Response from the Board of Directors of the Japan Thyroid Association (JTA) to the petition from JTA members

To the request from JTA members submitted to the Board of Directors of the JTA in October 2024, the first response was sent in December. As described after the response, the members submitted a letter and asked the Board of Directors whether it was OK to make the document public as it is because there were many questions about it. In May 2025, a letter was sent to the members saying that the Board of Directors unanimously agreed to make it public as it is. Therefore, it has been made public in June 2025. The document contains many typos and some parts may not make sense in Japanese, but it has been translated as faithfully as possible to the original.

The board members who wrote this response are:

Tetsuya Tagami (Kyoto Medical Center) (President)
Miyuki Katayama (National Graduated Institute for Policy Studies)
Seigo Kinuya (Graduate School of Medical Sciences, Kanazawa University)
Noriyuki Koibuchi (Graduate School of Medicine, Gunma University)
Tetsuo Kondo (University of Yamanashi)
Hiroki Shimura (Fukushima Medical University)
Akira Sugawara (Tohoku University School of Medicine)
Iwao Sugitani (Nippon Medical School)
Hidemitsu Tsutusi (Tokyo Medical University)
Nagaoki Toyoda (Kansai Medical University)
Eijun Nishihara (Kuma Hospital)
Koshi Hashimoto (Dokkyo Medical University Saitama Medical Center)
Tomonobu Hasegawa (Keio University School of Medicine)
Yoshitaka Hayashi (Research Institute of Environmental Medicine, Nagoya University)
Shigeru Hirano (Kyoto Prefectural University of Medicine)
Norisato Mitsutake (Nagasaki University)
Kanshi Minamitani (Teikyo University Chiba Medical Center)
Natsuko Watanabe (Ito Hospital)

December 3, 2024

Response to “Petition calling for fair and open scientific discussion and management based on that at the Japan Thyroid Association”

To:

Councilor: Toru Takano, Keita Tatsumi, Yoh Hidaka and Sanae Midorikawa,

Member: Akira Ohtsuru and Wataru Kameda

From:

President of the Japan Thyroid Association, Tetsuya Tagami

Specialist System Committee

Board of Directors of the Japan Thyroid Association

First of all, we welcome the submission of “Petition calling for fair and open scientific discussion and management based on that at the Japan Thyroid Association” to the President of the Japan Thyroid Association (JTA) by Councilor Toru Takano and others, as an official proposal to improve the association. First, with regard to the "three matters that occurred at the initiative of the Board of Directors" mentioned at the beginning, based on the minutes of the meetings at the time [1)] and confirmation with the director in charge of editing of our journal [2)], it appears that there are some points that are not factual. However, since the members of the Board of Directors and the President are re-elected approximately every two years and many of the members who know the details of what happened at the time have already retired, it may be difficult to clear up all of the minor misunderstandings from the past. Therefore, we would like to confirm the facts, which we consider to be more important, and state the current opinion of the Board of Directors.

1) Regarding the April 2021 issue of the Journal of Japan Thyroid Association, "Special Feature 1: Considering Overdiagnosis of Thyroid Cancer," A director raised the issue saying, "It seems to ignore the results that the JTA has been working on for a long time and lack consistency with the JTA's efforts." In response, the director in charge of editing at the time reported on the outline of this special feature and the process leading up to its publication[*]. As a result of the discussion at the Board of Directors meeting, it was decided to immediately post "The Position of the Japan Thyroid Association" on the website, and that from now on, the content of the Journal will be censored by the Board of Directors before it is published.

2) At the web board meeting after publication, one of the board members requested that the "Current Status of the Thyroid Examinations in the Fukushima Health Management Survey" should be

featured in the special issue of the second issue of 2021. I recall that the above feature was adopted with the approval of the editorial board members at the web meeting disucssing the contents of the second issue of 2021.

