

"Cancer cases are increasing after the nuclear power plant accident" ver0729

subtitle:

In the 10 years from 2011 to 2020, Tokyo and Kanagawa prefectures alone caused the largest number of nuclear accidents.

The number of cancer cases increased by more than 600,000.

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Author introduction

Introduction

This book is about the spread of cancer in Tokyo, Kanagawa, and other parts of eastern Japan after the Fukushima nuclear power plant accident in March 2011.

It is reported that the number is increasing.

In addition, in this book, you can watch videos explaining the data using a QR code on your smartphone, etc. can be done.

Explanatory video 1 The cancer database explains that the number of cancer cases has increased abnormally (more than doubled) in Tokyo after the nuclear accident. <https://youtu.be/yuC90aFnNMA>

7 minutes and 7 seconds



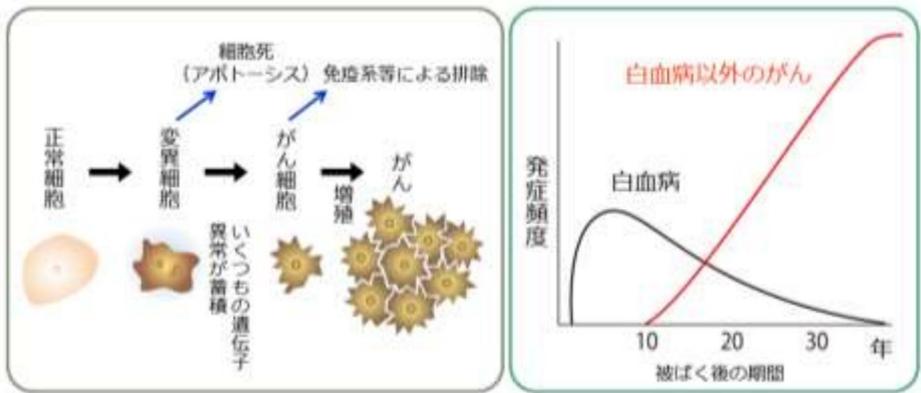
1 Mechanism of carcinogenesis

The Ministry of the Environment's website introduces the "mechanism of carcinogenesis."

Radioactive substances are not the only cause of cancer. Only radioactive materials were involved in the Fukushima nuclear power plant accident

In addition, substances with chemical poisons also spread. *1 As a result of these,

"normal cells" become "mutant cells" and then become "cancer cells," which proliferate and become cancerous. The Ministry of the Environment's website states that it takes several years to several decades for mutated cells to turn into cancer, based on examples of people exposed to the atomic bombs of Hiroshima and Nagasaki.



Source: Ministry of the Environment HP Mechanism of

carcinogenesis <https://www.env.go.jp/chemi/rhm/h29kisoshiro/h29kiso-03-07-01.html>



•Mr. X, born in Tokyo in 2000

Born and raised in Tokyo in 2000, Mr. X's body is exposed to chemicals and ultraviolet rays every day. DNA (genes) was damaged, but the ability to repair the damage prevents cancer.

I was preventing myself from getting into trouble.

However, in the 2011 nuclear power plant accident, the radioactive and chemically toxic substances that were inside the power plant stuck together and turned into fine particles called "hot particles," which spread to the east. It flew to Kyoto and was taken into Mr. X's body. *1,2

As the hot particles were ingested over several months, the DNA (genes) in Mr. X's body continued to be damaged beyond its ability to repair. The damaged cells eventually became cancer cells. Then, cancer cells begin to increase over time.

Ru.

Mr. X is not alone. Hot like Mr. X in various parts of Japan, especially in eastern Japan There are many people who have created cancer cells by taking particles into their bodies.

These cancer cells increased over a long period of time after the nuclear accident, resulting in leukemia and lung cancer.

It has appeared in the form of various cancers such as breast cancer and thyroid cancer.

ÿÿ

Kunihiro Yamada Toxicity of tellurium

Reportage Institute 2021

<https://www.amazon.co.jp/dp/B09HQDX2BJ>



ÿÿ

Osamu Nakamura, Kunihiro Yamada, Toshikazu Fujiwara

Spread from the Fukushima Daiichi Nuclear Power Plant

Hot particles and their toxicity

Amazon Kindle

<https://www.amazon.co.jp/dp/B0B3D7QLZ3>



2 Cancer is increasing in Tokyo

•In-hospital cancer registration

The "in-hospital cancer registry" operated by the National Cancer Center is "a system for registering cancer information for all patients who have received diagnosis and treatment" at registered hospitals. Cancer information is collected based on the "Cancer Registration Act." *1,2

This book uses data from this "in-hospital cancer registry." The diagrams in this book make it easy to see.

For the sake of clarity, we have omitted the word "citation," but all quotations are from the "in-hospital cancer registry." If you copy and use this book, please use the quotation from "In-Hospital Cancer Registry".

I would like you to write that down.

In-hospital cancer registration began in 2016, but the database from earlier was not available.

There are no major changes from the previous database. This is because if there are major changes, it cannot be used as a database. In this document, data from earlier periods will be treated as equivalent to in-hospital cancer registries.

In addition, the numbers shown in the in-hospital cancer registry are the number of cancer cases. One patient has multiple In some cases, a single patient may develop cancer multiple times, but in this book, the discussion will be based on the assumption that the number of cancer cases = number of cancer patients (people).

*1 Regarding in-hospital cancer registration/Ministry of Health, Labor and Welfare

<https://www.mhlw.go.jp/file/05-Shingikai-10601000->

[Daijinkanboukouseikagakuka-](#)

[Kouseikagakuka/0000213456.pdf](#)



*2 National Cancer Center website

https://ganjoho.jp/med_pro/cancer_control/can_reg/hospital/index.html



- The rate of increase in cancer is different between Japan and Tokyo.

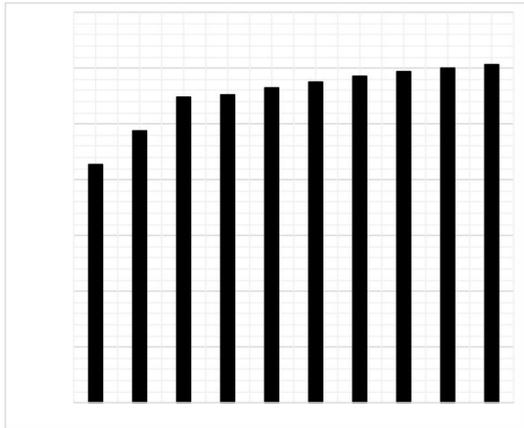
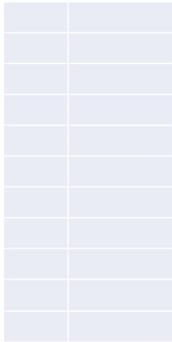
Chart 1 and Chart 2 show cancer registration in the "in-hospital cancer registry" nationwide and in Tokyo.

This is the change in the number of recordings. Both continue to increase every year, but the increase is the same nationwide and in Tokyo.

The way I see it is different. Comparing 2010 and 2017, the number has increased by 1.11 times nationwide.

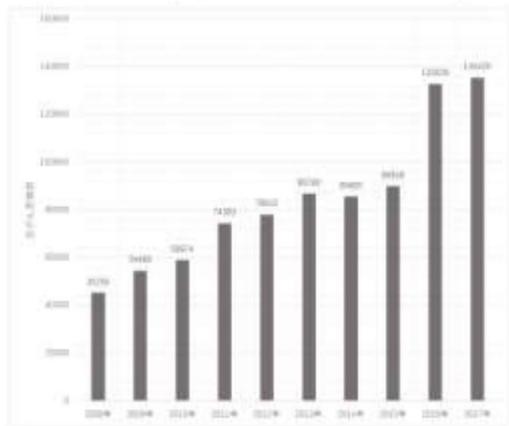
On the other hand, in Tokyo, the number has increased by 2.30 times.

1 Country 200 In-hospital cancer registration in 2017 In-hospital cancer registration



図表2 東京都 2008～2017の院内がん登録病院における全がん登録数

調査年	登録数
2008年	45255
2009年	54480
2010年	58974
2011年	74383
2012年	78015
2013年	86780
2014年	85605
2015年	89958
2016年	132828
2017年	135420



3 Trend analysis

Trend analysis will be used to examine in detail the growth of Tokyo. Trend analysis is a mathematical method that analyzes trends (directions) from the past to the present and predicts future directions.

First, we will verify the effectiveness of trend analysis using the number of cancer registrations in Kagawa Prefecture.

Trends since 2011 are calculated using registration numbers from the three years of 2008, 2009, and 2010.

If you predict,

$$Y=1081.8\ln(X)+5612.5$$

becomes a logarithmic function expression.

Using this formula, we have calculated estimated values for 2011 and beyond. (Charts 3 and 4) Chart

5 shows this estimated value and the actual number of registrations.

2011 estimated value 7112, number of registrations 7009

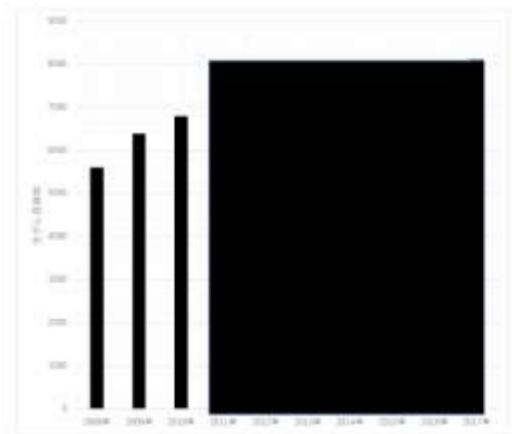
2017 estimated value 8103, number of registrations 8119

The estimated value and the actual number of registrations are almost the same, and trend analysis is used to estimate the number of cancer registrations.

It can be seen that this is an effective analysis method.

図表3 香川県 2008～2017年の院内がん登録病院における全がん登録数の増加トレンド分析1

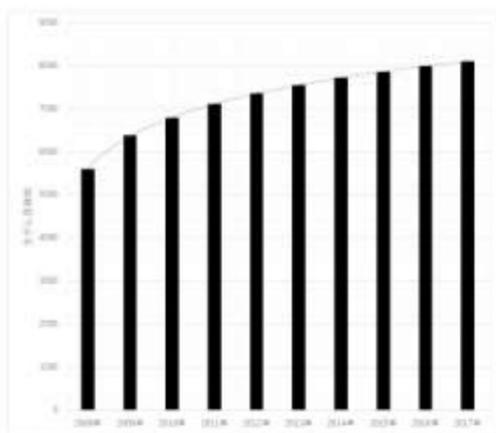
調査年	登録数
2008年	5604
2009年	6385
2010年	6787
2011年	
2012年	
2013年	
2014年	
2015年	
2016年	
2017年	



図表4 香川県 2008～2017年の院内がん登録病院における全がん登録数の増加トレンド分析2

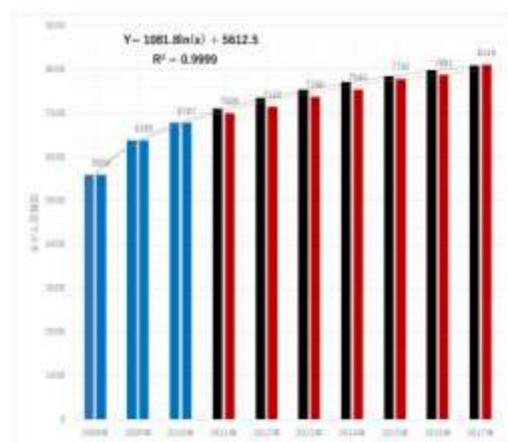
調査年	推測値
2008年	5604
2009年	6385
2010年	6787
2011年	7112
2012年	7353
2013年	7551
2014年	7717
2015年	7862
2016年	7989
2017年	8103

$$Y=1081.8\ln(X)+5612.5$$



図表5 香川県 2008～2017年の院内がん登録病院における全がん登録数の増加トレンド分析3

調査年	推測値	登録数
2008年	5604	5604
2009年	6385	6385
2010年	6787	6787
2011年	7112	7009
2012年	7353	7152
2013年	7551	7390
2014年	7717	7545
2015年	7862	7792
2016年	7989	7881
2017年	8103	8119



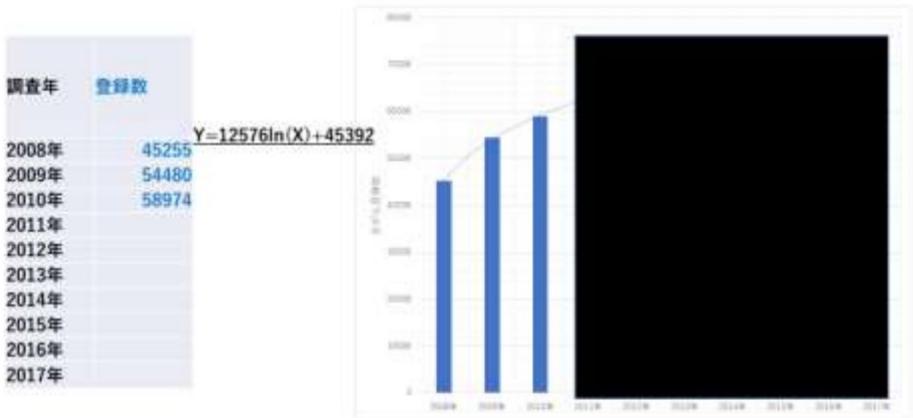
4 Trend analysis of Tokyo

Similar to Kagawa Prefecture, Tokyo also uses the number of registrations in 2008, 2009, and 2010.

