

AY2020 Annual Faculty and Staff Medical Examination

This year's Medical Examination will be carried out as described below. By undergoing a Medical Examination, unnoticed changes to your physical condition hopefully will be detected at an early stage. Thus, for your health and safety, we recommend you to undergo this medical examination.

Please note that RU faculty and staff members are obligated to take the medical exam once a year as Industrial Safety and Health Act, Act on Infectious Diseases Control, School Health and Safety Act and outlined in the Ritsumeikan Faculty and Staff Medical Examination Regulations.

Ritsumeikan University will determine whether the annual faculty and staff medical examination for this academic year can take place on campus based on the business continuity plan (BCP) levels established by the Ritsumeikan Trust Crisis Response Task Force. The on-campus medical examination can take place if the BCP level is 2 or below. However, even in that case, not all faculty and staff members can undergo the examination on campus because the number of available appointments will be reduced by 30% to prevent the conditions of so-called three Cs (closed spaces, crowded places, and close-contact settings). The University has thus arranged an alternative that allows faculty and staff members to take the examination at off-campus affiliate medical institutions as explained below. Everyone must undergo the off-campus examination if the on-campus examination cannot take place. The University will ensure that the time spent on taking the off-campus examination is counted as working hours.

The University also recommends faculty and staff members aged 35 and older to undergo a complete medical checkup known as Ningen Dock, especially if they did not do so during the previous academic year. They can receive subsidies for the complete medical checkup fees from the Ritsumeikan Trust and the Promotion and Mutual Aid Corporation for Private Schools of Japan every two years (Differs depending on the position). Faculty and staff members can substitute their complete medical checkup results for the annual medical examination results by submitting the former to the Medical Service Center. If they take new employee, pre-travel, or post-travel medical examinations in or after April 2020, they can also substitute the results of those examinations for the annual medical examination results. If you can consider annual faculty and staff medical examination at affiliated medical institutions or non-affiliated medical institutions, go to the Ritsumeikan medical service center website. Please refer the "Arrangements for AY2020 Annual Faculty and Staff Medical Examination" or the URL below.

<http://www.ritsumei.ac.jp/mng/gl/hoken/doc/Cooperation%20hospital.pdf>



Requests for annual medical examination

1. Please make a reservation online.
2. Please come at the reserved time. You can't enter even if come early.
3. Please wear a mask.
4. If you meet the following conditions, you will not be able to see a have medical examination. This condition also applies to breast cancer screening.

1. Do you have symptoms such as fever, cough, shortness of breath, general fatigue, sore throat, runny nose or nasal congestion, headache, joint / muscle pain, diarrhea, nausea or vomiting (so-called cold symptoms)?
2. Do you take antipyretics (fever medications)?
3. Do you feel any abnormalities in your ability to taste or smell?
4. Did you have a fever of 37.5 degrees or higher in the past 2 weeks?
5. Have you experienced any gastrointestinal symptoms such as diarrhea that lasted 4-5 days without any underlying known cause?
6. Did you travel to other countries in the past 2 weeks? (Or have you been in close contact with anyone in your family or at your workplace who has travelled to other countries in the past 2 weeks?)
7. In the past 2 weeks, have you been in close contact with a known or possible COVID-19 case (including someone whom you live with or at your workplace who suffering from a fever) ?
8. Are you under quarantine (including self-quarantine) because of the possibility of close contact with a COVID-19 patient?

5. Please cooperate with us as the temperature will be measured at the reception.

6. For a chest X-ray examination, we do not prepare test clothes. **Please bring your T-shirt without plain fabric, embroidery, prints, or metal fittings. Please do not wear bra-camisole.** If you do not have a T-shirt, please take off the shirt and underwear of your upper body before taking an X-ray, so please make sure to bring it.

2020時年度

教職員定期健康診断日程のお知らせ

Faculty and Staff Medical Examination

保健センター・人事部
Medical Service Center
Division of Human Resources

朱雀キャンパス Suzaku

月 Month	日 Date	曜日 Day	受付時間 Reception Hours		受付会場 Reception
			男性 Men	女性 Women	
10	14	水 Wed	13:00~14:45	14:45~16:15	1階 多目的室 Multipurpose room
	15	木 Thu	14:45~16:15	13:00~14:30	

衣笠キャンパス Kinugasa

月 Month	日 Date	曜日 Day	受付時間 Reception Hours		受付会場 Reception
			男性 Men	女性 Women	
10	26	月 Mon	13:00~14:45	14:45~16:30	以学館 地下 多目的ホール Igaku-kan (B1) Multipurpose room1
	27	火 Tue	14:30~16:45	13:00~14:15	
	28	水 Wed	9:15~10:15	10:15~11:00	
			13:00~14:45	14:45~16:00	
	29	木 Thu	9:15~10:15	10:15~11:00	
			13:00~14:30	14:30~16:45	
30	金 Fri	14:45~16:30	13:00~14:30		

びわこ・さつキャンパス BKC

月 Month	日 Date	曜日 Day	受付時間 Reception Hours		受付会場 Reception
			男性 Men	女性 Women	
10	19	月 Mon	13:30~14:45	14:45~16:00	コアステーション 1階 フロア Core Station 1 st Floor (Entrance hall)
	20	火 Tue	13:30~14:45	14:45~16:00	
	21	水 Wed	10:00~11:30	9:00~9:45	
			14:30~16:00	13:30~14:15	
	22	木 Thu	9:00~10:30	10:30~11:30	
13:30~14:45			14:45~16:00		
23	金 Fri	14:30~16:00	13:30~14:15		

大隈いばらきキャンパス OIC

月 Month	日 Date	曜日 Day	受付時間 Reception Hours		受付会場 Reception
			男性 Men	女性 Women	
11	4	水 Wed	9:30~10:45	10:45~11:30	B棟2階グランドホール Building B 2F Grand Hall
			13:30~15:00	15:00~15:45	
	5	木 Thu	10:30~11:30	9:30~10:30	
			15:00~16:30	13:30~15:00	

受付時間は変更となる可能性があります The Reception hours are subject to change.
 所属キャンパスでの受診が難しい場合は保健センターまでご連絡ください。 If for some reason
 you are unable to take the examination, please consult with the Medical Service Center.