* I remember that the request "I want to study overdiagnosis" was mailed to the JTA office. At the time, we were in the midst of the COVID-19 pandemic, and I recall that the editorial board was meeting online. At that online meeting, the special feature "Overdiagnosis" was adopted without any particular objections. Dr. Midorikawa, a member of the journal's editorial board, selected the authors, and the special feature was published. Personally, I felt that the content was a little different from the special features that our journal had previously featured, but since the content of the special feature had been left to the discretion of the editor-in-chief, I did not offer any particular opinions.

Facts about the thyroid examination in the Fukushima Health Management Survey (FHMS)

The following is an explanation from one of the current directors, a medical doctor who is in charge of the thyroid examination in the Fukushima Health Management Survey.

1. About the thyroid examination in the FHMS

The Great East Japan Earthquake that occurred on March 11, 2011 and the subsequent tsunami caused a nuclear fuel meltdown and hydrogen explosion at the Fukushima Daiichi Nuclear Power Plant, located on the Pacific coast, resulting in the scattering of radioactive materials mainly in Fukushima Prefecture. On the other hand, although it is estimated that radiation exposure doses were kept low by measures such as evacuation and food restrictions[1)], actual measurements of radiation exposure doses were very limited immediately after the disaster, which was the result of the overlapping of a massive earthquake and a massive tsunami. Under such circumstances, there was concern that the incidence of pediatric thyroid cancer, which was observed after the Chernobyl nuclear power plant accident in 1986, would occur in Fukushima Prefecture as well. Therefore, Fukushima Prefecture commissioned Fukushima Medical University to conduct a health survey of its citizens, and as part of the detailed survey, it began the thyroid examination for citizens who were 18 years old or younger at the time of the accident [2,3)].

This examination is a "project" that Fukushima Prefecture decided to implement after the Fukushima Daiichi Nuclear Power Plant accident, in response to the strong desire of the people of Fukushima Prefecture [4)]. Its appropriateness has been continuously discussed by the Prefectural Oversight Committee for the FHMS (POCF), which is made up of third-party experts from various fields, including a representative from this society, and it continues to be conducted based on the results of consultation [5,6)]. As Fukushima Medical University, which was entrusted with the results of the survey, it is our responsibility to provide highly accurate examinations to those who wish to undergo the examination, while working closely with the people of Fukushima Prefecture, to analyze

the results, and to clarify the effects of radiation exposure as much as possible. To achieve this, cooperation from external specialists (and ultrasound technicians), cooperation in training examiners, and cooperation in evaluating the results of the thyroid examination are essential, and we are currently receiving support from related societies, including this society.

2. Ethical issues regarding the thyroid examination in the FHMS

Regarding thyroid cancer, it is known that latent cancer is frequently seen, and that in the case of ultra-low-risk micropapillary carcinoma, the risk of tumor growth and metastasis is extremely low, so thyroid cancer is pointed out as one of the malignant tumors at risk of overdiagnosis. This "overdiagnosis" refers to overdiagnosis in cancer epidemiology, and is defined as diagnosing a disease that will not cause clinical problems such as death or symptoms over the course of a lifetime. The risk of overdiagnosis should also be considered in thyroid cancer in children and young adults, who are the subjects of the thyroid examination. In addition, because there is little knowledge about the natural history of thyroid cancer compared to adults, children are not considered to be candidates for active surveillance [7], and more careful handling is required.

As the above definition is used to define "overdiagnosis" of thyroid cancer, even if thyroid cancer is discovered by palpation or ultrasound examination in a situation where surgery is recommended in the clinical guidelines [7], if the cancer is asymptomatic at the time of diagnosis, it may not worsen in the future, and "overdiagnosis" cannot be denied.

Meanwhile, regarding thyroid testing after a nuclear power plant accident, the International Agency for Research on Cancer (IARC) has published Technical Report 46 (Recommendations for thyroid monitoring after a nuclear accident) [8,9]. Although these recommendations do not apply to Fukushima Prefecture, where the accident has already occurred and responses are underway, the following recommendations are made:

Recommendation 1: The Expert Group does not recommend conducting population thyroid screening following a nuclear accident.
Recommendation 2: The Expert Group recommends that consideration be given to offering long-term thyroid health monitoring programs to individuals at higher risk following a nuclear accident.

