Appendix 1

Post - Chernobyl Thyroid Cancer in Ukraine

POST- CHERNOBYL THYROID CANCER IN UKRAINE.

REPORT 1: Estimation of thyroid doses.

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Abstract.

About 1.8 EBq of 131 I was released into the atmosphere during the Chernobyl accident that occurred in Ukraine on 26 April 1986. More than 10% of this activity was deposited on the territory of Ukraine. Beginning 4-5 years after the accident, an unusually high incidence of thyroid cancer among children, believed to be caused in part to exposure to 131I, has been observed in the most contaminated regions of Ukraine. A detailed estimation of the thyroid doses from 131 for the Ukrainian population has been carried out in the framework of large scale epidemiologic studies of childhood thyroid cancer. Individual thyroid doses have been estimated for the members of a cohort study in the most contaminated areas, while group doses, broken down according to age, gender, and location of residence at the time of the accident, have been estimated for the entire country. Results averaged over large population groups indicate that the entire territory of Ukraine can be subdivided into three zones: (1) a zone of high thyroid doses (above 35 mGy) in Zhytomyr, Kyiv, Rivne, Chernihiv, and Cherkasy oblasts; (2) a zone of moderate thyroid doses (14-35 mGy) in Volyn', Vinnytsia, Khmel'nyts'k, Chernivsi, Kirovohrad, Poltava, Sumy oblasts, Kyiv-city and the Autonomous Republic of Crimea; and (3) a zone of low thyroid doses (13 mGy and less) in the other 12 oblasts of Ukraine and the city of Sevastopol'. Data, models, and procedures required for the estimation of individual doses and of group doses are described in the paper. An analysis of the distribution with time and location of the thyroid cancer morbidity for the residents of Ukraine who were aged 1 to 18 at the time of the accident also will be submitted for publication in the near future.

Introduction

About 1.8 EBq of 131 I was released to the atmosphere during the Chernobyl accident that occurred in Ukraine on 26 April 1986 [*1*]. It is estimated that approximately 11% of this activity was deposited on the territory of Ukraine [*2, 3*]. The consumption of fresh milk contaminated with 131 was the main source of thyroid irradiation for persons in contaminated areas. Beginning 4-5 years after the accident, an unusually high incidence of thyroid cancer among children and adolescents exposed to 131 I was observed in the contaminated regions of Ukraine [*4-10*], Belarus [*1,11-15*], and Russia [*16-18*].

Other radioactive isotopes of iodine (notably, 132 I, 133 I, and 135 I) and precursor radionuclides (131m) Te and 132 Te) were also released and could contribute to the thyroid dose. Evaluations indicate that the thyroid doses produced by these radionuclides were a relatively small fraction of the total thyroid dose for most people [*19, 20*]. This paper is therefore focused on the dose from 131 I.

The investigation of the high incidence of thyroid cancer among populations that were exposed to radioiodine after the Chernobyl accident consists of two components:

- Retrospective assessment of the thyroid dose for individuals and for groups of people aggregated according to age, gender, and residence from the time of the accident until the end of June 1986; and

- Assessment of the risk of thyroid cancer caused by the thyroid's exposure to radiation. This assessment can be made in the framework of three types of epidemiologic study: cohort [*21, 22*], case-control [*12*], and ecological [*4, 23*].

The present publication is devoted to a detailed estimation of the thyroid doses from 131 I for the Ukrainian population, and supports an associated ecological analysis of the observed thyroid cancer morbidity.

The estimation of thyroid doses resulting from the Chernobyl accident was initiated in May-June 1986 [24]. This estimation was based on the 131 I activities measured

in the thyroids of people. A very simple model, which assumed a single intake of ^{131}I at the time of the accident, was used to derive the thyroid dose from the measurement of thyroidal content. Although these estimates were rather conservative, they helped to define regions with the highest thyroid doses. It was expected that populations of those regions would have the highest risk of developing radiation-induced thyroid cancers.

Since 1986, there have been many revisions of the initial dose assessments with the aim of improving their realism and reliability. Different methodologies have been developed or improved for the estimation of the thyroid doses received by people whose thyroid radioactivity content was measured in May-June 1986 as well as those received by people without such measurements [*15, 25-29*].

This research was stimulated by several large scale epidemiologic projects that surveyed childhood thyroid cancer in Ukraine [*22, 30*]. These projects were initiated circa 1996. Detailed ecological models of radioiodine transfer along food chains [*31*] and special mesoscale models of atmospheric transfer of radionuclides [*2,3*] were developed and used at that time. Results of large-scale interviewing were used to obtain information on the residential history and dietary habits of the surveyed cohort members.

In the current thyroid dosimetry system, there are three levels of dosimetry support for different types of epidemiological research. The first level (individual thyroid doses for cohort members) is used in a classical cohort study [*31*]. The second and the third levels are used in ecological studies to estimate group doses for settlements, raions¹, or oblasts, taking into account the gender and age of the inhabitants. Data, models, and procedures required for the estimation of individual doses (first level) and of group doses (second and third levels) are described in this paper. Dose estimates are presented for people who were aged ≥1 to 18 and who lived in any part of Ukraine at the time of the accident. Infants who

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¹ Raion is an administrative unit within an oblast. Usually there are 10 to 20 raions in an oblast. The raion is comparable to a county in the United Stattes, while the oblast is comparable to a state.

were less than one year old at the time of the accident are not considered in this paper. Although there were many measurements of thyroid activity performed in May-June 1986, few of these were for very young children.

