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CENTERS FOR DISEASE CONTROL
NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

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SUBCOMMITTEE ON DOSE RECONSTRUCTION REVIEWS

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WEDNESDAY
FEBRUARY 10, 2016

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The Subcommittee convened via teleconference at 10:30 a.m. Eastern Time, David Kotelchuck, Chairman, presiding.

PRESENT:

DAVID KOTELCHUCK, Chairman
JOSIE BEACH, Member
BRADLEY P. CLAWSON, Member
WANDA I. MUNN, Member
JOHN W. POSTON, SR., Member
DAVID B. RICHARDSON, Member

ALSO PRESENT:

TED KATZ, Designated Federal Official
JOEL ARANA, ORAU Team
KATHY BEHLING, SC&A
RON BUCHANAN, SC&A
GRADY CALHOUN, DCAS
DOUG FARVER, SC&A
ROSE GOGLIOTTI, SC&A
JENNY LIN, HHS
JOHN MAURO, SC&A
BETH ROLFES, DCAS
SCOTT SIEBERT, ORAU Team
MATT SMITH, ORAU Team
JOHN STIVER, SC&A

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(10:32 a.m.)

Welcome and Introduction

MR. KATZ: First of all, welcome, everyone. This is the Advisory Board of Radiation and Worker Health, Subcommittee on Dose Construction Reviews. A few preliminaries:

The agenda for today is posted on the NIOSH website under the Board section, under meetings on today's date or schedule -- scheduled meetings, today's date. So you can follow along on the agenda. There are some other materials posted there as well that will be discussed today. Okay. There's no public comment session today.

And roll call: I already know which Board Members I have on, although I'll circle back on Dr. Richardson. But I will address, to make it easy, conflicts of interest. They may not arise at all because we're mostly dealing with more general matters today. But just in case, I'll cover those.

So, we have for Wanda Munn and Josie

Beach conflicts related to the Hanford Site. And Brad Clawson has a conflict related to the INL Site. And then the only other conflicts there are would be for Dr. Poston. And those include BWXT, X-10, ANL, Sandia, LANL, Lawrence Livermore, Y-12, West Valley, and then dose reconstructions related to Dr. Poston's [identifying information redacted]. Of course, he doesn't have any involvement [on the Subcommittee] with those.

MEMBER POSTON: It sounds like I should just sign off.

MR. KATZ: No, no, no. No, John, we need you. Thank you. So that takes care of conflict matters.

(Roll call.)

MR. KATZ: Alright then. Dr. Kotelchuck, it's your meeting. I would just remind everyone on the line, mute your phones except when you're speaking.

CHAIRMAN KOTELCHUCK: Okay. Hello.

MEMBER MUNN: Hello.

CHAIRMAN KOTELCHUCK: Hi, can you hear

me, folks?

MEMBER MUNN: Yes, we can.

CHAIRMAN KOTELCHUCK: Okay, great.

MEMBER RICHARDSON: Hi. Excuse me. This is David Richardson. I just want to say I'm on.

Decision on Allied Blind Case

CHAIRMAN KOTELCHUCK: Wonderful, okay. Welcome, Dave. So, well, let's get started. First, on the first item, the resolution of the two remaining issues: One was to finalize the decision on the Allied blind case and the other was further discussion of the number of cases whose compensability changed.

They may be shorter discussions. I should report that when I talked with Dr. Melius on a few occasions about the Allied blind case, he noted that that case had not been vetted, and, in particular, not been vetted by the Surrogate Methods Work Group, which I was not [previously] aware of.

And he's been looking into the case and

been reading up about it further, but would like to review the case. In which case, we really don't have to finalize the decision.

But I would like to have a discussion about the case to clarify issues that were raised at our last meeting on December 1st. So basically, for myself at least, I would like to understand what was the core issue that led to the quite different compensability results by SC&A and NIOSH.

And I wondered if folks could try to encapsulate that for us and discuss further the issue of: Was there an issue of error, scientific error, or lack of information that was provided and would [that] bring the two together? Or were they, as we mostly discussed last time, two perfectly appropriate, scientifically appropriate, dose reconstructions that for various reasons came to different conclusions?

First, in terms of clarifying the differences which resulted in the very large PoC differences between the cases. Would somebody either from NIOSH or SC&A like to start that

discussion and help us on the Subcommittee better understand that, or clarify?