On the other hand, the recommendation adds that "the fact that the Expert Group has recommended setting an actionable thyroid dose does not mean that nothing should be done for individuals below this exposure level. Individuals with lower exposures should be offered the opportunity to undergo thyroid examination within the framework of a long-term thyroid health monitoring program if they are willing or interested in undergoing thyroid examination after receiving a detailed explanation of the potential benefits and disadvantages." Furthermore, it states

that "to minimize the potential disadvantages of thyroid examination, the strategy for managing abnormal findings (i.e., thyroid nodules) should not differ from those applied to non-exposed individuals according to published guidelines." In this situation, it is considered that the present status of the thyroid examination in Fukushima is not significantly different from the international consensus.

Since its inception, the thyroid examination has been conducted as a voluntary test with written consent. The POCF has been discussing pre-test explanations, including the benefits and disadvantages of the thyroid examination. As a result, the POCF has prepared a "Notification for the thyroid examination" that includes an explanation of the advantages and disadvantages of the examination (Reference Material 1) and a booklet explaining the advantages and disadvantages of the examination (Reference Material 2). [10)] Currently, these materials are distributed in advance, and examinations are conducted only if written consent is obtained. Examinations at schools are also conducted through a similar process. In order to promote understanding of these issues, Fukushima Medical University is conducting public relations activities by creating videos and animations, publicizing the Thyroid Newsletter (published twice a year), and giving explanations at schools in Fukushima Prefecture.

(Reference Material 1)

Description of the advantages and disadvantages of the full-scale survey (the 5th-round survey) notice [10)]

Tests have both advantages and disadvantages. The expected advantages of undergoing the thyroid examination in the FHMS are that if the test results show no problems, it will reassure people who are worried about the health effects of radiation, and if there are problems (if changes that require treatment are found), it may lead to early diagnosis and treatment. Disadvantages include the possibility of diagnosing and treating harmless thyroid cancer that may go unnoticed throughout one's life, the possibility of complications from treatment, and the discovery of nodules (lumps) or cysts, which may lead to anxiety.

In general, it is not recommended to use ultrasound diagnostic equipment to widely screen the thyroid gland for cancer screening, as the disadvantages outweigh the benefits. Regarding the thyroid examination in the FHMS, which was started in response to concerns from prefectural residents, we continue to listen to their concerns and provide the examination to those who understand the advantages and disadvantages and wish to have the examination. Furthermore, we are making efforts to reduce the disadvantages associated with the thyroid examination in the FHMS.

For details on the advantages and disadvantages, please see the enclosed "Advantages and Disadvantages of the Examination." Whether or not you undergo the examination is up to your own wishes (or, in the case of a minor, your wishes and those of your guardian), so please make sure you

understand the content and significance of the examination and let us know by replying whether or not you wish to undergo the examination.

(Reference Material 2)

Booklet on the advantages and disadvantages of full-scale survey (the 5th-round survey)[10)]

About the thyroid examination in the Fukushima Health Management Survey

Thyroid examinations using ultrasound diagnostic equipment (echo) have both merits and demerits. For this reason, thyroid ultrasound examinations have not been conducted on general adults who are not exposed to radiation. Fukushima Prefecture and Fukushima Medical University have begun thyroid examinations to address concerns that thyroid cancer may increase as a result of the Fukushima Daiichi Nuclear Power Plant accident. There are both merits and demerits to undergoing thyroid examinations, and we have listed the items discussed by the Prefectural Oversight Committee for the Fukushima Health Management Survey and the Task Force for Thyroid Examination. We hope that this information will be useful when filling out the examination consent confirmation form.

<Advantages and disadvantages of the thyroid examination>

●Advantages

(1) If examinations show that there are no abnormalities in the thyroid gland, it can provide peace of mind and improve the quality of life for people worried about the health effects of radiation (→ Supplementary Explanation ①).

(2) Early diagnosis and early treatment can reduce the risk of surgical complications, the risk of side effects associated with treatment, and the risk of recurrence (Supplementary Explanations ②, ③, and ④).