An analysis of the distribution with time and location of the thyroid cancer morbidity for the residents of Ukraine who were aged 1 to 18 at the time of the accident will be.submitted for publication in the near future. The results of that analysis will consist of an assessment of the age-dependent changes in the background thyroid cancer morbidity for the Ukrainian population, and an assessment of the absolute and relative risks of the radiation-induced thyroid cancer.

Materials and methods

General equations.

The variation with time of the ¹³¹I activity in the thyroid $Q_{a,s}(t)$ (*Bq*) for a subject of age *a* and gender *s* is defined by two main processes: (1) uptake of 131 by the thyroid, which is described by a function $U_{a,s}(t) (Bq \ d^t)$ and (2) excretion of ¹³¹I from the thyroid, which is assumed to be exponential. It is characterized by the effective constant of elimination of ¹³¹I from the thyroid, λ_a^{ef} (*d⁻¹*), which is the sum of the biological elimination constant, λ_a^{biol} (*d*^{*I*}), and of the radioactive decay constant of ¹³¹I, λ_i , (*d*^{*I*}). Therefore, the function $Q_{a,s}(t)$ can be described as

$$
Q_{a,s}(t) = \int_0^t U_{a,s}(t)e^{-\lambda \frac{\rho f}{a}(t-\tau)}d\tau,
$$

(1)

The absorbed thyroid dose, $D_{a,s}^{th}$ (*Gy*), received until time *T* after the accident, is

$$
D_{a,s}(T) = \frac{\alpha}{M_a} \int_{a}^{T} Q_{a,s} dt = \frac{\alpha}{M_a} A_{a,s}(T),
$$
 (2)

where α is energy absorbed in the thyroid due to the radioactive decay of a unit activity of ¹³¹I during one day (*J/Bqd*); M_a is the age-dependent thyroid mass, (*kg*), averaged for boys and girls; $A_{a,s}(T)$ is the time-integrated activity of the ¹³¹I content in the thyroid (during the time period from 0 to *T*) for a subject of age-gender group *a-s (Bq·d).*

Ecological model.

Variation with time of the ¹³¹I activity in the thyroid, $Q_{a s}(t)$ in eq. (1), can be estimated based on an ecological model that describes the transport of ¹³¹I through the environment and in people. The model takes into account inhalation of contaminated air, the processes of ^{131}I deposition on ground and vegetation, transfer of ^{131}I into milk, consumption of contaminated foods by humans, and uptake and retention of ^{131}I in the thyroid. The output of the model is dynamics of 131 activity in the thyroid during the period of exposure. Most of the 131 I release from the Chernobyl reactor occurred during the first few days after 26 April 1986 and radioactive decay limited the period of concern about intakes of 131 I in the diet to about two months.

Fundamental to the model are measurements and estimates of the radionuclide depositions in locations of interest after the accident. The total depositions of $137Cs$ have been measured in settlements throughout Ukraine. The daily depositions of both ¹³⁷Cs and 131 I have been estimated using a mesoscale atmospheric transport model. A map of cumulative *131I* deposition on the territory of Ukraine is shown on Figure 1 *[2,3]*.

Three pathways of 131 intake were considered in the ecological model: inhalation, ingestion of leafy vegetables and milk. The mathematical description of the model, as well as parameter values, are given in Annex 1

Direct measurements of 131I activity in the thyroid.

Direct measurements of radioactivity in the thyroids of the inhabitants of affected territories were performed between 20 and 40 days after the accident. The results of the

direct measurements on the subjects (indexed by *k*) $\tilde{Q}_{k,a,s}$ (*Bq*), were used to estimate the thyroid doses received by the individuals whose thyroid activities were measured. The methodology of thyroid measurements used in Ukraine in April-June of 1986 (groups of population, territorial distribution of the measurements, and descriptions of the measuring devices and their calibration) has been presented in detail in previous publications [*26-29*]. The results of the thyroid measurements were corrected to take into account the presence of radiocesium in the human body. Values of the correction factors for different ages and different times of measurements are described in a separate publication.

Thyroid dose estimation

Definitions and principles

The thyroid dose, $D_{a,s}(T)$ *(Gy)*, estimated with help of function, $Q_{a,s}(t)$ *(Bq)*, for a subject of age a and gender s who was in a settlement with a specified level of ^{131}I deposition is called *"the ecological thyroid dose".*

Thyroid dose, calculated taking into account result of thyroid activity measurement $\mathcal{Q}_{k,a,s}$ *(Bq)* is called "*the instrumentally individualized thyroid dose*" and denoted as $D_{k.a.s}(T)$ (Gy).

The instrumentally individualized thyroid dose based on information on the individual's diet and behavior is called "*the questionnaire-based instrumentally individualized thyroid dose".*

The questionnaire-based instrumentally individualized thyroid doses are the most reliable estimates of thyroid doses received by individuals.

Based on result of the direct thyroid activity measurement $\tilde{Q}_{k,a,s}$ (Bq), the *individual scaling factor* for *k*-individual of age *a* and gender *s*, K_k^{scale} , can be estimated as:

$$
K_k^{scal} = \frac{\tilde{Q}_{k,a,s}}{Q_{a,s}(t_{meas})}
$$
, where $Q_{a,s}(t_{meas})$ is estimation of the thyroid activity at the time of

measurement, t_{meas} based on ecological model. It is assumed that the dynamics of ^{131}I activity in the thyroid of individual *k* is linearly related to the function $Q_{a,s}(t)$. The instrumentally individualized thyroid dose $D_{k,a,s}(T)$ can therefore be calculated as:

$$
D_{k,a,s}(T) = K_k^{scale} D_{a,s}(T) \tag{3}
$$

Individual doses $D_{k,q,s}(T)$ are used for the estimation of the settlement-specific thyroid doses for different age-gender groups and (2) for estimation of age-gender thyroid doses aggregated over the settlement in a raion or oblast.

