

1 in, so it's good from that. And I think, in all  
2 fairness to NIOSH, they need to review the report  
3 and then I think there are some steps that can be  
4 taken, you know, relatively soon to at least think  
5 of ways that the smoking issue can be addressed.  
6 And Russ, if you want to elaborate, you're...

7 **MR. HENSHAW:** I just want to say -- is this  
8 on? I can't tell from -- yeah. We have something  
9 from NCI. We haven't really had a -- we just got  
10 it -- well, Tuesday, I believe -- Monday or  
11 Tuesday. We haven't had a chance to really look  
12 at it very carefully, so there's a possibility,  
13 maybe a probability, we'll need to go back and get  
14 some additional data to understand the few pages  
15 of information we have so far.

16 **DR. MELIUS:** Epidemiologists always have an  
17 odd view of time and so forth -- trouble  
18 predicting when something will get done or  
19 complete. And it's never complete, always got to  
20 have more analysis.

21 The final issue really is related to the  
22 first issue, which is the issue of how to address  
23 other occupational exposures that might take  
24 place, particularly within the DOE sites. And I  
25 think that's really part and parcel of the first

1 issue, the occupational cohorts that are being  
2 looked at. And so when we get an update from  
3 HERB, I think we'll be able to ask more questions  
4 about that.

5 The final thing I wanted to just mention is  
6 that the update to BEIR is underway and I don't  
7 think we're expecting anything very soon on that.  
8 But that will clearly have a -- could have a large  
9 impact on -- terms of possible changes that might  
10 need to be made to IREP or something from the  
11 analysis and reporting that's underway there,  
12 that's at least a year away, as I recall, maybe  
13 even longer before we see that. You remember the  
14 --

15 MR. ELLIOTT: My understanding from one of  
16 the members of the BEIR committee was that the  
17 report was due to surface in public last November,  
18 and we haven't seen that yet. So I had a call in  
19 to Eula Bingham to find out where it's at and what  
20 the holdup is, and I haven't got a comment back.  
21 But I don't believe it's a year away. I think  
22 it's closer than -- than maybe that, that we think  
23 -- should be here soon, I hope.

24 DR. ZIEMER: Now I believe that report is  
25 dependent upon official issuance by RERF of the

1 new risk coefficients. Is that correct?

2 DR. MELIUS: I believe so, yeah. That's my  
3 understanding.

4 DR. ZIEMER: I have heard, unofficially, that  
5 those risk coefficients are not likely to change  
6 very much. I don't know if any others have heard  
7 rumors, and certainly the record shouldn't show  
8 that to be definitive in any way, but my  
9 understanding is that the changes in the dosimetry  
10 -- which goes back to the Japanese dosimetry --  
11 have been, for the most part, rather small changes  
12 and hence the risk coefficients, though they will  
13 change, will not change by great amounts. But it  
14 still remains to be seen what the impact will be  
15 on -- eventually on IREP and we want to certainly  
16 be tracking that.

17 MR. ELLIOTT: I certainly agree. That's  
18 similar to what I've heard. We were also anxious  
19 to see what the report would say, though, about  
20 occupational studies and their effect or non-  
21 effect on risk --

22 DR. ZIEMER: Right.

23 MR. ELLIOTT: -- estimates, so I think that's  
24 our focus on this report. That's where we want to  
25 see it come in.

1           DR. ZIEMER: That may be of greater  
2 importance, actually, than the coefficients, which  
3 may not change very much.

4           Could I also ask, on the smoking issue, once  
5 you've digested that information, is there a plan  
6 to report -- maybe at the next meeting -- what  
7 those findings were? Or what -- what do we expect  
8 to get from NCI on the smoking issue?

9           MR. ELLIOTT: What we -- what we're talking  
10 about in receipt from NCI is basically the Pierce  
11 analysis data that was done to support their  
12 modifications on smoking and lung cancer. And  
13 what Russ alluded to was that we've got four or  
14 five pages of really what looks to us like a SAS+  
15 printout with no data dictionary and no  
16 explanation and no interpretation, and so that's  
17 what we're after right now. It would be our  
18 intent that we analyze that bit of information and  
19 come back to the Board with a proposal on the  
20 impact on the NIOSH-IREP cancer risk models for  
21 lung cancer and what we should do in that regard,  
22 what changes or non-changes should be made. And  
23 so we would present that to the Board. Of course  
24 we would have that peer-reviewed and vetted and  
25 then brought to the -- those comments and the

1 resolution that we provide to those comments  
2 brought to the Board, as well.