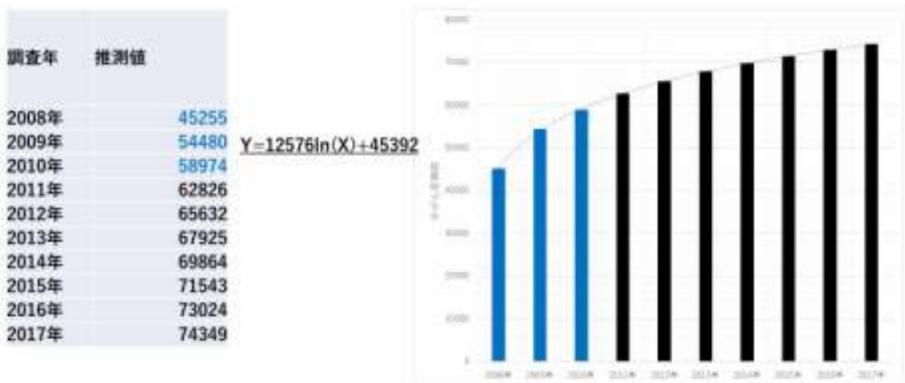
We conducted a loan analysis and found an estimation formula for 2011 and beyond. (Chart 6)

Trend analysis predicted a gradual increase in cancer cases. (Chart 7)

図表6 東京都 2008～2017年の院内がん登録病院における全がん登録数の増加トレンド分析1



図表7 東京都 2008～2017年の院内がん登録病院における全がん登録数の増加トレンド分析2



However, the actual number of registrations far exceeded expectations. (Chart 8)

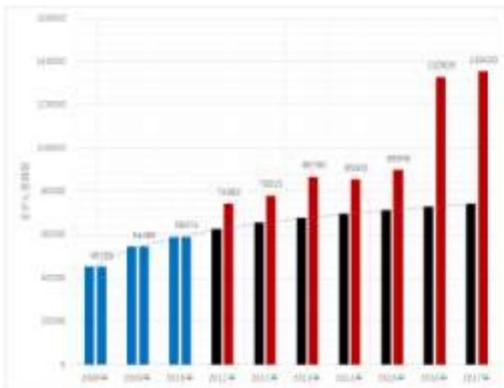
A possible reason for the change in trends is the 2011 nuclear power plant accident.

The trend of cancer incidence in Tokyo has changed significantly since 2011 due to the nuclear power plant accident. On the other hand, in Kagawa Prefecture, where the impact of the nuclear power plant accident was small, the trend remains unchanged and is as expected.

Met.

図表8 東京都 2008～2017年の院内がん登録病院における全がん登録数の増加トレンド分析3

調査年	推測値	登録数
2008年	45255	45255
2009年	54480	54480
2010年	58974	58974
2011年	62826	74383
2012年	65632	78015
2013年	67925	86780
2014年	69864	85605
2015年	71543	89958
2016年	73024	132828
2017年	74349	135420



原発事故が発生した結果、2011年以降東京都において、がん発症のトレンドが大きく変わった



Explanatory video 2: Regarding the credibility of cancer databases

explanation.

<https://youtu.be/nk49G1sOWYA>

5 minutes and 53 seconds



5 Number of registered base hospitals and number of registrations

The number of hospitals participating in the in-hospital cancer registry changes each year.

In the case of Tokyo, the number has doubled from 15 in 2009 to 29 in 2017. East with this

It can also be said that the number of cancer registrations in Kyoto has doubled.

However, if we consider only the number of hospitals and the number of cancer registrations,

2014 Number of hospitals: 27, number of cancer registrations: 85,605

2017 Number of hospitals: 29, number of cancer registrations: 135,420

Despite the same number of hospitals in 2014 and 2017, the number of cancer patients was 1.5 times higher.

The increase in the number of hospitals cannot be explained solely by the increase in the number of hospitals. *

April 2009	15
April 2010	17
April 2011	21
April 2012	25
August 2014	27
August 2015	27
October 28, 2016	
April 2017	29

*Verification is required, but the hospital that has participated in the "in-hospital cancer registration" from the beginning is large.

It is a model hospital, and the hospital that I later joined is a small hospital, so it is one of the registered hospitals.

It is thought that the increase is not proportional to the increase in cancer registration.

•Changes in the number of hospitals with in-hospital cancer registration in Miyagi Prefecture

In Miyagi Prefecture, the number of registered hospitals has hardly changed.

The numbers haven't changed, but the number of cancer cases has increased more than estimated. The tendency for cancer to increase is a fact

The number of cases increased immediately after the death, and the number suddenly increased in 2016. This trend is similar to that in Tokyo.

stomach. It is thought that cancer cases have increased in Miyagi Prefecture as a result of the nuclear accident, just as in Tokyo.

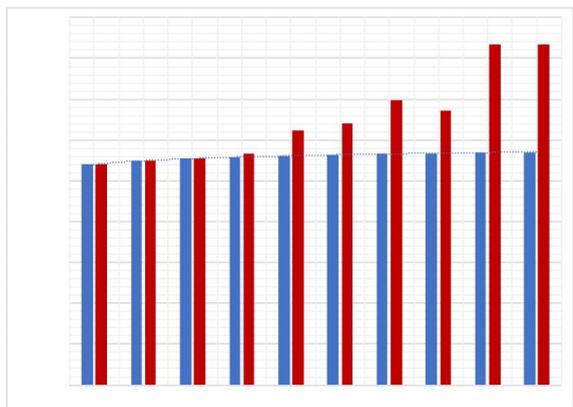
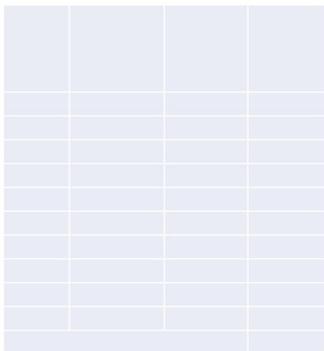
It is appropriate to

Changes in hospitals with in-hospital cancer registration centers in Miyagi Prefecture

April 2009	7
April 2010	7
April 2011	7
April 2012	7
2014 month	7
2015 month	
October 2016	7
April 2017	7

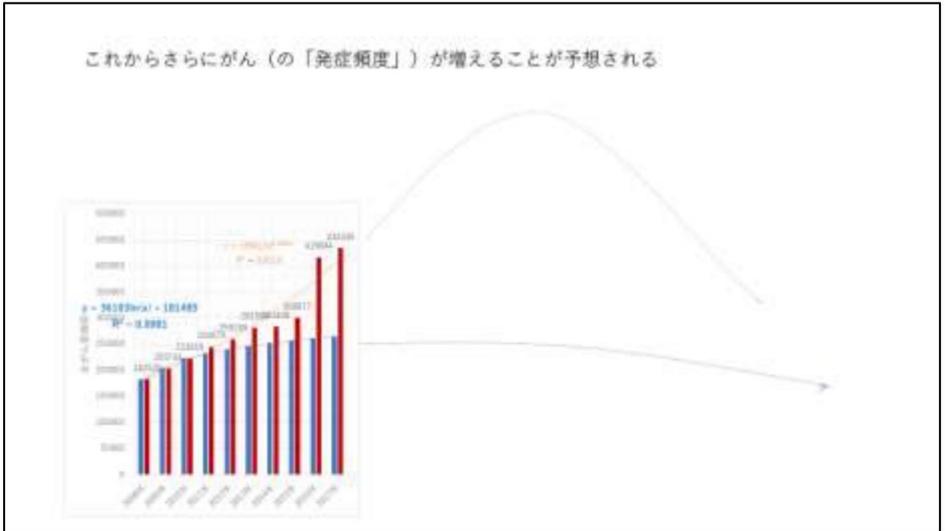
Quote: Calculated based on excerpts from the hospital cancer registration report for 2009 and 2011.

9 Cancer trend analysis in Miyagi Prefecture



6 Increase in cancer due to the nuclear power plant accident and Mr.

•"Increase" "Contribution rate"



According to the Ministry of the Environment's website "Mechanisms of carcinogenesis" (from research on atomic bomb exposure), leukemia has been around for 10 years,

Cancers other than leukemia were expected to reach their peak in about 30 years. Fukushima nuclear power plant

More than 10 years have passed since the accident, and various cancers are already occurring frequently. It will continue to increase

It is expected that this will continue.

For people who have developed cancer as a result of the nuclear power plant accident, we will define two terms that will help them think about the relationship between the nuclear power plant accident and cancer. "Increase number" and "Contribution rate"

Ru.

Number of increases = number of cancer patients increased due to the nuclear power plant

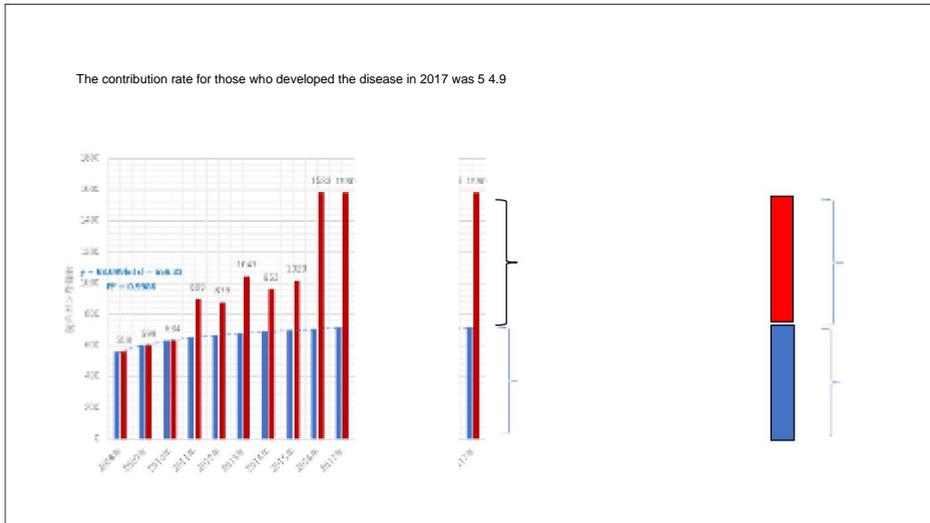
accident Contribution rate % = (number of increases) ÷ (number of registered cancers)

"Cancer onset = "caused by the individual" + "caused by the nuclear power plant accident"

"The cause of the nuclear accident" = "Responsibility of the electric power

company" "Ratio of responsibility of the electric power company" = "Contribution rate."

•Mr. X who developed leukemia in 2017



Born in Tokyo in 2000, Mr.

I developed leukemia, which is one of the most common diseases.

The estimated number of leukemia cases in Tokyo in 2017 was 713, but the number of registered cases was 1,580, more than double the estimated number. The number of cancer patients increased by 867 due to the nuclear power plant accident. In this book, we refer to this as the "increase number" (which increased due to the nuclear accident).

If there had been no nuclear accident, leukemia could have been considered a personal problem for Mr. However, considering that leukemia has more than doubled due to the nuclear power plant accident, it is important to think about the "proportion of the nuclear power plant accident causing Mr. X's leukemia" = "the responsibility of the electric power company."

