik woman (No. 2160X). Prolactin-secreting cells have round-to-oval nuclei and distinct nucleoli (x800).

incidence rate in the exposed Marshallese, based on a total of 4252 observation years, is 17.8 times that recently reported from Olmsted County, Minnesota.²¹ In the same study, women between the ages of 15 and 45 years had an incidence of 7.1/100,000 persons per year. The incidence rate in exposed Marshallese women in the same age group (which includes the two patients discussed

here) and based on 2176 observation years is 13.6 times the Olmsted County incidence.

The following table provides relative risks, p values, and approximate confidence intervals for women between 15 and 44 years of age and for men and women combined who are less than 45 years of age, with Olmsted County used as the referent population:

		Marshall Islands	Olmsted County	Relative Risk	95% Confidence Interval	p Value
Women 15-44 yr	Incidence: Person Yrs:	2 2176	11 163,096	13.6	(4, 42)	0.01
Tot. Pop. < 45 yr	Incidence: Person Yrs:	2 4252	12 454,472	17.8	(6, 53)	<0.001

While no cases have been diagnosed in a comparison population of unexposed Marshallese, the number of person years of observation is small (698 person years for women 15-44 years of age, 1527 person years for the total population <45 years of age). This does not permit a meaningful statistical analysis of pituitary tumor incidence in the Marshall Islands. Nevertheless, the absence of cases in the unexposed group does tend to support the results of the statistical analysis using data from Olmsted County.

Note that the observation years of the Marshallese cover the entire period from 1954 through 1982. No allowance is made in the incidence data for any latent period in tumor induction because there is no available information on what that might be. Nevertheless, it is clear that both tumors were present 21-22 years after exposure.

The reason for the apparent increase in relative risk for pituitary tumors in the exposed Marshallese, if not chance occurrence, is unknown. There are no prior reports of pituitary tumors being inducible by radiation in man, although they can be produced by external gamma radiation and apparently by bone-seeking nuclides in experimental animals.^{22,23} No increase in pituitary neoplasms has been noted among survivors of the atomic bombings in Japan or among children who received cranial irradiation.^{24,25} While the development of two pituitary tumors in the relatively small population of exposed Marshallese may be evidence that certain types of radiation can induce pituitary neoplasia in man, the link is not a strong one, being a statistical phenomenon without a known biological basis.

Conceivably, pituitary neoplasia may have developed secondary to preexisting thyroid disease. Hyperplasia/adenoma formation of pituitary cells can result from thyroid hypofunction,^{26,27} and hypothyroidism is sometimes associated with hyperprolactinemia and/or galactorrhea.²⁸ Thyroid hypofunction has been noted among 16% of the exposed individuals from Rongelap.²⁹ Hypothyroidism in general has not been associated with pituitary tumors in man, however, and the two Marshallese women were, for the most part, clinically and biochemically euthyroid when tested in the years preceding the pituitary tumor diagnoses (see Table 4 for exceptions).

Table 4
Serial thyroid-stimulating hormone* (TSH) levels in two patients with pituitary tumors.

	Case No. 1**	Case No. 2
1965	2.2	
1967	1.0	
1969	1.7	
1972	110	< 2.5
1973		
1974	1.0	
1975	5.9	
1976	115 [†]	
1978	1.8	1.7
1979		0.3
1981	< 2.5	< 2.5 [†]

* Normal values are less than 5 μ U/ml.

** Case No. 1 had a total thyroidectomy in 1969 for papillary carcinoma, and the elevated TSH levels in 1972 and 1976 were obtained when thyroxin was discontinued prior to ^{131}I scanning.

[†] Year pituitary tumor was diagnosed.

It should be noted that occult pituitary tumors can be found in up to 27% of consecutive autopsies.^{30,31} It is not clear, however, that such ubiquitous neoplasms are analogous to those which produce clinical disease.

Prolactinoma Survey. The most common pituitary tumor in humans is prolactinoma, its chemical marker being hyperprolactinemia.³² In 1981-82 serum prolactin levels were obtained on 174 of the 178 persons remaining in the exposed population (four persons have not been examined in several years). The prolactin radioimmunoassays were performed in the laboratory of Dr. P.R. Larsen, Peter Bent Brigham Hospital. One persistent and unexplained elevation was found in an 82-year-old woman in the Utirik group, who was 54 years of age at the time of exposure to fallout. It may be clinically pertinent that, although married, she had no children. Skull x rays revealed a normal sella turcica. Because 1) there was no clinical evidence of a mass lesion, 2) she was of an advanced age, and 3) the serum prolactin elevation was minimal (42 ng/ml, with the upper range of normal for females in this population, based on two standard deviations above the mean, being 22 ng/ml), further evaluation was not carried out. It is not certain, therefore, that

she has a pituitary tumor, or, if so, whether or not it was the cause of her infertility.

Meningioma

A 43-year-old woman (No. 2249) exposed on Utirik at age 15 had neurosurgery for a meningioma in 1982. The histology was interpreted at the Armed Forces Institute of Pathology as being "atypical" (Figure 4). A summary of her initial hospitalization is presented in Appendix III.

Comment. Pituitary tumors are included under benign neoplasms of endocrine glands in the International Classification of Diseases (9th Revision, 1979). Because of unique characteristics related to anatomic placement, however, they have been included among the primary intracranial tumors in some studies.^{33,34} Clinically and at autopsy, no increase in pituitary adenomas has been found in Japanese atomic bombing survivors,^{24,35} children who received x-irradiation of the scalp for *T. capitis*,^{25,36} workers in industries involving radioactive materials,^{25,36} or proton-exposed *Macaca mulatta*.⁴⁰ Nevertheless, all the cited studies reported an excess of primary brain tumors, including meningioma (although a correlation with radiation exposure was not always found). It is therefore premature to conclude that the two pituitary tumors and the meningioma diagnosed in exposed Marshallese have a common etiology because they are all intracranial. Nevertheless, this particular disease category clearly requires continued careful monitoring. One primary central nervous system tumor has occurred in the comparison population, an astrocytoma of the spinal cord diagnosed in 1982 in a 28-year-old unexposed Rongelap woman.

THYROID NEOPLASIA

Methods. The thyroid nodule statistics in the 26-year report¹ were based on a reassessment of all thyroid resections from 1963 through 1981. The signal contribution to that reassessment was provided by Dr. Donald Paglia (University of California, Los Angeles) who arranged a histopathologic classification which conformed to that of the World Health Organization.⁴¹ This led to greater unanimity in diagnosis than had previously existed. The medical program is fortunate in having four eminent

consultant pathologists involved in that review who continue to evaluate prepared sections of recent thyroid lesions,* and the World Health Organization classification has been retained.

Each year the exposed and comparison populations receive careful neck examinations by an endocrinologist or surgeon. Patients of all exposure groups requiring thyroid surgery continue to have their operations performed by Dr. Brown Dobyns at Cleveland Metropolitan Hospital. A comprehensive presurgery medical evaluation is provided at the Hospital of the Medical Research Center, Brookhaven National Laboratory.

Clinical followup of patients who have had surgery is carried out along the guidelines recommended by Dr. Jacob Robbins, Chief, Clinical Endocrinology Branch, the National Institutes of Health. The procedures used, apart from complete physical examinations provided annually, include thyroid scans, tests of thyroid function, and thyroglobulin determinations. Up to the present no mortality can be attributed to thyroid carcinoma in any of the operated persons, nor is there any evidence of residual malignant disease. There is, of course, the morbidity associated with decreased thyroid function in persons who have had surgical removal of large amounts of thyroid tissue, whether benign or malignant. Thyroid hormone supplementation (Synthroid) is routinely supplied to those individuals.

Thyroid hormone supplementation for all Rongelap-Ailingnnae exposed, begun in 1965, has been continued. The reason for its use was to prevent the development of thyroid neoplasia. Thyroid nodules, however, have continued to occur over the years of surveillance, and it is not known if thyroid supplementation has delayed or prevented their development. A recent report suggests that such supplementation programs may be ineffective if begun more than a few years after radiation exposure.⁴² There is, however, another reason for continuing the current program, one that is based on the observation of subclinical hypothyroidism in a number of Rongelap individuals.²⁹ This complication of their radiation exposure was detected only

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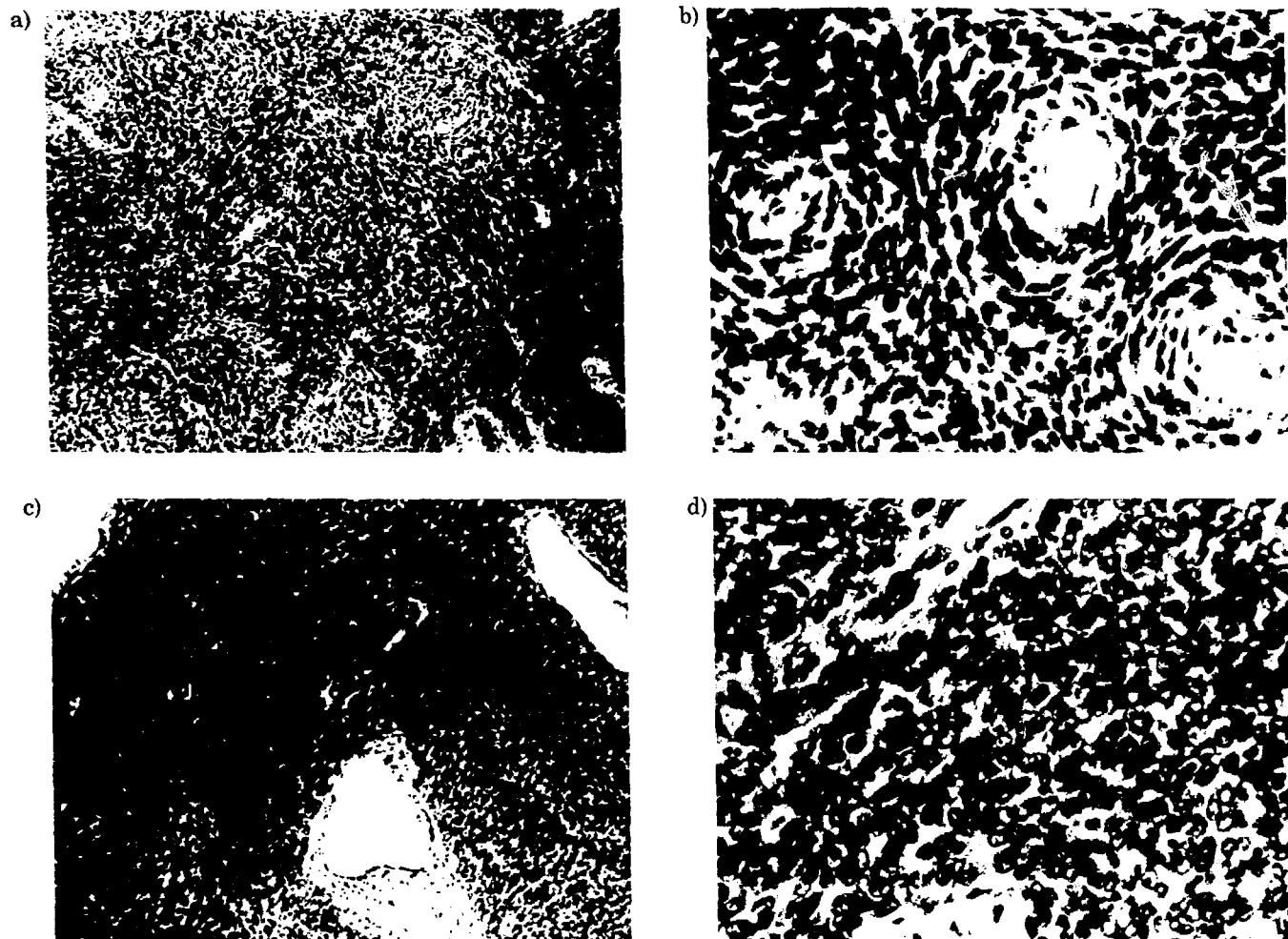


Figure 4 Photomicrographs of a meningioma diagnosed in an exposed Utirik woman (No. 2249). (a) and (b) represent low- and high-power views, respectively, of typical meningioma histology, whereas (c) and (d) show atypical areas with increased mitoses, nuclear pleomorphism, and hypercellularity. [Reviewed at the Armed Forces Institute of Pathology, Washington, DC (Dr. J.A. Gutierrez).]

because thyroid-stimulating hormone levels have been performed annually on that population. (The Utirik population is currently tested every two years: no cases of nonsurgical thyroid hypofunction have been detected.) It is not known if the incidence of biochemically detectable thyroid hypofunction is increasing among the people of Rongelap, because 1) thyroid hormone replacement would have to be temporarily discontinued for testing, and 2) treatment for hypofunction would be the same supplementation they are currently receiving. It is not clear, therefore, that they would derive any clinical benefit from the information that might be obtained.