There are three levels of thyroid dose estimation.

First level of thyroid dose estimation

The first level of thyroid dose estimation is used for the individuals with direct thyroid measurements; it also takes into account results of the individual interviews on diet and behavior (the questionnaire-based instrumentally individualized thyroid dose) or reference diet and behavior estimated from other sources (the instrumentallyindividualized thyroid dose).

For the majority of the approximately 130,000 Ukrainians whose thyroid activities were measured in 1986 instrumentally individualized thyroid doses could be estimated. Results of interviews of rural and urban inhabitants of Chernihiv oblast (9,500), Kyiv oblast (3,000) and Zhytomyr oblast (2,300) on dietary habits and food consumption rates in May-June 1986 were used for the development of reference age-gender dependent consumption rates (Table A1.2). This survey was undertaken in 1992-1994 as part of the "Thyroid Passportisation" of the affected Ukrainian population and was funded by the Ministry of Chernobyl and Emergency Situation of Ukraine [*32, 33*]. The questionnaires were developed by the Scientific Center on Radiation Medicine of Ukraine, which managed the project.

Soon after the accident the inhabitants of the settlements of the zones nearest to the Chernobyl NPP were evacuated to other settlements located in Kyiv, Chernihiv, and Zhytomyr oblasts. The thyroid doses of people who were evacuated were caused partly by the thyroid exposure at the place of evacuation and partly by the thyroid exposure at the place to which they were relocated. Thyroid activity measurements were performed for \sim 9,500 inhabitants of 53 evacuated settlements. The information on the settlement of evacuation and on the settlement of relocation was taken from the records of measurements, and then used in the calculation of the instrumentally individualised thyroid doses for the evacuees.

Individual interviews for more than 13,000 subjects who were less than 18 years old at the time of the accident (or of parents of the subjects who were less than 10-year old) regarding diet and post-accident relocations have been performed in the Ukraine-American cohort thyroid study [*21,22,31*]. Direct measurements of thyroid activity were performed for all subjects of the cohort.

Second level of thyroid dose estimation

The settlement-specific doses in locations where the direct thyroid measurements were performed in May-June 1986 are considered in the second level of thyroid dosimetry. The measurements were made for the inhabitants of 787 settlements of Kyiv, Chernihiv, and Zhytomyr oblasts, where contamination levels were the highest. This number includes 53 settelements from which people were evacuated. In each of these 787 settlements, there were persons whose thyroid activities were not measured, and a method for estimation of thyroid doses for those people is needed. The procedure is based on the relative timeintegrated activities of ^{131}I in thyroids of different age and gender groups. The relationships for individuals whose thyroid activities were measured are used to estimate time-integrated thyroid activities for 36 age and gender groups (both males and females for yearly age intervals from 1 to 18) and then doses to the same groups in the settlements.

The largest number of thyroid activity measurements was made for children of ages 12 to 14 (Figure 2). This age interval, denoted by *aref* , is called the *"reference ageinterval"*. There were 619 settlements where thyroid measurements were performed on children in the *reference age-interval.* In addition, measurements in the *reference ageinterval* were performed in 49 settlements that were evacuated soon after the accident. The total number of measurements (ages \geq 1 to 18) in these categories were ~74,000 and 8,000, respectively.

Thyroid measurements in Ukraine in 1986 were made with eight types of instruments. Results obtained using devices with gamma spectrometric capability are more reliable than those obtained from less sophisticated counting devices. For gamma spectrometric measurements, a minimum of four measurements per settlement were required for inclusion in the analysis. For non-spectrometric instruments (e.g., SRP-68- 01), only settlements with ten or more measurements were included in the analysis. The number of settlements and individual measurements for which these criteria were satisfied are given in Table 1.

For every person *k* of age *a* and gender *s* with a direct measurement in settlement *j*, the instrumentally individualized time-integrated activity of 131 in the thyroid is denoted as: $A_{k,q,s,j}$ (*Bq d*) and the relative time-integrated ¹³¹I activity in the thyroid, $f_{k,q,s,j}$ is

defined as:
$$
f_{k,a,s,j} = \frac{A_{k,a,s,j}}{\hat{A}_{a_{ref}}, s,j}
$$
 where $\hat{A}_{a_{ref}}, s,j$ is the geometric mean of the time-integrated

¹³¹I activity in the thyroids of members of the same gender of the settlrment j in the reference age interval:

When we consider all together the settlements with direct thyroid measurements in the reference age interval, the geometric mean values f_{as} (weighted over the number of members in the reference age-group of the settlement) for each of 36 age-gender groups

were calculated using the values $f_{k,q,s,j}$. Statistical comparisons of values of $f_{q,s}$ for different subpopulations and different locations were made with the Mann-Whitney test *[16,42].* There are statistical differences between samples of rural and urban children for the majority of age groups. There are also differences between the entire samples of boys and girls for almost all ages. In the thyroid dosimetry of the second level, six tabulated functions $f_{a,s}$ have been used for the age-gender average settlement specific thyroid dose estimations: two functions for rural areas, two functions for urban areas and two functions for the evacuated population. In each case the functions were different for males and for females. The computed geometric mean values of *fa,s* and the associated geometric standard deviations (*GSDs*) for different age and gender groups are given in Table 2. The tabulated values were used to estimate time-integrated thyroidal ¹³¹I activities $\tilde{A}_{a,s,j}$ for each age-gender group in every settlement *j* where direct thyroid measurements were performed in 1986:

$$
\widetilde{A}_{a,s,j} = \widetilde{A}_{a_{ref},s,j} \cdot f_{a,s}
$$
\n(4)

where $\widetilde{A}_{a_{ref}, s, j}$ is the settlement-specific time-integrated thyroidal ¹³¹I activity for gender *s* in the reference age interval of the settlement *j.* $\widetilde{A}_{a_{ref}, s, j}$ is derived from the values of $f_{a,s}$ and of the time-integrated thyroidal ¹³¹I activity $A_{k,a,s,j}$ for the persons of gender *s* for which the direct measurements were performed in the settlement *j*.