MR. CALHOUN: This is Grady. I can tell you at least what I remember of it.

CHAIRMAN KOTELCHUCK: Okay.

MR. CALHOUN: Initially it started out to be a radon issue and that's what was written up. And we had discussions just about the relative size of the operation compared -- the relatively small size of the operation compared to the very large scale operation that we used to calculate the radon dose.

After a lot of discussion, John Mauro and I pretty much agreed that the radon issue was adequately handled by our dose reconstruction. And then what happened was we got a new issue, basically by memo, about the equilibrium of some of the daughters and that we underestimated the equilibrium of some of the daughters for our internal dose.

Based on a couple of emails back and forth recently between Rose and myself, I believe

that, at least her understanding is, that was taken care of, too. So that's where my understanding of this is, is that they agree. But you never know.

CHAIRMAN KOTELCHUCK: Right.

MS. BEHLING: Excuse me. This is Kathy Behling. If you would like, I can maybe add to that discussion.

CHAIRMAN KOTELCHUCK: Absolutely, thank you.

MS. BEHLING: Okay. And I'm going to backtrack a little bit. You know, SC&A initially did the Method A and the Method B, for this type of case. And under SC&A's Method A and our current SC&A blinds, we used the same tools and guidance that's available to ORAU and to NIOSH, with the goal, I think, being to determine if there's consistency in the DR methods used and the interpretation of those methods.

Now, Method B is encouraged to, you know, think outside the box, if you will, and the Allied Chemical case was a perfect example of that approach. And I think everything that Grady has

said is correct with regard to SC&A's Method B.

Now, when it comes to Method A, as I indicated, we were attempting to show some consistency by using the same documentation. And Method A starts by using what we consider the appropriate hierarchy of data and documents, meaning individual monitoring records and site-specific guidance.

But in the case of Allied Chemical, there was no formal approved site-specific guidance. So SC&A felt that it was appropriate to use surrogate data, as well as the OTIB-43, which is the generic guidance that's appropriate for this particular case, in deriving our dose.

So that's what Method A did, using Blockson data, and we were not aware of NIOSH's approach for using 10 percent values of the OTIB-43. After becoming aware of that, I think we from SC&A do feel that, based on the throughput and the operations that were going on at Allied Chemical, that that was an appropriate approach.

But it wasn't something that was

formally documented and we were not aware of it. So I think this is what led to the differences. We used what we felt was appropriate surrogate data which complies with the hierarchy of data, and we were not really aware of this 10 percent OTIB-43 approach. And we didn't realize that it was being used consistently, because I think this is just more of a NIOSH/ORAU guidance letter that's put into this file.

CHAIRMAN KOTELCHUCK: Okay, good, good. That's helpful to me. Do other folks on the Subcommittee have questions or want a little more clarification?

MEMBER CLAWSON: Yeah, this is Brad. I just would like to better understand this 10 percent that you were talking about, Kathy. Is this something that is used all the time or is there special circumstances that push you into that?

MS. BEHLING: What I found and what I did look at for this Allied Chemical, I went back into all of the previously completed Allied Chemical cases to determine if they were

consistently using 10 percent of the OTIB-43 values, and they are.

And they're using -- and correct me if I'm wrong here -- but I think they're using 10 percent of the maximum values that are provided in the OTIB-43. And what we did, we actually went in and used, I think, a mean value -- and maybe, Doug, you can correct me here if I'm wrong -- but we used a mean value. They're using 10 percent of the maximum values that are cited in OTIB-43. And as I said, this was just not anything that's formally documented. And I guess, if you don't mind me continuing a little here,....

CHAIRMAN KOTELCHUCK: Please do.

MS. BEHLING: I think one of the things that it did point out to me when I was doing the comparison is, like I said, we're hoping to use the same data to see if there's consistency between what SC&A does on our blinds and what NIOSH does.

And therefore, it's important that we're made aware of any new methodologies that are being used or -- and I will give you, not just take

too much of a side step here, but if you've read through any of the 22nd blinds that we just recently submitted, we did go outside of that thinking a little bit in the Metals and Controls blind case.

There we realized that there is a template. And when I talk about a template, it is something that NIOSH is now embedding into the dose reconstruction report. It's a dose methodology, a dose reconstruction methodology, that's embedded in the dose reconstruction report. And it does use site-specific data.