予約方法

1. How to reserve **健康診断はWEBでの予約が必要です。**

You need to reserve on the website. Please see the Medical Service Center website or the board of Faculty and Staff Portal System for details. When you reserve on the website, please select the way where you would like to receive the result.

Ritsumeikan Medical Service Center home page URL: <http://www.ritsumei.ac.jp/mng/gl/hoken/>



If for some reason you are unable to take the examination or you have any questions, please consult with the Medical Service Center before Thursday Oct. 1.

健康診断は所属キャンパスでの受診が原則です。

役職上または業務上の事情により受診が困難な方は10月1日（木）までに所属の保健センターにご相談ください。

健診項目

2. Health Exam Details **You need to take the all exam items**

Exam Items	Those Required to Take The Item	Notes
Health Questionnaire	All	Please fill in an enclosed Health Questionnaire with a pencil beforehand and bring it and OCR on the day of the exam. DO NOT BEND. Otherwise you cannot take the medical examination.
Chest X-ray	All	Please do not have an x-ray taken if you are pregnant or there is any possibility of being pregnant.
Height and Weight	All	
Waist Circumference	35* and older/as instructed	Related to Metabolic Syndrome
Urinalysis	All	Please bring a urine sample taken on the day of the exam. Please don't take it during menstruation or menstruation before and after 3days.
Blood Pressure	All	
Eyesight	All	
Hearing	All	
Blood Test	All	TP • AST • ALT • ALP • LDH • γ-GTP • LDL-C • HDL-C • T-Cho • non-HDL-C • TG • Cre • eGFR • UA • GLU • HbA1c • WBC • RBC • Hb • Hct • Plt
Blood Test Screening for Cancer	For eligible person	1) ABCD screening (Blood test for stomach cancer risk screening) 2) PSA (Prostate Specific Antigen)
Seeing a physician	All	
Electrocardiography	35* and older/as instructed	
Stool Examination	40* and older	Please bring two samples with you. Please take stool sample within 5days including a day of the exam.

※Please indicate your age as of March 31st 2021.

季節性インフルエンザワクチン接種について

3. Influenza vaccine

This year's vaccine contains the following four types, A/H1N1, A/H3N2, B/Yamagata, and B/Victoria. If you want to take vaccine, you must take medical examination at the same time. Those who brought your result of a comprehensive physical exam ("Ningen dock") to Medical Service Center can also get Flu vaccine.

- 1) **Please come to the Medical Service Center in open hours. We cannot receive your result of a comprehensive physical exam on exam day, thus, please bring your result to the Medical Service Center beforehand.**
- 2) If you are currently undergoing treatment for a chronic disease or pregnant, we recommend you to receive a flu shot by your own personal doctor. However, if you wish to receive this shot from a doctor at Ritsumeikan, please consult your own personal doctor first. Those who are pregnant need to consult your personal doctor.
- 3) Those who are over 65 years old and those who are from 60 to 65 years old having disease such as heart, kidney, respiratory, or immune disease can get subsidization from municipality. Please check the municipal homepage for the detail. This system will not be accepted at Ritsumeikan Medical Service Center.
- 4) It costs **2,000 yen** this year. It will be deducted from your salary in November.

4. Points of consideration

受診にあたっての諸注意

- 1) You need to take the all exam items.
- 2) At the medical examination reception, please give your official name (not a nickname / alias.)
- 3) Please bring the required documents and samples (urine / stool) in the containers and envelopes provided.
- 4) Urinalysis / Stool Examination
 - ① Please bring a urine sample taken on the day of the medical examination.
 - ② Because the stool samples should be tested twice, please bring two stool samples. (taken on different days within 5days including the day of the medical exam) Stool samples more than 5 days have passed are not able to be tested correctly.
 - ③ You cannot submit your urine/stool sample without taking the medical examination.
- 5) Blood test
 - * If you often have high blood sugar and triglyceride, please skip meal (breakfast or lunch) before taking the examination.
 - * The blood sugar and triglyceride may be affected when you eat meals. Other items are hardly affected.Please inform the medical staff of your most recent meal when you have the examination.
- 6) Others
 - The chest X-ray will be taken, while you are stripped to a T-shirt. If possible, wear a thin, plain shirt under your clothes on the day of the exam.
 - If you are over age 35, your waist circumference will be measured. Therefore we ask you to wear clothes that will make it easy to take this measurement. Please do not wear a dress.

その他

5. Alternative to Medical Examination

If you received comprehensive physical exam ("Ningen dock"), new employee, pre-travel, or post-travel medical examinations in or after April 2020, they can also substitute the results of those examinations for the annual medical examination results.