The median thyroid doses a , s , j *D* ,s, \tilde{D} for each of 36 age-gender groups in settlement *j* (where direct measurements of children were performed) are calculated as:

$$
\widetilde{D}_{a, s, j} = \frac{\alpha}{M_a} \widetilde{A}_{a} \left(\int_a^{\infty} \sigma^2 f(x, s) \right) \widetilde{A}_{a, s} \tag{5}
$$

Statistical properties of the first and second levels of thyroid dose estimations

Analysis of distributions of the measured thyroid activities, $(\tilde{Q}_{k,a,s,j})$, and of the instrumentally-individualized time-integrated thyroid activities, $A_{k,a,s,j}$, for different agegender groups in the same settlement, showed that according to Lilliieforts test [*43*], (70- 100% for different age-gender groups) these distributions are lognormal for most settlements.

Comparison of arithmetic and geometric means for the samples of measured thyroid activities, $(\tilde{Q}_{k,a,s,j})_t$, made on the same day *t* for children of the same age and gender in the same settlement *j* showed that this ratio is rather stable for all samples. It ranges from *1.35* to *1.53*. Ratios between arithmetic and geometric means for instrumentally-individualized time-integrated thyroid activities $A_{k,a,s,j}$ for people of the same gender, age, and settlement *j* averaged over all settlements ranged from *1.28* to *1.61* for all age-gender groups.

Comparison of results obtained in the first and second levels of thyroid dose estimation shows that for all age-gender groups geometric means of the instrumentallyindividualized time-integrated thyroid activities $A_{k,a,s,j}$ are very close to the calculated values of $\widetilde{A}_{a,s,j}$: the ratios averaged over all age groups are *1.06* and *1.08* for boys and girlrs with standard deviation of about 0.05. The ratios of the arithmetic means of $A_{k,a,s,j}$ to $\widetilde{A}_{a,s,j}$ in the same sets are substantially greater, with values averaged over all age groups of *1.5- 1.4* with standard deviation of *0.15-0.14.*

Therefore, group assessments of the thyroid doses of the second level, $\tilde{D}_{a,s,j}$, obtained for age-gender group *a-s* of any settlement *j*, are close to the geometric means of

the instrumentally-individualized doses obtained for the same age gender group from the same settlement. Assuming that distributions of the estimated thyroid doses of the second level are lognormal, the corresponding arithmetic means of those distributions can easily be derived from the geometric means and geometric standard deviations [*44*].

The third level of thyroid dose estimation

The third level of thyroid dose estimation provides oblast-specific thyroid dose estimates for the 36 age-gender groups. The procedure of the oblast-level thyroid dose aggregation includes dose estimates for settlements with and without direct thyroid measurements. The first subsection deals with the three oblasts where thyroid measurements were made in some settlements. Then the procedure of dose estimation for oblasts without thyroid activity measurements is presented.

Direct measurements of thyroid activity were performed on children, adolescents (aged \leq 18 y) and adults in the 787 settlements of Kyiv, Zhytomyr and Chernihiv oblasts (including Kyiv, Zhytomyr and Chernihiv cities). The thyroid doses for 36 age-gender groups in 748 of these 787 settlements were estimated using the second level of thyroid dose estimation. Although many direct thyroid measurements were performed in Kyiv, Zhytomyr and Chernihiv oblasts, there are raions in these oblasts where no measurements were made The settlements in these oblasts (and in general in the whole territory of Ukraine) can be subdivided into three groups:

- Group 1 includes settlements where direct measurements were performed in 1986; the second level of thyroid dose estimation was used for the inhabitants of these settlements. Index *j* was used for the identification of the settlements of group 1.
- Group 2 includes settlements where no direct thyroid measurements were made, but that are located in raions where measurements were made in other

settlements. Index j*** will be used for the identification of the settlements of group 2.

- Group 3 includes settlements that are located in raions, or oblasts, where no direct thyroid measurements were made. Index j^* will be used for the identification of the settlements of group 3.

Most of the settlements in Ukraine fall into Group 3.

Thyroid dose estimation for the settlements of Group 2. The estimation of the average time-integrated thyroidal ¹³¹I activities A_{a,s,j^*} (Bq d) for settlements of Group 2 are based on dose estimates derived from direct thyroid measurements in settlements in the same raion as the settlement of interest. This was done using a raion scaling factor $K_{s, \text{rain}}^{\text{scal}}$ which is the average value of the scaling factors for the settlements *j* of Group $1 K_{s,j}^{scal}$. Scaling factor $K_{s,j}^{scal}$ were defined as ratio of the time-integrated thyroidal ¹³¹I activity estimated using the ecological model $A_{a_{ref}, s, j}^{ecol}$, (Bq d), to the time-integrated thyroidal ¹³¹I activity $\tilde{A}_{a_{ref},s,j}$ estimated based on results of direct thyroid measurements using the function $f_{a,s}$. Values of $K_{s,0}^{scal}$ estimated for each gender in 14 different raions of Kyiv, Zhytomyr, and Chernihiv oblasts are given in Table 3. Total number of settlements in each raion and number of settlements that were used for the development of the scaling factors $K_{s,raion}^{scal}$ also are given in Table 3.