So for the Metals and Controls blinds that we just did, we did make the decision to use a methodology that has not been approved by the Board at this point, but it did represent site-specific data as opposed to trying to use surrogate data.

So that is a little bit different than what we've done in the past. Like I said, we try to use data that we know has been approved and that we think NIOSH is also using. But it's important to identify the fact that we need to be, I think,

kept the loop here so we know what methodologies are being used for the various sites.

And it's interesting to me, because Allied Chemical is a smaller site and I understand why NIOSH went down this path, but we just were not aware of it.

MR. CALHOUN: Just a little -- just a quick point of clarification, and it's a little bit silly, but I don't want to confuse Allied Chemical with Allied Chemical & Dye. They're two very different sites and this case was Allied Chemical & Dye. That's all. I just wanted to make sure you were aware of that.

MS. BEHLING: Correct. That's appropriate.

CHAIRMAN KOTELCHUCK: Right.

MEMBER BEACH: This is Josie. And Grady, I'm glad you mentioned that, because Allied Chemical & Dye and Allied Chemical are interchangeable on the website and in the paperwork. So it makes it even more confusing when you go back and try to research Allied Chemical.

MR. CALHOUN: Yeah, we just discovered that. And I don't know if you or somebody tipped us off to that. But I saw some email traffic yesterday with our web team and they're trying to fix that, because that's very confusing and they're very different sites.

So, you're right. We are in the process of fixing that on our website, too.

CHAIRMAN KOTELCHUCK: Yes. Great, go ahead. Sorry.

MEMBER BEACH: Just to go back to SC&A's paperwork, there's one I reviewed December 2014 for Allied Chemical & Dye, and then I found one for Allied Chemical Corp. One is in Illinois and one is in Delaware. But then if you open it up, the second one I mentioned was September 2011, it also references Allied Chemical & Dye.

So I guess one of my concerns in this whole process is doing this blind review and having our sites so mixed up with Allied Chemical. That concerns me a bit.

CHAIRMAN KOTELCHUCK: Yeah, I found

that also when I was going onto the websites, that I was having trouble separating the Allied Chemical & Dye from Allied Chemical.

And I just want to clarify something Kathy said. You said that you reviewed the cases, all the Allied cases, and you mean the Allied Chemical & Dye cases, right?

MS. BEHLING: Yes. That's correct. I went into NOCTS and I pulled out all of the Allied Chemical and Dye cases that have been adjudicated, and I did find in everything that I reviewed that this method of this 10 percent of the maximum values of OTIB-43 is being used consistently.

CHAIRMAN KOTELCHUCK: Good, good. Okay. I just want to clarify. And that was as I thought it would be.

MEMBER BEACH: And I guess I want clarification why 10 percent is okay instead of 20 percent of the amount. Did you look at that as well?

MR. CALHOUN: Yeah, I don't know if you were in on that discussion, Josie. But John and

I had very lengthy discussions on that. And it would actually be probably closer to less than one percent if you actually did the correct ratio. We tried to overestimate.

CHAIRMAN KOTELCHUCK: I think certainly, Jim, when we talked, I mean, he's quite concerned that for the AWE cases that we really be consistent, that we have a consistent approach. And I think it goes beyond the issue, if I may paraphrase my discussion with him, it goes beyond the issue of Allied Chemical & Dye and this particular blind. But how are we handling this issue in AWE cases, with issues of surrogacy in particular?

So what I think is this has been very helpful to me in clarifying some of the issues that we discussed last time.

I think there's not a discussion or -- well, let me just say, to me, there's no -- let me get started again. It seems to me that both groups, the NIOSH and SC&A, tried to conduct dose reconstructions in a scientifically defensible

way.

The way that NIOSH approached it with the 10 percent of the OTIB is now agreed upon by all as the better way. And if we were discussing this as a case that came up for review there would be no problem about resolving the issue and moving ahead using NIOSH's approach.

Obviously, for the blind, this comes up. But I think that Jim would like to take a look at the consistency of our approach.

MR. KATZ: Can I, Dave?

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: This is Ted. I'm just wondering, because I was part of those discussions with Jim.

CHAIRMAN KOTELCHUCK: Good.