Must be.

Therefore, the following formulas and ideas are used.

Cancer onset (100%) =

"Percentage caused by the individual" + "Percentage caused by the nuclear power plant accident"

Of the 1,580 people registered with leukemia in Tokyo in 2017, the number increased due to accidents. There are 867 people. It is difficult to consider the impact of the nuclear power plant accident on each person individually.

Since we cannot do this here, we consider the average value as follows.

$$867/1580=54.9\%$$

54.9% This is the "proportion of Mr. X's leukemia development being caused by the nuclear accident" =

In this book, it is expressed as "contribution rate."

Mr.

We must continue to live at the risk of developing cancer due to accidents. Now, really

Most cancers are curable with proper treatment, but patients like Mr.

Tens of millions of people across eastern Japan must live in fear of cancer.

Each person, Mr.

If you think about it, based on these concrete numbers, "contribution rates," TEPCO can calculate the will be required to pay compensation for damages.

7 Tokyo Trend analysis by cancer

This chapter introduces cancer trends in Tokyo for each individual cancer.

From this chapter onwards, data up to 2020 will be added and explained. *1

Explanatory video 3 Regarding the increase in cancer in Tokyo, individual
Introducing data for each cancer.

<https://youtu.be/FxqwBAP92tw>

4 minutes and 48 seconds



What we can learn from Exhibit 10

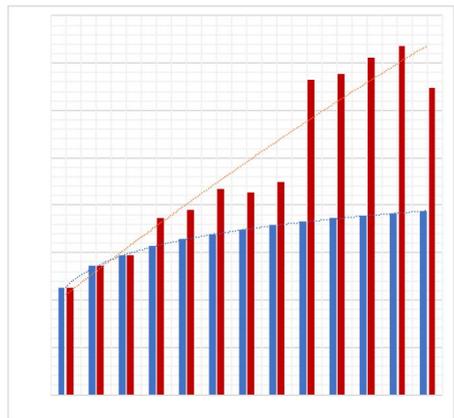
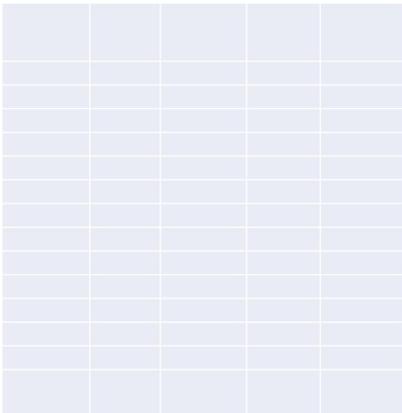
•The number of cancer cases has increased rapidly since 2016 and continues to

increase. •The cumulative increase in the number of cancer cases caused by the nuclear power plant accident (2011-2020) was 386,671 people.

This is 2.77% of the population of Tokyo (13.97 million people in 2020), which is 36 people.

The ratio is 1 person.

1 0 Tokyo Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



*1 There is no ulterior motive behind the addition of data; it is for better communication. By 2017

However, it was sufficient to explain that "cancer cases are increasing after the nuclear accident," but Tokyo

Data has been added to provide a detailed introduction to each cancer site in Tokyo and Kanagawa Prefecture.

Normally, the A-bombing research specialist would be conducting research with generous research funds and salaries from the government (citizens' taxes).

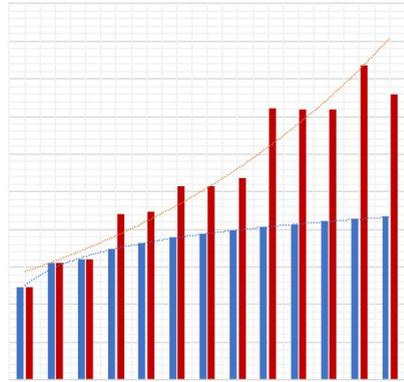
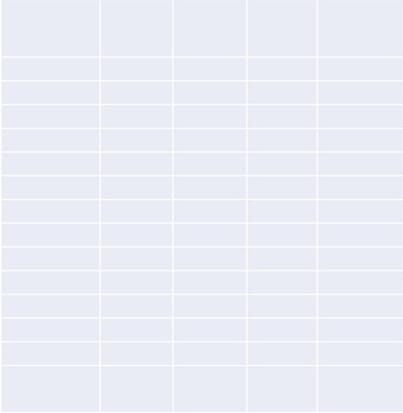
This is "research and research that needs to be done" (from the perspective of people suffering from the atomic bombing). this

Since they did not do so, one of the authors, Yamada, volunteered to do so by himself.

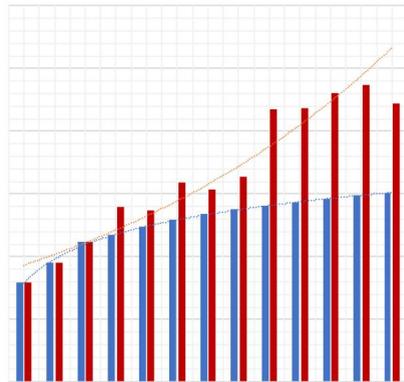
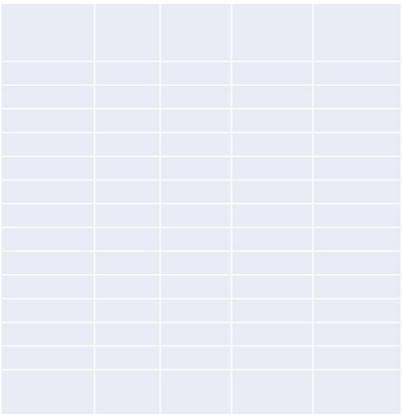
By doing data entry work, I understand the social background where data entry and publication are sequential.

I would like to have it.

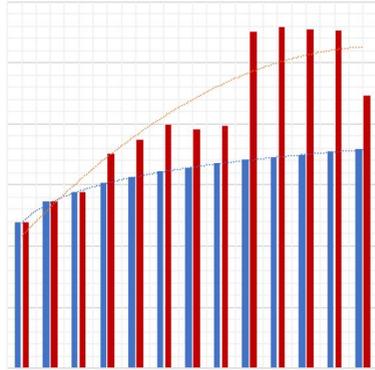
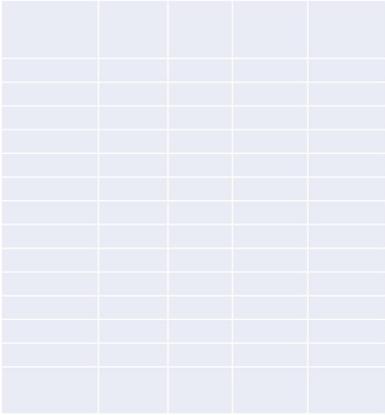
1 1 Tokyo / Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



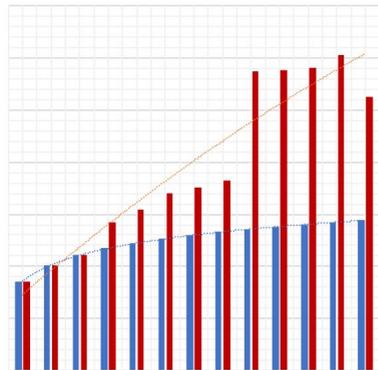
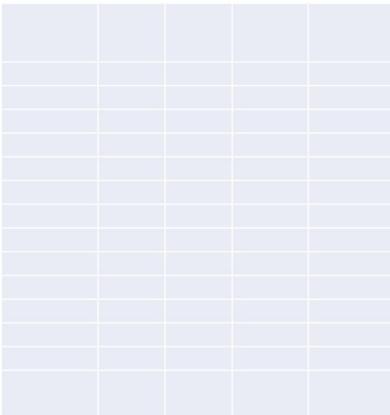
1 2 Tokyo Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



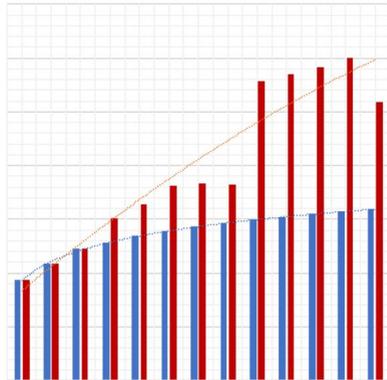
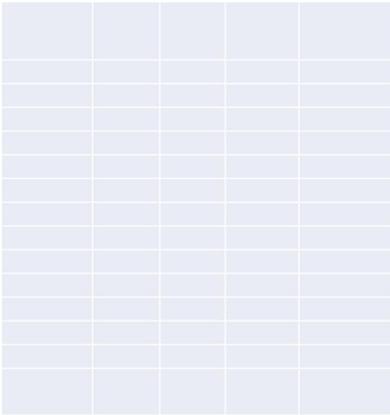
1 3 Tokyo Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



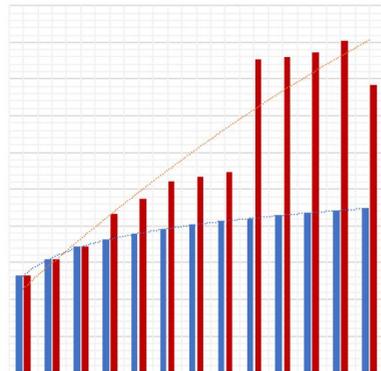
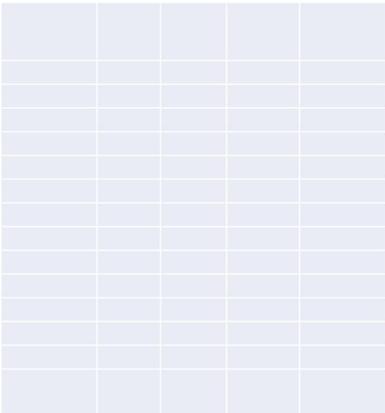
1 4 Tokyo Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



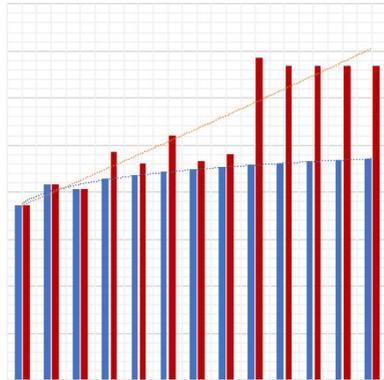
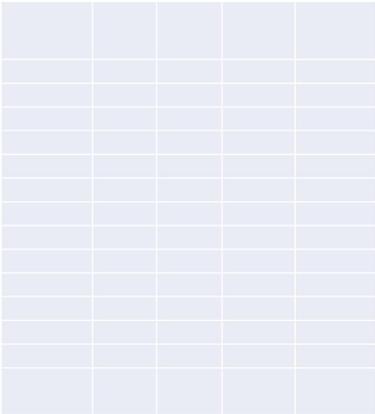
1 5 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



1 6 Tokyo University Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020

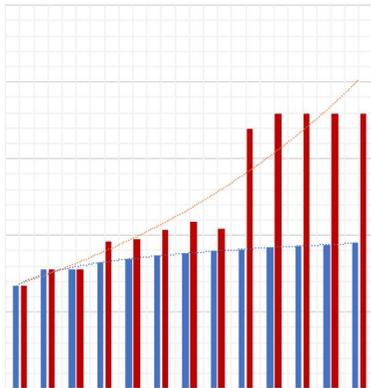
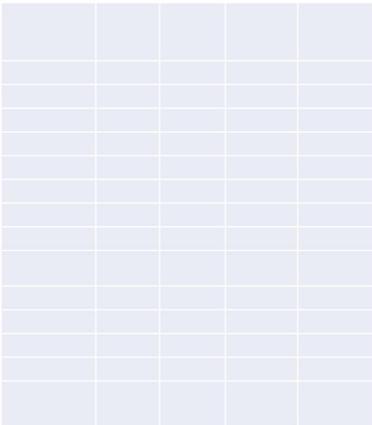