The thyroid doses for the 36 age-gender groups in the settlements *j ** of Group 2, where direct thyroid measurements were not performed in 1986, $D_{a.s.i^*}$, are estimated as:

$$
D_{a,s,j^*} = \frac{\alpha}{M} \cdot \frac{A_{a\quad,s,j^*}^{ecol}}{K \cdot s \cdot a!} \cdot f_{a,s}
$$
 (6)

Thyroid dose estimation for the settlements of Group 3. Direct thyroid measurements were not performed in 21 oblasts of Ukraine and the Republic of Crimea. These areas include 25,803 settlements with about 12 million people aged 1-18 years old. All these settlements as well as the settlements of Kyiv, Zhytomyr, and Chernihiv oblasts located in the raions where there were no direct measurements belong to the settlements of Group 3.

Table 3 shows that there are rather substantial differences between the timeintegrated thyroid 131I activities for the reference age interval calculated with the ecological model ($A_{a_{ref}}^{ecol}$, s , *j*) and those based upon thyroid measurements ($\tilde{A}_{a_{ref}}$, s , *j*). A number of reasons may cause such differences, including inaccuracies in the estimates of ¹³¹I deposition densities, in the parameters of the ecological model and overestimation of consumption rates of milk and leafy vegetable due to personal or parental restriction. It is assumed that personal or parental restriction of dietary intake was correlated with the level of local deposition of radioactivity. Information on $137Cs$ deposition was used in this analysis as these data are easily available. The time-integrated thyroidal 131 activities $A_{a,s,j}$ ^{**} for the settlements j^{**} were calculated using the scaling factor $K_{s,j}^{scal}$ determined

as: $K_{s, j^{**}}^{scal} = B$ *β* Cs, j^* σ . For the estimation of the parameters *B* and *β* the correlation

between values of scaling factors $K_{s,j}^{scal}$ for all settlements *j* of Group 1 in Kyiv, Chernihiv and Zhytomyr oblasts, and the measured cumulative density of ^{137}Cs deposition $\sigma_{C_5, j}$ $(kBq·m⁻²)$ for these settlements was analyzed. Parameters *B* and *β* used $K_{s,j}^{scal}$ estimated, by fitting, for rural and urban boys and girls, are given in Table 4. For the settlements with

low levels of ¹³⁷Cs deposition, σ^β Cs, j^* σ' , the calculated value $K^{scal}_{s,j^{**}}$ was found to be

lower than 1 and, a value $K_{s,j^{*}}^{scal}$ =1 for these settlements was assumed. Thus the thyroid

doses for each of 36 age-gender groups in the settlements of Group 3, $D_{\alpha s}$, \hat{B}

$$
D_{a,s,j^{**}} = \frac{\alpha}{M_a} \cdot \frac{A_{a_{ref},s,j^{*}}^{ecol}}{K_{s,j}^{scal}} \cdot f_{a,s}
$$
 (7)

Oblast-specific thyroid doses for different age-gender groups of Kyiv, Zhytomyr and Chernihiv oblasts were estimated as sum of population weighed doses averaged over the settlements of Group 1 (a , s , j *D* $\widetilde{D}_{a,s,j}$, Group 2 (D_{a,s,j^*}) and group 3 ($D_{a,s,j^{**}}$)². In the oblasts with no direct thyroid measurements in 1986 all settlements belong to Group 3. Therefor the oblast-specific thyroid doses for every age gender group in these oblasts were estimated as the population weighted doses $D_{\alpha s}$, *j*** averaged over all settlements of the oblasts.

Main results and discussion

First level of thyroid dosimetry: instrumentally individualized thyroid doses

About 130,000 instrumentally individualized thyroid doses were reconstructed for Ukrainian people whose thyroid activities were measured in 1986. These measurements were made in Kyiv, Zhytomyr, and Chernihiv oblasts, which were the most contaminated after the Chernobyl accident. The estimated instrumentally individualized doses for different age and gender groups in Kyiv, Zhytomyr, and Chernihiv oblasts are given in Table 5. The doses are given separately for rural and urban populations, as well as for

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 2 ² This is an approximation as the sum of medians is not equal to the median of the sum, if the distributions are lognormal. This approximation is considered to be adequate for the purposes of the present analysis

large cities Kyiv, Zhytomyr, and Chernihiv. At the end of the table are dose distributions for the evacuees. Age distributions for individuals with unknown gender are given separately, as records of many measurements do not include that information.

Second level of thyroid dosimetry: settlement- specific thyroid doses

Age and gender settlement-specific thyroid doses were estimated for 748 settlements of Kyiv, Zhytomyr, and Chernihiv oblast where thyroid activity measurements were performed in May-June 1986. For every settlement 36 thyroid doses (18 ages for two genders) were estimated using values of f_{as} (Table 2) and results of the thyroid measurements made in the settlement. The distributions of the number of settlements according to the thyroid dose for the reference age interval ($\tilde{D}_{a_{ref, j}}$) are shown on Table 6.

Third level of thyroid dosimetry: oblast specific thyroid doses

Oblast-specific thyroid dose estimates for 36 age- and gender groups are shown in Table 7 for 24 oblasts, Kyiv-city, the Crimean Republic, and the city of Sevastopol'. The estimated thyroid doses for different Ukrainian oblasts are between *3 mGy* (Zakarpattya oblast) and *84 mGy* (Zhytomyr oblast). The thyroid doses for particular age and gender groups in Zhytomyr oblast are in the range *29-176 mGy,* for Kyiv oblast the range is *28- 172 mGy*; for Chernihiv oblast the range *is 20-121 mGy*. Two other oblasts with upper range doses in excess of 100 mGy are Rivne oblast (*23-149 mGy*), and Cherkasy oblast (*18-117 mGy*). In all cases, the highest doses are estimated for children who are 1or 2 years old.