個人情報の取り扱い及び利用目的について

6. Purpose of use and handling of personal information in a medical examination

- (1) To provide personal information such as name and date of birth to the outsourcing contractor for preparation of medical examination and reporting the results.
- (2) In case a doctor/medical staff use the results of a medical examination for medical education or research, it will be used on condition of anonymity.
- (3) To provide required data to Promotion and Mutual Aid Corporation for Private Schools of Japan if you are a subject of a specific medical examination.
- (4) To report the notification required by law and statistics.
- (5) To report the participation and the evaluation of a medical examination to a corporation.

Screening for Cancer in Ritsumeikan

※ Please indicate your age as of March 31st 2020.

◆ ABCD screening (Blood test for stomach cancer risk screening)

Most of stomach cancers are developed from the gastric mucosa on the basis of fundic gland atrophy (atrophic gastritis) following helicobacter pylori infection. The ABCD screening is a test to classify the subjects into ABCD 4 groups according to the risk level for gastric cancer generation, by measuring serum pepsinogen level (PG) and helicobacter pylori antibody level (HP). See the figure on the next page.

After risk screening test, you should regularly take gastric fiber scope in other medical institutions at the interval recommended for each risk group.

【Eligible Person】

- Those who are 35, 40, 45, 50, 55, 60, 65, 70 or 75 years old.
Only those who have never taken this test before and those who were classified into Group A before.
- Those who are 35 years old and older, and entered Ritsumeikan University after a medical examination in 2019.
- If you have missed ABCD exam on designated year, please contact us before you make a reservation of medical examination.

Those who don't want to take ABCD screening, please choose "No" on the reservation system.

◆ Prostate cancer screening (PSA test)

PSA (prostate-specific antigen) is a protein produced by the prostate gland. PSA is leaked into circulating blood in prostate disorders including prostate cancer. The normal range of PSA level is less than 4 ng/ml. Increasing levels of PSA are associated with prostate cancer; therefore PSA is approved as an early indicator of prostate cancer.

【Eligible Person】

Man of 50 years and older.

Those who do not want to take PSA test, please choose "decline a PSA test" on the reservation system.

◆ Colon cancer screening (fecal occult blood test)

This is a test of stool for hidden bleeding. If occult blood was found in your stool, we strongly recommend you to have follow-up colonoscopy.

【Eligible Person】

Those who are 40 years old and older.

*Please bring 2 stool samples together, which are taken on the different days, on the day of medical examination. (taken within 5days including the day of the medical exam.)

◆ Tumor marker examination (Optional)

Will not be performed this year.

Revised “ABCD Gastric Cancer Risk Screening”

Ritsumeikan Medical Service Center

Since we have introduced “ABCD Gastric Cancer Risk Screening” test to Ritsumeikan University ten years ago, over 3,000 faculty and staff had this screening. About 250 had H. pylori (HP) eradication in success. This screening classifies examinee into 4 groups (ABCD) depending on the result of HP antibody and pepsinogen. Positive pepsinogen indicates fundic gland atrophy, which is considered precancerous. According to risks, examinee is encouraged to receive gastrofiberscope (GF) periodically. HP eradication therapy is recommended to examinee in Group B and C. “ABCD Gastric Cancer Risk Screening” is an epoch-making screening because it not only efficiently detects gastric cancer in early stages, but also can prevent growing of gastric cancer through eradication of HP.

Unfortunately, few cases of cancers were found from persons in Group A, although HP antibody -negative are reported to be risk-free of cancer. HP antibody was considered negative when it was below 10U/ml; post- eradication or formerly-infected cases of HP could have been included in this category when the value was not zero. Also, gastric cancer may rarely develop regardless of HP.

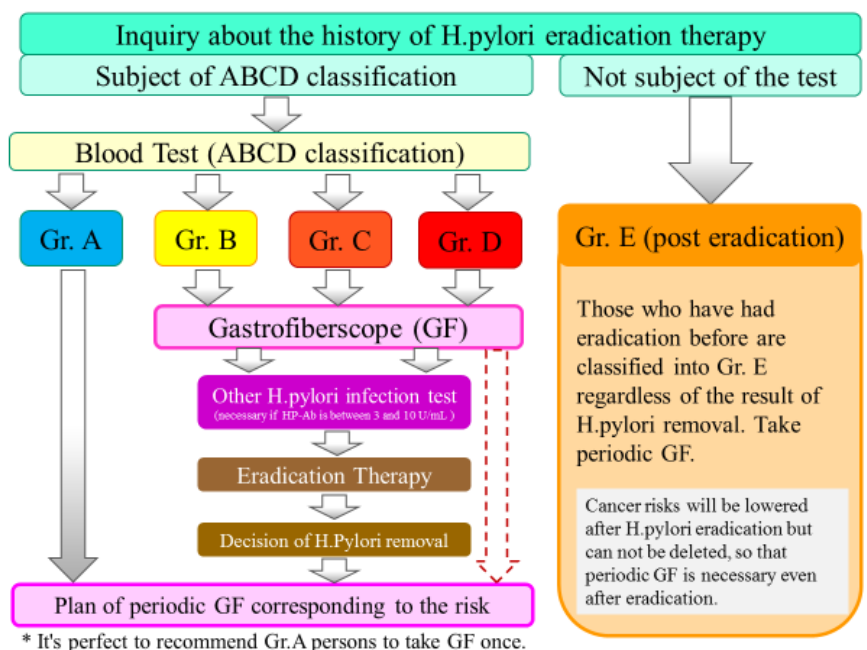
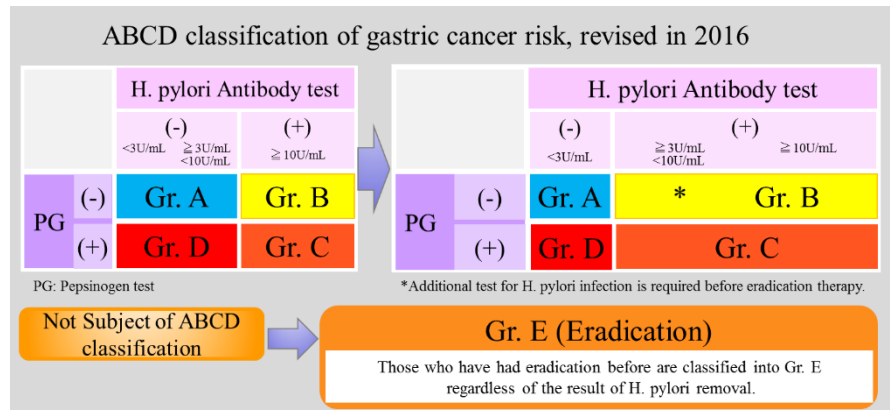
As number HP eradication increases, number of post-eradicated-gastric cancer is also reportedly increasing. Thus, the strategy of screening was revised in 2016 to cope with the situation.