1.7 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020

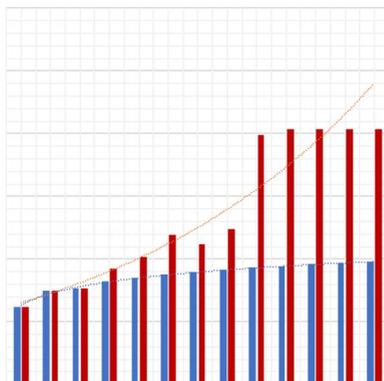
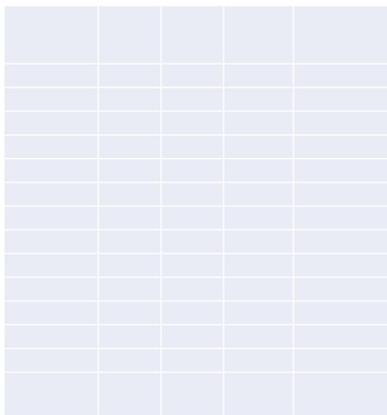


1 Tokyo

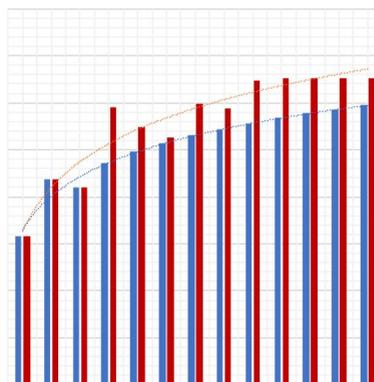
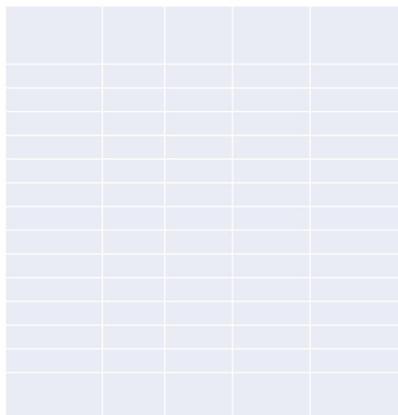
Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



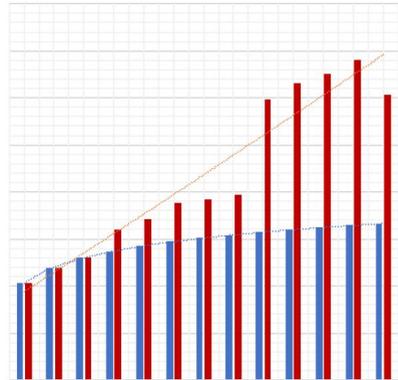
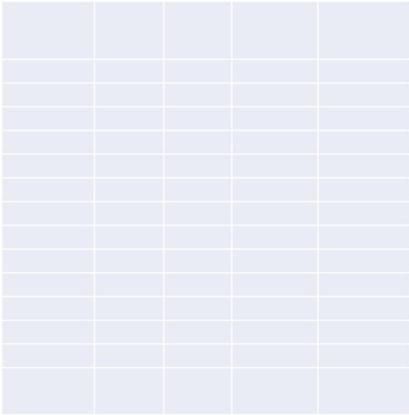
19 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



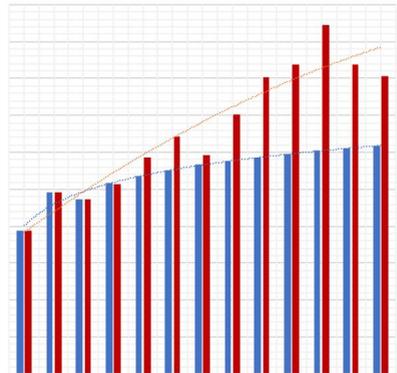
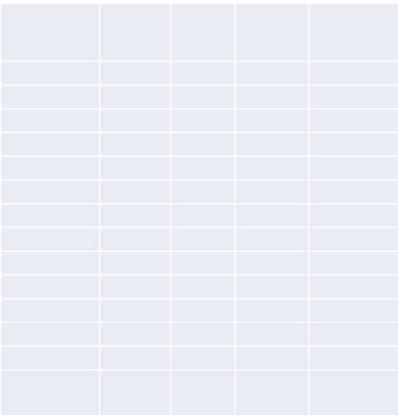
20 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



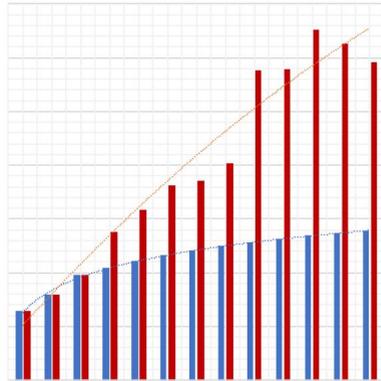
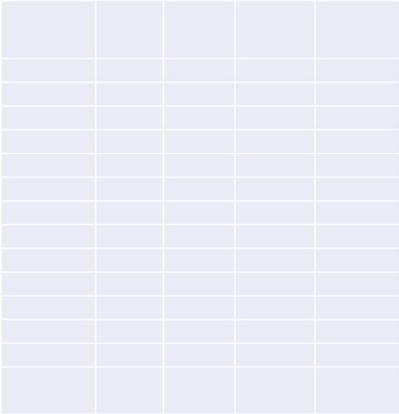
2 1 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



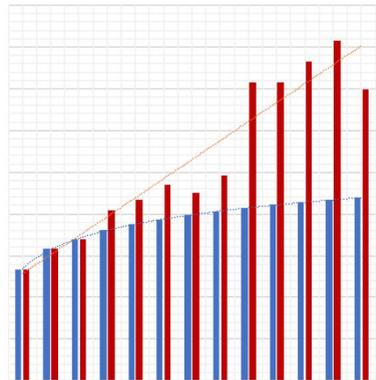
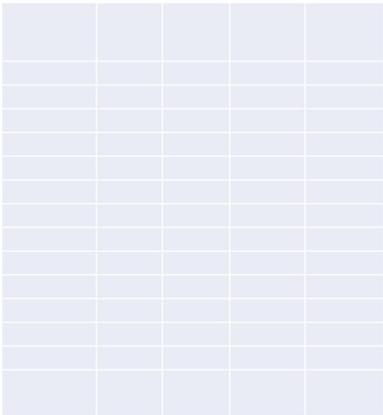
2 2 Tokyo Metropolitan Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



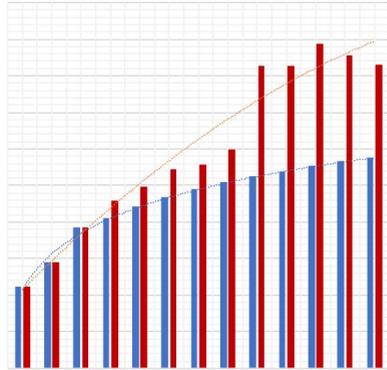
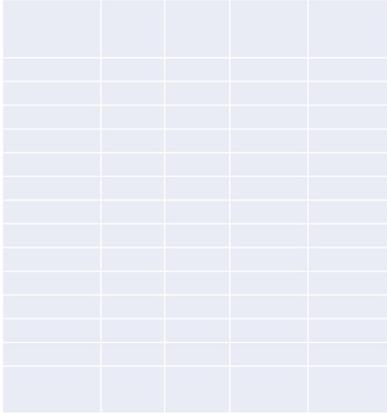
2 3 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



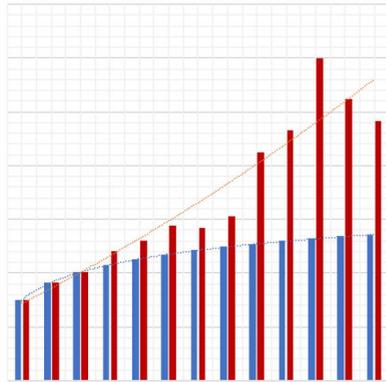
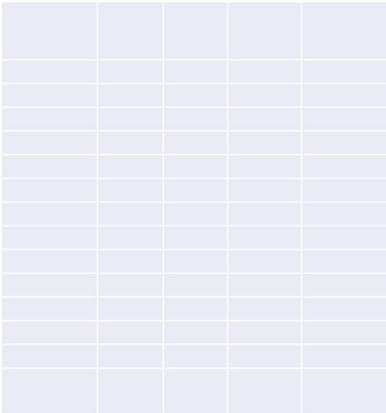
2 4 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



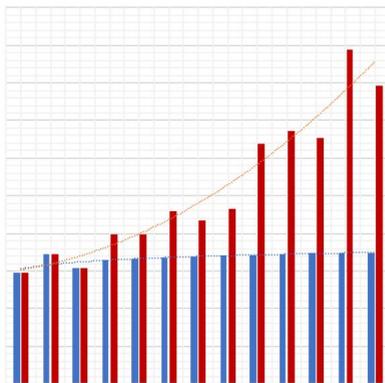
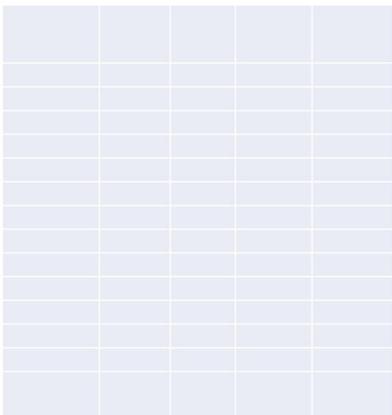
2.5 Tokyo Uterine Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



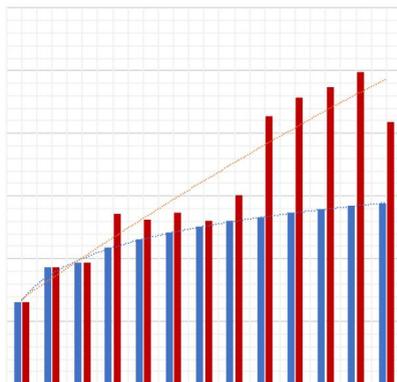
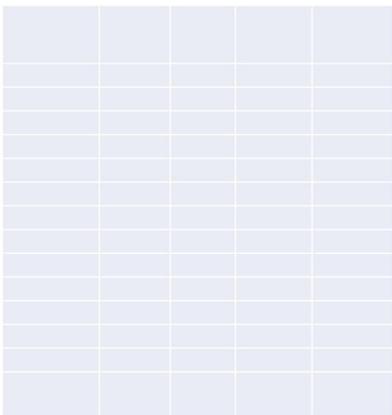
2.6 Tokyo Uterine Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



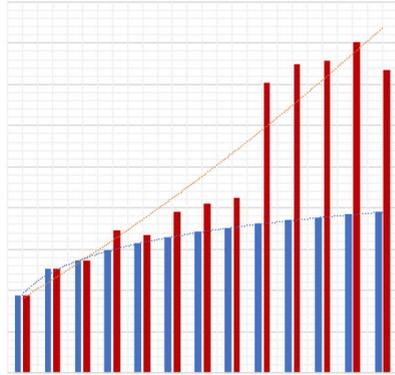
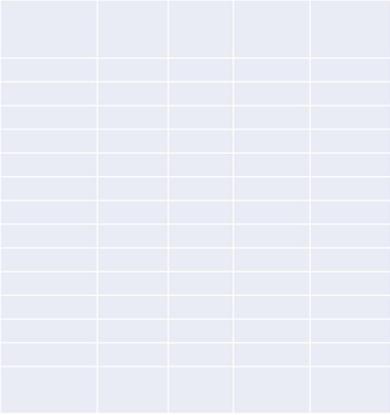
2.7 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



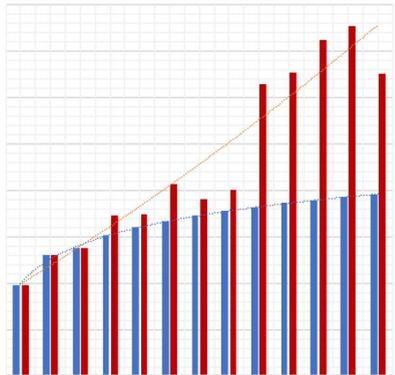
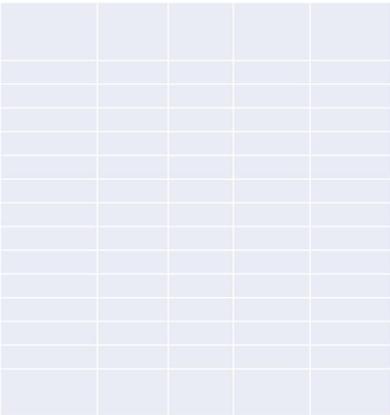
2 Tokyo Metropolitan Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