(3) Analysis of thyroid examinations can provide information about the presence or absence of radiation effects to the person and their family, as well as to other residents of the prefecture and people outside the prefecture.

●Disadvantages

(1) There is a risk of diagnosing and treating cancer that will not cause symptoms or cancer-related death in the future (→ Supplementary Explanation ③).

(2) If cancer or suspected cancer is diagnosed early, there is a risk of increased psychological burden and social and economic disadvantages due to prolonged treatment and follow-up.

(3) Nodules (lumps) and cysts that do not require treatment may also be discovered (→ Supplementary Explanation ⑤), and secondary examinations or cytology may be recommended even for benign nodules, which may cause physical strain and stress to the patient and their family.

We are taking the following measures to address the above disadvantages:

◆ **Disadvantage (1)**

In thyroid examinations, nodules smaller than 5.0 mm are not subject to the secondary examination, and for nodules larger than 5.1 mm, the imaging findings of the nodule are used as a judgment tool to determine whether or not to perform fine-needle aspiration cytology, in accordance with the guidelines of the Japan Association of Breast and Thyroid Sonology. In this way, we take measures to avoid diagnosing lesions that do not require treatment as much as possible.

◆ **Disadvantage (2)**

Fukushima Prefecture is running a support project for the thyroid examination in Fukushima Health Management Survey, and is providing support for medical expenses required for treatment and follow-up observation after the thyroid examination.

◆ **Disadvantage (2) (3)**

At Fukushima Medical University and other institutions, specialized staff from the mental care support team are on hand to help those who undergo the second examination and to address their concerns. In addition, a medical hotline is available to answer medical and mental questions related to thyroid examination results and thyroid diseases, and information sessions are also held at schools.

References/Citations

1. United Nations Scientific Committee on the Effects of Atomic Radiation:UNSCEAR 2020/2021 Report to the General Assembly with Scientific Annexes, Volume II, Scientific Annex B 2021. https://www.unscear.org/unscear/uploads/documents/unscear-reports/UNSCEAR_2020_21_Report_Vol.II.pdf
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4. Fukushima Prefecture: About the Fukushima Health Management Survey 2022. http://www.pref.fukushima.lg.jp/site/portal/ps-kenkocyosa-gaiyo.html
5. Prefectural Oversight Committee for the the Fukushima Health Management Survey: Interim report on the Fukushima Health Management Survey 2016. https://www.pref.fukushima.lg.jp/uploaded/attachment/158522.pdf
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8. IARC Expert Group on Thyroid Health Monitoring after Nuclear Accidents: Thyroid Health Monitoring after Nuclear Accidents: IARC Technical Publication No. 46 2018. https://publications.iarc.fr/Book-And-Report-Series/Iarc-Technical-Publications/Thyroid-Health-Monitoring-After-Nuclear-Accidents-2018
9. International Agency for Research on Cancer (IARC) Expert Group on Thyroid Monitoring after Nuclear Accidents: Recommendations for thyroid monitoring after a nuclear accident 2018. https://www.env.go.jp/chemi/chemi/rhm/Report1_Japanese.pdf
10. Prefectural Oversight Committee for the Fukushima Health Management Survey: Material 3-1 Proposed revised notice for the thyroid examination 2019. https://www.pref.fukushima.lg.jp/uploaded/attachment/351392.pdf

In light of the above, the present Board of Directors responds as follows to the “Petition calling for fair and open scientific discussion and management based on that at the Japan Thyroid Association.”

Responses to the requests (draft)

1. Regarding the "Thyroid Specialist Guidebook," publicize that the items from the Fukushima Health Management Survey will not be included in the specialist examination.

"Thyroid cancer in children and young people in the thyroid examination in the Fukushima Health Management Survey" is an issue that not only Fukushima Medical University but also many thyroid specialists have cooperated with and been involved in with the government (Fukushima Prefecture and the national government), so we believe that it is an issue that thyroid specialists must understand, along with the overview of the Chernobyl Nuclear Power Plant accident. We would like members of the JTA and thyroid specialists to understand the history and current situation of the Fukushima Health Management Survey, and to think and act for themselves, including whether or not to cooperate with the survey. It should be noted that the "Thyroid Specialist Guidebook" has not been publicized as a subject of questions in the specialist examination.