It is renamed as “**ABCD Classification of Gastric Cancer Risk**”. First of all, the cutoff level of HP antibody is lowered from 10 U/mL to 3 U/mL; therefore, more people will be classified into group B or C and recommended to have periodic GF. Secondly, eradication is recommended to people with HP antibody in between 3 and 10U/mL, when HP is confirmed by other test. Of course, eradication is recommended if HP antibody levels are 10 U/ml or more. When classified into Group B, C, D or E (post eradication), people are encouraged to periodically receive GF under the instruction of GI specialist, and not necessary to repeat ABCD classification test.

Near 100 persons in Ritsumeikan University have not had GF nor eradication yet even though they are in Group B and C. To our regret, multiple cases of advanced cancer was found among them in recent years. **Please, do not neglect the results of ABCD screening.**

Persons after eradication (Group E) are also recommended to have periodic GF. If you are classified into B, C, D, or E, please consult Medical Service Center on each campus.

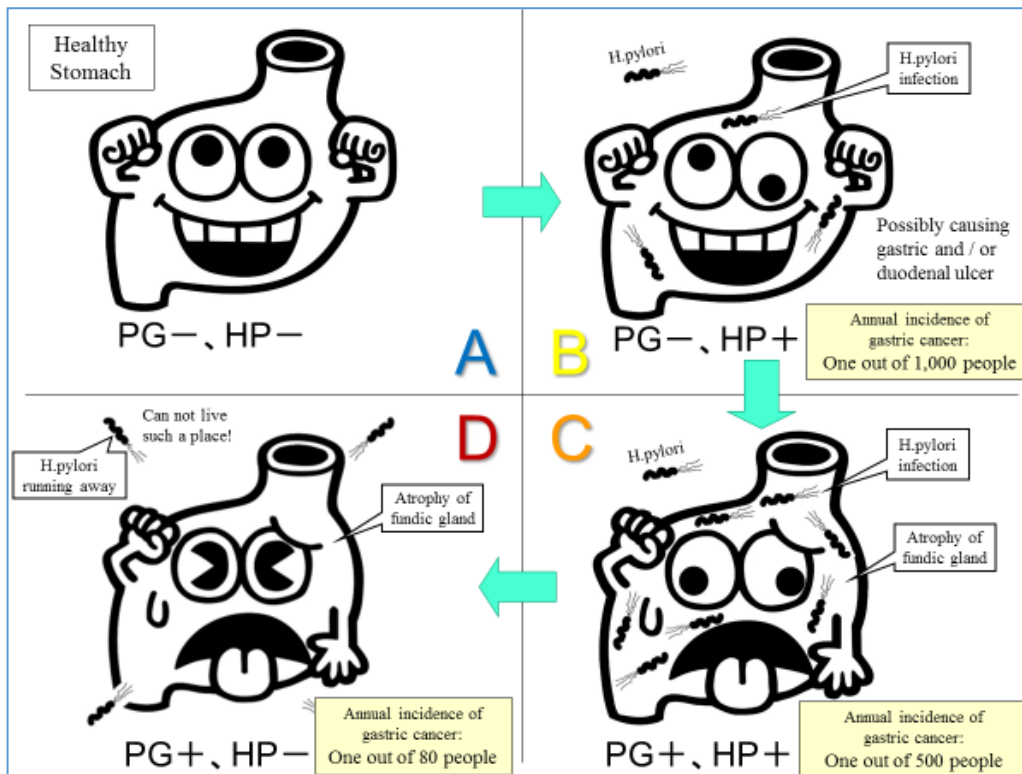
You are always welcome.



How to read ABCD classification by gastric cancer risk

Medical Service Center

Gr. A	Your stomach is in good health and the risk of gastric cancer is very low. Most people in this group are not infected by H. pylori. Only a small part of this group is infected or has been infected with H. pylori. Everyone in Group A is recommended to take gastrofiberscope once in his /her life.
Gr. B	You are infected by H. pylori but the atrophy of fundic gland has not progressed yet. As your stomach is slightly damaged, be careful with a gastric and / or a duodenal ulcer. There is a small risk of cancer too. H. pylori eradication and periodic gastrofiberscope by a GI specialist is recommended. Annual incidence of gastric cancer is one out of 1,000 people in group B.
Gr. C	Your stomach may easily produce cancer because gastric mucosal atrophy has advanced due to H. pylori infection. Eradication therapy and periodic gastrofiberscope by a GI specialist is recommended. Annual incidence of gastric cancer is one out of 500 people in group C.
Gr. D	H. pylori no longer can stay in stomach in Group D. Individuals in Group D are at the highest risk of developing gastric cancer. Periodic gastrofiberscope by a GI specialist is recommended. If H. pylori existence was revealed by other H. pylori infection test, we recommend you take H. pylori eradication therapy, too. Annual incidence of gastric cancer is one out of 80 people in group D.
Gr. E	Everyone after H. pylori eradication is classified into Group E. The risk of developing gastric cancer is believed to decline to two third after eradication, but will not become zero. We recommend you take periodic gastrofiberscope by a GI specialist.