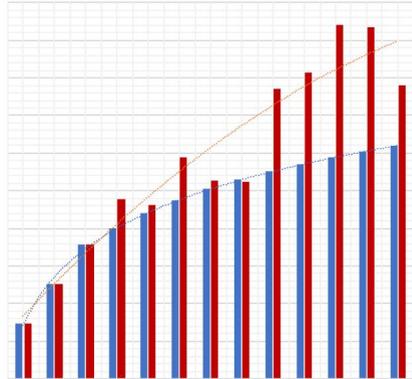
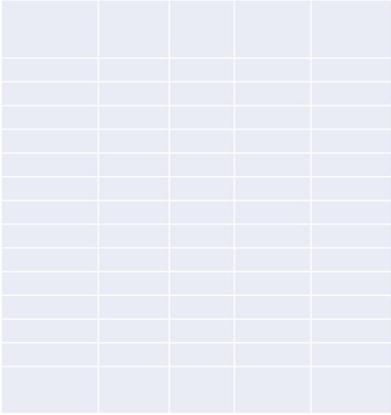
2.9 Tokyo Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



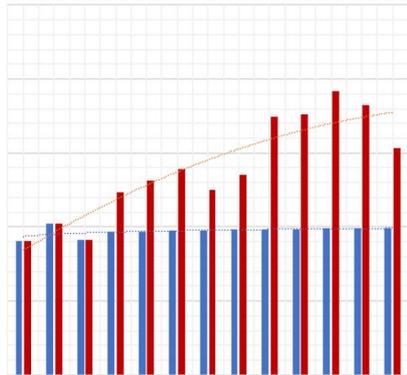
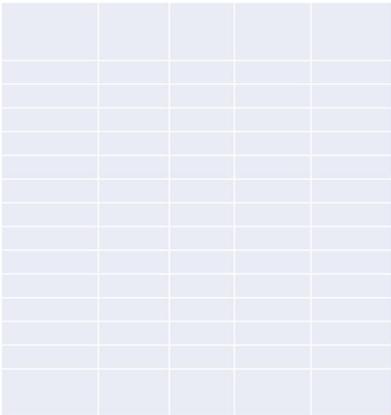
3.0 Tokyo •Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



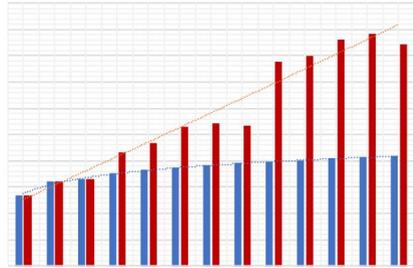
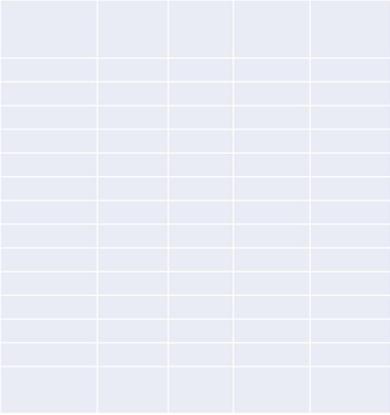
3 1 Tokyo Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



3 2 Tokyo Cancer Trend analysis of in-hospital cancer registration from 200 to 2020

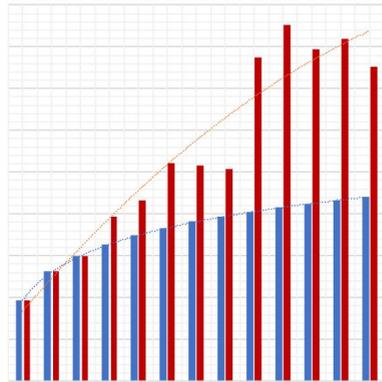
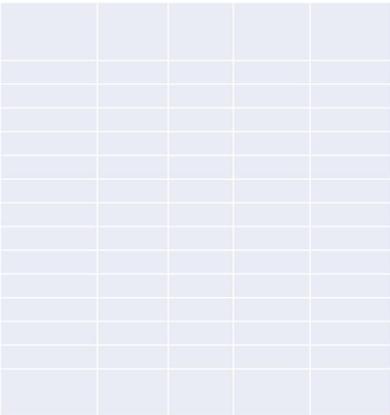


3 3 Trend analysis of in-hospital cancer registration from 200 to 2020



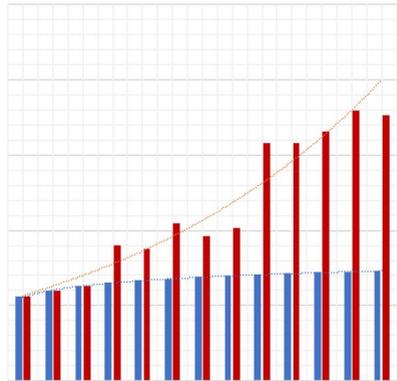
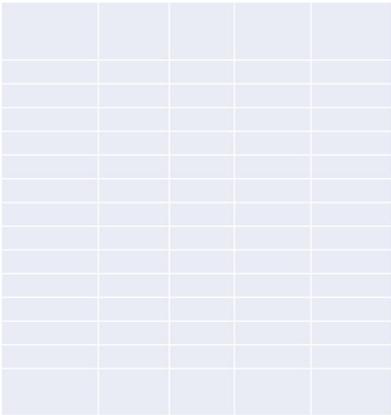
3 4 Tokyo Origin

Trend analysis of in-hospital cancer registration from 200 to 2020

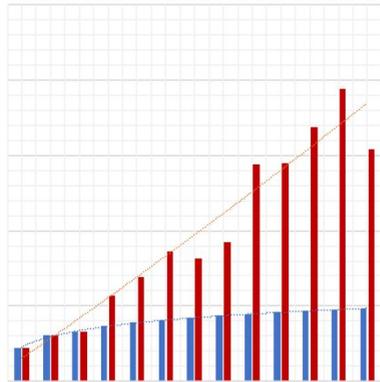
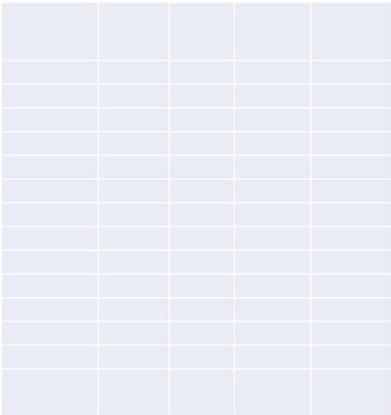


3 5 Tokyo

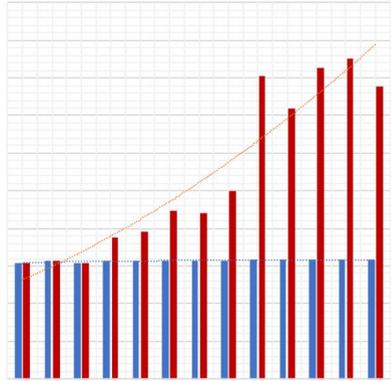
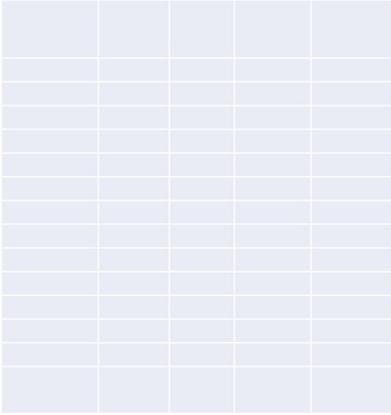
Trend analysis of in-hospital cancer registration from 200 to 2020



3 6 Tokyo Other cancers Trend analysis of in-hospital cancer registration from 200 to 2020



3.7 Tokyo Other Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



8 Kanagawa Prefecture Cancer-specific trend analysis

This chapter introduces cancer trends in Kanagawa Prefecture for each individual cancer.

In addition, in this chapter, data up to 2020 is added and explained as in the case of Tokyo.

do.

Explanatory video 4 Regarding the increase in cancer in Kanagawa prefecture,

Introducing data for each cancer.

<https://youtu.be/yEFgMxW9Zbo>

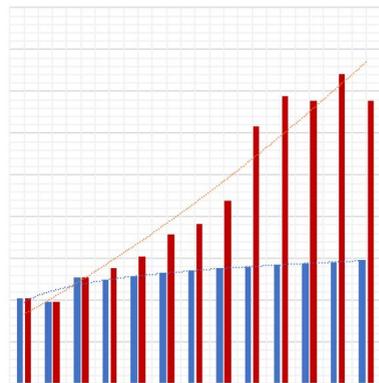
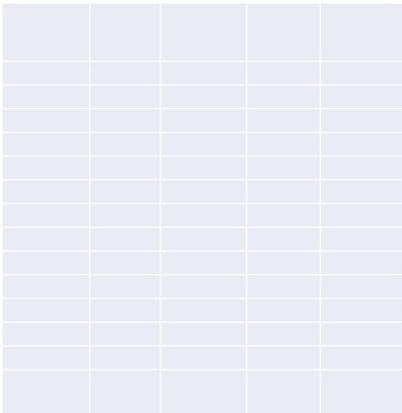
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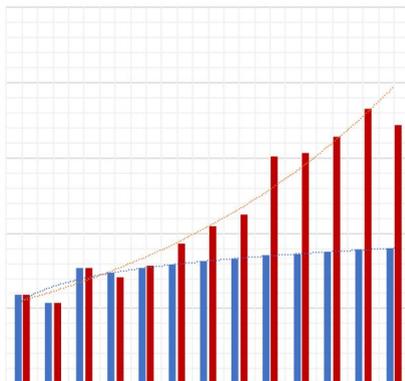
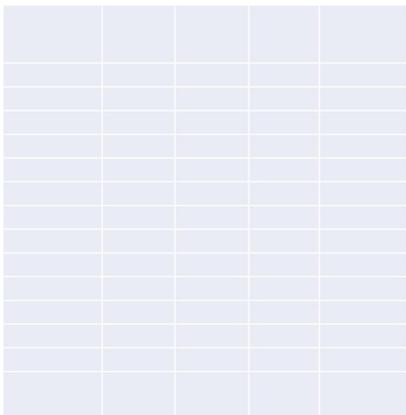
What we can learn from Exhibit 38

- Since 2016, the number of cancer cases has increased rapidly and continues to increase, just like in Tokyo. •The cumulative increase in the number of cancer cases caused by the nuclear power plant accident (2011-2020) was 239,338 people. This is 2.60% of the population of Kanagawa Prefecture (9.22 million people in 2020), which is 39 people. The ratio is 1 person. The rate is 2.77% in Tokyo, which is almost the same as 1 in 36 people.