MR. KATZ: And his focus, of course, was -- and this is a question related to Grady, I think -- well, I think Kathy could probably answer it just as well. But SC&A in their sort of back-of-the-envelope approach used surrogate -- I don't want to call it that really. But you know

what I mean, Method B used surrogate data.

But my question is, the OTIB-43, the 10 percent, is that still a surrogate data approach or is surrogate data not on the table the way NIOSH approached this?

MR. CALHOUN: That's still the way we do these DRs for Allied Chemical & Dye.

MR. KATZ: But, no, I mean my question is, is that surrogate data we're talking about still?

DR. MAURO: Excuse me. I'm sorry to interrupt. This is John Mauro. I'm sorry I'm late in joining you. And John Stiver asked if I wouldn't mind joining you, because you are talking AWEs and it's a subject that's near and dear to my heart. And I thought maybe I could help a little.

I've been listening for about five or ten minutes and I'll just add a little bit right now, because you may have already talked about this. But whenever I am involved in either a blind --

MR. KATZ: John.

DR. MAURO: Sure.

MR. KATZ: I was asking a question that I'd love to get a clear answer about it before you take the reins.

DR. MAURO: Sure.

MR. KATZ: What my question was, did the NIOSH approach, which, you know, was sort of mirrored by one of the SC&A approaches, was that also using surrogate data? That's my question.

DR. MAURO: In all likelihood, we rely heavily on TBD-6000 and OTIB-70. In other words, when we do any type of review or blind, because those are two documents that have undergone thorough technical review, historically. So almost the rock we stand on.

CHAIRMAN KOTELCHUCK: Excuse me. But I think he was asking, John, just before you start, I think he was asking Grady the question.

DR. MAURO: I'm sorry. I thought you were asking me.

CHAIRMAN KOTELCHUCK: No, no. He was asking Grady.

DR. MAURO: Oh, I'm sorry.

CHAIRMAN KOTELCHUCK: That's fine. We do want to hear from you soon. But, Grady, did you have an answer to Ted's question? Does NIOSH use surrogate data? Did this work involve surrogate data when you used the 10 percent?

MR. CALHOUN: I would have to go back and look at the derivation of the values in that TIB. I imagine it does.

MR. KATZ: Okay.

CHAIRMAN KOTELCHUCK: Okay.

MR. KATZ: And the reason I ask that is just because Dr. Melius' interest is in having the Surrogate Data Work Group look at the site just to make sure that, in terms of surrogate data, it's meeting the requirements that, you know, the Board and NIOSH have set out for how it applies surrogate data.

That's all, that's why I wanted clarification on that point.

MS. BEHLING: And this is Kathy. If I can clarify one additional thing: Not only did

Method B use the surrogate data, actually they were using radon EPA guidance data for the radon. But Method A, or SC&A's Method A, which was trying to duplicate what we assumed NIOSH would have done in this particular case, we also used surrogate data. We used the Blockson TBD as well as OTIB-43.

MR. KATZ: Right. And I understood that for your method, Kathy. I just wanted to understand whether that was true for NIOSH's method because that's what the Board would be looking at, not really SC&A's approach to it, but NIOSH's approach.

CHAIRMAN KOTELCHUCK: Right. I'd like to now get back to John. You were starting to say and I look forward to hearing from you now. I think we've answered the question.

DR. MAURO: I'll keep it brief. Yes, most AWEs have some degree of need for surrogate data. It's very common. And the first place we look to see if we can find any default or surrogate airborne activity, occupancy times, whatever is, in TBD-6000, which is a comprehensive -- it's a

compendium that reflects research done by Christifano & Harris, which is a wonderful report.

So what I'm getting at is that, yes, surrogate data is very, very much part of AWE work, because very often, almost all the time, it requires surrogate data. But the surrogate data has almost become -- the fallback is TBD-6000, which in turn hangs its hat on Christifano & Harris, a definitive piece of work that is a classic piece of work.

So when we're dealing with most AWE sites, what we find ourselves, what I find myself doing is looking at the site, looking at where there is a need to fill in holes or provide surrogate data. Usually it's airborne uranium activity or deposit activity on surfaces.

And what we depend on is this vast amount of data that has been compiled and reported on. And then we find amongst that array, that matrix of different types of activities that might have gone on at an AWE site, which is often a uranium operation. We try to find which particular time

period and type of operation and job category for the particular person that we're looking at, let's say we're doing a DR review, is best suited.