There is a continuing problem with noncompliance in taking Synthroid, even though the medical program provides and distributes the supplement. For 1980-1982 the average percent of elevated TSH values in the Rongelap group was 19% even though all persons in the group are advised to take suppressive doses of Synthroid. This is clearly a minimum estimate of noncompliance because many persons who are to take thyroid supplementation are euthyroid. Their noncompliance would therefore not be reflected in the TSH level. In 1980, when 24% had elevated TSH levels, another 18% with normal TSH levels admitted to either irregular compliance or none at all. This adds up to a 42%

minimum estimate for noncompliance in that year. "Complete failure" to take prescribed medication may occur in 25-50% of outpatients in the U.S.⁴³

Findings. One thyroid nodule was detected in a 28-year-old woman of the comparison population in 1981. Surgery proved it to be an adenoma. This nodule, as well as those detected in 1980, were included in the statistics of the 26-year report.¹

Five persons underwent surgery in 1982 for suspected thyroid nodules. Significant pathology, however, was found in only three. Two of these were exposed persons from Rongelap (Nos. 36 and 65). They had adenomatous nodules removed in 1969 and 1966, respectively. The nodules detected in 1982 were also adenomatous nodules. They are therefore not included as new cases in the updated statistics. The other patient (No. 942) was a 65-year-old woman in the comparison population; three of four pathology consultants felt she had occult papillary carcinoma, while the fourth felt the lesion to be follicular carcinoma. An updated listing of all surgically removed lesions in the four exposure groups through 1982 is presented in Table 5.

A reassessment of absorbed radiation dose to the thyroid has now been completed and a summary of the results is presented in Appendix I. Dr. Robert Conard and Mr. Edward Les-

Table 5
Thyroid lesions diagnosed at surgery through 1982.

	Adenomatous Nodules	Adenomas	Carcinomas	Occult Papillary Carcinomas
Rongelap (67)*	17	2	4	—
Ailingnae (19)*	4	—	—	1
Utirik (167)*	10	2	3†	1
Comparison (227)**	3	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 each from Rongelap, Ailingnae, and Utirik.

* Number of persons (including those *in utero*) who were originally exposed.

** This number includes all persons who have been included in the comparison group since 1957. Some have not been seen for many years; others have been added as recently as 1979.

† Equally divided opinion in one case; follicular carcinoma vs atypical adenoma.

†† Divided opinion in one case; occult papillary carcinoma vs follicular carcinoma. The same patient had a lymphocytic thyroiditis.

sard (Safety and Environmental Protection Division, Brookhaven National Laboratory) have integrated the total clinical experience collected by the medical program relating thyroid neoplasia to radiation exposure. It should be noted that the unexposed population statistics were supplied by Dr. Conard and used in their calculations. Included are many individuals not in the comparison population. For example, "street surveys" for palpable thyroid lesions were carried out on the islands of Wotje and Likiep. From these and other unselected populations an approximate incidence of thyroid neoplasia for unexposed Marshallese has been derived. Table 5, on the other hand, is restricted to persons in the exposure groups defined at the outset of this report.

INDIVIDUAL LABORATORY DATA

As in earlier Brookhaven National Laboratory reports on the findings of the Marshall Islands medical program, a listing of individual laboratory test results obtained at the time of the annual examinations is provided in Appendix IV. This computer-generated listing has been the base for data analysis as performed on a VAX computer using BMDP statistical programs. The data presented were obtained at the time of the annual medical examinations in 1981 and 1982. Laboratory work performed at other times when clinically indicated is not included in the computer listing. For example, if a woman were found to have iron-deficiency anemia at the time of an annual examination and was treated with iron, her initial hemoglobin level and not the recovery value would be given in Appendix IV. All test results, however, are found in each person's active medical file.

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to the Marshall Islands medical program. The excellent logistical support of Mr. William Stanley and his staff at the Pacific Area Support Office, Department of Energy, Honolulu, and of the captain and crew of Liktanur II is sincerely acknowledged. Of particular value to the Marshall Islands medical program has been the highly competent and empathic assistance of Ms. Jenuk Kabua, R.N., and Mr. Helmer Emos, laboratory technician, Brookhaven National Laboratory Marshallese employees. The excellent secretarial services of Ms. Geraldine Callister and the editorial assistance of Ms. Mary Rustad are most appreciated. Dr. V.P. Bond, Associate Director, Brookhaven National Laboratory, kindly reviewed the manuscript.

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Thyroid-Absorbed Dose for Rongelap and Utirik Residents

Persons who were present on March 1, 1954, at Rongelap Island, Rongelap Atoll, Sifo Island, Ailingnae Atoll, and Utirik Island, Utirik Atoll in the Marshall Islands have been examined by medical specialists to determine if any observable effects occurred as a result of exposure to radioactive fallout from the Pacific weapon test known as Operation Castle BRAVO. Medical specialists have reported short-term effects exhibited over a period of many months and possible long-term effects exhibited over many years. A study was undertaken to reexamine thyroid-absorbed dose estimates for people who were exposed accidentally at Rongelap, Sifo, and Utirik Islands. Four methods were examined: 1) reevaluation of radiochemical analysis to relate results from pooled urine to intake, retention, and excretion functions; 2) analysis of neutron-irradiation studies of archival soil samples to estimate areal activities of the iodine isotopes; 3) analysis of source term, weather data, and meteorology functions predicting atmospheric diffusion and fallout deposition to estimate airborne concentrations of the iodine isotopes; and 4) reevaluation of radioactive fall-out contaminating a Japanese fishing vessel in the vicinity of Rongelap Island on March 1, 1954, to determine fallout components. Details of this research are to be published in a Brookhaven National Laboratory report by Lessard et al.¹

The original estimate of external whole-body dose from the acute exposure was 1.75 gray (175 rad) at Rongelap and 0.14 gray (14 rad) at Utirik.² The first estimate of thyroid dose from internal emitters in Rongelap people was 100 to 150 rep.² Thus the first estimate of total thyroid-absorbed dose was 2.68 to 3.15 gray (268 to 315 rad) for Rongelap people in general and for internal plus external exposure.

In 1964, three teenage girls who were exposed in 1954 underwent surgery for benign thyroid nodules. In 1964, the 3- to 4-year-old child thyroid dose was reexamined by James on the basis of 1) urine bioassay results and 2) a range of values for thyroid burden of ^{131}I , thyroid mass, and uptake retention functions for iodine.³ In addition two modes of intake were considered, inhalation and ingestion. For 3- to 4-year-old girls the extreme range of thyroid dose from

internal emitters was estimated at 2 to 33 gray (200-3300 rad). The most probable total thyroid dose was in the range of 7 to 14 gray (700-1400 rad). The James estimate of most probable total thyroid-absorbed dose to the child was 2 to 5 times higher than the estimate reported by Cronkite for Rongelap people.

The value for the James estimate of total thyroid dose was extrapolated to other ages and to the Utirik people and reported along with medical effects by Conard.⁴ The number of radiation-induced thyroid lesions per million-person rad years at risk was tabulated by Conard for the Rongelap- and Utirik-exposed populations. It was clear that the risks of radiation-induced benign and cancerous lesions were not comparable between the two atolls for any age grouping. The thyroid cancer risk for the Japanese population exposed at Nagasaki and Hiroshima reported by the National Research Council's Committee on the Biological Effects of Ionizing Radiation was 1.89 excess cases per million-person rad years of tissue dose.⁵ This parameter was 7.0 at Rongelap and 17.8 at Utirik for the 10-year and older age grouping in 1974.⁴

Variation in risk of radiation-induced thyroid cancer between atolls and the difference when compared to other irradiated groups became an important scientific and health-related question with considerable political overtones. Early in 1977, Bond, Borg, Conard, Cronkite, Greenhouse, Naidu, and Meinhold, all members of Brookhaven National Laboratory, and Sondhaus, University of California, College of Medicine, initiated a reexamination of the technical issues. In 1978, formal program objectives and funding were supplied by the Department of Energy's Division of Biological and Environmental Research.

In June 1978, the Meteorology Division at Lawrence Livermore National Laboratory was subcontracted to provide a computer simulation of the dispersion, transport, and deposition of fallout from the 1954 atmospheric nuclear test, BRAVO. A subcontract to provide neutron activation analysis of archival soil samples was given to the Radiological Sciences Department, Batelle-Pacific Northwest Laboratory. Soil samples were provided by Seymour, the director

of the University of Washington's Laboratory of Radiation Ecology.