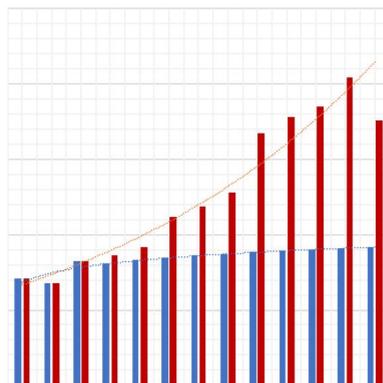
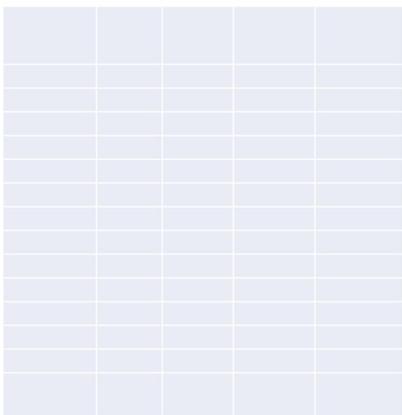
3 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



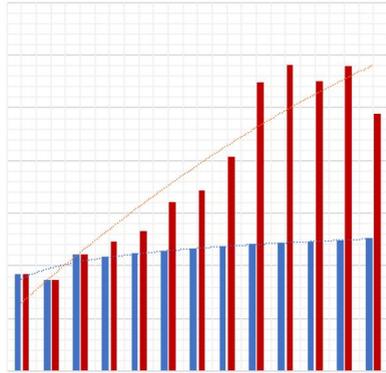
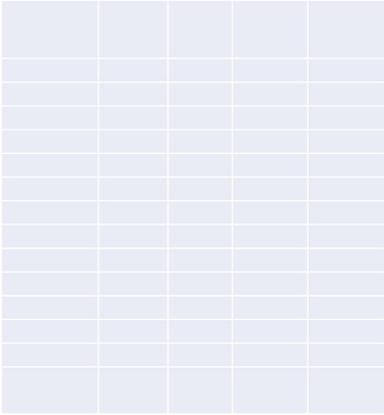
3 9 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



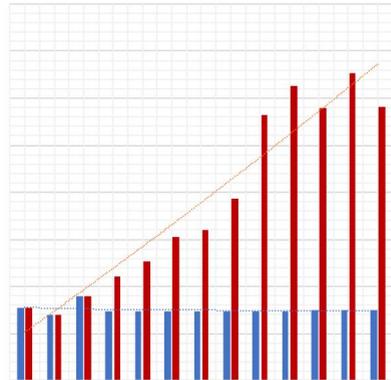
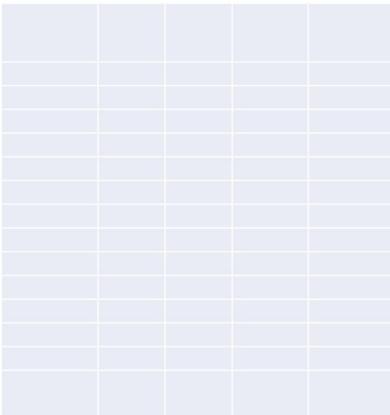
4 0 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



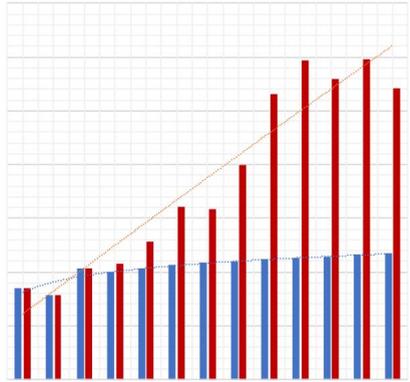
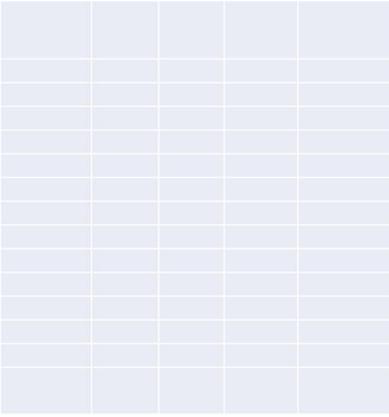
4 1 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



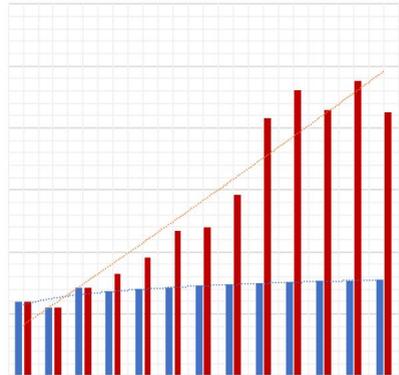
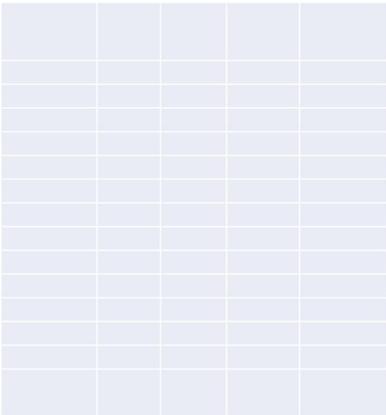
4 2 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



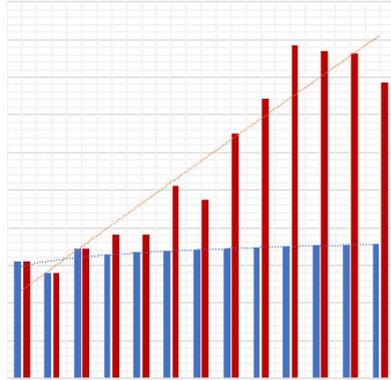
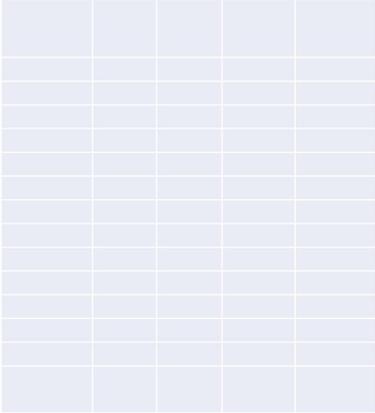
4 3 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



4 4 Kanagawa Prefecture Major Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020

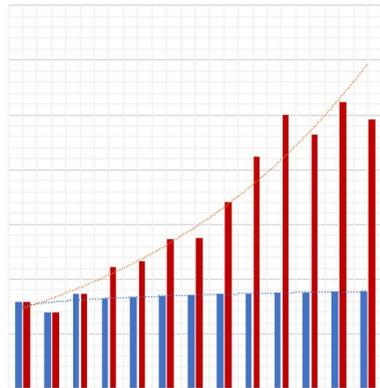
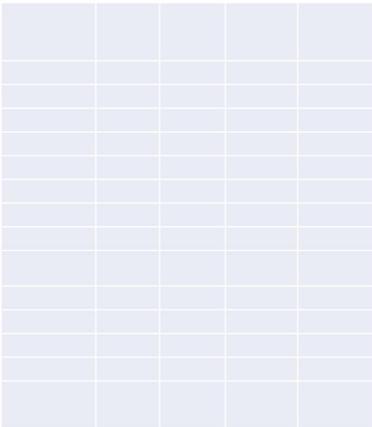


4.5 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020

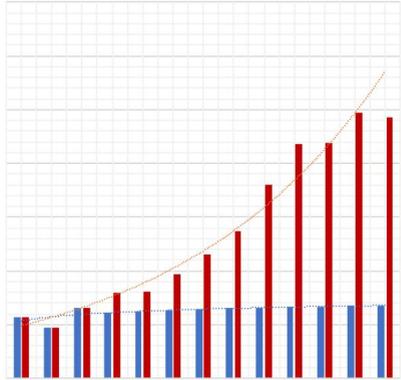
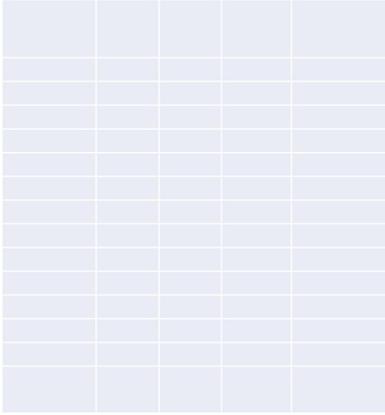


4.6 Kanagawa Prefecture

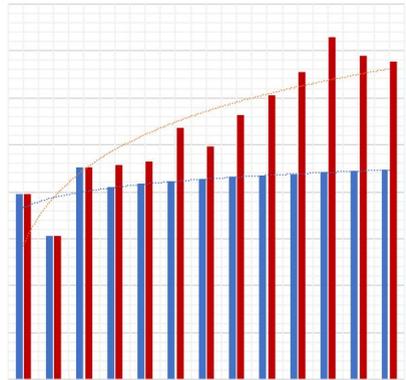
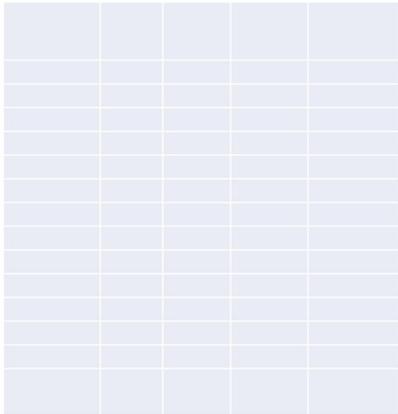
Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



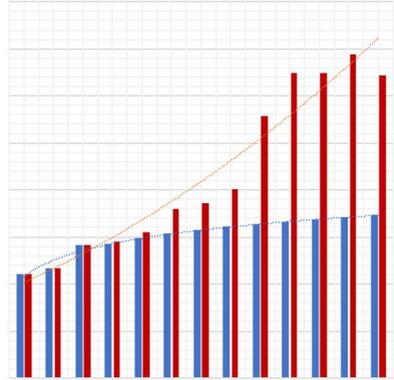
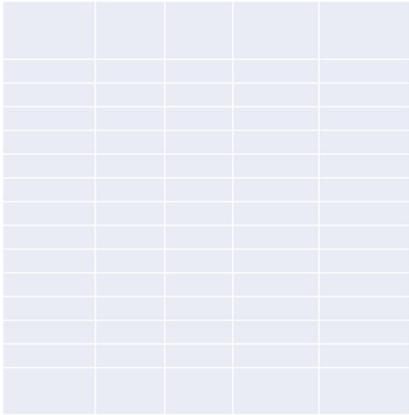
47 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



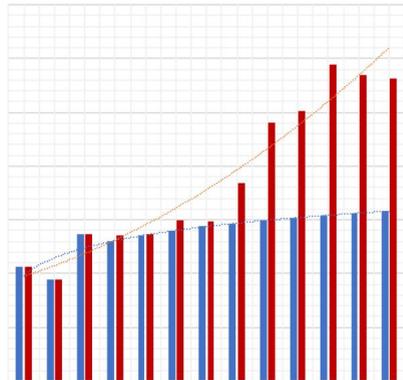
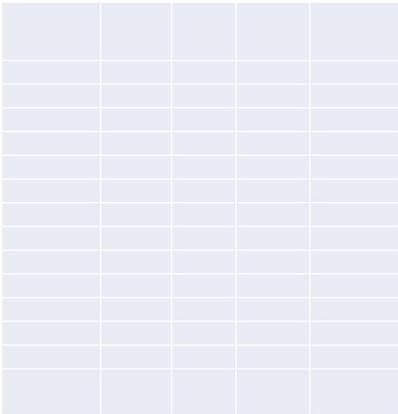
4 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



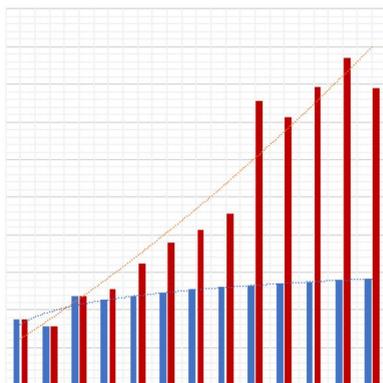
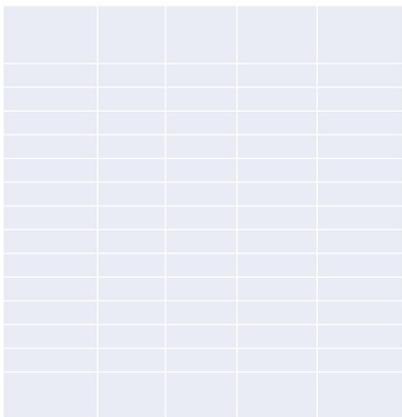
4 9 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



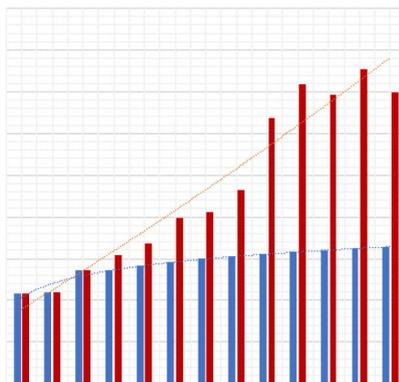
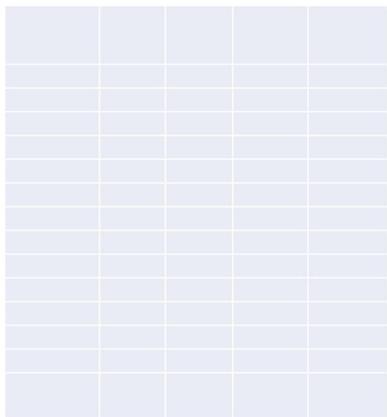
5 0 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



