

address	〒 -		Chiba City		Ward		examination fee	Medical institution code	
	Certificate of residence as noted								
Furigana Full name							Free for over 70	Medical institution name	
Date of birth	Year	Month	Day	Gender	M	F		location	
phone number	(Weekdays, daytime contacts such as mobile phones)						Reference number	doctor name	
								* Fill in the name of the Chiba city registered gastric cancer screening doctor (A seal is required if not signed)	

<Please contact the medical institution. >
 If you are a medical institution, please attach a consultation ticket sticker here.
 ←※ Please check if there are any omissions in the address, etc. written by the patient in the thick frame on the left.

Please circle or fill in the following items.

Examination History	1 Have you ever been screened for stomach cancer? 1 No 2 Yes (Year Month)	Living conditions and food	1 Do you eat irregularly? 1 No 2 Yes
	2 Have you ever had a gastroscopy as a medical examination? 1 No 2 Yes (Year Month)		2 Do you like salty food 1 No 2 Yes
Pylori eradication History	Have you ever received eradication therapy for Helicobacter pylori? 1 No 2 Yes (Year Month) → 1 Successful 2 Unsuccessful 3 Unknown	drinking habit	Drinking history Do you drink alcohol? 1 Do not drink 2 Drink
medical history	1 None 2 Gastric cancer 3 Gastritis 4 Gastric ulcer 5 Gastric polyp 6 Duodenal ulcer 7 Reflux esophagitis 8 Others ()	smoking habit	1 Do you smoke? 1 I smoke 2 I do not smoke 2 We will ask current smokers about quitting smoking. 1 I want to quit smoking within a month 2 I want to quit smoking eventually
Family History	Has anyone in your family had stomach cancer? 1 not 2 I have (Relationship:)		
Hospital/operation History	Are you currently receiving treatment for any of the following illnesses? 1 None 2 Stomach disease () 3 High blood pressure 4 Heart disease () 5 Glaucoma 6 Prostatic hyperplasia 7 Hyperthyroidism	current subjective symptoms	1 Do you currently have any subjective symptoms? 1 No particular abnormality 2 Heart burn 3 Nausea 4 Back pain 5 I have a stomach ache 6 I have a burp 7 No appetite 8 Hungry 9 I've lost weight 10 Other () 2 When did you start having subjective symptoms? () months ago
gastrointestinal history of surgery	Have you ever had gastric/duodenal surgery? 1 None 2 Yes → [Implementation period: Year disease name: Stomach condition: Total gastrectomy Other]		
allergy	Do you have drug allergies? 1 No 2 Yes (drug name:)	disease of the nose	1 Have you ever had any of the following illnesses? 1 None 2 Sinusitis 3 nasal polyps 4 allergic rhinitis 2 Have you ever had nasal surgery? 1 No 2 Yes (years)
antithrombotic drug	Are you currently taking antithrombotic drugs (warfarin, aspirin, etc.)? 1 No 2 Yes		

I would like to have a gastroscopy after receiving an explanation from a doctor and understanding the purpose, method, and complications of gastroscopy described in the precautions on the back.

Year Month Day Signature of the person in question
 Representative signature () Relationship ()

If the person himself/herself is unable to sign, please confirm the person's intentions, sign the letter on behalf of the person, and fill in the relationship.