2. Provide an opportunity to hear from members who point out the problems with the thyroid examination in Fukushima at academic conferences.

Academic meetings are forums for discussion, so we would like to see ample discussion, including whether there are any areas that should be improved in the Fukushima thyroid examination. At the JTA Annual Meeting, a "Fukushima Session" is held almost every year, and the 68th Annual Meeting to be held in 2025 will be hosted by Fukushima Medical University, so we would like to see lively discussion.

3. Regarding the contents of the special issue "Current Status of the Thyroid Examination in the Fukushima Health Management Survey," which was published by the Board of Directors ignoring the opinions of the editorial board, it should be made clear through public relations etc. that these are merely the opinions of individual researchers and that the issue was not published because the Board of Directors supported the contents.

First of all, as mentioned at the beginning, the expression "a special issue published by the Board of directors ignoring the opinions of the editorial board" is misleading, and should be understood as "a special issue planned and written by the Board of Directors at the time with the consent of the editorial board." Regarding the article "Considering overdiagnosis of thyroid cancer" in Vol. 12, No. 1 of the Journal of Japanese Thyroid Association (April 2021), the position of the society at the time was posted on the society's website (June 9, 2021, https://www.japanthyroid.jp/public/imag/news/20210609_1201_2_opinion.pdf). Subsequently, Vol. 12, No. 2 (October 2021), "Current status of the thyroid examination in the Fukushima Health Management Survey," was published. As with issue 1, the descriptions in each article in issue 2 may contain the personal opinions of the authors, so the position stated in the above statement, "As stated above, although these articles were published in the Journal of Japan Thyroid Association, we hereby state that all statements in this special feature do not necessarily represent the unified views of the Japanese Thyroid Association," also applies to the latter statement. In other words, the JTA only provides a forum for discussion, and does not unilaterally support any individual or certain group.

4. Revise the "Thyroid Specialist Guidebook" to remove scientifically incorrect information regarding the Fukushima Health Management Survey.

Opinions differ among researchers as to whether the statements are "scientifically incorrect," and if you have any objections to the statements in the guidebook mentioned above, please submit a paper about it (this can be done in the newsletter). While it is up to each individual member of the JTA to decide which of the two opinions they support, we would like to revise the "Thyroid Specialist Guidebook" at an appropriate time and in an appropriate manner, taking into account the discussion.

5. Regular opportunities should be provided at academic conferences to hold discussions

regarding the Fukushima thyroid examination in an environment where both proponents and opponents can participate and freely exchange opinions.

As an academic organization, we believe it is important to evaluate the thyroid examination. Although the chairman of each academic conference will decide the planning, we believe it is meaningful to invite speakers with different opinions from both sides and have a forum for discussion. As mentioned above, the JTA holds a "Fukushima Session" almost every year at the annual conference, and we hope that there will be lively discussions, especially at the 68th JTA Conference to be held in 2025 and hosted by Fukushima Medical University.

6. Regarding the Fukushima thyroid examination, opinions are divided within the JTA, and it should be made clear through public relations etc. that the JTA does not, as a consensus, support the promotion of the examination.

It is true that the JTA has provided support to the affected residents of Fukushima Prefecture at the request of Fukushima Prefecture and the national government, and we intend to continue to cooperate in providing testing opportunities so that any residents of the prefecture who wish to be examined can receive appropriate thyroid examinations. However, the JTA does not force its members to cooperate with the examination, and from the beginning, the decision of whether or not to cooperate with the examination has been left to the discretion of each thyroid specialist.