Note

If you leave H. pylori infection alone, atrophy of your gastric fundic mucosa will progress sequentially like B -> C -> D and risk of gastric cancer will get higher.

Subjects of this ABCD classification are people at the age of 35, 40, 45, 50, 55, 60, 65, 70. Only those who have never taken this test before and those who were classified into Group A before.

Those who have had H. pylori eradication therapy before (group E) and those who were classified into Group B, C, or D before are not included in the subject of this test. Please take periodic gastrofiberscope at GI specialist.

Those who are taking medication of proton pump inhibitors like Vonoprazan, Lansoprazole, Omeprazole, Rabeprazole, Esomeprazole etc. and those who have had gastric surgery before are not diagnosed properly by this test. Please take periodic gastrofiberscope at GI specialist.

Information of Prostate Cancer Screening (PSA test)

2019 July. Ritsumeikan Medical Service Center

PSA assay has been carried out from 2010.

Ritsumeikan Faculty Annual Health Check-up have been grading up year by year, by adding cancer screening tests, such as fecal occult blood test for colon cancer, ABCD examination for stomach cancer, on standard checkup item ruled by Industrial Safety and Health Act.

Furthermore from 2010, we started PSA assay for screening of prostate cancer in men of 50 or more.

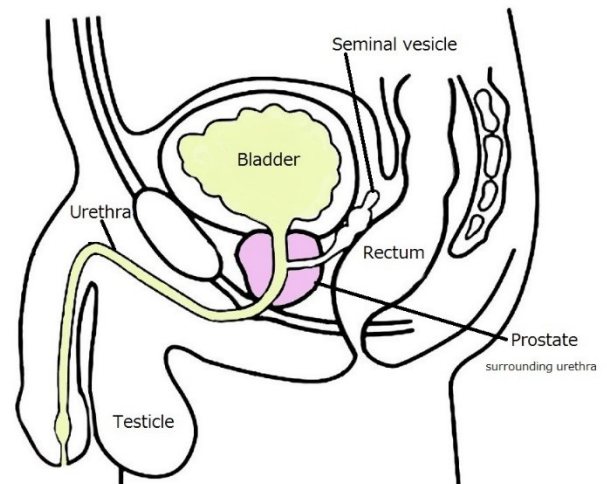
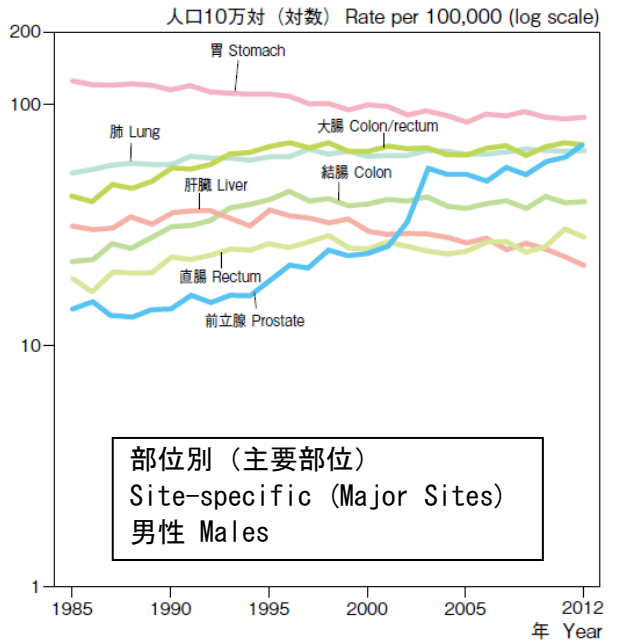
Rate of prostate cancer has been increasing in JAPAN in recent years

Prostate cancer develops primarily in men over fifty. It is the most common type of cancer and the second leading cause of cancer death in American men behind lung cancer. Rate of this disease in Japan has been increasing as well, probably because of aging society and westernized food. Fortunately, prostate cancer can be early detected by PSA blood test. It has been reported that PSA assay for periodic screening of prostate cancer decreased cancer death in Europe.

Function of prostate and prostate cancer

The prostate is a part of the male reproductive organ which function is to secrete and store seminal fluid, which size is as big as walnut. It is located under the urinary bladder, surrounding urethra. Prostate cancer is generating from peripheral zone of prostate. On the other hand, benign prostate hypertrophy (BPH) is an enlargement of central zone of prostate.

Most prostate cancers are slow growing; however, once advanced, they will cause symptoms like hematuria, painful or difficult urination. The cancer cells may metastasize (spread) from the prostate to the bones, which may cause lumbago.



PSA assay

PSA (prostate-specific antigen) is a protein produced by the prostate gland. PSA is leaked into circulating blood in prostate disorders including prostate cancer. The reference range of PSA level is less than 4 ng/ml. Increasing levels of PSA are associated with prostate cancer; therefore PSA is approved as an early indicator of prostate cancer. However, rising levels of PSA do not necessarily mean prostate cancer because prostatitis or BPH also increases PSA level. Mild increased level of PSA (4-10ng/ml) would suggest prostate cancer at a probability of 30%. Further examination (biopsy), will be required for definite diagnosis. It was reported that annual PSA screening test often detects prostate cancer at an early stage before metastasizing to other organs. Early detection enables early treatment.