During 1980, members of Brookhaven National Laboratory researched the protracted exposure to fallout at Rongelap and Utirik Atolls. The time interval of interest was from the time each population returned to their home atoll up to 50 years later. The nuclides consid-

ered were ^{137}Cs , ^{60}Co , ^{90}Sr , ^{55}Fe , ^{65}Zn , and ^{239}Pu . The thyroid-absorbed dose from these sources was negligible relative to the thyroid dose committed during the first few days after the accidental exposure.¹

The thyroid-absorbed dose tabulated here was estimated from results on ^{131}I activity excreted in urine and the specific nuclide composition of

Table 1
Estimated Radioiodine and Radiotellurium Thyroid-Absorbed Dose
and Corresponding Age

Age	Rongelap Island, rad*							Total
	^{135}I	^{134}I	^{133}I	^{132}I	^{131}I	^{131}Te	$^{131\text{m}}\text{Te}$	
Adult Male	1.9×10^2	3.0×10^0	5.5×10^2	7.3×10^0	1.3×10^2	1.2×10^2	1.3×10^1	1.0×10^3
Adult Female	2.0×10^2	3.5×10^0	5.7×10^2	7.4×10^2	1.4×10^2	1.2×10^2	1.3×10^1	1.1×10^3
14 Year Old	2.8×10^2	4.0×10^0	7.5×10^2	1.0×10^1	2.0×10^2	1.7×10^2	1.9×10^1	1.4×10^3
12 Year Old	3.0×10^2	4.8×10^0	9.1×10^2	1.1×10^1	2.1×10^2	1.9×10^2	1.9×10^1	1.6×10^3
9 Year Old	3.7×10^2	6.2×10^0	1.1×10^3	1.4×10^1	2.4×10^2	2.3×10^2	2.3×10^1	2.0×10^3
6 Year Old	4.5×10^2	8.0×10^0	1.3×10^3	1.6×10^1	2.8×10^2	2.7×10^2	2.6×10^1	2.4×10^3
1 Year Old	9.5×10^2	1.7×10^1	2.8×10^3	3.4×10^1	5.8×10^2	5.7×10^2	5.7×10^1	5.0×10^3
Newborn	4.9×10^1	8.3×10^{-1}	1.4×10^2	1.8×10^0	3.3×10^1	2.3×10^1	3.1×10^0	2.5×10^2
<i>In Utero</i> , 3rd tri.	1.3×10^2	2.1×10^0	3.8×10^2	4.4×10^0	8.4×10^1	7.2×10^1	7.8×10^0	6.8×10^2
Sifo Island, rad								
Adult Male	6.7×10^1	2.0×10^0	1.5×10^2	1.6×10^0	2.8×10^1	2.9×10^1	3.8×10^0	2.8×10^2
Adult Female	6.7×10^1	2.3×10^0	1.6×10^2	1.5×10^0	2.9×10^1	3.0×10^1	4.0×10^0	2.9×10^2
14 Year Old	9.9×10^1	2.6×10^0	2.2×10^2	2.2×10^0	4.0×10^1	4.2×10^1	5.8×10^0	4.1×10^2
12 Year Old	1.1×10^2	3.1×10^0	2.4×10^2	2.4×10^0	4.4×10^1	4.5×10^1	5.9×10^0	4.5×10^2
9 Year Old	1.3×10^2	4.0×10^0	2.9×10^0	2.9×10^0	4.9×10^1	5.3×10^1	6.9×10^0	5.4×10^2
6 Year Old	1.5×10^2	5.2×10^0	3.5×10^2	3.5×10^0	5.8×10^1	6.3×10^1	7.7×10^0	6.4×10^2
1 Year Old	3.3×10^2	1.1×10^1	7.1×10^2	7.4×10^0	1.2×10^2	1.4×10^2	1.7×10^1	1.3×10^3
<i>In Utero</i> , 2nd tri.	1.2×10^2	3.4×10^0	2.7×10^2	2.2×10^0	4.3×10^1	4.4×10^1	6.1×10^0	4.9×10^2
Utirik Island, rad								
Adult Male	7.8×10^0	—	8.3×10^1	1.4×10^0	3.2×10^1	2.4×10^1	2.7×10^0	1.5×10^2
Adult Female	8.0×10^0	—	8.7×10^1	1.5×10^0	3.4×10^1	2.4×10^1	2.7×10^0	1.6×10^2
14 Year Old	1.2×10^1	—	1.2×10^2	2.1×10^0	4.8×10^1	3.5×10^1	3.8×10^0	2.2×10^2
12 Year Old	1.2×10^1	—	1.3×10^2	2.3×10^0	5.2×10^1	3.8×10^1	4.0×10^0	2.4×10^2
9 Year Old	1.6×10^1	—	1.7×10^2	2.8×10^0	5.7×10^1	4.5×10^1	4.7×10^0	3.0×10^2
6 Year Old	1.8×10^1	—	1.9×10^2	3.2×10^0	6.7×10^1	5.2×10^1	5.5×10^0	3.4×10^2
1 Year Old	3.9×10^1	—	3.7×10^2	6.6×10^2	1.4×10^2	1.1×10^2	1.1×10^1	6.6×10^2
Newborn	1.9×10^0	—	2.8×10^1	4.3×10^1	9.8×10^0	7.7×10^0	2.0×10^1	4.8×10^1
<i>In Utero</i> , 3rd tri.	5.0×10^0	—	5.6×10^1	8.9×10^{-1}	2.0×10^1	1.5×10^1	1.5×10^0	9.8×10^1
<i>In Utero</i> , 2nd tri.	1.4×10^1	—	1.5×10^2	2.2×10^0	5.0×10^1	3.6×10^1	4.1×10^0	2.6×10^2

*Multiply by 0.01 to obtain gray.

BRAVO fallout: Surface and airborne activity, fallout granule size, and exposure rate at any time after the detonation were developed for 142 nuclides at Rongelap and Utirik on the basis of the reported nuclide composition on day 26 post-detonation. Over 70 documents were reviewed for information regarding exposure-rate readings, film-badge readings, fallout composition, dose and dose rate, body burdens, urine analyses, gastrointestinal tract contents, bone marrow and thyroid dose estimates, and activity measurements in soil, water, marine life, and land animals. Results from the meteorology study and archival soil study were also reexamined and compared to fallout composition results.¹

A tabulation of the estimates of thyroid-absorbed dose, age at exposure, and specific nuclides is given as Table 1. The thyroid-

absorbed dose from iodine and tellurium nuclides was 7.7 times greater than the absorbed dose due to ¹³¹I at Rongelap for an adult male. It was 10 times greater than the absorbed dose due to ¹³¹I at Sifo Island and 4.7 times the absorbed dose due to ¹³¹I at Utirik Island. James assumed the total thyroid absorbed dose was 2.6 times greater than the absorbed dose due to ¹³¹I.³ The factor 2.6 would be appropriate for slightly older fallout than that experienced at Rongelap, Utirik, or Sifo Islands. Table 1 was based on ingestion intake. Inhalation intake and absorption through skin could not be reconciled with measurements of ¹³¹I in urine or with external exposure rate measurements.

The average and maximum estimates of total thyroid-absorbed dose were tabulated in Table 2. Observations of the range of ¹³⁷Cs body burdens during protacted exposure⁷ and the

Table 2
Total Thyroid-Absorbed Dose Estimate
Average Estimate, rad*

Age	Rongelap Island			Sifo Island			Utirik Island		
	Internal	External	Total	Internal	External	Total	Internal	External	Total
Adult Male	1000	190	1200	280	110	400	150	11	160
Adult Female	1100	190	1300	290	110	410	160	11	170
14 Year Old	1400	190	1600	410	110	530	220	11	230
12 Year Old	1600	190	1800	450	110	570	240	11	250
9 Year Old	2000	190	2200	540	110	660	300	11	310
6 Year Old	2400	190	2600	640	110	760	340	11	350
1 Year Old	5000	190	5200	1300	110	1400	670	11	680
Newborn	250	190	440	—	—	—	48	11	59
<i>In Utero, 3rd tri.</i>	680	190	870	—	—	—	98	11	110
<i>In Utero, 2nd tri.</i>	—	—	—	490	110	610	260	11	270
Maximum Estimate, rad*									
Adult Male	4000	190	4200	1120	110	1200	600	11	610
Adult Female	4400	190	4600	1160	110	1300	640	11	650
14 Year Old	5600	190	5800	1600	110	1700	880	11	890
12 Year Old	6400	190	6600	1800	110	1900	960	11	970
9 Year Old	8000	190	8200	2200	110	2300	1200	11	1200
6 Year Old	9600	190	9800	2600	110	2700	1400	11	1400
1 Year Old	20000	190	20000	5200	110	5300	2700	11	2700
Newborn	1000	190	1200	—	—	—	190	11	200
<i>In Utero, 3rd tri.</i>	2700	190	2900	—	—	—	390	11	400
<i>In Utero, 2nd tri.</i>	—	—	—	2000	110	2100	1000	11	1000

*Multiply by 0.01 to obtain gray.

range associated with the contents of the stomach in cases of sudden death⁸ were used to estimate maximum thyroid-absorbed dose. The average dose was based on the average ¹³¹I activity in urine collected from people exposed at Rongelap Island. The contribution to thyroid dose from external sources was estimated by us from the air exposure created by 142 nuclides estimated from results of fallout composition. The external dose estimated by us was similar to original estimates by Sondhaus for persons exposed at Rongelap and Utirik Islands. The original external dose estimates at these islands, 1.75 gray and 0.14 gray (175 rad and 4 rad), respectively, were derived from survey instrument readings taken at evacuation and film badge data from a nearby military outpost.⁹ Our external dose value at Sifo Island, 1.1 gray (110 rad), was greater than the 0.69 gray (69 rad) originally estimated by Sondhaus from post-evacuation surveys of exposure rate. The difference was due to the presence of very short-lived activation and transuranic nuclides which, according to the nuclide composition, must have been present prior to evacuation of Sifo Island.

Medical observations concerning thyroid abnormalities have been tabulated by us along with the new thyroid dose. From these results, we estimate the mean cancer risk rate in the exposed population of 251 people to be 150 thyroid cancers per million-person gray years at risk (1.5 ± 2.5 thyroid cancers per million-person rad years at risk). The mean time at risk for thyroid cancer was 19 years. We estimated the mean thyroid nodule risk rate to be 830 nodules per million-person gray years at risk (8.30 ± 14 per million-person rad years at risk). The mean time at risk for a thyroid nodule was 18 years. The uncertainty derived for the estimate of risk was based on the standard deviation in adult mean urine activity concentration, the standard deviation in thyroid-absorbed dose per unit intake, and the standard deviation in the spontaneous frequency of thyroid nodules or lesions in the unexposed comparison group.

Acknowledgments

The reexamination was accomplished because of the fine efforts of Dr. Fred Brauer of Battelle Pacific Northwest Laboratory, Dr.

Kendall Peterson of Lawrence Livermore National Laboratory, Dr. Charles Sondhaus of the University of California, William Adams, M.D., Dr. John Baum, Victor Bond, M.D., Donald Borg, M.D., Robert Conard, M.D., Eugene Cronkite, M.D., Andrew Hull, Edward Lessard, Charles Meinholt, Robert Miltenberger, Stephen Musolino, and Dr. Jan Naidu, all from Brookhaven National Laboratory, Nathaniel Greenhouse from Lawrence Berkeley Laboratory, Dr. Bruce Wachholz from the National Cancer Institute, Thomas McCraw and Roger Ray from the Department of Energy, and Barbara Boccia, M.D., a physician in private practice.

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APPENDIX I

**Prepared by Edward T. Lessard, Manager,
Marshall Islands Radiological Safety Program
and Internal Dosimetry, Safety and Environmental
Protection Division, Brookhaven
National Laboratory.**

APPENDIX II

Hospital summary from the Clinical Center, the National Institutes of Health, Bethesda, Maryland, on Patient No. 2160X who underwent surgical removal of a pituitary tumor in 1982.

Admitted on 8-23-82

CHIEF COMPLAINT:

Followup evaluation.

HISTORY OF PRESENT ILLNESS:

Obtained from the charts and with translator. This is the second NIH admission for this 29-year-old female from the Marshall Islands. She was initially evaluated for amenorrhea and galactorrhea and serum prolactin levels are 400 to 600 ng/ml.

The patient was living on the larger island of Ebeye when doctors working on the Marshall Islands found an elevated prolactin level. At that time her main complaint was amenorrhea. She states that her growth and development had been normal. She had menarche at age 13. Her menses were regular and then suddenly stopped in 1969 and she only had occasional spotting. In 1974, she developed galactorrhea which has persisted. Her only other complaint was headache without any visual changes.

She was initially worked up at the Brookhaven National Laboratory. Her testing included a chest x-ray which was normal, a negative pregnancy test, a negative RPR, a serum protein electrophoresis which was normal, visual acuity which was normal, triglyceride level of 227, and increased white blood count of 11,600 and increased platelet count of 465,000. She had abnormal liver function tests, with SGOT of 83, and SGPT 123, and alkaline phosphatase of 109. Stools were positive for whipworm. She had a uric acid of 8.3, normal thyroid function tests, and trace protein in her urine.