Future work

The approaches used for three levels of thyroid dose estimation summarize the current status of retrospective thyroid dosimetry achieved in Ukraine up to the year 2003. In the framework of the Ukrainian-American cohort thyroid study [*21,22,31*] the questionnaire-based instrumentally individualized approach is used to estimate the

individual thyroid doses. The other approaches are employed in the ecological epidemiologic analyses of thyroid cancer incidence after the Chernobyl accident.

At this point, it is also appropriate to identify a number of areas of dosimetric research needed for reducing the uncertainty associated with thyroid dose estimations. There are:

- Modification of some parameters of iodine metabolism depending on the level of stable iodine in the diet. This is most important for the condition of iodine deficiency, which was prevalent in northern Ukraine at the time of Chernobyl accident;

- Clarification of the age-dependent thyroid mass for the children and adolescents of Ukraine at the time of Chernobyl accident, as influenced by the level of dietary iodine

- More precise description of reference diets, especially for young children at the time of the accident. This is because restrictions of milk and leafy vegetable consumption most likely were applied by parents to this subgroup of children.

- Evaluation of the uncertainties of the 131 deposition estimates and of the parameter values s used in the ecological model .

- Evaluation of the doses received by children aged less than 1 year at the time of the accident.

- Evaluation of the uncertainties in the models used for the three levels of thyroid dose estimation.

Acknowledgements.

This work was supported in part by Contract #4240 from the German Federal Ministry for Environment, Nature Preservation and Reactor Safety (Subcontract from GSF - Forschungszentrum fur Umwelt und Gesundheit), in part by the U.S.National Cancer

Institute and the U.S. Department of Energy, and in part by the Radiation Protection Institute of ATN of Ukraine.

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List of footnotes.

Page 4. ¹ Raion is an administrative unit within an oblast. Usually there are 10 to 20 raions in an oblast. The raion is comparable to a county in the United Stattes, while the oblast is comparable to a state.

Page 15. $\frac{2}{3}$ This is an approximation as the sum of medians is not equal to the median of the sum, if the distributions are lognormal. This approximation is considered to be adequate for the purposes of the present analysis

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Figure 1. Estimated cumulative *131I* deposition on the territory of Ukraine [*2, 3*].

Figure 2. Distribution of the numbers of direct thyroid measurements made in Ukraine in 1986 for children and adolescents.

Table 1. Number of Ukrainian settlements where direct thyroid measurements were made in 1986 and number of the measurements. *M* is male, *F* is female, and *Unknown* corresponds to "gender is not given in record", *Evacuees, Non-evacuees* refer to measurements of persons from settlements which were or were not evacuated (resettled) in May 1986, respectively.

a) Persons whose gender was unknown are not included to the analysis

Table 2. Values of the relative age and gender time-integrated thyroidal ¹³¹I activity, $f_{a,s}$, estimated for the urban and rural population and evacuees of Kyiv, Chernihiv and Zhytomyr oblasts. The reference age group is $12-14$ y. *M* is male, *F* is female, *GM* is geometric mean; *GSD* is geometric standard deviation.

	\cdots \cdots \cdots Raion	Gender	Number of settlements		K _{s, raion}	
Oblast			Total number in raion	Number of settlements with direct measurements	Mean	STD
Zhytomyr	Korosten'	\overline{F}	112	53	5.2	3.1
		$\mathbf M$		54	6.2	3.4
	Luhyny	\overline{F}		$\overline{\mathbf{3}}$	4.7	4.1
		M	49	$\overline{2}$	8.4	7.9
	Narodychi	\overline{F}		$\overline{67}$	2.5	$\overline{2.1}$
		$\mathbf M$	84	64	2.8	2.3
	Ovruch	\overline{F}		116	3.2	2.3
		$\mathbf M$	157	122	3.9	2.6
	Olevs'k	${\bf F}$		10	4.7	2.1
		$\mathbf M$	61	$\overline{7}$	5.4	3.3
Kyiv	Borodianka	${\bf F}$		29	5.1	3.7
		M	47	$\overline{29}$	6.9	4.8
	Vyshhorod	$\mathbf F$	59	40	3.5	1.7
		$\mathbf M$		40	4.8	2.3
	Ivankiv	${\bf F}$	73	49	4.8	3.6
		$\mathbf M$		49	6.0	4.3
		${\bf F}$		$\overline{3}$	3.6	1.8
	Kyievo-Sviatoshyn	\overline{M}	51	$\overline{3}$	$\overline{5.9}$	$\overline{1.6}$
	Makariv	${\bf F}$	68	42	1.6	0.7
		$\mathbf M$		$\overline{42}$	2.1	1.1
	Polis'ke	$\mathbf F$	61	$\overline{43}$	5.5	8.2
		M		44	10.5	17.7
Chernihiv	Kozelet's	$\rm F$	111	82	2.1	1.4
		M		$\overline{81}$	$\overline{2.5}$	1.9
	Ripky	\overline{F}		$\overline{59}$	$\overline{2.1}$	$\overline{3.3}$
		M	120	58	2.3	4.4
	Chernihiv	\overline{F}	128	$\overline{85}$	0.9	$\overline{1.0}$
		$\mathbf M$		85	1.3	1.8

Table 3. Raion-specific scale factor *K*^{*scal*} for raions in Kyiv, Zhytomyr and Chernihiv oblasts. *M* is male, *F* is female, *STD* is standard deviation.

