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To: NIOSH Docket Office (CDC)
Cc: Chen, Jihong (Jane) (CDC/NIOSH/EID) (CTR)
Subject: 215 - NIOSH Guideline: Application of Digital Radiography for the Detection and Classification of Pneumoconiosis Comments

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Comments
My perspectives and concerns are likely to be far different than those of the vast majority of current B-readers in that I am neither a radiologist nor currently based at an institution where digital images generated off-site can be appropriately visualized. As a B-reader certified continuously for the past 25 years, I initially read films at an academic medical center before relocating to a community hospital in Maine 11 years ago. Of the 2000 chest radiographs annually submitted to me for B-readings by approximately 80 occupational health clinics, only 5% are provided in the form of digital images. Providing accurate B-readings for these digital images has remained a challenge ever more so since I relocated to a Veterans Administration Medical Center three years ago. While at the community hospital, the problem was merely one of expending an inordinate amount of time in trial-and-error efforts to operationalize the unique software contained on each submitted CD. However, once I relocated to the VA, where images of non-veterans cannot be loaded into its PACS system, I found myself making journeys back to the community hospital. Repeatedly, I contacted NIOSH B-reading program personnel seeking guidance as to when a guidance document might be forthcoming as I was willing to purchase the necessary equipment but could not envision doing so until criteria were established. Unfortunately, the current draft document appears to contain little that would help guide the purchase of such equipment by those B-readers who have little understanding of the mysteries of PACS systems, monitors, and other technologic matters. I fear that if the current draft guideline is implemented as is, it may inadvertently winnow out individual such as me from the ranks of active B-readers as more and more clinical facilities convert to digital imaging. While some might welcome the elimination of occupational medicine specialists from the ranks of B-readers, I believe this would be a great loss for the following two
reasons:

1. Occupational health clinics appear to be staffed increasingly by physicians without specialized training in occupational medicine.
Consequently, it has become the rule rather than the exception that each time I identify a pleural plaque or abnormal profusion of small opacities, I am asked by the responsible clinician for guidance as to the clinical relevance of the finding, the appropriate follow-up, and the appropriate form of worker-notification. These are questions that few radiologists would be willing or able to properly address. In a similar vein, when a worrisome finding, such as a suspicious pulmonary nodule, is detected, I send to the referring clinician a separate narrative report that concludes with the phrase: â€œAs is our policy, I would appreciate it if you would forward to Mr. XXXX a copy of this letter by certified mail.â€□ Before agreeing to serve as a facilityâ€™s B-reader, I obtain agreement that the facility will follow certain guidelines including this form of worker notification. Again, I do not believe that many radiologists would consider this their responsibility.

2. The number of certified B-readers has continued to decline. The NIOSH website currently shows approximately 250 certified B-readers. There are now but 10 B-readers in the six New England states of which three have none. According to NIOSHâ€™s own research findings, the second most common reason given by former B-readers for allowing their certification to lapse was â€œ...too much time involved..â€□ It would indeed be unfortunate if occupational medicine specialists were first driven from the ranks of B-readers only to be voluntarily followed shortly thereafter by radiologists opting to spend their time on newer more highly remunerated imaging activities. No B-readers may remain.

In light of the above comments, I would urge NIOSH to assume responsibility for providing detailed descriptions of currently available hardware and software configurations that will satisfy the requirements delineated in the draft guidelineâ€™s Section III [Image Classification] part A [Image display]. To fail to do so, claiming a need to remain disinterested, would show as much foresight as was shown by the agencyâ€™s failure to directly solicit input concerning the draft guideline from its 250-odd certified B-readers.