3 DR. MELIUS: And that's my report.

4 DR. ZIEMER: Okay. Thank you, Jim. Let's  
5 see if there are additional questions relating to  
6 the report of the research group.

7 (No responses)

8 It appears that there are not, and there's no  
9 specific recommendation beyond these general  
10 things that we're looking forward to.

11 DR. MELIUS: Correct. Yeah, it's -- I think  
12 it's more of an information update at this point  
13 in time.

14 BOARD DISCUSSION/WORKING SESSION

15 DR. ZIEMER: Thank you very much. If you  
16 would look at your agenda and make sure that you  
17 have the correct version of the agenda -- which I  
18 didn't have. But the correct version of the  
19 agenda now for our next item -- except for (off  
20 microphone) the break, which (Inaudible) since  
21 we're a little ahead of schedule -- there's a  
22 Board working session for dose reconstruction  
23 review process --

24 THE COURT REPORTER: His mike's gone.

25 DR. ZIEMER: -- is what you should have.

1 Does everyone have that version of the agenda?  
2 And the reason I call that to your attention is  
3 because the earlier version showed the item as  
4 being Sanford Cohen & Associates as the next item,  
5 where in fact that has been --

6 THE COURT REPORTER: It's in and out.

7 DR. ZIEMER: -- that has been scheduled for  
8 tomorrow at 9:00, Board discussion/working session  
9 on Stanford Cohen & Associates with respect to the  
10 Board support for dose reconstructions. So our  
11 focus at this moment will be on the dose  
12 reconstruction review process. And we had set  
13 aside time on this I think from our last meeting  
14 to do any follow-up on that item, and I'm trying  
15 to recall, Mark -- and I'll ask if you can help me  
16 out on this -- where did we stand as far as the  
17 working group's recommendations were concerned  
18 after the end of the last session? I'll put you  
19 on the spot here a little bit.

20 MR. GRIFFON: Yeah, I know. I thought this  
21 was on the schedule for tomorrow, actually. You  
22 know, I'm not sure where we left off. We had a  
23 draft procedure for our review process, but beyond  
24 that, I don't know where the working group left  
25 off or if you...

1           MR. ELLIOTT: I, too, am at a little bit of a  
2 loss here. I think -- maybe we could recap to --  
3 to the point of -- as to where we're at right now.  
4 We -- you -- we haven't announced yet, but we have  
5 -- you have awarded two of your tasks, and that's  
6 what you will be able to talk to Sanford Cohen &  
7 Associates tomorrow about. Tasks two and four  
8 have been awarded and they can start work under --  
9 under those tasks. So you might want to think  
10 about those two tasks and whatever questions of  
11 clarification you have for your contractor or  
12 anticipating what questions they might have of  
13 you.

14           The other two tasks, one and three, are --  
15 are not awarded. Those are still in the  
16 negotiation process. Those are what you're going  
17 to discuss in closed session tomorrow, so you're --  
18 -- you're limited in what you can discuss in open  
19 session about those. You could discuss -- you  
20 know, we've still I think been wrestling with how  
21 you're going to come up with your selection of  
22 cases in a stratified -- representative or  
23 stratified random sample. What are the variables  
24 -- we would ask you what are the variables you  
25 want to target for your selection of those cases.

1           We have bantered around this idea of a  
2 subcommittee or not subcommittee. I think you've  
3 come to grips with that. You want the whole Board  
4 to be involved, but you might still think about --  
5 you know, as you proceed here, do you really -- is  
6 that the way you want to go. You know, there's  
7 some work here to be done as far as identifying  
8 cases for review when that task three is awarded,  
9 and assigning who's to review those cases and what  
10 that process really looks like.