Merit and demerit of PSA test

Since most prostate cancers are slow growing, some of them may not affect life expectancies without any treatment. About 10 percent of prostate cancers found by the annual PSA screening test are thought to be such dormant cancers. While annual PSA screening test has a merit of early detection of prostate cancer, it also may have a risk of over diagnosis and over treatment. Read carefully the FACT SHEET on the other side, before taking a checkup.

To Persons who do not intend to take PSA screening test

If there are persons who are already undergoing treatment, who already took PSA test elsewhere this year, who do not want to take PSA test after reading the FACT SHEET, please submit a "Declination form of prostate cancer screening" to the reception of the health checkup.

Fact Sheet: Prostate Cancer Screening

1. About prostate cancer and the method leading to the final diagnosis of prostate cancer

- The incidence of prostate cancer in Japan is rapidly increasing due to a more westernized lifestyle and aging society. Prostate cancer, ranked 3rd in 2014, has now overtaken stomach and lung cancer to become the most common cancer among men in 2015 and 2016.
- Although the number of deaths from prostate cancer had increased from 1970 to 2013, it started to decline in 2014 for the first time since statistics began in 1970. Prostate cancer is the 6th cause of cancer death in Japanese men.
- Prostate cancer screening is often included in the resident health checkup or Ningen-dock. Usually only PSA blood test is held, but sometimes supplemental digital examination may be added.
- There is no specific symptom in early stage of prostate cancer, so that early detection is thought to be very difficult without taking a PSA blood test.
- Generally, the risk for prostate cancer increases significantly after the age of 50. Now the screening program for age of 50 or more implemented by 80% of municipal governments.
- In the PSA screening test, the PSA level is abnormal in about 8 percent of subjects, who will need to see a urologist for the further examination. As the further examination, you will take a PSA blood test, a digital examination, an ultrasound, and MRI. Those who are suspected for suffering prostate cancer, will be required, a prostate biopsy for the definite diagnosis. The standard method of prostate biopsy is to take 8-12 tissue samples by pricking thin biopsy needles into prostate.
- The prostate biopsy is held under local anesthesia or lumbar epidural anesthesia. This test is done on both inpatients and outpatients.
- Prostate cancer will be found in 40 percent of subjects who take prostate biopsy. The higher the level of PSA, the possibility of cancer is the higher. The possibility of cancer is about 20% if the PSA level is slightly high above the reference range.

2. Advantage, disadvantage and uncertainty of the prostate cancer screening test

- PSA screening reduces prostate cancer mortality.
- 30% of prostate cancers, which are found by some symptoms related to urination, already metastasize to other organs such as bone. By taking the prostate screening test with PSA, you can surely reduce the risk of metastasized cancer.
- The cases in which the PSA level is within normal range are found in 2-3% of prostate cancer and are difficult to diagnose by PSA test.
- After prostate biopsy test, you may have a fever, rectal bleeding, hematuria and / or blood in semen. Severe complication is rare.
- Even if the cancer is not found by biopsy, you have to consult with a urologist about the follow-up, because 20-40% of cancers might be missed even by the standard biopsy of prostate.
- In the subjects who are suspected for cancer by PSA test and digital exam, 20-40% of those whose PSA levels are between 4 and 10 ng/ml, will be diagnosed for prostate cancer. On the other hand, 60-80% of them will be diagnosed as normal, which means that painful biopsy will turn out unnecessary. If the PSA levels are high enough, prostate cancers are likely and unnecessary biopsy will be minimal.
- The autopsy of subjects who were not diagnosed as prostate cancer while alive showed that 30-50% of them had small prostate cancers (latent cancers) which did not affect life at all. Sometimes such small prostate cancers are detected by PSA test or digital examination.
- While prostate cancer screening tests can reveal lot of prostate cancers which are curable by treatment, well-behaved cancers which are not life threatening will also be found (overdiagnosis).
- It is difficult to diagnosis " Not life threatening cancer" before treatment. As you get older, it tend to be difficult to extend your life expectancy even if you got aggressive treatment and reduce QOL because of treatment complications. Those with slightly elevated PSA levels or with low malignant potential tumors may have a possibility of overdiagnosis.

Breast Cancer Screening

Breast Cancer Screening with Ultrasound this year.

【Eligible Person】

Female at the age of 30 and older as of March 31, 2021 who wishes to undergo the screening.

The University may cancel on-campus breast cancer screening (optional) without notice depending on the spread of the novel coronavirus (COVID-19). Please note that the cancelled screening will not be re-scheduled. For that reason, the University advises faculty and staff members to use breast cancer screening conducted by municipalities or a cancer screening subsidy program offered by the Ritsumeikan Trust. Please check the details of the subsidy program at Jinji WEB, a university website providing personnel-related information.

Each municipality in JAPAN organizes a breast cancer screening with mammography and clinical exam once in 2 years for 40s and above under the guidance of Ministry of Health, Labor and Welfare. However, the efficacy of mammography as a breast cancer screening for 30s is not verified yet. As the breast tissue of young women has generally higher density than of older women, it is more difficult to find small lump. Ultrasound is now expected as a new valid breast cancer screening for younger women. Younger women can easily take ultrasound because there is no exposure to radiation, and no painful compression of the breast. Although the efficacy of ultrasound as a breast cancer screening has not been verified, one third of the municipalities including Kyoto-city have already introduced a breast cancer screening with ultrasound for 30s on their own accord.