She was then sent to the NIH for more extensive evaluation. She had a careful pelvic examination which was entirely normal. Sella x-rays showed an enlarged sella with ballooning anteriorly. A CT scan of the head showed a 1.2 cm. mass in the anterior sella and slightly to the left. The mass enhanced with contrast. There was no suprasellar extension. Visual fields were normal at that time. Her serum prolactin levels were 500 to 650 ng/ml. DHAS was 326 mcg/dl., cortisol was 8.1 mcg/dl., 17-hydroxysteroids were 4.0 mg./24 hours. Her T3 was 128, TSH 3.4, TBG was 33, T4 9.6 and free T4 was 1.4. She had an ACTH stimulation test. Her baseline cortisol was 6.6 mcg/dl. After ACTH at 30 minutes the cortisol rose to 26 mcg/dl. and at 60 minutes it was 26 mcg/dl. She had a TRH stimulation test and the values of TSH at -15 minutes was 1.1; at 0 it was 0.6; after the TRH it was at 20 minutes 4.9; at 30 minutes 5.8; and at 60 minutes 3.5. She had an SGOT of 71 and SGPT 139, and alkaline phosphatase 82, and bilirubin 0.8. She had a normal abdominal echo. She had a liver-spleen scan which was normal. Her hepatitis B surface antigen was negative. Ceruloplasmin was 290 mg/l. Her

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THE CLINICAL CENTER

ANA was less than 20. Alpha antitrypsin level was 230 mg/dl. White blood count was 8,000, and hematocrit was 44, platelet count was 377,000. Uric acid was 9, triglycerides 177, and cholesterol 238. Urinalysis was negative. She had stools for ova and parasites which were positive. She was seen by the Liver Service who felt that her abnormal liver function tests were related to a mild chronic hepatitis. There was no clear etiology. Hematology felt that her CBC should be followed and there was no need for a bone marrow at this time. Infectious Disease felt the parasitology in the stool was mild with no therapy, and did not feel that that accounted for her abnormal liver function tests.

The patient returns now for followup evaluation and consideration for surgery for her adenoma. At the present time she still has galactorrhea and amenorrhea. She has had unprotected intercourse for several years without pregnancy. She has noted no spotting. She still has bitemporal headaches about once a week. There is no nausea, vomiting, visual changes but occasionally has some dizziness. She denies any change in her peripheral vision, salt-craving, orthostasis, syncope, fever, chills, night sweats, increased thirst or polyuria, cold or heat intolerance, decreased appetite or weight loss. There is no nausea or vomiting. She occasionally has diarrhea, sometimes four to five stools per day, the last episode was a week before admission. She has had this problem over several years. There is no increased sweating or paresthesias.

PAST HISTORY:

No surgeries or serious medical illnesses.

Medications: None at the present time.

Allergies: None known.

FAMILY HISTORY:

Father with diabetes; other family members are all alive and well.

SOCIAL HISTORY:

She is a housewife, born on the island of Utrik, in the Pacific Ocean. She has moved and lived on the isle of Ebeye since 1962. She is married and has recently adopted one son. There is no history of alcohol and she is as non-smoker.

PHYSICAL EXAMINATION:

Vital Signs: Blood pressure 115/90, pulse 88 and regular, while she was

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lying; blood pressure was 110/75, pulse 90 and regular when sitting; and blood pressure went to 95/70 and pulse 100, when the patient stood up. Respiratory rate was 16 and she was afebrile.

General: She is a well-developed, well-nourished female in no acute distress, has a very rounded facies. Skin was warm and dry. Skin on the feet very coarse. There were a few scars on the lower extremities bilaterally. She has supraclavicular fat pads but no buffalo hump. Skin is also darkened and coarse around the neck and in the axillae.

Head, Eyes, Ears, Nose and Throat: Normocephalic. There were no nodes. Pupils were equal, round and reactive to light. Extraocular movements were full. There was no nystagmus. Discs were sharp. Visual fields were within normal limits to direct confrontation. Tympanic membranes were clear. Throat was clear, uvula midline. Inferior turbinates were normal.

Neck: Supple. There were no nodes. Trachea was midline. There was no palpable thyroid nodules or enlargement of the gland. Carotids were 2+ bilaterally without bruits.

Back: No CVA tenderness.

Breasts: Small, symmetrical. Nipple was inverted on the right. There were no masses and I was not able to express any milk on examination. There were no axillary nodes. She had normal axillary hair.

Cardiac: PMI was in the 5th intercostal space, midclavicular line. Both S1 and S2 were normal. There were no murmurs or gallops.

Lungs: Clear to auscultation and percussion.

Abdomen: Soft, and non-tender with good tone. There was no organomegaly or masses. There were no bruits appreciated.

Extremities: No clubbing, cyanosis or edema. All pulses were 2+ bilaterally.

Neurologic: Cranial nerves II through XII were intact. Motor examination was normal for both upper and lower extremities. Cerebellar function was thought to be intact. There was no Romberg. She had normal sensation to vibration and light touch. Deep tendon reflexes were 2+ in the upper extremities, 1+ at the knees, trace at the ankles and there were no Babinski's.

Genitalia: There is normal female pubic hair, Tanner Stage V, normal external genitalia.

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SIGNIFICANT FINDINGS:

Laboratory: Her glucose was 99, sodium 140, potassium 4.0, chloride 102, bicarbonate 23, calcium 5.2, phosphorus 4.5, BUN 12, creatinine 0.9, uric acid 7.9, total bilirubin was 0.4, alkaline phosphatase was 113, LDH was 178, SGPT 61, SGOT 30, GGT was 50, CPK 83, cholesterol 209. Her total T₄ was 7.7, free T₄ was 1.6 and TSH was 4.9. Her white blood count was 10,500, hemoglobin 14.9, hematocrit 42, differential count on that was 36 polys, 1 eosinophil, 5 basophils, 55 lymphocytes and 3 monocytes. Her platelet count was 354,000. She had an ACTH stimulation test before the surgery. Her baseline was 24.4 mcg. per deciliter; at 30 minutes she was 30.9 mcg. per deciliter and at 60 minutes she was 33.5 mcg. per deciliter. She also had an ITT before surgery and the results of that for the glucose at -15, glucose was 85 at 0, it was also 85 at 20 minutes, it was 69 at 30 minutes, it was 62 at 45 minutes, it was 64 at 60 minutes, and at 90 minutes it was 88. Her corresponding cortisols were at -15 8.8, at 0 6.6, at 20 minutes 10.6, at 30 minutes 12.5, at 45 minutes 21.2, at 60 minutes 30.6 and at 90 minutes 28.4. She essentially received 0.1 units of insulin per kg. and got a dose of 6.8 units of insulin for her ITT. Her urinalysis, except for small amounts of hemoglobin with some white cells, and a few red cells, a repeat of that showed no red blood cells or white blood cells and only a small amount of hemoglobin. She had an electrocardiogram which was normal.

X-rays: Her chest x-ray showed no active lung disease. There was no pulmonary infiltrates or nodules seen. She had a repeat scan of her sella and the impression was a pituitary microadenoma, predominantly left sided. There was no extension into the suprasella cistern or invasion to the left cavernous sinus.

The patient was seen in consultation by Neurosurgery and it was decided in terms of her living on the Marshall Islands that the best form of therapy for her hyperprolactinoma was to have a surgical resection.

COURSE IN HOSPITAL:

The patient was taken to the operating room on September 1, 1982 and she had a transsphenoidal removal of her intrasellar tumor. A soft tissue tumor which was moderately gritty and firm in consistency and was composed of multiple very small cysts with a yellowish white translucent color was encountered. The lesion was thought to lie in the left two thirds of the patient's sella and had displaced the normal appearing pituitary gland to the right and inferiorly. During the removal of the lesion it was apparent that the tumor was adherent to the superior aspect of the sella and that it

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surrounded the upper intrasellar portion of the pituitary stalk. There was no other evidence of tumor within the gland and it was felt that this may have been the cause of the patient's hypoprolactinemia. Following surgery, the patient had a rather uneventful course except for development of a persistent CSF leak. She was then brought back down to the Neurosurgical Service on September 8 and had an indwelling subarachnoid drainage catheter placed for three to four days via a lumbar puncture. The results of the CSF that was obtained at that time; there were two white blood cells, 200 red blood cells, her glucose was 78⁰ and her protein was 34. The patient remained on drainage for five days and after removal of the drain, had no further CSF or rhinorrhea. She has remained afebrile without any postoperative complications.

Laboratory data following her surgery - her white blood count was 10,400, hemoglobin 12.0, hematocrit 34, platelet count 408,000, sodium 141, potassium 4.4, chloride 100, bicarbonate 28, BUN 18, creatinine 1.3. Her T₃ was 125, T₄ 9.6, free T₄ 1.7. ACTH stimulation test after surgery, her 0 time was 98.7, 30 minutes post ACTH her cortisol was 30.8 and at 60 minutes her cortisol was 38.9. It was felt that the patient had had a relatively uncomplicated hospital course and has done well.

OPERATIONS AND DATES PERFORMED:

As noted the patient underwent a transsphenoidal hypophysectomy on September 1, 1982.

CLINICAL DIAGNOSES:

1. Hyperprolactinemia.
2. Galactorrhea/amenorrhea, secondary to number 1.
3. Status-post transsphenoidal hypophysectomy.
4. History of abnormal liver function tests. At this time the only abnormality is a slight elevation in her SGPT, all the other numbers have normalized. On return visit here these should be repeated again.
5. Slightly elevated white count and platelet count. Again, these are only mild elevations and should just be followed when the patient returns.
6. History of parasites in the stool. This is thought to not be causing her any chronic debilitation since the patient has no evidence of malabsorption and this is probably secondary to the living situation and on follow-up the patient should just be questioned about persistent diarrhea and whether she would be developing any symptoms of malabsorption. This was felt to be benign when she was seen by Infectious Diseases on her last visit in January of 1982.

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CONDITION OF PATIENT:

Stable.

INSTRUCTIONS TO PATIENT AND DISPOSITION:

There are no medications and no physical limitations at this time. The patient will be discharged to home and will come back to the National Institutes of Health for follow-up in either six months to one years' time.

Sign & Date: Marie C Gelato MD 12/21/82
Marie Gelato, M.D. /CH'9-23-82 (Dictated)
MG:mrc:10603 9-24-82 (Transcribed)
mrc:10624 11-15-82

Sign & Date: John C. - 1-28-83
Senior (Attending) Physician

uter date	PRL during ITT	NTSH	8/25/78	3pm	1.1
-15	305 ng/ml			4pm	0.7
0	323			5PM	0.8
20	299			6PM	1.0
30	314			11MN	1.0
45	282		8/26/78	1am	1.4
70	333			2am	1.4
90	208			3am	0.4
				4am	0.8

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STRAUB CLINIC & HOSPITAL, INC. HONOLULU, HAWAII

INDICATE NAME OF REPORT

PATIENT NAME	ROOM NO	RECORD NO	ADM NO	DISCHARGE SUMMARY
KAAIAKAMANU, TOMO			054650-7	

DATE OF ADMISSION: March 19, 1982

DATE OF DISCHARGE: April 14, 1982

FINAL PRIMARY DIAGNOSIS: MENINGIOMA

FINAL SECONARY DIAGNOSIS: PNEUMONIA

HISTORY OF PRESENT ILLNESS: This is the first Straub Hospital admission for this 43-year-old woman who is a former resident of the Marshall Islands. She reported a febrile illness 3 weeks prior to admission which was followed by bitemporal to generalized throbbing type headache which was progressive and present 24 hours a day unrelieved by aspirin or Tylenol. She also described attacks of hearing noise in her ears followed by dizziness. Her neck had become progressively stiffer and more painful. She described bracing herself against a wall so that her neck would be supported. She has no family history of neurologic disease.