March 3, 2025

Dear Dr. Tetsuya Tagami,
President of the Japan Thyroid Association

Thank you for your response to our request. We have read it. The petition has already been published on the website of the Japan Consortium of Juvenile Thyroid Cancer (JCJTC) in both Japanese and English, and has received many responses from the general public and researchers in Japan and overseas, showing how much attention it has attracted. We have heard that the response we received this time represents the consensus of the board members, and we have been preparing to publish it in both Japanese and English along with your names. However, there were also some concerns that the response this time was not the unanimous opinion of the board members, and that it strongly reflects the views of some board members who have a vested interest in the Fukushima thyroid examination, and that the response was given in such a short period of time that sufficient discussion may not have been held. Therefore, we, the members who submitted the request, have consulted with each other and would like to ask each of the board members to confirm again whether it is really okay to publish it in its current form. Below are the specific concerns about this response that we would like you to confirm.

1. **There are incorrect statements about the special issue of the Journal of Japan Thyroid Association**

Some statements about the editorial board of the Journal of Japan Thyroid Association in the preamble are evidently not true upon verification. For example, it says that "a new feature was planned with the approval of the editorial board," but documents from the relevant editorial board meeting (held online in June 2021) are present, and it is evident that the Board of Directors had already decided to publish the feature before the meeting. We are concerned that answers based on factual errors will undermine credibility.

2. **The Board expresses support for academic positions that deviate from international consensus**

The response includes an explanation from a director who is currently involved in the Fukushima thyroid examination, and the main points he makes are: 1) The Fukushima thyroid examination has benefits for those who undergo it, and the problem of overdiagnosis, which is a common problem with adult papillary thyroid cancer, does not necessarily apply to the Fukushima case; 2) residents were given sufficient explanation about the examination and their consent was obtained, so there is no problem from a medical ethical perspective; and 3) the Fukushima thyroid

examination is not screening as defined by the WHO and IARC, but monitoring, so there is no problem with its implementation.

The IARC report is also partially quoted, but we have to point out that the citation is inappropriate. This is a departure from the basic concept of the report (Recommendation 1: Do not recommend conducting mass thyroid screening by actively recruiting people regardless of thyroid dose assessment after a nuclear accident; Recommendation 2: If the dose is high and there is a risk, consider long-term monitoring that involves face-to-face communication with individuals and their families).

The subjects of the primary thyroid examination are determined regardless of dose assessment, and as can be seen from the fact that it is conducted during school classes, it has been a thyroid cancer screening method that uses ultrasound examinations from the beginning. We do not provide ultrasound examinations only to those who really need them, while consulting with those who are concerned about the health effects of radiation. In addition, because the radiation doses in Fukushima are at levels far lower than those considered for monitoring in the IARC report, even if individual responses to concerned residents are made on a case-by-case basis, the report in no way recommends or allows thyroid examinations with consent. (IARC Technical Report No. 46 and the Japanese translation of the summary of IARC Technical Report No. 46 are attached so that each board member can easily check them.)

Fukushima Medical University has repeatedly issued explanations that could be interpreted as distortions of international recommendations. This attitude was also pointed out at the Fukushima Prefectural Experts' Meeting (the Task Force for Thyroid Examination, the Prefectural Oversight Committee for the Fukushima Health Management Survey 2021), and Fukushima Medical University responded that "this interpretation is the personal opinion of the researcher and not the official opinion of Fukushima Medical University." In this response, this "personal opinion of the researcher" is presented as if it were the consensus of the Board of Directors of the Japan Thyroid Association (JTA), and we are concerned that making this public will result in a loss of trust in the information provided by the JTA.

3. Not giving direct answers to the inquiries

Overall, it seems like you are avoiding giving direct answers to the inquiries. We would like you to respond in a way that allows members to understand specifically what decisions the board members have made regarding the issues presented.

1) About the Thyroid Specialist Guidebook (answers 1 and 4)

The Thyroid Specialist Guidebook contains a scientifically clear error that overdiagnosis does not occur in Fukushima. As mentioned above, the opinion on the thyroid examination in Fukushima

expressed in the response is the personal opinion of some researchers and deviates from the scientific consensus. We would like to know whether you will continue to include content that goes beyond the level of a difference of opinion between authors and has a negative impact on the education of specialists, whether you intend to revise or delete it, and whether you will continue to include it in the specialist examination.

