

Minutes of the Eighth ABCC/RERF History Forum

- Date: 15:00-16:20, Thursday, July 13, 2017
- Place: Auditorium of the Hiroshima Laboratory and Conference Room 4 of the Nagasaki Laboratory (videoconference)
- Speaker: Mr. Morito Dote (Former Assistant Chief of the Department of Epidemiology)
1962: Joined ABCC as a contact person, Pathology Field Section, Department of Medical Sociology
1979: After being transferred to the Master File Section, Department of Epidemiology and Statistics, he worked in the Field Operations Section and the Tumor & Tissue Registry Office, etc.
1997: After retirement, he worked as Advisor to the Department of Epidemiology till 1999
- Moderator: Dr. Hashizume

Dr. Hashizume: The Local Cancer Registry is one of RERF's most significant projects, and Mr. Dote, today's speaker, devoted himself to establishing this project. Now there is a Japanese cancer registry system to collect data about those who are diagnosed with cancer from medical institutes nationwide. When Mr. Dote started his career at ABCC, however, information about those who were diagnosed with cancer was top secret and kept within the hospital. When informing the patient and their family of a cancer diagnosis, special consideration was required. Given these circumstances, it is surprising that ABCC accomplished establishment of such a project to collect information on cancer diagnosis in the cities of Hiroshima and Nagasaki. I expect to hear interesting stories from him. Thank you for being here to share your story with us, Mr. Dote.

Mr. Dote: I will try my best to recall those days.

Dr. Hashizume: When you joined ABCC, I believe the Hiroshima City Medical Association had already begun the Local Cancer Registry project. I wonder how ABCC was involved in the project.

Mr. Dote: In 1957, entrusted by the Hiroshima City Medical Association, ABCC initiated the Local Cancer Registry project, but ABCC stopped the project a little less than a year later. The project was resumed around 1975, and we collected materials tracing back to 1957. At first, I recorded material from the medical charts stored at seven local hospitals in Hiroshima City. I recorded tumor information starting three years after patients were discharged from the hospital. In order to carry out that duty, I transferred the medical charts from the hospital's medical chart room to another room. At the Hiroshima University School of Medicine, I had

to put a desk in the medical chart room to keep a record of my work. I recorded information from all the medical charts of those who were diagnosed with tumors and cross-checked it with information from ABCC's Life Span Study (LSS) participants, using master files stored at ABCC. Then, I coded them to register the information. At the Nagasaki Laboratory, employees did the same job. About 14 employees each at the laboratories of Hiroshima and Nagasaki were engaged in this duty.

Dr. Hashizume: A few years ago, RERF launched a follow-up study of the Fukushima emergency workers, but I heard a similar project was carried out when Dr. Shigematsu was the Chairman at RERF.

Mr. Dote: Under Dr. Shigematsu's instruction, I was involved in the tumor registry study targeting the nuclear power plant workers in Japan.

Dr. Hashizume: You worked as a social worker for nine years after joining RERF. Could you tell us what you did?

Mr. Dote: Shortly after being employed, I was assigned to the Clinical Contacting Section and I received training as a social worker to communicate with families of the deceased study participants.

Dr. Hashizume: Please tell us about autopsy work.

Mr. Dote: When we obtained notification of a study participant's passing, we visited their family to get permission to perform an autopsy. After obtaining an agreement, we carried the body to ABCC. We returned the body upon completion of the autopsy, but we had to choose the right time to return it, taking funeral and cremation arrangements into consideration, in order not to attract attention. Autopsies were carried out every day except for the three days during the year-end and New Year holidays, when the crematories were closed. Since autopsies tended to be performed late at night, a pathologist who lived in the BOQ (currently known as the Hijiyama Hall) would become ill-tempered when I contacted him, which gave me a hassle.

Deceased participants' families frequently refused me after I identified myself as an ABCC worker when I visited them to request an autopsy, but I tried very hard to make them understand the necessity of our study. For those whose family members had died of cancer and who worried about themselves, I used to introduce the health examination conducted at ABCC.

Dr. Hashizume: What do you think about having been an employee of ABCC/RERF?

Mr. Dote: I think I made a good decision. Working at ABCC/RERF was good, especially because I was able to acquire extensive knowledge about diseases.

Dr. Hashizume: Now, I would like to solicit questions from the audience.

Dr. Kodama: In general, doctors have bad handwriting, including myself. In addition, English and German are used for medical charts. How did you interpret them for recording?

Mr. Dote: My colleagues and I used to call some handwriting “earthworm” or “Fraktur” and it was very difficult to make it out. I used to look up English and German words.

Dr. Niwa: I remember that telephone service was developed in Japan after 1955. Did you use to make a telephone appointment to visit the participants’ houses to ask for an autopsy?

Mr. Dote: No. We visited them without any phone calls.

Dr. Nakamura: An autopsy is significant in determining the cause of death, but did they understand its significance when you asked them to cooperate with an autopsy?

Mr. Dote: As I am not a doctor, I could not give them a technical account, but I explained the importance of an autopsy as much as I could. Also, for those who desired to receive a professional explanation, a pathologist explained the outcome of the autopsy.

Dr. Niwa: I would like to know the concordance rate between the cause of death on the death certificate and autopsy results.

Dr. Mabuchi: If the cause of death recorded in the death certificate was not listed as cancer, an autopsy had found that cancer was not related to cause of death. Discrepancies between those two were so small that the epidemiological study was not influenced.

Dr. Niwa: Did you hear any stories about the difficulties the Nagasaki employees encountered?

Mr. Dote: I do not think there was a large difference between Hiroshima and Nagasaki regarding the cancer registry project. With regard to recording of the medical charts, there were many cooperative hospitals in Nagasaki City, and I heard that recording was carried out in a good environment.

Mr. Yamada (Nagasaki): I was engaged in the recording work by putting medical charts on a cardboard box in a warehouse or even in a mortuary.

Dr. Mabuchi: Both in Hiroshima and Nagasaki, we did recording at old hospitals or in small spaces, which was hard. However, hospitals in Nagasaki were more cooperative than those in Hiroshima, so we were able to collect better quality data. Autopsy work peaked in the 1960s, and about a half of the deceased AHS participants were dissected.

The number of autopsies started to decrease in the 1970s, and very few were dissected in the 1980s. In addition to performing autopsies, we had a pathological diagnosis program. I do not know when the program started, but this program enabled us to diagnose the tissues collected through operations performed at hospitals in Hiroshima. Also, this was the predecessor to the current tissue registry program.

Dr. Hashizume: The number of pathologists is still small in Japan, but were there several pathologists who could accurately diagnose the cause of death during the ABCC era?

Mr. Dote: ABCC had one pathologist and two American physicians. American doctors used to be assigned every one or two years by turns.

Dr. Kodama: After performing an autopsy of a deceased AHS participant, we used to review the autopsy results and the information obtained through the AHS, which was called a cross review. Headed by the American department chief of Pathology, cross review meetings were held, and junior physicians reported clinical findings in English. I was a member of the Department of Internal Medicine around 1974, the end of the ABCC era, and I learned a lot during this period.

Dr. Mabuchi: I visit RERF twice a year and I am very happy to see Mr. Dote again for the first time in 17 years. Autopsy work in the 1960s was successfully performed thanks to about a dozen contacting personnel members. I appreciate your hard work.

Dr. Hashizume: Thank you for sharing your story. This concludes the Eighth ABCC/RERF History Forum.



Dr. Hashizume, left and Mr. Dote