So we try to find that person, that is, we think he's, you know, an operator that did some type of grinding operations in 1958. You know, that's how detailed the granularity of the TBD-6000 and its backup support information is.

So we do have a fairly standardized process that -- when I say standardized, something that I use and we use to check AWEs.

Now, when you leave the mode of the conventional uranium machining and handling operation, and then we go into things like Blockson where we're talking about tailings from phosphates, phosphogypsum processing, then we leave the realm of TBD-6000. And then we have to go to our own devices. But there are OTIBs, I think it's 43, that is the standard method for dealing with phosphate-type facilities where uranium was extracted.

But we don't just depend on that. In

fact, quite frankly, what I do is I go back to the original source document, which is the Florida Institute of Phosphate Research. They've published very, very widely and have a tremendous amount of work and a great deal of granularity to the data on the concentrations of uranium, radium, radon emanation rates from the operation itself, from the phosphogypsum stacks.

And what we do -- this is what I've recently done, in fact -- is I go see if I can find, when we don't have real data -- and I believe this Allied Chemical Delaware site might be one; I don't recollect, but might be one of those -- what I do is I try to say -- and I do use our five surrogate data criteria.

I mean, that is the rock we stand on. But in this case, you know, I drew upon this experience from the Phosphate Institute. And by the way, that doesn't always work very well, for a variety of reasons I won't go into right now.

So we have to be careful when we use FIPR [data] to apply to a place like in Delaware because

there's a lot of differences in the way in which a phosphate is processed in Florida as opposed to Delaware. But, anyway, I hope that helps.

I wanted to let you know that when we do this, yes, we do very much tend to the surrogate data criteria and are very sensitive to that. And usually our findings on any particular case go along that line, that we may say that, you know, we don't really agree with how you applied your surrogate data for the following reasons and where we believe it might have failed or passed the Board's surrogate data criteria. I hope that helps.

CHAIRMAN KOTELCHUCK: It certainly helps for me. Thank you, John. Any questions or comments further about what John said? All of this discussion today helps me, at least in my own mind as one Member of the Subcommittee, to understand better what the issues are and the surrogacy issues that need to be looked at.

In a sense, we do not need -- well, I think we do not need to go further in -- we've moved

along in understanding. I don't think we need to go further in trying to resolve some of these issues if we are going to send this to a Working Group.

Is that generally agreed? I mean, how do folks feel?

MEMBER CLAWSON: Dave, this is Brad.

CHAIRMAN KOTELCHUCK: Yes.

MEMBER CLAWSON: I just had one question, because when Kathy was talking she said that they didn't use surrogate data, and this is something with the metals. I'm just wondering if she could expand on that, because I was better trying to understand what she was talking about.

MS. BEHLING: I'm sorry, Brad. I apologize if I confused things. I meant to say that [at] SC&A, we did use surrogate data. In the hierarchy of the documents that we would use, we would first try to go to site-specific guidance. And since there wasn't any, we think it would be appropriate then to use surrogate data, which I think Doug used Blockson, which is a much bigger, larger operation.

And we also used the generic guidance from OTIB-43. But we used, I think, mean values or geometric mean values, as opposed to the maximum, this 10 percent [of] maximum values just because we weren't aware of that. But, yes, both methods did use surrogate data. I'm sorry if I misstated that.

MEMBER CLAWSON: No, that was probably me. I just wanted to make sure I was onboard with that because I always thought if we had actual information there we were always supposed to use that for surrogate data. That's just what my question was.

MR. KATZ: Brad, Kathy was talking at one point about another site, Metals and Controls. That was about another site, though.

MEMBER CLAWSON: Okay. That's where I got confused. I apologize.

CHAIRMAN KOTELCHUCK: Not at all. No need to apologize.

MS. BEHLING: That was probably confusing for me to introduce that at this point.

My apologies.

CHAIRMAN KOTELCHUCK: No, no. Okay, great.

MEMBER BEACH: This is Josie. I have a question for Kathy. Kathy, what was the number for that Metals case you were talking about?

MS. BEHLING: That's part of the 22nd set of blinds that we just submitted. It was the Metals and Controls blind. And in that particular case, as I indicated, there is no site-specific data. And rather than going to the approach of using perhaps surrogate data, we did become aware that this template --

MEMBER BEACH: Yeah, I understand that. I was just looking for it. I had reviewed six of them but that one I could not recall. So I was wondering if there was a case number.