PAST MEDICAL HISTORY: She had had a hysterectomy 10 years prior to admission. No other serious illnesses or accidents or infections.

REVIEW OF SYSTEMS: Negative in detail. She denies allergies. She takes Tylenol as needed for pain. There have been no psychiatric, G.I., G.U., endocrine, pulmonary, cardiac or skin problems. She smokes about 1 pack of cigarettes a day. She uses occasional alcohol.

PHYSICAL EXAMINATION: She was an ill-appearing woman. BP 140/90, heart rate 62; temperature 37. HEENT: Negative for injury otherwise unremarkable. Neck was held stiffly. Oropharynx benign. Thyroid not palpable. Lungs were clear. Breasts without masses or discharge. Heart was regular without significant murmur, rub or gallop. Abdomen was nontender. No organomegaly. Extremities were without edema. Rectal and pelvic exams were not done.

Neurologic exam showed a somewhat lethargic woman with no decrease in mental status. She appeared to neglect the left side on occasion. Cranial nerves: I) She smelled wintergreen. II) Visual fields were full to confrontation, fundi showed no papilledema. III, IV and VI) Pupils were 4 mm, reactive to light. V) Corneal response is symmetric. VII) No facial weakness. VII-XII) Appear normal. Motor examination showed no definite hemiparesis. Reflexes were 1-2 throughout. Patient had questionable bilateral Babinski responses. Sensory and cerebellar exams were normal. The spine had no areas of tenderness.

Lumbar puncture yielded opening pressure of 210, closing pressure of 180. Total protein was 103, glucose 65. In tube #1, there were 4 white cells and in tube #4 there were 4 white cells. In tube #1 there were 38 red cells and in tube #4 there were 117 red cells. Differential count showed mostly lymphocytes. CT scan showed right hemispheric lesion.

The patient was admitted to the hospital and treated with steroids and Manitol with improvement in her symptomatology.

³ Evaluation subsequently included normal SMA-12 except for elevation in LDH, normal ² electrolytes. CBC showed hematocrit of 37.2, white count of 9.1. Normal urinalysis.

¹ (CONTINUED)

Bleeding perimeters were normal. VDRL was positive at 0 dilution and FT ABS was also positive. ANA was negative. T4 was 5.3 with RT3U of 43.6, free T4 index was 3.2 which is borderline low. TSH was normal at 3.5. CSF VDRL was negative. Chest x-ray was normal. Selective cerebral angiography was done which confirmed a right frontotemporo-parietal infiltrating neoplasm compatible with a glioblastoma. EEG done on 3/23/82 showed excessive slowing in the right hemisphere consistent with a mass effect. An EKG was within normal limits.

The patient underwent surgery on 3/24/82 with complete excision of an angioma. The pathological evaluation revealed some atypical features and other regions were characteristic of angioblastic meningiomas.

The postoperative course was initially unremarkable, but on 4/2/82 she became febrile and developed bilateral pneumonia. She was treated initially with Mannitol and Erythromycin with rapid defervesence and improvement in her pulmonary function. She developed bronchospasm treated with inhaled sympathomimetics and Theophylline preparations.

The patient was discharged on 4/14/82 in much improved condition. Discharge medication included E-mycin, 250 mg, 2 pills 3 times daily after meals; Synthroid, .15 mg daily; phenobarbital, 60 mg 3 times a day and Theo-Dur, 300 mg, 3 times a day.

The patient had been placed on thyroid suppression because of her previous exposure to radiation in the Marshall Islands.

The patient's positive VDRL was treated with Benzathine penicillin 2.4 million units IM in each buttocks after Benemid, 1 gram by mouth on the day before discharge. She will be seen in the outpatient clinic in one week where repeat penicillin therapy will be given and again the following week. Hopefully, bronchodilators and Erythromycin can be discontinued at that time. She should remain on phenobarbital and thyroid replacement indefinitely. She will be seen by myself and Dr. Gonzalo Chong in the outpatient clinic.

John V. Mickey
JOHN V. MICKEY, M.D.

JVM/cb
Dict: 4/19/82
Trans: 4/20/82

APPENDIX III

Hospital summary from the Straub Clinic and Hospital, Inc., Honolulu, on Patient No. 2249 who underwent neurosurgery for a meningioma in 1982.

APPENDIX IV

Individual Marshallese laboratory data collected during the medical surveys of 1981 and 1982.

Abbreviations: IDN = Brookhaven National Laboratory identification number; HGB = hemoglobin level in g/dl; MCV = Mean corpuscular volume in fl; WBC = leukocyte count/ μ l; PMN = neutrophil count/ μ l; BND = band forms/ μ l; LYM = lymphocytes/ μ l; MON = monocytes/ μ l; EOS = eosinophils/ μ l; PLT = platelet count $\times 10^3$ / μ l; TSH = thyroid stimulating hormone level in μ U/ml; TOX = serum toxoplasma titer (by FIAx) expressed as log₂; PRL = serum prolactin in ng/ml; CAL = serum calcium in mg/dl; TPR = total serum proteins in g/dl; ALB = serum albumin in g/dl; GGL = gamma globulin in g/dl.

Comments:

1. Identification numbers 1-86 belong to exposed persons of Rongelap and Ailingnae; numbers beginning at 2102 belong to those of Utirik; numbers from 805 through 1578 belong to the Comparison group.
2. Entries which contain only 9s indicate no data were obtained.
3. Most normal ranges of the indicated tests are given in the text. The value of 0.0 for TSH, however, means the level was $< 2.5 \mu$ U/ml (i.e., normal), and the value of 0 for TOX indicates a log₂ titer of < 4 .

COMPUTER LISTING OF 1981 RAW DATA

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IDN	HGB	MCV	WBC	PMN	BND	LYM	MON	EOS	BAS	PLT	TSN
1	14.2	93	7900	4187	237	2765	553	158	0	245	999.9
2	15.0	96	5000	2337	25	1799	487	337	12	224	0.0
4	16.1	86	7200	2141	18	4050	197	864	0	155	0.0
5	14.2	91	7100	3727	35	2520	443	372	0	288	0.0
6	14.8	93	8100	4515	324	1741	688	830	0	252	0.0
7	13.4	94	6700	4200	16	1926	301	251	0	278	0.0
8	13.7	88	6100	3751	0	1860	289	137	61	264	0.0
9	15.9	95	5900	3303	44	2005	221	324	0	218	0.0
10	14.9	85	6800	4623	51	1308	526	280	8	270	0.0
12	12.9	93	6400	3455	0	2448	256	239	0	999	0.0
14	13.0	96	5700	2764	0	2137	498	256	42	277	0.0
15	13.0	88	10800	4428	27	4617	729	972	54	294	30.0
16	13.3	78	4500	2542	45	1586	180	135	11	254	2.9
17	13.8	87	11300	7147	0	2937	565	649	0	222	0.0
18	13.1	91	7300	4945	36	1678	310	328	0	260	0.0
19	15.8	99	6700	5132	65	2566	435	500	0	175	41.0
20	16.2	86	5900	3141	14	1873	486	383	0	214	0.0
21	11.1	84	5900	3923	0	1106	457	383	29	177	0.0
22	13.5	91	5900	2492	0	2699	295	412	0	307	0.0
23	15.6	97	7800	3431	0	3568	448	350	0	231	13.0
24	14.6	90	6200	2913	0	2727	216	340	0	190	0.0
27	15.5	95	9300	4719	0	3464	465	534	116	265	0.0
33	12.6	82	6400	3487	0	2191	400	320	0	228	18.0
34	12.3	102	9500	6578	190	1804	237	664	23	208	0.0
35	17.4	100	7400	4180	37	2497	370	314	0	306	0.0
37	14.4	95	5800	2290	29	1710	217	1536	14	197	0.0
39	13.5	91	5500	2846	27	1746	357	522	0	365	0.0
40	15.7	86	5800	2160	0	2957	260	420	0	190	0.0
41	14.3	94	6000	2804	0	2384	194	615	0	207	0.0
42	14.3	97	7900	4878	19	2093	632	276	0	190	0.0
44	15.5	86	5600	2827	14	1707	377	657	14	201	0.0
45	12.2	95	5800	2479	0	2392	304	608	14	263	0.0
47	15.7	99	7200	4283	90	1781	305	720	18	215	0.0
48	13.5	93	4700	2725	11	1774	152	35	0	276	0.0
49	15.0	90	8500	3910	255	3485	680	170	0	190	999.9
51	14.3	96	8800	6819	110	1341	197	329	0	424	0.0
53	13.5	89	7200	4085	18	2591	323	180	0	301	0.0
61	15.7	88	8800	4004	66	4333	241	110	44	231	9.7
63	14.1	92	6800	2804	34	3501	254	204	0	204	2.9
64	12.0	98	5400	2524	13	2011	216	134	0	204	105.0
65	10.0	79	9200	3036	276	1932	276	3772	0	146	999.9
66	13.3	90	6200	2480	15	3146	387	170	0	276	0.0
67	13.4	97	7100	3514	71	2555	266	692	0	275	0.0
69	11.2	999	8600	99999	9999	99999	99999	99999	999	177	0.0
70	13.3	86	5600	3513	14	1120	195	755	0	221	0.0
71	13.1	93	10600	5114	265	3709	185	1325	0	346	2.9
72	13.2	83	7200	4445	36	2429	161	125	0	324	230.0
73	15.4	88	6300	4220	15	1748	189	126	0	224	0.0
74	16.5	89	12700	6953	31	3048	381	2285	0	255	0.0
75	13.2	93	11400	6782	28	3191	342	1025	28	303	0.0
76	14.0	89	6500	2900	32	2339	520	698	0	241	2.7
77	14.8	94	9800	7545	24	1518	392	318	0	264	0.0
78	13.8	97	6900	4001	86	2449	258	86	17	264	0.0
79	15.0	97	4900	2768	24	1702	245	159	0	126	0.0
80	13.0	87	7600	5776	0	1216	152	456	0	223	999.9
81	12.2	92	8000	5679	20	1479	500	320	0	263	0.0
83	16.2	98	10200	5023	0	3161	331	1683	0	220	0.0