According to the results of the past questionnaire held in Ritsumeikan University, women in 30s wanted to have a breast cancer screening. Therefore, we decided to perform mammography and ultrasound alternately for every woman over 30s. An ultrasound is going to be performed this year on campus. As a guideline of Ministry of Health, Labor and Welfare has been changed to "Doesn't recommend clinical exam for a breast cancer screening", we don't perform clinical exam from 2017.

If you wish to have a clinical exam and mammography, please visit a breast cancer specialists. Please feel free to contact us if you need the information about the breast cancer specialists. If you have taken the further examination before, we strongly recommend you to take continuous observation or examination at the same institution because they have your detailed medical history, and it will be useful.

Schedule

campus	Reception	Date	Time
Suzaku	1F Multipurpose room	Oct 20・21	AM 9:15~11:30
Kinugasa	Gakujikan B1	Nov 9 - 13	
BKC	Core station 3rd floor (4th meeting room)	Nov 2・4・5・6	PM 12:30~4:30
OIC	Medical Service Center (AS 1F)	Oct 22・23	

How to reserve

You need to reserve on the website. Please see the Medical Service Center website or the board of Faculty and Staff Portal System for details.

Implementation

1. Reception Fill out the medical questionnaire. We will ask you to take a temperature.
2. You will be asked to remove clothing from your waist up.
3. Please lie to the inspection stand on one's back. The screening will take 15~30minutes.

Please bring your bath towel to cover your upper body. We do not prepare the examination gown. Please do not wear a dress.

A clinical technologist will perform an ultrasound. We cannot explain about the result on the examination day.

Precaution

Those who are applicable to any of the conditions listed below may not be able to get accurate diagnosis.

- Those who have mammoplasty before or breast implant.
- Those who have a pacemaker
- Those who are a possibility of pregnancy or pregnancy.
- Those who had a cerebrospinal fluid shunt surgery.

Those who are breastfeeding may not be able to get accurate diagnosis.

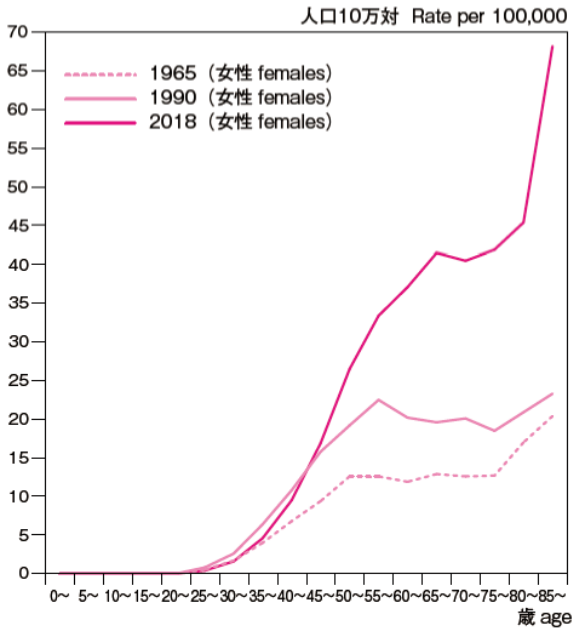
Screening result

It will be sent directly from the medical institution conducting the screening about 3 weeks later. If you want to change the address printed on the questionnaire form, please let us know on the day of screening.

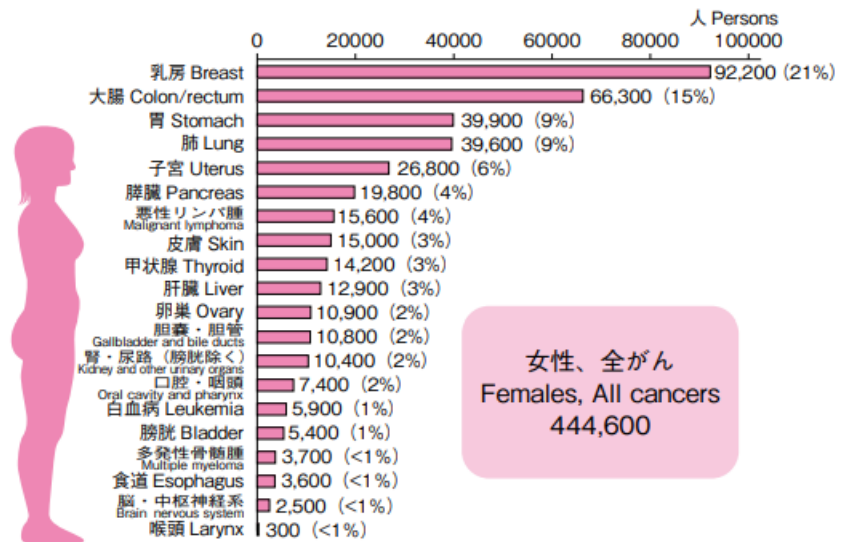
Statistics of Breast Cancer for JAPAN

The death rate of the breast cancer is the increased tendency compared with before. An increase in mortality rate among females aged 35 years or older was seen. Especially, the increase among ages 50 and above was rapid. The bar graph on the right shows that breast cancer is the most common cancer in Japanese women.