In addition, you said that there has been no publicity that this guidebook will be used to create in questions for specialist examinations. However, the director in charge has sent an email to the specialist examination question creation committee instructing them to create questions from this guidebook, so we think it is recognized that the exam is essentially based on the guidebook.

2) Regarding the discussion at academic conference (answers 2 and 5)

In the cover letter of the response, President states in a positive manner that a fair scientific forum will be set up at the 68th Annual Meeting of the JTA. However, in the body of the response, the "Fukushima Session" is mentioned as a forum for discussion of the problems of the thyroid examination in Fukushima. The Fukushima Session, which is held every year, is a lecture by thyroid examination personnel asking for understanding for the promotion of the thyroid examination in Fukushima, and there has been no room to discuss the problem of overdiagnosis.

You said that you would like to have an active discussion, but we would like to know what specific measures the Board of Directors is considering to realize a fair forum for discussion. In order to have a fair discussion, we think it is necessary to have not only experts who promote the examination, but also experts who are concerned about overdiagnosis participate fairly from the planning stage and also take the stage. Why not allow the members of the JTA to listen and freely decide which view has more scientific validity?

3) The JTA’s position on the thyroid examination in Fukushima (answers 3 and 6)

Regarding the April 2021 issue's feature on overdiagnosis, the JTA stated on its website that "this is not the unified view of the JTA," and you mention that this also applies to the October 2021 rebuttal feature. Fairness cannot be assured unless this is announced on the JTA's website targeting the October 2021 feature, or the JTA's PR department corrects its view on the April issue. We would like to know whether you intend to treat all opinions fairly, rather than giving higher ratings to certain opinion.

In addition, your response that "the JTA has supported the thyroid examination in Fukushima and will continue to cooperate in providing testing opportunities" is equivalent to a public declaration that the Board of Directors will continue to unanimously promote the thyroid examination in the future, despite various criticisms. Is that correct?

With this response that the JTA will continue to cooperate with the thyroid examination but experts who are opposed to thyroid screening of asymptomatic people will not have to participate in the examination, the damage from overdiagnosis will continue to spread. Do any of you think that the true support of the JTA for Fukushima residents is to explain this issue to society in an easy-to-understand manner and fulfill our responsibilities as experts?

Postscript

As scientific papers written by members of the JTA and international organizations have shown, there is an international consensus that the increased number of thyroid cancers in Fukushima is unlikely to be due to radiation effects. Fortunately, radiation exposure has been kept low thanks to the efforts of many people and the prefecture's residents themselves. Despite this, the thyroid examination has caused the increase in the number of thyroid cancers due to overdiagnosis.

Many children and young people have been subjected to invasive examinations and surgeries that would not have been necessary because thyroid tests are only available inside the disaster area. We would like you to seriously consider that this examination is placing a heavy burden on the residents of Fukushima rather than providing them with peace of mind.

There are two paths in front of us now. One is to continue to justify the thyroid examination without listening to the opinions of members who are concerned about the current situation and without acknowledging the harm of overdiagnosis through screening. The other is to review and reflect on past responses, correct course, and take measures to regain trust. A third party would interpret your response this time as meaning that the board members have chosen the former path. Of course, if you truly believe that this is the right path, we understand that this is your intention, and you can leave your current response as it is. We will also convey this to members who are concerned about the situation of the board members.

We await your response to the above questions by May 31 of this year, and ask for your careful consideration. If you would like to prepare a new response, please send it by the deadline. In that case, we will not make the current response public, and will only publish the new one. Also, if the board members cannot reach a consensus, we would appreciate it if you would contact us by the deadline, so that we can withdraw the response. In that case, we will simply publish that you were unable to reach a consensus and have decided not to respond. If we do not hear from you, we plan to publish this document, along with an English translation, at the same time as the response you sent us. We would appreciate your reconsideration.

Councilor Toru Takano, Keita Tatusmi, Yoh Hidaka and Sanae Midorikawa
Member Akira Ohtsuru