84	16.2	93	4800	2111	8	2052	443	192	8	266	8.0
85	16.2	94	8900	5384	22	2825	378	267	22	235	8.0
86	13.5	88	6300	3764	8	1716	315	504	8	243	8.0
885	14.0	87	6700	3910	30	1970	310	610	8	258	999.9
811	12.9	96	9300	4740	8	3580	300	670	8	233	999.9
813	13.7	88	7600	4040	90	2560	410	470	8	246	999.9
814	15.5	91	6800	2856	136	3332	272	204	8	209	999.9
816	10.8	88	5700	3640	40	1610	210	150	8	310	999.9
817	16.7	89	10100	5550	8	3480	830	220	8	275	999.9
821	11.8	83	5500	3070	60	1970	120	240	8	270	999.9
822	14.5	87	6900	3530	10	2790	390	150	8	213	999.9
823	14.8	97	10300	6770	120	2110	770	430	70	240	999.9
825	14.4	85	7600	4930	30	2070	470	70	8	317	999.9
826	12.9	94	5300	3140	300	900	430	500	10	289	999.9
827	14.6	96	8800	4910	20	2500	370	170	8	277	999.9
829	13.9	92	5800	2450	8	2910	330	70	20	250	8.0
830	14.5	99	6100	3850	10	1520	350	330	10	222	999.9
831	15.6	98	7100	2880	10	3210	580	460	10	283	999.9
832	13.1	85	6600	3670	80	2440	210	180	8	275	999.9
833	15.8	87	5500	2580	80	2320	340	200	40	198	999.9
834	15.8	88	7600	4730	30	2290	280	220	10	330	999.9
835	15.0	98	12300	6330	120	4390	640	760	30	394	999.9
839	14.0	86	9700	4120	8	4080	650	800	120	245	999.9
840	15.8	82	7800	3640	30	3390	480	230	8	266	999.9
841	13.5	89	7500	5840	70	1400	260	710	8	224	8.0
842	13.8	82	7400	3180	10	3210	330	640	8	150	999.9
843	12.9	99	6900	3910	8	1930	360	690	8	237	999.9
844	13.2	92	7400	3640	8	3010	480	250	8	186	999.9
845	14.1	90	7400	3310	50	3530	370	120	8	266	999.9
846	12.6	91	6600	2900	10	3000	390	280	8	284	999.9
851	12.8	96	6500	4140	60	1850	170	240	10	261	999.9
863	16.0	98	7000	3000	8	3340	380	260	8	222	999.9
864	13.9	93	8200	4050	300	2820	470	530	8	226	999.9
865	14.3	95	6800	2140	50	3450	220	900	30	348	999.9
867	16.0	85	9000	4340	40	3800	580	180	40	243	999.9
879	12.8	83	7500	5110	10	1800	410	150	8	346	999.9
881	13.8	93	10400	7220	20	2570	410	130	20	262	999.9
882	14.6	86	5400	2880	10	1670	280	540	8	220	999.9
883	14.0	100	7400	2294	74	2960	222	1850	8	189	999.9
888	13.6	89	8100	4536	162	2835	324	162	8	198	999.9
891	13.0	86	10100	7090	150	1810	200	830	8	387	999.9
892	13.6	89	8400	4956	8	2856	336	253	8	224	999.9
896	13.0	85	7600	4750	8	2140	220	470	8	235	999.9
909	13.1	82	6500	2600	8	2870	210	600	10	314	999.9
911	13.4	93	6500	3000	10	2790	210	350	30	314	999.9
917	15.5	85	6900	4740	10	1560	290	270	8	155	999.9
920	14.8	96	6300	1840	140	2560	670	1020	40	294	999.9
922	99.9	999	5000	3420	90	1820	300	300	60	252	999.9
925	12.9	85	8300	4680	20	2300	240	1010	20	330	999.9
928	11.0	94	5600	2450	80	2470	480	90	80	363	999.9
932	12.7	93	7000	3460	8	2150	430	940	8	292	999.9
934	13.8	90	7300	3650	10	2880	200	540	6	344	999.9
938	13.0	82	8200	5550	40	1760	320	490	8	262	8.0
939	14.9	88	9700	5960	120	3000	190	410	8	300	999.9
942	13.9	93	9300	5600	160	2620	510	370	20	174	999.9
943	16.4	94	10100	6130	100	2520	420	900	8	330	999.9
944	15.0	85	11400	7210	20	2650	650	850	8	218	999.9
955	12.9	93	9100	5910	130	1880	590	540	20	297	999.9
956	11.0	94	8700	6650	8	1500	320	210	8	308	999.9
958	14.9	95	11500	8300	230	2470	140	340	8	295	999.9
959	14.2	91	8600	4190	60	3460	340	470	60	331	999.9

968	10.8	78	12600	8000	98	3460	470	530	30	456	999.9
963	14.5	89	6800	3140	60	2800	450	280	30	257	999.9
966	15.4	99	5900	3360	20	1720	320	390	50	189	999.9
969	14.8	96	10100	6610	70	2370	450	580	0	343	999.9
970	11.9	89	11900	7020	230	3420	1010	200	0	256	999.9
971	16.8	90	9200	5560	0	2620	570	430	0	207	999.9
975	15.4	89	10300	7828	309	1648	103	206	0	284	999.9
980	14.0	90	7400	3420	70	3100	160	610	10	220	999.9
981	17.2	97	7000	4580	0	1430	480	470	10	175	999.9
991	13.2	96	6900	99999	9999	9999	9999	9999	999	275	999.9
993	14.8	83	7500	4190	90	2360	650	150	30	280	999.9
998	13.8	90	5800	2494	174	2610	290	232	0	393	999.9
1001	13.8	86	10500	7580	180	2040	600	70	0	201	0.0
1005	16.4	97	10900	7380	0	2670	590	240	0	157	999.9
1007	14.2	90	5200	2780	100	1680	150	270	0	215	999.9
1036	15.9	88	9800	5340	0	3350	490	610	0	244	999.9
1043	13.6	82	7100	4890	30	1790	260	100	0	255	999.9
1050	13.1	89	6800	99999	9999	9999	9999	9999	999	350	999.9
1058	14.3	89	6400	3950	30	1670	400	200	40	185	999.9
1055	13.2	92	5900	3050	10	2030	290	480	10	258	999.9
1519	16.6	95	7000	4280	30	2040	400	140	0	251	999.9
1520	14.9	83	6900	3667	69	2553	276	345	0	401	999.9
1524	16.0	94	8500	4250	60	3710	290	140	20	189	999.9
1526	14.9	83	10900	6646	436	3161	436	218	0	189	999.9
1541	13.5	89	7800	99999	9999	9999	9999	9999	999	270	999.9
1542	15.5	82	8900	4270	150	4070	260	130	0	280	999.9
1546	14.9	94	9000	5820	20	2560	510	60	0	172	999.9
1548	12.8	84	10800	7040	20	2750	450	510	0	370	999.9
1549	13.7	96	9700	4800	20	3680	460	700	20	261	999.9
1552	14.8	89	6800	3430	10	3000	230	100	0	274	999.9
1553	13.8	95	4900	2900	20	1550	120	280	10	285	999.9
1555	15.7	84	7700	4900	30	2270	460	10	0	198	999.9
1556	12.5	95	5500	2570	0	2590	160	160	0	223	4.2
1558	13.8	93	5500	2140	0	2250	240	850	0	276	999.9
1559	14.5	85	10700	6440	20	3260	660	290	0	289	999.9
1560	16.4	999	8300	4290	0	3070	390	470	60	204	999.9
1561	13.8	89	10900	5720	50	3760	790	570	0	375	999.9
1563	15.4	95	5600	3030	0	2290	180	80	0	264	999.9
1564	12.3	82	7300	4790	0	1530	410	520	10	284	999.9
1565	16.1	95	8800	5160	40	2440	300	740	80	251	999.9
1566	14.4	95	4900	2590	0	1400	220	640	20	266	999.9
1567	12.0	89	8700	4630	40	2040	500	1470	0	244	999.9
1570	13.7	90	7000	3840	0	2500	400	240	0	207	999.9
1571	15.8	90	8300	4100	60	3710	330	80	0	236	999.9
1573	17.5	94	7000	4480	280	1820	140	280	0	218	999.9
1575	12.4	94	6500	3310	0	2290	400	480	0	349	999.9
1577	13.4	90	11900	6180	0	2760	410	2520	0	339	999.9
1578	17.2	80	10700	6330	20	3150	900	260	0	233	999.9
2102	16.1	95	11800	7100	80	3740	850	0	0	216	0.0
2103	14.3	93	6700	3630	100	2890	350	480	30	214	0.0
2104	12.5	94	5500	2570	10	1970	310	590	20	246	5.5
2105	14.2	89	11400	99999	9999	9999	9999	9999	999	367	0.0
2106	16.5	87	11600	5680	50	4720	460	630	20	283	0.0
2107	13.9	88	14900	8020	0	5360	870	630	0	308	0.0
2108	15.2	82	6100	3400	40	2130	330	180	0	261	0.0
2110	12.7	97	7300	4560	10	1870	400	430	0	263	0.0
2111	13.2	86	8000	4870	0	2810	160	910	20	350	0.0
2113	13.6	81	5300	2500	30	2370	260	110	0	283	0.0
2114	14.6	90	6300	4070	60	1760	220	170	0	206	0.0
2119	14.1	83	8400	3860	210	2810	250	1170	80	264	0.0
2120	14.5	91	10300	6100	0	3210	510	450	0	294	0.0

2123	13.9	95	57000	2670	40	2500	310	170	0	197	0.0
2124	16.0	91	142000	10150	10	3100	690	30	10	239	0.0
2125	14.8	96	52000	2700	20	1810	420	220	0	282	0.0
2126	12.4	86	90000	5040	270	2250	90	1350	0	287	999.9
2128	11.5	80	91000	5730	40	2700	270	340	0	236	0.0
2129	13.5	81	67000	4070	0	1950	260	330	60	381	0.0
2130	12.1	91	67000	3750	0	1950	250	730	0	235	0.0
2132	14.0	83	63000	3400	0	2370	120	360	30	312	0.0
2134	12.7	89	140000	9240	170	3430	480	620	30	291	0.0
2136	15.0	95	68000	3400	0	2340	370	660	10	289	0.0
2137	14.8	93	74000	3290	10	2990	330	750	0	149	0.0
2138	12.0	91	72000	3740	30	2880	390	130	0	315	0.0
2139	12.9	93	62000	3030	0	2540	170	430	10	309	0.0
2142	16.8	97	72000	4570	700	1240	680	180	0	175	0.0
2143	14.9	84	83000	4482	166	2656	83	913	0	241	999.9
2144	17.8	99	103000	5768	515	3605	309	103	0	249	999.9
2145	13.5	98	68000	2920	30	3820	350	500	0	333	0.0
2148	14.3	93	61000	1890	0	3370	560	270	0	173	0.0
2149	11.9	93	69000	1980	0	2960	170	1770	0	272	5.7
2150	16.4	86	86000	4550	50	2590	240	1090	50	247	0.0
2152	14.7	94	68000	4500	50	1150	860	220	0	325	0.0
2153	13.1	79	65000	3445	325	2145	65	520	0	308	999.9
2155	99.9	999	78000	4580	0	2780	350	70	0	259	0.0
2156	17.1	94	64000	3420	30	2410	270	250	0	215	0.0
2157	14.8	93	68000	3220	30	2770	300	450	0	332	0.0
2158	13.8	90	60000	2320	100	2500	340	720	0	284	0.0
2159	12.6	90	99000	5930	20	3160	490	270	0	343	0.0
2160	13.7	90	71000	2910	50	2980	370	760	10	383	0.0
2162	11.6	85	75000	5060	10	1850	350	180	10	256	0.0
2164	12.4	92	65000	4160	40	1730	320	220	0	236	0.0
2166	13.3	94	60000	2590	70	2690	310	300	10	280	0.0
2167	15.7	96	123000	6240	30	5250	360	390	0	245	0.0
2168	15.1	100	79000	4950	70	2310	430	110	0	244	0.0
2172	13.9	90	63000	3270	40	2360	290	310	0	253	0.0
2174	16.1	88	91000	5680	20	2200	380	770	20	291	0.0
2176	15.4	94	123000	8850	30	2790	550	30	30	279	0.0
2179	17.3	88	91000	4680	60	2610	450	1200	60	236	0.0
2182	12.6	92	56000	2300	50	2600	460	140	20	255	0.0
2185	14.9	100	52000	2600	20	1970	380	200	0	220	0.0
2188	16.3	92	58000	2320	10	2520	660	270	0	222	0.0
2189	14.3	88	89000	6000	20	1890	600	350	20	385	0.0
2193	13.2	90	151000	9960	0	4070	490	560	0	242	0.0
2194	10.7	85	66000	2870	10	3050	390	260	0	269	29.0
2195	12.5	84	60000	4300	80	2050	80	250	10	295	0.0
2196	14.2	88	145000	7820	100	5250	390	830	70	372	0.0
2197	11.9	85	67000	3780	80	2270	330	180	30	267	0.0
2200	13.1	95	61000	3030	70	2440	240	300	0	252	0.0
2205	14.6	89	77000	4060	10	3130	360	110	0	264	0.0
2206	15.0	87	70000	2830	10	3510	350	280	0	249	0.0
2207	16.6	85	105000	6480	70	3460	260	210	0	294	0.0
2208	16.5	89	85000	5200	40	2480	310	460	60	224	5.7
2209	12.5	87	107000	6330	130	2700	420	1090	0	393	0.0
2210	13.8	91	54000	3460	0	1490	210	210	0	295	0.0
2212	13.1	93	75000	4060	0	2730	370	240	50	234	4.9
2213	12.5	89	89000	4820	20	3130	480	400	20	360	0.0
2215	14.2	84	81000	3580	100	3860	300	240	0	311	0.3
2216	14.8	87	105000	6530	20	2670	440	490	0	378	0.0
2217	13.7	92	82000	4960	120	2310	340	430	20	297	0.0
2218	15.3	88	133000	6990	1340	3930	680	330	0	235	0.0
2220	14.1	91	91000	4680	220	2250	430	1500	0	242	0.0
2221	13.8	94	71000	4570	140	1790	330	230	10	245	71.0