Test method	1 Oral 2 Nasal	Second reading	
	Inspection date (AD)	20 year month day	20 year month day
doctor name			<input type="checkbox"/> Interpretation Committee
Image judgment	1 No gastric cancer 3 Gastric cancer present 2 Suspected gastric cancer 4 Malignant lesions other than gastric cancer (suspected)	1 No stomach cancer 3 With stomach cancer 2 Suspected gastric cancer 4 Malignant lesions other than gastric cancer (suspected)	
biopsy	2 No 1 Yes Group (1 2 3 4 5) *Biopsy results () other than stomach ()	Diagnosis	1 No stomach cancer 3 With stomach cancer 2 Suspected gastric cancer 4 Malignant lesions other than gastric cancer (suspected)
Image judgment 2-4 only possible		Image evaluation	1 A 2 B 3 C 4 D
Cancer/malignant lesion (suspected) (Site Up to 4 major lesions)	01 Esophagus 05 Angle of stomach 10 Anterior wall 02 cardia 06 antrum 11 posterior wall 03 Vault 07 Sphere 12 Others 04 Body of the stomach 08 Lesser curvature (upper/middle/lower) ()	01 Esophagus 05 Horn of stomach 10 Anterior wall 02 Cardia 06 Anterior wall 11 Posterior wall 03 Vulva 07 Bulb 12 Others 04 Body of stomach 08 Lesser curvature (upper/middle/lower) 09 Greater curvature ()	
Cancer/malignant lesion (suspected) Findings (up to 3)	02 Bulge 06 Erosion 10 Others 03 Dimples 07 Redness 04 White moss 08 Fading 05 Concentration of wrinkles 09 Abnormal mucous membranes ()	02 Elevation 06 Erosion 10 Others 03 Depression 07 Redness 04 White lichen 08 Discoloration 05 Concentration of folds 09 Abnormal mucosa ()	
comment			
Comprehensive judgment			
criteria	Diagnosis	Policy	Future Policy
1 No gastric cancer (including benign lesions)	01 No findings 06 Duodenal ulcer 02 Reflux esophagitis 07 Submucosal tumor 03 Gastric polyps 13 Others 04 Gastric ulcer 05 Gastritis ()	1 No treatment required (months) 2 Observation (months) 3 Medical care required 4 Others	Describe The policy other than "1 No treatment" 1 Conducted at own hospital
2 Suspected gastric cancer (*Note 1)		re-examination	2 Referral to other hospitals
3 Gastric cancer (*Note 2)	08 Early gastric cancer (suspected) 09 Advanced gastric cancer (suspected) [] Intramucosal cancer	medical care required	()
4 Malignant lesions other than gastric cancer (*Note 2)	10 Early esophageal cancer 12 Malignant lymphoma 11 Advanced esophageal cancer 13 Others ()	medical care required	()
remarks			

(*Note 1) Please issue a "re-inspection request form" to those who are "re-examination".

(*Note 2) Please understand the results of treatment for those who are judged to require medical care in Criteria 3 and 4, and report to the city using the "Treatment Results Report".

[Purpose and method of stomach cancer screening]

Stomach cancer screening is performed to find stomach cancer as early as possible when there are no symptoms and to treat it as soon as possible. There are methods using barium (gastric X-ray imaging) and methods using an endoscope (gastroendoscopy), both of which have been proven to be effective. Also, both methods have their pros and cons.))

[Method of gastroscopy]

A gastroscope is inserted through the mouth or nose to observe the esophagus, stomach, and duodenum from the lumen to look for diseases. If there is an abnormality, a part of the lesion may be picked up (biopsy) and a tissue examination may be performed.

In addition, pigments may be sprayed to make lesions easier to see.

In addition, if a biopsy is performed, the biopsy will be billed separately as an insurance medical treatment. Please bring your health insurance card on the day. In addition, the biopsy may cause damage to the mucous membrane, so please eat soft, easily digestible food on the day after the examination. Avoid extreme exercise, long baths, and travel.))

[Accidental symptoms]

The frequency of occurrence of adverse events is reported to be 0.0719% in gastroscopic examinations

(From the 2019 3rd edition of the manual for gastric endoscopy for countermeasure-type examinations). This includes everything from minor cases such as nosebleeds to hospitalizations. To date, no fatalities have been reported from screening gastroscopies, but complications can occur, including:

- 1) Scratches, bleeding, and perforations (holes) in the esophagus or stomach due to gastroscopy
- 2) Bleeding and perforation (perforation) due to biopsy
- 3) Drug allergies (dyspnea, hypotension, etc.)
- 4) Exacerbation of pre-existing diseases (including diseases for which symptoms did not appear)

Chiba City Stomach Cancer Screening (Endoscopy) Precautions

If you have read the above items carefully and fully understand the contents,
Please sign in the signature column at the bottom left of the examination slip.