11           So I mean I'm just trying to throw out ideas  
12 for topics for discussion here for this afternoon  
13 and perhaps tomorrow. And I'm certainly not --  
14 want to lead you in one way or the other here, but  
15 these are things that kind of we have questions in  
16 our mind about how -- how do -- how do we go about  
17 doing these reviews. We're still -- we're still  
18 wrestling with what your approach and your process  
19 is going to be and how we will attend to making  
20 sure that we protect the privacy of individual  
21 claimants, how -- what your report is going to  
22 look like at the end of your review, you know.  
23 We're still awaiting to hear your thoughts on  
24 that, so those are just my thoughts off the top of  
25 my head.



1           **DR. ZIEMER:** Thank you, Larry. And tomorrow  
2 during the official session with SC&A -- that is,  
3 during the morning session -- we will have a  
4 chance for them to ask questions and for us to ask  
5 questions pertaining specifically to task two and  
6 four, which have been awarded. That is -- and  
7 John Monroe (sic) and Joe Fitzgerald I understand  
8 will both be here from SC&A and there will be an  
9 opportunity for them to seek clarification on  
10 those tasks and for us to ask them questions and  
11 discuss those in more detail.

12           Okay. Now Jim and then Wanda.

13           **DR. MELIUS:** Well, one question they might  
14 ask us tomorrow is what site profiles do they want  
15 us to review, so I think, you know, sort of meaty  
16 issue is going to be how do we select those to get  
17 them underway -- get those reviews underway, but -  
18 - and I was thinking that in a more general sense  
19 the way of approaching this is to think -- much as  
20 some of the examples Larry just used is to think  
21 about what are the different activities that are  
22 involved here. How do we as a Board want to  
23 handle them. How do we want to select the site  
24 profiles, then the individual cases. We've still  
25 got work to do on that. How are we going to

1 interact with the contractor. Is that going to be  
2 done -- you know, the contractor has questions,  
3 who do they call, how do we get clarification on  
4 that. There's some issues that I think we have to  
5 be -- be careful both from the contracting point  
6 of view, but also in terms of the credibility of  
7 the process and making sure that's taken care of.  
8 And I think we just need to work through those and  
9 decide what's the best way to do that and are we  
10 going to need a subcommittee to do that, how much  
11 guidance do we give the subcommittee, do we do it  
12 as a committee -- the whole committee for -- for  
13 each of those. And then try to categorize them  
14 and come up with a timetable for dealing with  
15 them.

16 DR. ZIEMER: Okay. Wanda?

17 MS. MUNN: I hate to admit this, but I no  
18 longer remember what tasks two and four were. I  
19 remember what one and three were because -- for  
20 obvious reasons, but not having brought previous  
21 notes with me, I'm at a loss. Will someone please  
22 refresh my memory?

23 MR. ELLIOTT: Well, I'll try to do that, and  
24 I'm certain that Mark will correct me in any way  
25 that I might err here. Task two is to review site

1 profiles, and task four is to develop a database,  
2 a data management system for you all. Remember,  
3 task four was to design that, develop that, put  
4 that into place. And I think that involves, you  
5 know, tracking the cases that are assigned, when  
6 they were assigned, who's working on them, what  
7 the findings were, perhaps even -- you know,  
8 database management aspect of -- of how many site  
9 profiles have been examined within, you know, task  
10 two, as well as under task three where we --  
11 you're looking at individual completed dose  
12 reconstructions. So you know, I think there's a  
13 lot to be talked about under task four. It may  
14 seem apparently obvious what has to be done, but I  
15 think you need to probably talk through that.

16 DR. ZIEMER: Task -- task two more  
17 specifically was --

18 UNIDENTIFIED: (Off microphone) Paul,  
19 (Inaudible) the mike.

20 DR. ZIEMER: Sorry. Task two was to prepare  
21 a site profile review procedure, not to do site  
22 profile reviews.

23 MR. GRIFFON: The task was to develop the  
24 methodology and also to do the reviews of I think  
25 ten to 12 DOE sites and two to four AWEs, so it

1 involved both.

2 DR. ZIEMER: Oh, yeah, you're right. You're  
3 right. The first step was the procedures, and  
4 then ten to 12 DOE sites and two to four AWEs. So  
5 it may -- it may be that the actual determination  
6 of selecting the sites, we can start to be talking  
7 about that, but we have to have a -- we also need  
8 to know what the procedure is that the contractor  
9 will use, and we've asked them to do that as a  
10 first step in the process.