CHAIRMAN KOTELCHUCK: Josie and other Subcommittee Members, have you all received the blinds from Set 22? I've seen them.

MR. KATZ: Yes, they've all received them.

CHAIRMAN KOTELCHUCK: Okay, good, good. Well, we'll come back to the Blind Set 22 later in Item 3. To my mind, suffice it to say, I was delighted to get Set 22 and find good agreement between NIOSH and SC&A.

And that means that we will have completed 20 blinds, which I hope we can include, all of which I hope we can include in our report, and we have issues with one out of 20. And we will talk about those a little bit later.

MEMBER BEACH: Okay. I'll hold my question until then. Thank you.

CHAIRMAN KOTELCHUCK: Okay, great. So the other issue on Item 1 is, again, one that may be -- it may really be resolved. I did not understand at the last meeting that it was resolved.

And that is to determine the number of cases whose compensability changed as a result of our dose reconstruction review discussion. And I certainly received, and we received, I gather -- or, Ted, say if we all received Kathy's or Rose's

letter, I'm not sure who sent it -- saying that they looked through the data and they could not find anywhere, or could not detect anywhere there was a change as a result of our discussion.

And then Grady had long ago talked about that there were maybe two or three. And I wasn't clear what the resolution of that was. He wrote something up further.

MR. CALHOUN: Dave.

CHAIRMAN KOTELCHUCK: Yes.

Review of Second Draft Report

MR. CALHOUN: This is Grady. We took a closer look at that and I can tell you exactly what our findings are.

CHAIRMAN KOTELCHUCK: Great.

MR. CALHOUN: And of all of the cases that we've actual spoke about and reviewed at this point, we found two. And I'll tell you briefly what they are.

CHAIRMAN KOTELCHUCK: Great.

MR. CALHOUN: There was one, let's see --

CHAIRMAN KOTELCHUCK: It's great that you found them, not that they flipped.

MR. CALHOUN: Well, yeah. But I want to see. There was one -- the very first one was a long, long, long time ago. And let's see, let me get down to it. There it is.

And this had to do with we were trying to get cases out. This is like in 2005. And we just didn't have any data. And we came up with an approach that we knew would ensure that we didn't undercut anybody's dose, but it was in fact an overestimating-type approach for some AWEs for which we did not have any data at all at that point.

And so instead of letting these cases languish for literally years, we processed some of these through what was at the time TIB-18. And that was an overestimating-type TIB.

This resulted in a compensable -- a case being over 50 percent that was reviewed by the Committee and with a finding that we really -- that was an overestimating approach and maybe we shouldn't have compensated that case.

CHAIRMAN KOTELCHUCK: Okay.

MR. CALHOUN: My assertion on that then and now is that wasn't a mistake. We did that intentionally. Our director at the time told us to do that and to get these cases out the door and it wasn't a case of us not following the directions in our TBD.

So, obviously, we didn't call that one back or try to rework it or anything like that. And that was one of several, I'm sure, that were processed through that. But there was only one officially reviewed, I believe. And then there's one other one.

CHAIRMAN KOTELCHUCK: Either way, the Subcommittee reviewed that at that time?

MR. CALHOUN: Yes, they did. They brought it up.

CHAIRMAN KOTELCHUCK: Okay.

MR. CALHOUN: That's how they said it was flipped and it was an overestimation.

CHAIRMAN KOTELCHUCK: Okay, good.

MR. CALHOUN: Now, we don't do that

anymore.

CHAIRMAN KOTELCHUCK: Right.

MR. CALHOUN: But it was really based on the pressure to get cases out the door. I don't know if you were around in '05, but it was pretty unbearable.

CHAIRMAN KOTELCHUCK: I was not.

MR. CALHOUN: Anyway, the second one, the second and only other one that we could find that we've actually reviewed already in our Committee talks, was a Rocky Flats case.

And in this case, the way we processed Rocky Flats plant cases, is that when we get information, it's called NDRP data, and that's indicative of significant neutron exposure. We requested information from Rocky Flats, and all of their dosimetry information was provided to us and they did not provide us with NDRP data.

So we did not assign significant neutron dose because typically the NDRP data is associated with individuals who worked with neutrons. Upon review, you guys found that we

probably should have, could have, maybe assigned NDRP data.