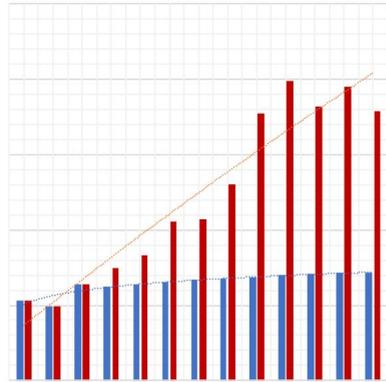
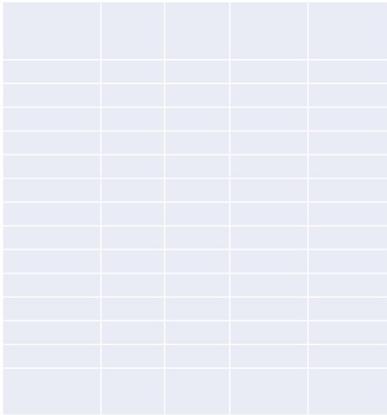
5 1 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



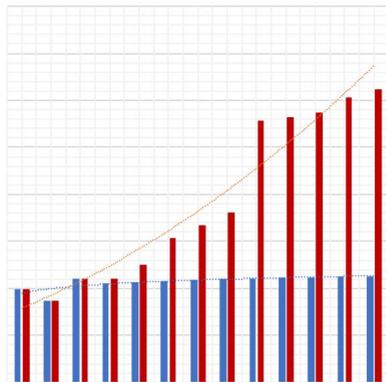
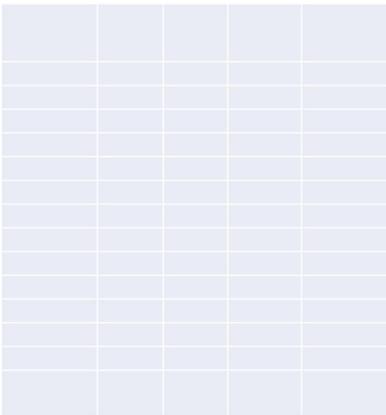
5 2 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 200 to 2020



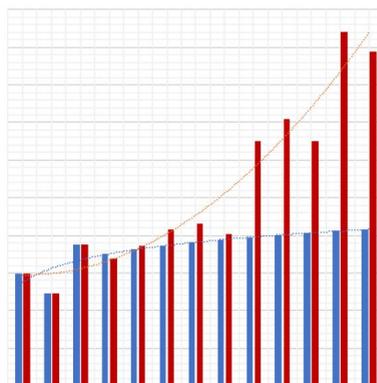
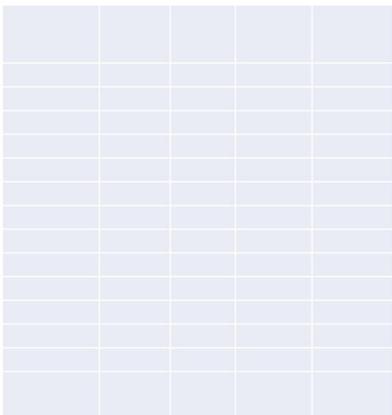
5 3 Kanagawa Prefecture Uterine Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



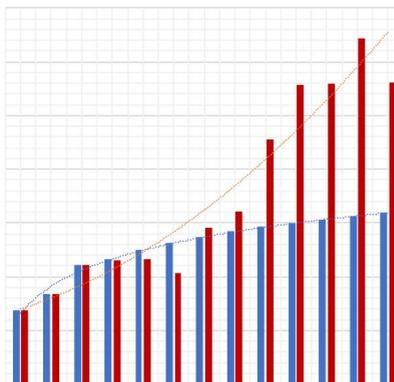
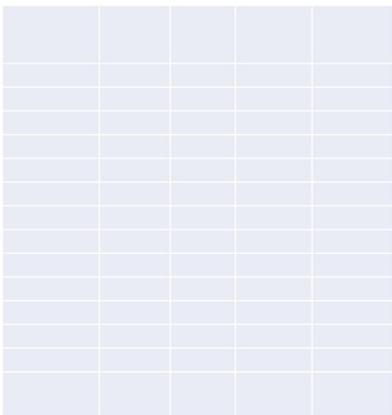
5 4 Kanagawa Prefecture Uterine Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



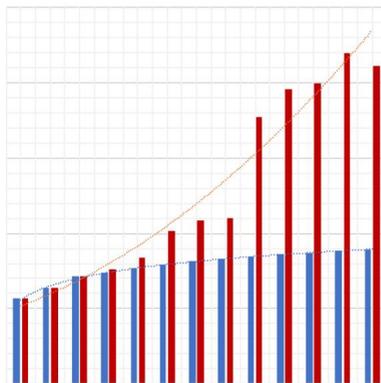
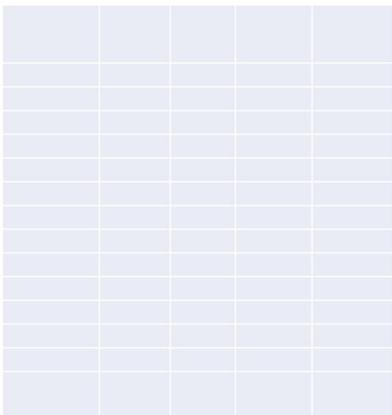
5 5 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



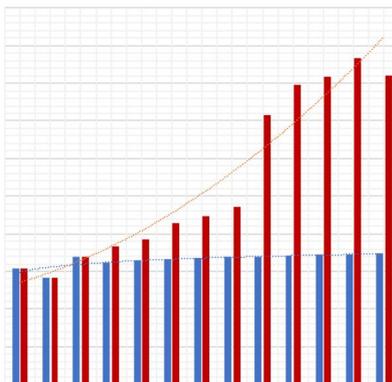
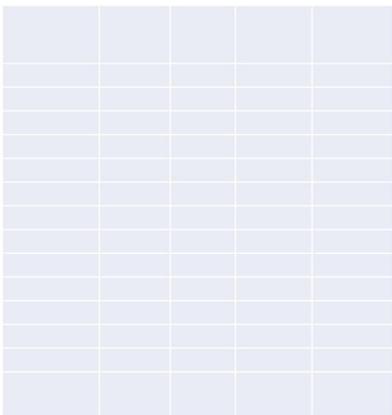
5 6 Kanagawa Prefectural Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



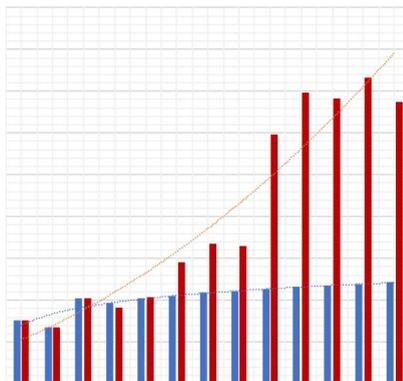
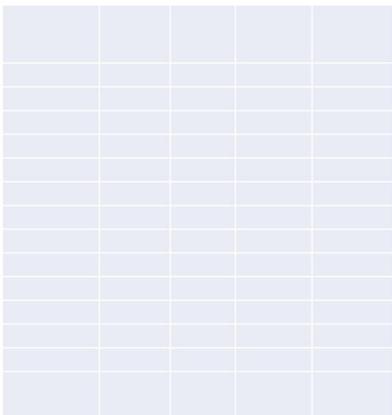
5 7 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



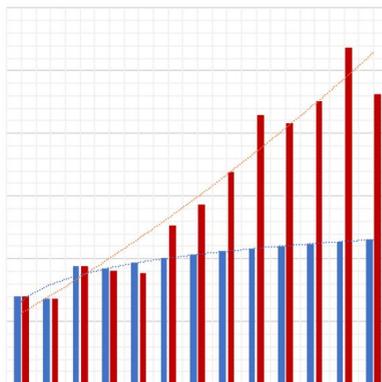
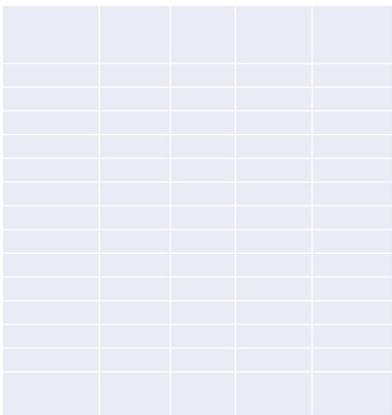
5 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



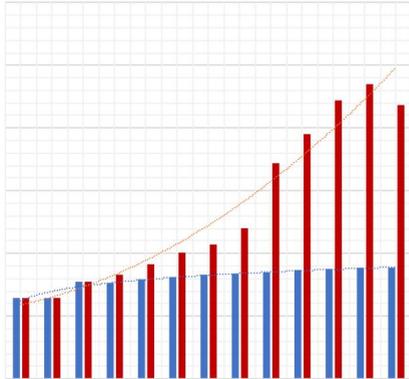
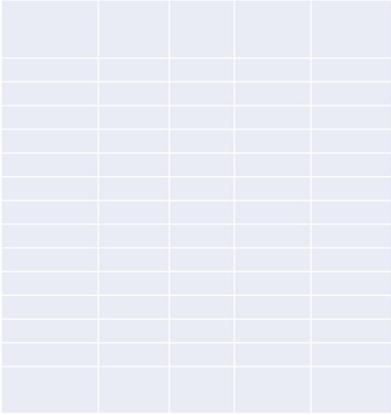
5.9 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



6.0 Kanagawa Prefecture Cancer Trend analysis of in-hospital cancer registration from 2000 to 2020

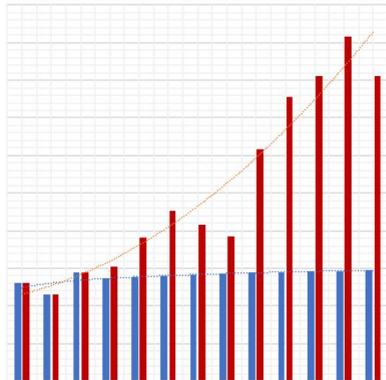
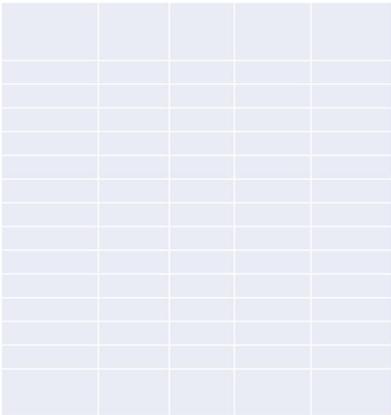


61 Trend analysis of in-hospital cancer registration from 200 to 2020 in Kanagawa Prefecture



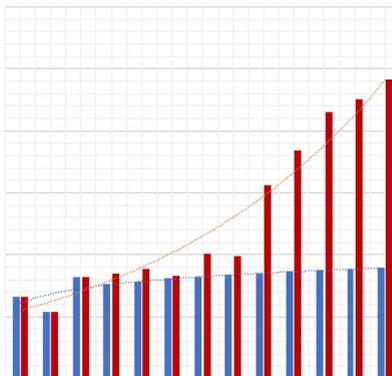
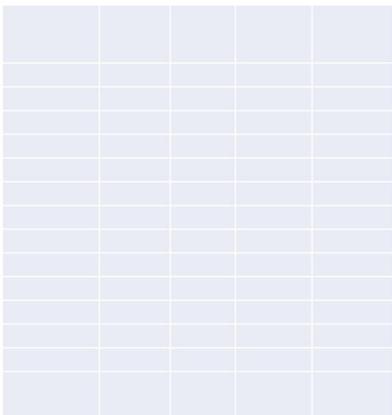
6 2 Kanagawa Prefecture

Trend analysis of in-hospital cancer registration from 200 to 2020

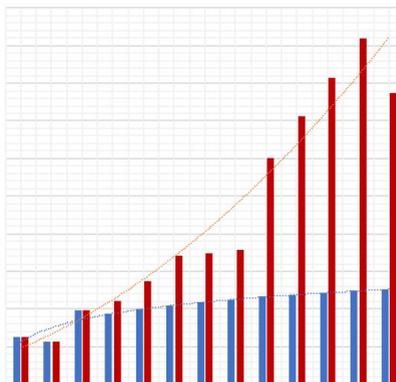
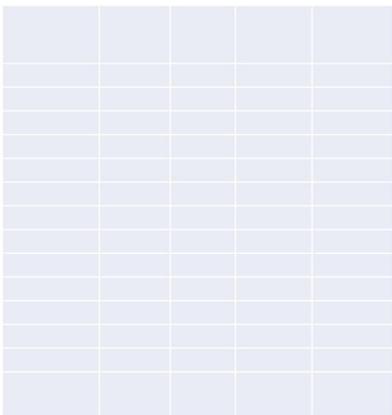