11 MR. GRIFFON: I was just going to say, I  
12 wondered if we have a copy of the procedure for  
13 processing individual dose reconstruction reviews,  
14 the one that we voted on and approved. I have it  
15 on the computer here, but I don't have a hard  
16 copy. The reason I say that is a lot of the  
17 bullets right at the front end of this procedure -  
18 - maybe we didn't flesh out everything, but we at  
19 least identified several of these issues that  
20 Larry and Jim have brought up that maybe we just  
21 need to run through again and clarify how it's  
22 really going to work now that we know a little  
23 more of what the contractor's proposed, et cetera.

24 MR. ELLIOTT: I don't know if Cori brought  
25 that particular document along for reference, but

1 we can certainly I think get it printed if we can  
2 get it off your laptop.

3 We could put it up on the screen. Let me  
4 find Cori and we'll see if...

5 (Pause)

6 DR. MELIUS: While we're asking for what  
7 information's available, that -- I don't know if  
8 Martha or somebody has with them the award for  
9 tasks two and four that would lay out the  
10 timetable we -- 'cause -- gave the contractor  
11 because I think -- we're going to have to know  
12 that timetable on those tasks in order to sort of  
13 figure out meeting schedules and how -- when  
14 they're going to get feedback and so forth, so...

15 MS. DIMUZIO: I don't -- I have them upstairs  
16 in the room, so I'll go upstairs and get a copy of  
17 that and I can bring it down.

18 DR. MELIUS: You actually make copies for the  
19 Board?

20 MS. DIMUZIO: Yeah. Yeah.

21 DR. MELIUS: Would it be best to take a short  
22 break or something, get some of this stuff copied?

23 DR. ZIEMER: Yeah, let's -- let's take ten.  
24 Uh-huh, that's fine.

25 (Whereupon, a recess was taken.)

1 DR. ZIEMER: I have a technical instruction  
2 for the Board and for myself. We've been  
3 instructed that when you're holding down the push  
4 button on your mike, be sure to hold it in the  
5 center or push it in the center and hold that  
6 steadily. Don't rock to the right or to the left  
7 'cause it cuts the mike in and out.

8 Now Cori is distributing the document that  
9 came from the working group on procedure for  
10 processing individual dose reconstruction reviews.  
11 Task two, which we had been talking about, on site  
12 profiles -- task two has as a first item, prepare  
13 a site profile review procedure, and that's a  
14 deliverable one month after the authorization to  
15 proceed. So we're -- we're actually two weeks  
16 into that, aren't we, John?

17 DR. MAURO: One day.

18 DR. ZIEMER: Oh, you didn't get your  
19 authorization as fast as I thought you --

20 DR. MAURO: Just got the authorization  
21 yesterday.

22 DR. ZIEMER: Okay. I was thinking you'd be  
23 ready to report on the -- just kidding.

24 Okay, he's -- but the clock is ticking on  
25 that one.

1           The issue of selection -- well, there will be  
2 an issue we want to talk about with regard to  
3 that. That procedure will be ready in one month.  
4 Then we have the issue of who then looks and  
5 reviews and approves that procedure and how the  
6 Board wishes to do that. Then the selection of  
7 the sites to be reviewed, and it may be that the  
8 Board would like to identify some criteria. I  
9 mean we have a number of sites -- we saw the  
10 matrix earlier today -- that are close to being  
11 ready for review. Some are already completed.  
12 But given that list, even after it's all  
13 completed, how do we decide which ones to review.  
14 And you might want to identify some criteria. For  
15 example, one criteria might be a site that has  
16 generated a large number of dose reconstruction  
17 cases. Or we might say let's look at the top five  
18 sites as a kickoff, or something like that, in  
19 terms of cases. So think about criteria of that  
20 sort that we could use so that selection of the  
21 site is not just based on gut feeling -- I like  
22 one site better than another -- but some sort of  
23 objective criteria on which to make those  
24 decisions.

25           Now let's open the floor -- Jim, your flag is