We re-requested data from Department of Energy for that specific case, and lo and behold, they found it. And so they gave it to us. We redid the case and it became compensable.

So, again, my assertion on this one is we used all the data that DOE gave us. And we did it correctly compared to all of the data that we had. We certainly don't go back and re-request data from all of the sites. But in this case we did and we found it.

Since that time, and I don't want to belabor this, but it's just another process that we've employed here. And, you know, we do a very, very large number of data captures for various sites, central repositories throughout the country. Whenever we capture data with an identifier, such as a social security number or an employee ID or even names, we scan that in a way that can be linked to other existing cases in our holdings.

And we have literally processed thousands and thousands and thousands of these. And we look to make sure that any new data that we have acquired during these data captures don't change the outcome of a case.

And so what we do is we compare that to the holdings that we have. And then we literally do a calculation to determine, if they do in fact have new information, if that would cause the case to flip. And weekly I get reports from ORAU that goes over every case that could have been affected and flipped because of this.

And [for] the cases that are flipped we request from Department of Labor a rework. And there's been probably less than ten in the thousands and thousands. I say that, I'm actually going to try to call this up while I'm speaking to tell you how many we've done.

But we request that rework from Department of Labor. They send it to us and that results in a rework, and, in more cases than not, a flip. We've done 3,685 of those.

CHAIRMAN KOTELCHUCK: How many?

MR. CALHOUN: 3,685. Let me double-check my header and make sure there's two spaces up there, yeah. And the vast majority of those there's no consequence because it's data we already had. But we still take a look at it.

And just for quick illustration, in the last couple of weeks we've got actually three of these which could potentially flip. We requested that DOL send the rework.

One of them has no eligible claimants, so DOL has nobody else to contact. So we can't do anything with that one. The second one had already had maximum benefits paid under Part E and Part B, but we didn't know that because it was done under beryllium requirements. And then the third one we're getting a rework from, just to let you know how that worked.

So that kind of goes back to this Rocky Flats case. And when we do in fact find additional data, we don't just sit on it. We look to see if it can be of benefit to the claimants.

So those were the only two that we could find that, due to the discussions we had, potentially flipped. And our belief now is that the first one was intentionally done that way and it wasn't an error, although we don't do it that way anymore. And the second one was just because we didn't get the right information from Department of Energy.

CHAIRMAN KOTELCHUCK: Thank you. I mean, that's an excellent report. It seems to me that, from what you've said, that in the second case, the Rocky Flats case, you simply got new data and in a sense that didn't flip so much as in any case that is processed by NIOSH or that we review if there's, if new data comes up, of course we incorporate it and make the decisions appropriately.

In a sense that's not a flip. That's just simply late data. So from what you've said I would say there was only one case that flipped.

MR. CALHOUN: Well you could interpret it that way, Dave. But, you know, you could always

say what if DOE never gave us that data? If they never gave us that data, that case would still be non-compensable right now.

CHAIRMAN KOTELCHUCK: Well, that's true.

MR. CALHOUN: But we only can work with what we get.

CHAIRMAN KOTELCHUCK: That's right. But then, go ahead.

MR. SIEBERT: I'm sorry. This is Scott Siebert. I just want to make one small clarification on this. The Rocky Flats case we're talking about right now is in the 16th set.

I don't know if that impacts your thought process because I know that this letter to the Secretary is dealing with things up through the 13th set, if I remember correctly.

CHAIRMAN KOTELCHUCK: That is correct.

MR. SIEBERT: And this would be after that. But I wanted you to be aware of that while we were discussing it.

CHAIRMAN KOTELCHUCK: Yes, that's very

helpful because in fact that would not be counted among the cases. It will simply be in the next report, but it would not be in this report.

Although I will admit I do want to use the blinds for Set 22 because we don't have so many and to my mind a special exception should be made because the more cases that we've reviewed, blind cases, it gives a much better picture of how well we are doing, how precise our DRs are.

But let me follow up, I mean from that question of, from Grady's response. Grady responded that, yes, they may never have sent the data and the person would never be compensated. But would that not be true for any case that was not compensated?

I mean we can always get data that may, I mean, they may find some eventually. Although I guess if they're not looking they won't find it, right? If we don't request it, they won't find it.

