**THE SUBCOMMITTEE FOR DOSE RECONSTRUCTION REVIEW
OF THE
ADVISORY BOARD ON RADIATION AND WORKER HEALTH
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**Summary Minutes of the Fourth Meeting
May 02, 2007**

The Fourth Meeting of the Subcommittee for Dose Reconstruction Review (the subcommittee) of the Advisory Board on Radiation and Worker Health (ABRWH or the Board) was held at The Westin Westminster in Westminster, Colorado, May 02, 2007. The meeting was called to order by **Dr. Lewis Wade**, the Designated Federal Official, Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH), the agency charted with administering the ABRWH. These summary minutes, as well as a verbatim transcript certified by a court reporter, are available on the internet on the NIOSH/Office of Compensation Analysis and Support (OCAS) web site located at www.cdc.gov/niosh/ocas.

Those present included the following:

Subcommittee Members:

Mr. Mark Griffon, Chair; Mr. Michael Gibson; Mr. Brad Clawson (first alternate serving for Dr. John Poston;) Ms. Wanda Munn, and Robert Presley (alternate).

Designated Federal Official: Dr. Lewis Wade, Executive Secretary.

Federal Agency Attendees:

Department of Health and Human Services:

Representing NIOSH, Mr. Stuart Hinnefeld; Representing the Office of General Counsel, Ms. Liz Homoki-Titus, Ms. Emily Howell.

Contractors:

Dr. Hans Behling and Ms. Kathy Behling (telephonically); Dr. John Mauro, Sanford Cohen & Associates (SC&A).

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Opening Remarks

Dr. Lewis Wade,
NIOSH

Dr. Wade opened the meeting with an introduction of the subcommittee members and outlined the brief agenda, which would include: Discussion of reviewed cases, selection of cases to be reviewed, and discussion of overall review process. He then turned the meeting over to **Mr. Mark Griffon**, subcommittee Chair.

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Agenda Outline

Mr. Mark Griffon,
Subcommittee Chair

Mr. Griffon remarked he was reversing the order of the agenda to begin with a discussion of DR guidelines. He described the DR guidelines (known by several names), how they are used, and referred to the discussion of these same guidelines at the previous meeting. He explained how he felt they would be helpful to the audit process, adding he had drafted a motion regarding the DR guides to bring to the full Board.

While copies were being circulated he continued to the second item, blind reviews, explaining he had also drafted a motion regarding the proposed conduct of those reviews. He outlined some issues previously discussed which were being addressed in the draft motion.

Mr. Griffon announced item three would be a discussion and review of the original scope of work for the case reviews, including advanced reviews. He explained there was a need to re-examine the original scope, determine any subtasks which had been missed, and refocus the case reviews to capture those.

Mr. Griffon continued that the fourth item would be an update on the previous sets of reviews followed by the final item, the preliminary identification of cases for the eighth set of cases.

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DR Guides (Guidelines, Instructions or similar documents)

Mr. Griffon's motion regarding DR guides was duly made and seconded.

Dr. Wade read the motion into the record, and the motion was open for discussion. How the scope of the word "available" might be interpreted was questioned. Counsel also expressed concern for the use of "administrative record," indicating that term refers to a legal document. The term "analysis record" was suggested. Discussion led to agreement the terms "available to the Board" and "analysis record" should be used in the motion.

Mr. Stu Hinnefeld from NIOSH suggested that "where possible" be added after "appropriate version." He indicated these were not controlled documents and it might not be possible to be certain which versions were used. It was agreed to add the language suggested so that, when edited, the motion would read as follows:

> **NIOSH should make DR guides (guidelines, instructions or similar documents) available to the Board for all future cases (included as part of the analysis record). Additionally, NIOSH should make appropriate versions of DR guides (guidelines, instructions or similar documents), where possible, available to the Board for all cases currently under review by the Board.**

The motion carried by unanimous vote.

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Blind Reviews: Motion

Dr. Wade announced the motion regarding blind reviews and called for a second.

Having been duly made and seconded, **Dr. Wade** read the motion into the record, and it was open for discussion.

Mr. Griffon acknowledged the second paragraph was a mechanical step and asked for input. After discussion of various methods which could be used to prevent SC&A from having the ability to identify the case selected for blind review, **Ms. Wanda Munn** questioned whether it was really possible to provide the case for review without giving information which could be traced back to the case. **Mr. Hinnefeld**

wondered whether it was critical that SC&A not know the case, or just that they not know the outcome. He further suggested that the case be put on a CD with all the information necessary for the review and restrict SC&A to the information on the CD during the blind review. There seeming to be a consensus on this approach, **Ms. Munn** suggested the second sentence of the second paragraph be reworked and the words "to the extent possible" added at the end of the motion.