Table 4. Values of parameters of function approximating *scaling factors for the* settlements of group 3, $K_{s,j**}^{scal}$ estimated for the different subpopulations in the

settlements without direct thyroid measurements; $K_{s,j**}^{scal} = B \cdot$ *β* σ_{Cs}^P , *M* is male, *F* is

female, *B* and β are the parameters of the function.

Table 5. Distribution of the instrumentally-individualized thyroid doses due to the Chernobyl

Zhytomyr-city

Table 6. Distribution of settlements where direct thyroid measurements were performed in 1986 according to average thyroid dose among children aged 12 to 14 (reference age interval).

^{a)} These results do not include estimates for the reference age-group in the largest cities of the oblasts. Thyroid doses to the reference age-interval in Kyiv-city, Chernihiv city, and Zhytomyr city are estimated to be *18.6 mGy*, *48.6 mGy,* and 12.2 *mGy*, respectively.

Table 7. Oblast-specific thyroid doses (*mGy*) for different age and gender groups in Ukraine.

Figure.1. Estimated cumulative *131I* deposition on the territory of Ukraine [*2, 3*].

Figure 2. Distribution of the numbers of direct thyroid measurements made in Ukraine in 1986 on children and adolescents.

Annex 1 –ECOLOGICAL MODEL USED FOR THE FIRST LEVEL OF THYROID DOSE ESTIMATION: EQUATIONS AND PARAMETERS

The description of the ecological model is given below for the simple case of a single ground deposition $\sigma_r (Bq m^2)$ of radionuclide *r* on the territory of the settlement. The following notations will be used to specify the considered nuclides: ^{131}I ($r=1$), $^{137}Cs(r=2)$, $^{134}Cs(r=3)$, $^{136}Cs(r=4)$. In the actual dose calculations, the estimates of daily depositions of radionuclides between 26 April and 5 May are taken into account.

The radionuclide concentration in the thyroid due to the inhalation pathway $Q_{a,s}^{I,inhal}(t)$ was considered only for 131 and calculated as follows:

$$
Q_{a,s}^{I,inhal}(t) = \frac{\sigma_1}{v_I} \cdot w_a^{inhal} \cdot K_{inhal.}^I \cdot K_{uptake}^1 e^{-\lambda_a^{I,ef} \cdot t}
$$
\n(A1.1)

here: w_a^{inhal} is the breathing rate for persons of age *a*, $(m^3 \cdot d^1)$,

 v_r is the dry deposition velocity, $(m d^1)$ for nuclide r,

 K_{inball}^I is the fraction of ¹³¹I inhalation intake transferred to blood via lung;

 K_{update}^r is the uptake of radionuclide *r* from blood to the thyroid (body),

 $\lambda_{\alpha}^{r}e^{f}$ is the effective elimination rate constant for radionuclide r.

The component of radionuclide activity in the thyroid/body that is due to the consumption of leafy vegetables $Q_{a,s}^{r, \text{reg}}(t)$ is:

$$
Q_{a,s}^{r,veg}(t) = K_{uptake}^r \cdot K_{ing}^r \frac{k_w^r}{M_{biom}} \cdot \sigma_r \cdot w_{a,s}^{veg} \cdot \left[\frac{a_r}{L_1^r - \lambda_a^{r,biol}} \left(e^{-\lambda_a^{r,ef} \cdot t} - e^{-\lambda_1^{r,ef} \cdot t} \right) + \right]
$$

$$
+\frac{1-a_r}{L_z^r-\lambda_a^{rbiol}}\cdot\left(e^{-\lambda_a^{r,ef}\cdot t}-e^{-L_2^{r,ef}\cdot t}\right)\bigg],\tag{A1.2}
$$

here: K_{ing}^r is the resorption factor from gastrointestinal to blood for the radionuclide *r*; $K_{ing}^r = 1$

[34] for cesium and iodine radionuclides,

 k_w^r is the interception factor by pasture grass for radionuclide *r*;

$$
M_{\text{biom}}
$$
 is the yield of pasture grass (kg m⁻²);

 $w_{a,s}^{reg}$ is the daily consumption of leafy vegetables by a representative of the *a-s* agegender group (*kg·d-1*),

 L_1^r , L_2^r are rate constants of removal of radionuclide *r* from the grass surfaces by

weathering
$$
(d^l)
$$
; $L_1^{r,ef} = L_1^r + \lambda^r$ and $L_2^{r,ef} = L_2^r + \lambda^r$;

 a_r is the fraction of the contamination that is removed with the coefficient L^r ;

λ_{<i>r} is the radioactive decay rate constant of radionuclide *r* (*d*⁻¹).

The milk component of the radionuclide activity in the thyroid/body $Q_{a,s}^{r,m}(t)$ can be calculated as:

$$
Q_{a,s}^{r,m}(t) = K_{\text{update}}^r \cdot K_{\text{ing}}^r \frac{k_w^r}{M_{\text{biom}}} \cdot \sigma_r \cdot w_{a,s}^{\text{veg}} \cdot TF_r \cdot w_{\text{grass}}^{\text{cow}} \cdot \sum_{n=1}^2 Q_{\text{cow,n}}^r \cdot \lambda_{\text{cow,n}}^r \times
$$