2224	12.6	92	5600	2740	80	2080	330	330	10	346	8.8
2225	11.4	85	9300	5920	550	1950	250	600	0	347	8.8
2227	12.2	84	8200	5860	180	1720	340	80	0	329	8.8
2228	12.0	89	10700	5640	50	4170	530	290	0	392	8.8
2229	14.2	90	7000	3830	30	2460	360	240	50	256	7.0
2230	14.9	82	8200	5820	60	1640	280	360	20	381	8.8
2231	14.1	87	8700	4480	40	3260	340	560	0	362	8.8
2232	16.9	94	7500	3180	0	3730	430	150	0	202	3.8
2234	16.1	88	7300	4280	0	2440	510	50	0	244	8.8
2235	14.4	90	8200	2970	430	2840	860	1080	0	273	8.8
2236	16.7	80	5700	3030	40	2080	340	190	0	217	8.8
2237	15.0	92	7500	3580	0	3450	240	160	30	411	8.8
2239	12.4	85	7000	4530	10	1730	330	420	10	375	8.8
2242	14.9	92	7600	4750	70	2240	220	280	10	333	8.8
2244	13.8	95	5800	2130	10	3040	310	270	10	234	8.8
2245	14.7	90	6700	3730	10	1940	560	430	0	254	8.8
2247	10.3	82	7300	4070	90	2050	690	370	0	326	8.8
2248	13.3	87	9900	5742	297	3069	99	297	0	268	999.9
2250	15.0	86	8100	3483	243	2997	324	1053	0	423	999.9
2251	13.6	94	9500	4700	0	3700	490	490	90	398	8.8
2254	13.3	77	7300	3942	292	2469	219	430	0	497	999.9
2255	13.8	87	9900	5540	220	3340	190	590	0	271	8.8
2256	12.8	86	7100	3580	140	2690	230	420	10	311	8.8
2257	14.8	84	6800	2990	30	3160	390	220	0	265	8.8
2260	15.1	88	10500	5930	100	3960	470	20	0	374	8.8
2261	17.1	93	6700	3190	10	2980	250	250	0	258	8.8
2226	14.1	80	7700	4235	300	2849	154	154	0	329	999.9
2268	16.4	86	6600	3340	40	2640	250	210	80	243	8.8
2271	15.5	89	10000	5440	250	2580	620	1140	20	265	8.8
2273	16.8	84	9600	4750	20	3940	570	280	10	214	8.8
2274	14.4	86	6600	3820	110	2060	420	140	10	312	8.8
2276	17.3	88	10700	4400	0	4670	310	1100	0	304	8.8
2277	9.3	69	10500	7140	300	2160	570	500	10	287	8.8
2269	16.7	96	13900	10800	60	2320	410	200	60	152	999.9

COMPUTER LISTING OF 1982 RAW DATA												Page 1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
100	200	300	400	500	600	700	800	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	2500	2600	2700	2800	2900	3000	3100	3200	3300	3400	3500	3600	3700	3800	3900	4000	4100	4200	4300	4400	4500	4600	4700	4800	4900	5000	5100	5200	5300	5400	5500	5600	5700	5800	5900	6000	6100	6200	6300	6400	6500	6600	6700	6800	6900	7000	7100	7200	7300	7400	7500	7600	7700	7800	7900	8000	8100	8200	8300	8400	8500	8600	8700	8800	8900	9000	9100	9200	9300	9400	9500	9600	9700	9800	9900	10000	11000	12000	13000	14000	15000	16000	17000	18000	19000	20000	21000	22000	23000	24000	25000	26000	27000	28000	29000	30000	31000	32000	33000	34000	35000	36000	37000	38000	39000	40000	41000	42000	43000	44000	45000	46000	47000	48000	49000	50000	51000	52000	53000	54000	55000	56000	57000	58000	59000	60000	61000	62000	63000	64000	65000	66000	67000	68000	69000	70000	71000	72000	73000	74000	75000	76000	77000	78000	79000	80000	81000	82000	83000	84000	85000	86000	87000	88000	89000	90000	91000	92000	93000	94000	95000	96000	97000	98000	99000	100000	110000	120000	130000	140000	150000	160000	170000	180000	190000	200000	210000	220000	230000	240000	250000	260000	270000	280000	290000	300000	310000	320000	330000	340000	350000	360000	370000	380000	390000	400000	410000	420000	430000	440000	450000	460000	470000	480000	490000	500000	510000	520000	530000	540000	550000	560000	570000	580000	590000	600000	610000	620000	630000	640000	650000	660000	670000	680000	690000	700000	710000	720000	730000	740000	750000	760000	770000	780000	790000	800000	810000	820000	830000	840000	850000	860000	870000	880000	890000	900000	910000	920000	930000	940000	950000	960000	970000	980000	990000	1000000	1100000	1200000	1300000	1400000	1500000	1600000	1700000	1800000	1900000	2000000	2100000	2200000	2300000	2400000	2500000	2600000	2700000	2800000	2900000	3000000	3100000	3200000	3300000	3400000	3500000	3600000	3700000	3800000	3900000	4000000	4100000	4200000	4300000	4400000	4500000	4600000	4700000	4800000	4900000	5000000	5100000	5200000	5300000	5400000	5500000	5600000	5700000	5800000	5900000	6000000	6100000	6200000	6300000	6400000	6500000	6600000	6700000	6800000	6900000	7000000	7100000	7200000	7300000	7400000	7500000	7600000	7700000	7800000	7900000	8000000	8100000	8200000	8300000	8400000	8500000	8600000	8700000	8800000	8900000	9000000	9100000	9200000	9300000	9400000	9500000	9600000	9700000	9800000	9900000	10000000	11000000	12000000	13000000	14000000	15000000	16000000	17000000	18000000	19000000	20000000	21000000	22000000	23000000	24000000	25000000	26000000	27000000	28000000	29000000	30000000	31000000	32000000	33000000	34000000	35000000	36000000	37000000	38000000	39000000	40000000	41000000	42000000	43000000	44000000	45000000	46000000	47000000	48000000	49000000	50000000	51000000	52000000	53000000	54000000	55000000	56000000	57000000	58000000	59000000	60000000	61000000	62000000	63000000	64000000	65000000	66000000	67000000	68000000	69000000	70000000	71000000	72000000	73000000	74000000	75000000	76000000	77000000	78000000	79000000	80000000	81000000	82000000	83000000	84000000	85000000	86000000	87000000	88000000	89000000	90000000	91000000	92000000	93000000	94000000	95000000	96000000	97000000	98000000	99000000	100000000	110000000	120000000	130000000	140000000	150000000	160000000	170000000	180000000	190000000	200000000	210000000	220000000	230000000	240000000	250000000	260000000	270000000	280000000	290000000	300000000	310000000	320000000	330000000	340000000	350000000	360000000	370000000	380000000	390000000	400000000	410000000	420000000	430000000	440000000	450000000	460000000	470000000	480000000	490000000	500000000	510000000	520000000	530000000	540000000	550000000	560000000	570000000	580000000	590000000	600000000	610000000	620000000	630000000	640000000	650000000	660000000	670000000	680000000	690000000	700000000	710000000	720000000	730000000	740000000	750000000	760000000	770000000	780000000	790000000	800000000	810000000	820000000	830000000	840000000	850000000	860000000	870000000	880000000	890000000	900000000	910000000	920000000	930000000	940000000	950000000	960000000	970000000	980000000	990000000	1000000000	1100000000	1200000000	1300000000	1400000000	1500000000	1600000000	1700000000	1800000000	1900000000	2000000000	2100000000	2200000000	2300000000	2400000000	2500000000	2600000000	2700000000	2800000000	2900000000	3000000000	3100000000	3200000000	3300000000	3400000000	3500000000	3600000000	3700000000	3800000000	3900000000	4000000000	4100000000	4200000000	4300000000	4400000000	4500000000	4600000000	4700000000	4800000000	4900000000	5000000000	5100000000	5200000000	5300000000	5400000000	5500000000	5600000000	5700000000	5800000000	5900000000	6000000000	6100000000	6200000000	6300000000	6400000000	6500000000	6600000000	6700000000	6800000000	6900000000	7000000000	7100000000	7200000000	7300000000	7400000000	7500000000	7600000000	7700000000	7800000000	7900000000	8000000000	8100000000	8200000000	8300000000	8400000000	8500000000	8600000000	8700000000	8800000000	8900000000	9000000000	9100000000	9200000000	9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6.288	889	11.2	889	7748	4628	1463	462	1155	8	288	999.9	5	999.9	9.1	6.8	2.8	1.5	
6.388	811	14.2	188	18888	4988	388	3788	388	8	388	999.9	5	999.9	9.1	7.7	4.8	9.9	
6.488	812	9.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.3	9.3	7.7	9.9	
6.588	813	15.7	188	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.1	7.8	3.5	1.8	
6.688	814	16.9	58	8988	4539	178	3568	3568	8	214	999.9	999	999.9	9.1	7.8	3.5	1.8	
6.788	815	16.8	94	7688	3724	228	2736	4556	8	46	999.9	999	999.9	9.1	7.7	4.4	1.4	
6.888	816	12.3	88	6388	4895	68	1764	252	8	999	999.9	999	999.9	8.7	6.6	3.5	1.2	
6.988	817	999	99999	9999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
7.088	818	13.5	999	89888	5618	18	2488	9999	9999	9999	9999	9999	9999	999.9	999.9	9.9	9.9	
7.188	821	11.5	91	7888	5688	398	1638	156	156	222	999.9	999	999.9	9.1	7.8	3.5	1.8	
7.288	822	14.4	8888	5084	264	88	2196	385	366	46	999.9	999	999.9	9.1	7.7	4.4	1.4	
7.388	823	15.1	95	6188	372	61	2736	216	72	318	999.9	999	999.9	8.7	6.6	3.5	1.2	
7.488	825	13.3	89	7288	3968	117	1326	273	8	283	999.9	999	999.9	9.2	7.8	3.3	2.2	
7.588	826	11.4	93	3988	1958	17	3818	428	8	318	999.9	999	999.9	9.9	9.9	4.9	3.3	
7.688	827	15.5	97	7888	3588	78	3818	428	8	318	999.9	999	999.9	9.8	8.4	4.2	2.1	
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7.888	830	14.4	98	4988	2363	8	2088	49	321	999.9	999	999.9	999.9	9.9	9.9	4.8	1.3	
7.988	831	16.1	96	7588	3252	225	3158	388	384	9	999.9	999.9	999.9	9.3	7.1	3.6	1.3	
8.088	832	13.1	87	6288	3348	186	2542	62	8	267	999.9	999	999.9	8.6	8.6	3.3	1.7	
8.188	833	15.2	87	4688	2288	276	1848	92	46	308	999.9	999	999.9	8.4	3.8	2.8	1.7	
8.288	834	15.4	89	8388	3483	415	3652	664	48	318	999.9	999	999.9	8.3	3.5	1.9	1.7	
8.388	835	14.2	97	7988	3713	158	3397	316	8	318	999.9	999	999.9	8.3	3.9	2.1	1.7	
8.488	836	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.3	3.7	1.7	1.7	
8.588	838	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
8.688	839	95	7688	3258	8	3428	688	8	269	999.9	999	999.9	9.9	9.9	4.1	2.4		
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8.888	841	13.7	93	7988	5856	79	272	888	8	999.9	999.9	999	999.9	8.3	3.9	2.1	1.7	
8.988	842	13.7	91	8788	4882	8	2618	261	1653	174	161	999.9	999	999.9	9.3	7.4	3.8	1.4
9.088	843	13.5	98	5188	2681	51	1938	351	153	244	888	888	888	8.8	7.4	3.8	1.4	
9.188	844	14.8	95	1388	7328	339	3051	339	8	442	999.9	999	999.9	9.9	9.9	4.8	1.3	
9.288	845	14.9	92	7888	3577	78	2948	218	8	218	999.9	999	999.9	9.6	7.7	3.5	1.7	
9.388	846	13.2	95	52888	1924	156	2756	156	260	8	999.9	999.9	999.9	9.5	7.7	3.5	1.7	
9.488	847	12.8	97	5288	3016	156	1568	268	268	8	999.9	999.9	999.9	9.5	7.7	3.5	1.7	
9.588	848	855	99.9	999	99999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
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1.088	853	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
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1.488	857	92	7788	3927	154	3157	231	8	325	999.9	999	999.9	9.3	7.7	3.5	2.1		
1.588	858	14.6	85	5488	2886	54	2592	378	54	322	999.9	999	999.9	9.3	7.7	3.5	2.1	
1.688	859	14.6	888	6988	2838	8	3243	483	276	8	268	999.9	999	999.9	9.3	7.7	3.5	2.1
1.788	860	13.4	89	6488	3136	8	3088	192	64	276	999.9	999	999.9	9.4	7.3	3.3	1.8	
1.888	861	14.8	188	7188	324	142	2911	284	8	271	999.9	999	999.9	8.8	3.2	2.3	1.8	
1.988	862	16.6	999	8888	4408	8	3688	568	8	999	999.9	999	999.9	9.4	9.4	9.9	9.9	
2.088	863	14.6	85	4051	2884	2281	213	8	272	999.9	999	999.9	9.1	6.9	3.4	1.6		
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2.288	865	13.4	89	6488	3136	8	3088	192	64	276	999.9	999	999.9	9.2	7.8	3.7	2.2	
2.388	866	917	13.8	88	7388	5694	73	1095	8	333	999.9	999	999.9	8.6	6.8	3.3	1.3	
2.488	867	15.3	97	9788	4559	485	4074	291	291	8	246	999.9	999	999.9	8.5	6.8	3.3	1.3
2.588	868	13.1	91	7888	4288	8	3688	568	8	999	999.9	999	999.9	8.5	6.8	3.3	1.3	
2.688	869	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
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2.988	872	15.3	97	9788	4559	485	4074	291	291	8	246	999.9	999	999.9	8.5	6.8	3.3	1.3
3.088	873	13.1	91	7888	4288	8	3688	568	8	999	999.9	999	999.9	8.5	6.8	3.3	1.3	
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3.288	875	918	99.9	999	99999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
3.388	876	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
3.488	877	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
3.588	878	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
3.688	879	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
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3.888	881	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
3.988	882	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.088	883	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.188	884	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.288	885	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.388	886	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.488	887	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.588	888	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.688	889	99.9	999	99999	9999	9999	9999	9999	999	999	999.9	999	999.9	9.9	9.9	9.9	9.9	
4.788	890	99.9	999	99999	9999													