Dr. John Mauro from SC&A raised a question regarding the reference in the first paragraph to "tools" and whether that restricted the review. After discussion it was concluded that the wording was not intended to and did not serve to restrict the review to such use. It was, however, agreed to add "consistent and scientifically defensible results" to the first paragraph.

Following discussion the motion was edited to read as follows:

> **The purpose of the blind reviews is to determine if required assumptions, application of tools, interpretation of data and treatment of data yield consistent and scientifically defensible results for the dose to the organ of interest.**
>
> **The Board will select cases for blind review. NIOSH will provide the Board and SC&A case information on a CD for review. The Board and SC&A will not access the NOCTS database or any other claimant databases for such reviews.**
>
> **The blind reviews will be conducted using available tools developed by NIOSH/ORAU, but without any case-specific analytical files. These blind reviews will be focused on best estimate cases, to the extent possible.**

The motion carried by unanimous vote.

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Original scope for case reviews

Mr. Griffon announced the next item was simply a preliminary discussion of the types of reviews being done, and offered the following as proposed discussion points:

1. Basic and advanced reviews have not been defined.

2. What should be considered an advanced review?

3. Can the Board or SC&A re-interview the claimant?

4. Would an advanced review involve looking at a coworker's radiation file?

Dr. Mauro raised the question of SC&A contacting the dose reconstructor.
Mr. Griffon pointed out that issue had been discussed previously and he was not in favor of that approach. **Ms. Munn** suggested there should be a way to have the dose reconstructor answer a question without a personal contact. **Mr. Griffon** observed this is being done where NIOSH has provided further written analysis, and indicated he preferred the separation between the auditor and the dose reconstructor.

Dr. Mauro questioned the application of the site profile to an advanced review, and whether a site profile issue would be addressed in the advanced review or put off until the site profile review is done.

Mr. Griffon's proposal to draft language to clarifying the scope for an advanced review prior to the next subcommittee meeting was accepted as the subcommittee's next action.

There followed a discussion of statistical information provided by SC&A. It was concluded that SC&A would add a column to their table, "Comparison of Numbers of Cases by Site to the 2.5% Goal" which would show 2.5 percent of the referred cases. **Mr. Griffon** suggested they should reflect on the information provided by SC&A as selections for the eighth set are made.

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Review of Fourth and Fifth Sets of Cases

Mr. Griffon reported that the fourth set was in the comment resolution phase, noting there are several best estimate cases where NIOSH is providing more in-depth written responses. These are cases where the findings could have a significant effect. After discussion, he continued that many of the findings had been closed, but those requiring the more in-depth response would be pulled up at the next subcommittee meeting.

With regard to the fifth set, **Mr. Griffon** indicated they had been through the entire matrix and had begun the resolution process. He noted that, while he has edited the matrix to include both resolution and those cases where NIOSH will provide more information, it is at the stage where other subcommittee members, NIOSH, and SC&A should review

it to be sure his reflection and understanding of everyone's respective position is accurate.

Mr. Griffon added he presumed they would try to come to closure on both matrices at the next meeting.

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Preliminary Identification of the Eighth Set of Cases

Mr. Griffon announced **Mr. Hinnefeld** had provided two spreadsheets containing cases for the eighth set selections. **Mr. Hinnefeld** explained what was on the two lists and how they were compiled and sorted. In response to a query from **Dr. Wade**, **Dr. Mauro** indicated 32 cases were needed to complete the quota of cases for fiscal year 2007.

Following another discussion of blind review cases and how to select them, **Dr. Mauro** reminded the subcommittee that blind review cases would be in addition to the 32. It was decided the cases for blind review could be selected at the next subcommittee meeting.

The cases for the eighth set were then selected from the lists **Mr. Hinnefeld** provided, with associated discussions of each of the cases and how they might relate to the earlier report from SC&A. In the course of the selection process a decision was made to select from 40 to 45 cases rather than the 32 needed, agreeing the Board could then cull the list to 32 and vote during teleconference. Forty-three cases were selected.

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With no further business to come before the Subcommittee, the meeting was adjourned.

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I hereby confirm these Summary Minutes are accurate, to the best of my knowledge.

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Mr. Mark Griffon, Chair