63 Kanagawa Prefecture

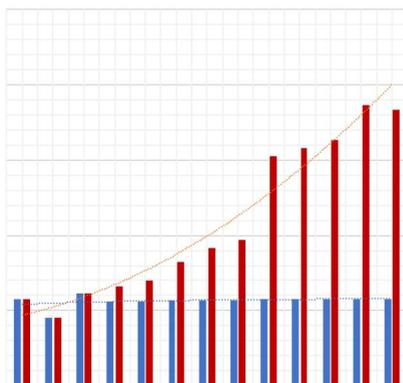
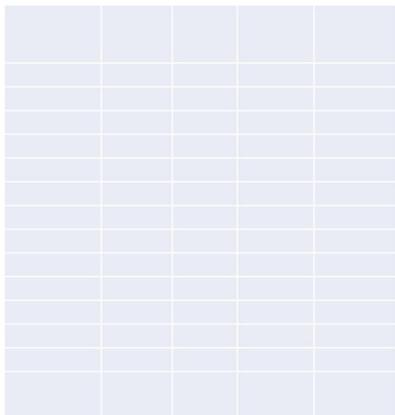
Trend analysis of in-hospital cancer registration from 2000 to 2020



64 Kanagawa Prefecture Other cancers Trend analysis of in-hospital cancer registration from 2000 to 2020



6 5 Kanagawa Prefecture Other cancer Trend analysis of in-hospital cancer registration from 2000 to 2020



Explanatory video 5 Introducing atomic bomb research in Japan.

<https://youtu.be/GaU1vwMI90s>

4 minutes and 3 seconds



9 Overview of the 12 prefectures greatly affected by the nuclear accident

Chart 66 shows the 12 prefectures that are thought to have been greatly affected by the atomic bombing (Iwate, Yamagata, Miyagi).

Estimated values and registration numbers for 2008 to 2017 for Fukushima, Niigata, Gunma, Tochigi, Ibaraki, Saitama, Chiba, Tokyo, and Kanagawa prefectures).

The increase in cancer cases due to the nuclear power plant accident in 12 prefectures (2011-2017) was 468,626.

It's a person.

In most prefectures, cancer cases began to increase immediately after the accident, and from 2016 onwards.

It has increased significantly.

Although 12 prefectures were targeted, the effects of the atomic bombing have spread throughout Japan. Sara

In addition, people who stayed or visited 12 prefectures after the accident to provide disaster relief said they were "strongly affected."

"The one who received it."



図表66 東日本12都県 2008年から2017年における院内がん登録全がん登録数の
推測値と登録数 増加数の2011-2017の累計は46万8626人

調査年	A: 推測値	B: 登録数	C = B - A D = C / B 増加数 寄与率%	
2008年	182526	182526		
2009年	203744	203744		
2010年	223016	223016		
2011年	231645	244674	13029	5.3
2012年	239719	259199	19480	7.5
2013年	246316	281563	35247	12.5
2014年	251894	283408	31514	11.1
2015年	256725	300677	43952	14.6
2016年	260987	416844	155857	37.4
2017年	264799	434346	169547	39.0
		計	468626	



10 Purpose of Atomic Bomb Research in Japan

Despite the rapid increase in cancer cases in eastern Japan after the nuclear accident,

Why don't researchers in atomic bomb research say anything?

It would not be surprising if there were criticisms that the book's assertion that "cancer cases have increased after nuclear accidents" is not believable, since researchers in the field of atomic bombing research have said nothing. However, the increase in cancer cases is confirmed by the National Cancer Research Institute based on the Cancer Registration Act.

This is clear from the database operated by the center.

Since it is true that "cancer is increasing in atomic bomb survivors," Japan's atomic bomb research is This is a group of incompetent researchers who cannot grasp the fact that cancer is increasing in people.

Either that, or the purpose of atomic bomb research is different in the first place.

So, who are "atomic bombing research researchers" in Japan and what are their purposes?

I would like to introduce about Noka.

Since 2019, the National Research Institute for Quantum Science and Technology (QST) has become the center of Japan's atomic bomb research. Participating in this are Hirosaki University, Fukushima Medical University, Hiroshima University, and Nagasaki University. A-bomb exposure research is conducted as part of national policy. Until then, Five organizations have been conducting atomic bomb research. *1

- Doctor at Fukushima Medical University who was taking iodine tablets

Since 2019, the center of atomic bomb research has been the National Institute for Quantum Science and Technology (QST), whose first director is Shunichi Yamashita. Yamashita also serves as vice president of Fukushima Prefectural Medical University. Ta.

We will introduce a typical case study conducted by Fukushima Medical University and Yamashita.

As a way to avoid the effects of exposure to radioactive materials, we are trying to prevent thyroid cancer.

There is a way to do this by taking iodine tablets. All municipalities in Japan that host nuclear power plants have iodine tablets stored in preparation for accidents.

Fukushima Prefecture had also prepared iodine tablets for prefectural residents, but they were not distributed to prefectural residents after the accident. On the other hand, doctors at Fukushima Medical University, their families, and academic iodine tablets were distributed to the students. Moreover, this fact was hidden from the citizens of the prefecture.

Shunichi Yamashita, who was Fukushima prefecture's radiation health risk management advisor at the time.

Later, the vice president of the prefectural medical university) emphasized to the doctors at the medical university that there was no need to distribute iodine tablets.

There is. Furthermore, in a lecture given to prefectural residents, he asserted that it is safe for children to play outside, leading to a campaign to promote the idea that there is no need to worry about the nuclear accident.

It was. *2

The Japanese government did not condemn Yamashita's actions, but rather ``declared Fukushima prefecture.

He is introduced on the Cabinet Office website as an excellent researcher who will lead Japan to the prefecture with the longest life expectancy. *

9

Afterwards, Yamashita became the first director of the Advanced Radiation Exposure Medical Support Center (National Research Institute).

He became the head of the Center and became a central figure in research into the effects of the nuclear power plant accident. *4

•Purpose of Atomic Bomb Research in Japan

The systematic actions of Fukushima Medical University, Yamashita's remarks, and the country's attitude of highly appreciating them are so surprising and difficult to understand that I will once again use another example. think.

For example, an infectious disease recognized by the WHO (World Health Organization) (such as the new coronavirus) When the virus spread, a university hospital secretly used the vaccine to give priority to doctors and their families, but refused to let the citizens use the vaccine, saying, ``It's okay." As a result, many people died. Suffer from an infectious disease, die, or have major after-effects.

In such cases, the director of the university hospital and the president of the university can be sued as criminals. right.

Yamashita and Fukushima Medical University did something like this after the nuclear accident. and the day The government rather valued Yamashita's actions and placed him at the center of subsequent research on the atomic bombing.

What we can see from this is that atomic bomb research in Japan is about promoting nuclear power generation. ``Research on the safety of nuclear power in order to achieve this goal."

I'm not criticizing whether this purpose is good or bad.

Research institutions with this goal have found that ``cancer cases have increased after the nuclear accident."

This fact contradicts the objective of ``nuclear power generation being safe even if an accident occurs."

Therefore, it is not considered as a research subject in the first place. Ignore it as much as possible.

Now, back to the first question.

“Despite the rapid increase in cancer cases in eastern Japan after the nuclear accident,

First, why didn't researchers specializing in the atomic bomb say anything? ”

This is because A-bomb exposure research in Japan has focused on improving the safety of nuclear power plants and minimizing the damage caused by nuclear accidents.

This is because it was done for the purpose of making people look good.

In Japan's research on the atomic bombing, “public health” is not the top priority. If “public health” had been the top priority, Fukushima Medical University would have proactively distributed iodine tablets to the prefecture's residents, and Yamashita would have also encouraged people to “evacuate.”

It is.

The reason behind the country's choice to conduct atomic bomb research that prioritizes the safety of nuclear power generation is that the ruling party

This is due to the fact that they have a policy like this. Another reason is that many people supported and voted for a political party that advocated these policies, and it was elected. As a result, accidents occurred and cancer cases increased. Even as cancer rates increased, research on the atomic bombing continued to be ignored.

This is also one of the results of people's voting behavior.

*1 Advanced Radiation Exposure Medical Support Center and medical system in the event of a nuclear disaster

<https://www.qst.go.jp/site/qms/24101.html>

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Reference: False “safety declaration” by Fukushima Medical University doctors who were taking stable iodine tablets

Friday article 2014/03/07 issue

<https://friday.gold/article/53035> *3

Advanced Radiation Exposure Medical Support Center

HP <https://www.qst.go.jp/site/qms/25117.html>

*4 Cabinet Office HP

“Aiming to become the prefecture with the longest life expectancy in Japan” Shunichi Yamashita, Vice President of Fukushima Medical University, Nagasaki

University Graduate

School Professor” <https://www.cao.go.jp/noguchisho/info/interviewprofyamashita.html>

summary

The nuclear power plant accident and its damage have been trivialized and discussed only as thyroid cancer in Fukushima Prefecture. The argument is progressing. TEPCO, the company responsible for the accident, seems to have succeeded in its strategy of "minimizing the damage caused by the accident and minimizing the number of compensation targets."

As the Ministry of the Environment says, all cancers are caused by radiation exposure, and the thyroid gland is not limited to. All types of cancer will continue to increase after the incubation period. The radioactive materials that were inside the nuclear power plant were spread not only to Fukushima Prefecture but also to Tohoku, Kanto, and Japan. The book spread widely throughout the country. This time, we focused on Tokyo and Kanagawa prefectures as "easy-to-understand examples". Such a major accident only occurs in thyroid cancer in Fukushima Prefecture. Do not mean.

Furthermore, this trend analysis provides a perspective that was not present in the traditional discussion of the atomic bombing. We appreciate its uniqueness, but we think there is room for improvement.

In the future, we will provide information on FB and Twitter below.

FB Cancer is increasing after the nuclear power plant accident

https://www.facebook.com/groups/79699525449_393



references

•National Cancer Research Center HP

From here, "Cancer treatment collaboration base hospital in-hospital cancer registration, 2007-2020, national collection

You can download the "Account Report".

https://ganjoho.jp/public/qa_links/report/hosp_c/hosp_c_registry.html



•Hiroshi Miyahara

The actual state of cancer incidence in Japan - history of cancer registration, survival rate -

Journal of Yasuda Women's University 50 311-31

2022-02-

2

•John W. Goffman

New Edition: Humans and Radiation: From Medical X-rays to Nuclear Power Plants

Akashi Shoten (2011)

Author introduction

Kunihiro Yamada

Doctor of Engineering, ecologist, professor emeritus at Kyoto Seika University. Continuing

research activities from the perspective of environmental studies, which aims to comprehensively understand and solve environmental problems.

book

"Freon Gas Destroys the Earth" (Iwanami Booklet), "Radioactive Decontamination Principles and Manual" (Fujiwara Shoten), "Decontamination is Possible." Learn about radioactivity decontamination through Q&A" (Fuji Hara Shoten, co-author), "The Impact of Initial Exposure - The Damage and Face" (Fuzayasha), etc.

•Books that are particularly related to this book

Kunihiro Yamada: The toxicity of tellurium: The truth behind the "toxic substance" that was hidden even though it was released during the Fukushima Daiichi nuclear power plant accident

<https://www.amazon.co.jp/dp/B09HQDX2BJ>

Osamu Nakamura

After working as a university teacher, served as director of the Circular Urban Development Research Institute, a general incorporated association.

book

Books particularly related to this book

•Osamu Nakamura, Kunihiro Yamada, Toshikazu Fujiwara

Hot particles spread from the Fukushima Daiichi Nuclear Power Plant and their toxicity Kindle

2022/6

<https://www.amazon.co.jp/dp/B0B3D7QLZ3>

•Osamu Nakamura Why have environmental problems become more serious even though science has developed? 1

Kindle 2022/4 <https://>

www.amazon.co.jp/dp/B09YL6Y5H2