245000	16.1	88	8899	4488	352	176	236	999.9	999.9	99.9	99.9
2150	15.3	93	7300	4234	2482	19	365	999.9	999.9	99.4	99.4
2152	15.3	87	65000	3250	65	2925	195	999.9	999.9	9.3	9.3
2155	15.3	87	65000	3250	315	2782	252	189	250	5.9	5.9
2156	17.4	96	6300	2772	188	3898	188	564	564	4.3	4.3
2157	14.8	98	9400	5540	188	1845	185	225	225	3.6	3.6
2158	12.8	98	4500	2115	135	1845	187	225	225	3.1	3.1
2159	15.4	89	9100	5278	182	3893	364	273	273	2.5	2.5
2160	15.6	94	8800	3695	88	1936	88	397	397	1.8	1.8
2160	12.4	89	14000	9668	426	2945	846	145	145	1.1	1.1
253000	2162	12.4	93	18400	93	3458	273	3276	546	1.1	1.1
254000	2164	13.5	93	9100	5978	416	3328	520	288	286	1.1
261000	2165	15.4	89	10400	6000	136	2448	68	170	200	1.1
256000	2166	14.1	95	63000	40800	200	2296	378	74	74	1.1
262000	2176	15.3	94	7600	3888	136	2900	443	87	87	1.1
263000	2179	17.4	86	100000	57000	200	3600	272	999.9	999.9	1.1
264000	2182	12.8	93	4500	2070	45	2168	186	45	45	1.1
264000	2185	14.3	93	18400	9920	134	2948	268	281	281	1.1
265000	2188	16.1	92	5400	3232	54	2645	106	270	270	1.1
266000	2188	16.1	92	7200	4536	144	1655	504	366	366	1.1
268000	2193	13.5	91	6800	4556	204	1632	284	204	204	1.1
269000	2194	18.5	89	5800	2726	58	2665	290	116	116	1.1
270000	2196	14.5	92	9500	5605	95	3515	196	95	95	1.1
271000	2197	12.3	88	6000	3234	396	2508	132	264	264	1.1
272000	2200	12.9	96	7100	3337	142	3337	60	284	284	1.1
273000	2205	15.1	87	7700	3465	154	3696	308	77	77	1.1
2286	2206	15.4	98	50000	2208	58	2208	150	235	235	1.1
275000	2207	15.3	87	9300	3348	186	4929	558	279	279	1.1
276000	2208	16.3	93	9300	6138	186	2325	279	372	372	1.1
277000	2209	14.1	91	9800	5877	86	2752	688	303	303	1.1
278000	2210	13.9	93	7800	4368	78	2496	468	390	390	1.1
279000	2212	13.4	91	6600	2838	132	2904	396	330	330	1.1
280000	2213	13.4	91	52000	2132	52	2236	364	366	366	1.1
281000	2215	13.9	86	83000	4731	16	2822	332	270	270	1.1
282000	2216	14.5	91	90000	4238	90	4140	270	270	270	1.1
283000	2217	13.5	95	7800	3710	140	2660	280	210	210	1.1
284000	2218	12.5	93	122000	8296	480	2928	122	488	488	1.1
285000	2220	14.9	94	7600	4636	4636	2584	228	608	608	1.1
286000	2221	13.7	95	66000	3036	198	2508	660	198	198	1.1
287000	2224	12.7	95	60000	36600	430	1800	120	420	420	1.1
288000	2225	11.7	96	87000	3915	435	3845	435	780	780	1.1
289000	2231	99.9	99.9	99.9	4543	77	3003	385	231	231	1.1
290000	2226	13.9	88	64000	3648	320	1984	2990	64	533	533
290000	2227	10.6	93	7200	3672	216	2304	504	216	216	1.1
291000	2228	13.8	88	145000	10295	580	2906	150	292	292	1.1
292000	2229	14.4	90	81000	4374	486	2592	486	214	422	422
293000	2230	15.3	83	92000	4140	276	1840	92	245	245	1.1
294000	2231	99.9	99.9	99.9	4543	77	3003	385	231	231	1.1
295000	2232	17.3	93	65000	2795	195	2990	455	65	403	403
296000	2234	15.6	97	64000	4307	365	2263	292	73	226	226
297000	2235	16.3	88	7800	5540	9	2110	150	368	368	1.1
298000	2237	15.2	93	6800	3195	3195	3128	136	340	340	1.1
299000	2239	13.1	87	12600	8578	130	4140	1840	1890	1890	1.1
300000	2242	14.9	92	89000	4272	178	3026	445	231	231	1.1
301000	2244	14.1	97	64000	3904	128	3904	128	229	229	1.1
302000	2245	15.8	99.9	7000	3570	70	3010	206	216	216	1.1
303000	2247	12.5	89	7000	4851	231	1694	406	462	462	1.1
304000	2248	13.7	87	85000	5015	170	2295	510	340	340	1.1
305000	2250	15.6	91	8700	4524	3219	3219	65	261	261	1.1

36666	4717	267	2676	891	284	999.9	10	13.0	9.3	7.4	3.5	1.8
2251	15.2	86	8906	288	216	1584	360	72	389	999.9	99.9	99.9
2254	19.6	85	7206	4686	288	1086	1086	0	274	999.9	10	9.2
2255	14.2	88	10006	4386	288	4286	456	0	482	999.9	9.2	7.2
2256	15.0	88	7606	3046	304	3344	456	0	307	999.9	4.3	3.4
2257	15.2	87	6306	3085	189	2285	315	0	489	999.9	8.6	7.4
2268	13.1	92	9606	4224	96	4896	192	0	643.0	9.5	7.3	3.4
2261	13.1	92	5706	2856	228	2187	557	0	261	3.4	8.5	3.7
2268	16.7	96	7606	4644	456	2128	388	0	224	999.9	8.8	3.5
31396	2269	16.6	97	8006	4166	166	566	0	264	999.9	99.9	99.9
31406	2271	16.3	91	8306	4814	249	2886	415	0	251	999.9	9.3
31506	2273	17.3	85	12506	625	625	5756	375	0	448	999.9	11.0
31606	2274	15.8	86	7206	4032	72	2526	432	0	231	999.9	12
31666	2277	11.7	75	9506	6745	285	2185	95	0	314	999.9	7.8
						196			7	98.0	8.8	9.6
												3.6