Trends in Age-specific Mortality Rate (1965, 1990, 2018)



Expected number of cancer incidence by site (2019)

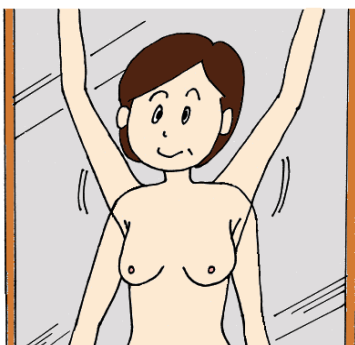


女性、全がん
Females, All cancers
444,600

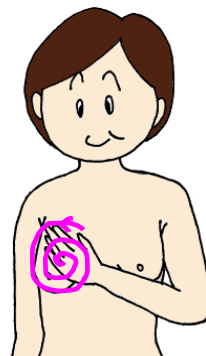
Foundation for Promotion of Cancer Research, CANCER STATISTICS IN JAPAN 2019

Breast Self Examination

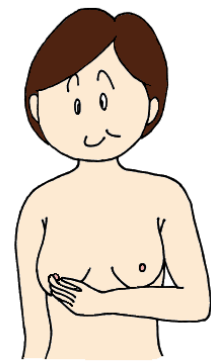
Even though you have breast screening every year, we recommend you a monthly breast self-exam. If you have menstrual periods, you should perform the examination 5 days to 10 days after your period has ended. If you are not menstruating, it should be performed on the same day each month. Below is an example of easy self-examination that you can perform in a bathroom. Start it today.



1. Begin by looking at your breasts in the mirror, look for any changes in size, shape, or position of your breast and any skin puckering, dimpling.



2. It is helpful to have your hands slippery with soap and water. Check for any lumps or thickening. Use a circular pattern inward.



3. Check for the same changes in your under arm area. At the end, pinch your nipples and check for discharge.

The Influenza Vaccine

Before you receive vaccination against Influenza, the doctor needs to know about your health condition in detail. Please enter precise information in the questionnaire to the best of your knowledge.

Influenza and its complication

Influenza is transmitted through the air by coughs or sneezes, creating aerosols containing the virus or through contact with contaminated surfaces. The most common symptoms of the disease, which begin 1-5 days after infection, are chills, high fever, sore throat, muscle pains, coughing, sneezing and fatigue. Usually these symptoms are healed within a week in self-limited way. But sometimes, especially in case of seniors, babies or immunodeficient patients, it may cause severe complications like pneumonia and / or even death.

Efficacy and side reactions to the vaccine

Vaccination against influenza can prevent influenza infection or lessen symptoms in severity. Vaccination is expected to prevent complications and death that may result from influenza infection. On the other hand, known side reactions to influenza vaccine are mild in general. Redness, swelling, induration, feeling hot and pain may occur at the injection spot. There are a few people out of 100 have a fever, and approximately 1 person out of 10 have swelling. It has been reported that following side reactions may occur very rarely. (1) Shock / anaphylaxis (urticaria, dyspnea, and angioedema etc.), (2) Acute disseminated encephalomyelitis (fever, headache, convulsions, dyskinesia, transient loss of consciousness occur within several days to 2 weeks after inoculation), (3) Guillain-Barré syndrome (Numbness of limbs, gait disturbance etc.), (4) Convulsion (including fever convulsion), (5) Hepatic impairment and jaundice, (6) Asthma, (7) Thrombocytopenic purpura, Thrombopenia, (8) Vasculitis allergic purpura, Allergic and granulomatous angiitis, Leukocytoclastic vasculitis, (9) Interstitial pneumonia, (10) Encephalitis, Encephalosis, Rachiomyelitis, Optic neuritis (11) Mucocutaneous ocular syndrome (Stevens-Johnson syndrome), (12) Nephrotic syndrome, (13) Tremor.

3. You cannot receive vaccination if you have any of the following conditions.

1. Overt fever (over 37.5)
2. Confirmed presence of serious acute disease.
3. Previous episode of anaphylaxis to influenza vaccine.
4. Other conditions unsuitable for the vaccination in the opinion of the doctor.

4. You have to seek for doctor's opinion about appropriateness of the vaccination if you have any of the following conditions.

1. Presence of heart disease, renal disease, hepatic disease, or hematological disease.
2. Previous episode of physical abnormality, such as skin rash, in reaction to any drug or any food (chicken or egg, etc).
3. Previous episode of convulsion.
4. Previous episode of suspected allergic symptoms, such as fever, rash, and urticaria, occurring within 2 days following vaccination.
5. Previous episode of test-proven abnormality of immune function in you or your near relatives.
6. Presence of respiratory disease, such as interstitial pneumonia, and bronchial asthma
7. Suspected pregnancy.

5. Precautions in post-vaccination management

1. Side reactions may occur abruptly during 30 minutes after vaccination. You should be alert on occurrence of side reaction and make a contact with a doctor if you notice it. It is advised for you to stay in the medical institution for a while after vaccination to monitor occurrence of side reaction.
2. Please consult your doctor immediately in case that abnormal symptoms such as high fever and convulsions occur. It may occur within 24 hours after vaccination.
3. Side reaction such as redness, swelling, indurations and pain may occur at the injection site but will usually resolve in 4-5 days. Please consult your doctor immediately in case that you do not feel well.
4. You can take a bath on the day of vaccination but should not rub the injection spot.
5. You are recommended to do usual daily living on the day of vaccination. Please refrain from taking strenuous exercise and heavy drinking of alcoholic beverages.

Please fill in Questionnaire for Vaccination against Influenza HA and see a doctor. If you have any questions, please feel free to ask a doctor.

In case you have some problems because of the vaccine, you might be able to receive medical expenses. Please check Pharmaceuticals and Medical Devices Agency homepage for the details.