$$
\times \left[\frac{a_r}{\lambda_{cow,n}^r - L_1^r} \left(\frac{e^{-\lambda_a^{r,\epsilon f} \cdot t} - e^{-L_1^{r,\epsilon f} \cdot t}}{L_1^r - \lambda_a^{r, biol}} - \frac{e^{-\lambda_a^{r,\epsilon f} \cdot t} - e^{-\lambda_{cow,n}^{r,\epsilon f} \cdot t}}{\lambda_{cow,n}^r - \lambda_a^{r, biol}} \right) + \tag{A1.3}
$$

$$
+\frac{1-a_r}{\lambda_{cow,n}^r-L_2^r}\left(\frac{e^{-\lambda_a^{r,ef}\cdot t}-e^{-L_2^{r,ef}\cdot t}}{L_2^r-\lambda_a^{r,biol}}-\frac{e^{-\lambda_a^{r,ef}\cdot t}-e^{-\lambda_{conv,n}^{r,ef}\cdot t}}{\lambda_{cow,n}^r-\lambda_a^{r,biol}}\right)\right].
$$

here: $\lambda_{cow,n}^{r,ef}$ is the effective elimination rate constant for radionuclide $r(d^1)$;

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$$
\lambda^{r,ef}_{cow,1} = \lambda^{r}_{cow,1} + \lambda^{r} \text{ and } \lambda^{r,ef}_{cow,2} = \lambda^{r}_{cow,2} + \lambda^{r} ;
$$

 w_{grass}^{cov} is the daily consumption of pasture grass by the cow (*kg·d⁻¹*);

 TF_r is the transfer factor for radionuclide r from daily cow's intake to concentration in cow's milk $(d L^{-1})$.

The values of the parameters used in the ecological model described above are given in Table A1.1. The age and gender dependent daily consumption rates of milk, $w_{a,s}^m$, and leafy vegetables, $w_{a,s}^{veg}$, that were used in the model are shown in Table A1.2.

Table A1.1 Values of parameters used in the ecology-dosimetric model related to the cow, grass

		Units		Radionuclide	
Groups of parameters	Parameter		Symbol	Iodine	Cesium
				Default values	
Grass ^{a)} and	Half-time of elimination - 1	\overline{d}	T_l^r	11	3
leafy	Half-time of elimination - 2	d	T_2^r	50	50
vegetables	Fraction of component -1		a_r	1	0.7
	Fraction of component -2		$1 - a_r$		0.3
	Interception factor		k_w^r	0.5	0.2
	Culinary factor for leafy vegetables		K_{cul}	0.8	0.5
	Velocity of deposition	$m\cdot s^{-1}$	v_r	600	
$\mathrm{Cow}^{\mathrm{b}}$	Half-time of elimination - 1	\overline{d}	$T^r_{cow,I}$	0.75	1
	Half-time of elimination - 2	\overline{d}	$T^r_{\text{row},2}$		30
	Fraction of compartment - 1		$Q_{\textit{cowl}}^r$	1	0.2
	Fraction of compartment - 2	$\overline{}$	Q^r_{cow2}		0.8
	Transfer factor (cow's intake - milk)	$d L^{1}$	TF_r	0.004	0.01
Human	Uptake to blood from lung		K_{inhall}^I	0.66	
	Resorption factor from gastrointestinal to blood for the radionuclide		K_{ing}^r	1	1
	Uptake of radionuclide from blood to the thyroid (I) or body (Cs)		K_{update}^r	0.3	$\mathbf{1}$

and human for radionuclides of iodine and cesium [*35, 36*].

^{a)}Yield of pasture grass (M_{biom}) is taken to be 0.7 $\text{kg} \cdot \text{m}^2$

^{b)}Cow's grass consumption rate (w_{grass}^{cov}) is taken to be 40 $kg \cdot d^{1}$

	Rural inhabitants		Urban inhabitants		Rural inhabitants		Urban inhabitants	
age (years)	Male	Female	Male	Female	Male	Female	Male	Female
	Milk, L per day				Leafy vegetables, kg per day			
1	0.67	0.59	0.39	0.37	0.007	0.006	0.005	0.004
$\overline{2}$	0.68	0.58	0.41	0.35	0.016	0.015	0.013	0.010
$\overline{3}$	0.70	0.56	0.42	0.34	0.021	0.020	0.017	0.014
$\overline{4}$	0.70	0.52	0.35	0.27	0.023	0.021	0.018	0.015
5							0.020	
	0.72	0.50	0.35	0.27	0.025	0.022		0.016
6	0.74	0.48	0.35	0.27	0.027	0.023	0.021	0.017
τ	0.76	0.46	0.35	0.27	0.029	0.024	0.022	0.019
8	0.75	0.45	0.37	0.27	0.029	0.024	0.022	0.019
9	0.75	0.45	0.37	0.27	0.030	0.024	0.023	0.019
10	0.75	0.45	0.37	0.27	0.030	0.024	0.023	0.019
11	0.76	0.44	0.37	0.27	0.031	0.025	0.023	0.019
12	0.82	0.48	0.35	0.25	0.031	0.025	0.023	0.019
13	0.83	0.47	0.35	0.25	0.032	0.025	0.023	0.019
14	0.83	0.47	0.35	0.25	0.033	0.025	0.024	0.019
15	0.83	0.47	0.35	0.25	0.033	0.025	0.024	0.019
16	0.84	0.48	0.38	0.26	0.034	0.025	0.024	0.019
17	0.85	0.47	0.38	0.26	0.035	0.025	0.024	0.019
18	0.85	0.47	0.38	0.26	0.035	0.025	0.025	0.019

Table A1.2. Daily milk consumption rates ($w_{a,s}^m$, *L per day*) and leafy vegetable consumption rates ($w_{a,s}^{veg}$, *kg per day*) for different age-gender groups used for the ecological thyroid doses estimations