For those who have undergone gastric cancer screening (endoscopy)

Please read the explanation below about the results of the stomach cancer screening, and use it for cancer prevention, early detection, and treatment in the future.

★ Let's know the results of cancer screening.

Ask the medical institution where you took the test to explain the results.

Which of the following was the "policy"?

- ☐ No treatment required Go to → ①
- ☐ Follow-up Go to → ②
- ☐ Medical care required Go to → ③
- ☐ Re-inspection Go to → ④
- ☐ Others Go to → ⑤

- (1) Patients who "do not need treatment" No lesions requiring treatment were found in this examination. Please continue to receive regular stomach cancer screenings. If you feel subjective symptoms, please consult a medical institution as soon as possible.
- (2) Those who are "observation" Please follow the instructions of the medical institution and undergo regular examinations and examinations.
- (3) Those who require medical care Please seek medical attention at a medical institution. In addition, you may have to undergo another endoscopy or other tests at the referral destination.
- (4) Those who wish to "re-examine" Please follow the instructions of the medical institution and undergo an examination at a later date. Go to "How to take a re-examination"
- (5) "Others" Please check with the medical institution for details.

★ How to undergo a re-examination

After consulting with the medical institution where you received your primary medical examination, please bring the Chiba City Stomach Cancer (Endoscopy) Re-examination Request Form and your health insurance card and please re-examine.

Stomach cancer screening does not detect 100% of stomach cancer. If you have subjective symptoms, please consult a medical institution immediately.

What is stomach cancer

Both the morbidity and mortality rates by site for gastric cancer are 2nd for men and 4th for women. (Source: National Cancer Research Center Cancer Information Service Cancer Registry and Statistics" (National Cancer Registry))

① Subjective symptoms

In the early stages, there are almost no subjective symptoms, but for some people, the food may irritate their throats, heavy stomach, weight loss, food being stuck

There is also if you already have subjective symptoms

Please seek medical attention as soon as possible.

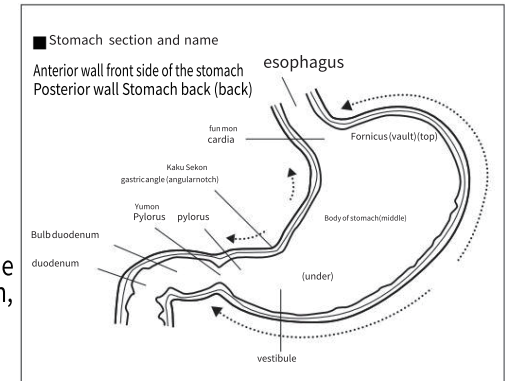
(2) Advice for prevention

Several risk factors have been identified as the cause of gastric cancer.

- Don't smoke and avoid other people's cigarette smoke.
- Drink moderately and eat a balanced diet.
- Eat less salty foods and don't run out of vegetables and fruits.
- Exercise moderately and manage your weight appropriately.
- Prevent and treat viral and bacterial infections.

In recent years, it has become clear that *Helicobacter pylori* is significantly involved in the development of gastric cancer. *Helicobacter pylori* eradication therapy can reduce the risk of developing gastric cancer in the future.

- Let's receive cancer examination regularly.
- If you notice any abnormalities in your body, seek medical attention immediately.
- Let's learn about cancer with correct cancer information.



Health consultation

The Health Division of each ward's Health and Welfare Center provides health consultations such as prevention of lifestyle-related diseases, as well as smoking cessation support (individual consultations for those who wish to quit smoking). In addition, please note that the Health Division may inform you about health-related lectures, etc.

For information on the Health Division, please see the "Information on cancer screening, etc."

Please note that the examination results may be aggregated and published. However, when publishing, only the aggregated figures will be published, and personal information such as names will not be published at all.

[Inquiries regarding examinations]

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