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NEW ENGLAND DEACONESS HOSPITAL  
LABORATORY OF PATHOLOGY  
185 PILGRIM ROAD, BOSTON, MASSACHUSETTS 02215

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September 22, 1969

Dr. Robert A. Conard  
Medical Department  
Brookhaven National Laboratory  
Upton, L. I., New York 11973

BEST COPY AVAILABLE

Dear Dr. Conard:

I am writing to confirm our telephone conversation regarding the diagnosis on the recent thyroid specimens from the Marshallese.

I am in agreement with the diagnoses of Dr. Warren and Dr. Reid.

1. (#S69-2471) - Mixed papillary and follicular carcinoma (left lobe) with lymph node metastasis. Adenomatous goiter.
2. (#S-69-2436) - Adenomatous goiter.
3. (#S69-2456) - Follicular carcinoma (right lobe). Adenomatous goiter.
4. (#S69-2495) - Follicular carcinoma (right lobe). Adenomatous goiter.
5. (#S69-2464) - Adenomatous goiter.

I am forwarding the slides as well as the copies of the histories and operative notes to Dr. Lou Woolner at the Mayo Clinic, as you suggested.

DOCUMENT DOES NOT CONTAIN ECI

Sincerely yours,

Reviewed by DJ Krueger Date 5/1/97

*William A. Meissner*

William A. Meissner, M.D.

WAM/emo

cc - Dr. Woolner  
Dr. Dobyns  
Dr. Reid  
Dr. Warren

REPOSITORY P. N. N. L.  
COLLECTION Marshall Islands  
BOX No. 5687  
FOLDER Marshall Islands 1969

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MAYO CLINIC  
ROCHESTER, MINNESOTA  
55901  
SURGICAL PATHOLOGY

CHAIRMAN OF SECTIONS  
MALCOLM B. DOCKERTY, M.D.

September 26, 1969

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GEORGE M. FARROW, M.D.  
LOUIS H. WEILAND, M.D.

William A. Meissner, M.D.  
New England Deaconess Hospital  
185 Pilgrim Road  
Boston, Massachusetts 02215

Dear Bill:

I have examined the thyroid sections on the Marshallese and my diagnoses are listed below. I have not attempted to include accurate statements as to size or multiplicity of lesions.

1. (S69-2471) - Left lobe: Infiltrative grade 1 papillary carcinoma with cervical nodal metastasis. The carcinoma is mixed papillary and follicular in structure. Remainder of thyroid: Multiple macrofollicular adenomatous nodules.
2. (S69-2436) - Right lobe: Degenerating follicular adenoma. Left lobe: Multiple macrofollicular adenomatous nodules.
3. (S69-2456) - Right lobe: Encapsulated grade 1 follicular carcinoma with capsular and minimal vascular invasion by tumor. Remainder of thyroid: Multiple fetal adenomas.
4. (S69-2495) - Occult papillary carcinoma, invasive, with predominantly follicular structure. Remainder of thyroid: Not remarkable.
5. (S69-2464) - Multiple macrofollicular adenomatous nodules some of which show a prominent papillary component.

I note that I am in essential agreement with your diagnoses. Thank you for letting me see this interesting material. I am returning the slides to Dr. John Reid as you requested.

Kindest regards,

Lewis B. Woolner, M.D.

LBW:js

cc.: Dr. Conard ✓  
Dr. Dobyns  
Dr. Reid

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lymph nodes from the left lower pole of the thyroid, the left upper pole and upper cervical lymph nodes and cervical lymph nodes at midportion of radical neck dissection.

Sincerely yours,

*Shields*

SW:RM

cc.: Dr. Brown M. Dobyns  
Dr. John D. Reid  
Dr. William A. Meissner

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CANCER RESEARCH INSTITUTE  
NEW ENGLAND DEACONESS HOSPITAL  
185 PILGRIM ROAD  
BOSTON, MASSACHUSETTS 02215

September 22, 1969

Dr. Robert A. Conard  
Medical Department  
Brookhaven National Laboratory  
Upton, L. I., New York 11973

Dear Bob:

On further study of the slides from S69-2495, I have come to the conclusion that this is indeed a carcinoma. This provides a startlingly high incidence of carcinoma in this group of cases recently operated upon.

In view of the relatively high incidence of thyroid cancer known to exist in Japan and the recently reported high incidence in Hawaii, additional studies of controls are essential.

Dr. Meissner and Dr. Gates have looked at these cases individually and agree as to final diagnoses.

Sincerely yours,

*Shields*

SW:RM

cc.: Dr. Brown M. Dobyns  
Dr. John D. Reid

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