MEMBER MUNN: True, very unlikely.

CHAIRMAN KOTELCHUCK: Yes, right. So then if you make that argument on the Rocky Flats

case, then let me understand the 3,685 cases, right, that are referred for a rework based on new information.

MR. CALHOUN: Okay, now those aren't all referred to a rework. We evaluate all of those to determine if that new data would require a rework.

CHAIRMAN KOTELCHUCK: Okay.

MR. CALHOUN: Okay. And like I said in the vast majority of cases, and I don't have a percentage, I'm guessing that it's in the 90-plus percent, the new data that we get in fact isn't new. It's something that we already have received from DOE but we found in a different holding somewhere.

CHAIRMAN KOTELCHUCK: Right.

MR. CALHOUN: And so when it is new, we actually write up and actually it's a document. It's a little one-pager that says here's what we got. It is in fact different or it's not different.

And if it is different, we do a calculation to determine if it in fact would cause

the Probability of Causation to go up over 50 percent. And in those cases, we will request from DOL, we say, they know of this process and we say, hey, based on this process we have found a case that's probably going to flip. Please send it back so we can rework it and they gladly do.

CHAIRMAN KOTELCHUCK: And do you have any count of how many that are sent back or have been sent back that are reworked?

MR. CALHOUN: I can get that for you relatively quickly before the end of this call.

CHAIRMAN KOTELCHUCK: That would be useful.

MR. CALHOUN: It's very -- sure. It's very slim that we --

CHAIRMAN KOTELCHUCK: Right.

MR. CALHOUN: -- that could have gone. And like I said just the last three for example we requested them but we found out that, you know, one of them had already been paid. And we don't always find out if they're paid through the SEC or through some other mechanism.

And one, they didn't have a claimant available. And the other one was, is in the process of being sent back to us by Labor.

CHAIRMAN KOTELCHUCK: Right, right. To my mind, and this will maybe come up in the discussion later of the report to the Secretary, I would count the first case you talked about today as a flip.

But the other cases and those that you'll give us by the end of the day or as soon as you can, I would put those, information about those in the text. It is not, to my mind, that is not what I would call a flip in the sense that they, that, you know, when we talked about -- after you folks processed the data and did your dose reconstruction and then we talked about it and with SC&A's help, then it changed.

I mean, you've got, you didn't have data. So you can hardly be blamed for not analyzing that data until you get it. So in a sense, I don't view that as a flip and we can come back to that as we, but I think it should be noted

in the text that happens and of course the process that you go through to make sure that you haven't missed anything in other cases, the procedure that you follow to track others is very good and important.

MR. CALHOUN: Right. And you know that this process is very, very separate from the DR Subcommittee's actions, right?

CHAIRMAN KOTELCHUCK: Right, right. So I mean what do other folks on the Subcommittee think? I mean do you, let's say what I said and in terms of how we interpret flipping and what we report in terms of flipping.

MEMBER MUNN: I don't have any argument with your position, Dave.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER BEACH: This is Josie. I don't either, Dave.

CHAIRMAN KOTELCHUCK: Right, so basically we've got one flip up to Case 13 and other cases that we're going to report on in the text.

MR. CALHOUN: And one thing to remember

about that is that flip was we compensated them and the DR Subcommittee thought that maybe we shouldn't have.

CHAIRMAN KOTELCHUCK: Yes, in that case, yes. So one case among the thousands that you've done is --

MR. CALHOUN: Well, just the ones you've reviewed.

CHAIRMAN KOTELCHUCK: Yes, yes, okay. One in 300-some, correct.

MS. GOGLIOTTI: Grady, what is the tab number on that case?

MR. CALHOUN: Golly, which one?

MR. SIEBERT: 423.

MR. CALHOUN: Scott's got it, okay.

MR. SIEBERT: If it's the Rocky Flats, it's 423.

MS. GOGLIOTTI: It's 423. Do you know about the OTIB-18 case?

MR. SIEBERT: I don't know. Give me a second here.

MR. CALHOUN: Okay and then also, Dave,

I just counted. There's been 20 cases out of 3,685 that have, that new information caused the case to potentially flip.

Now the other question you're going to ask now is how many of those were actually reworked and I don't have that yet. But more than half of those based on my notations here had already been paid through the SEC associated with that site.

CHAIRMAN KOTELCHUCK: So most had already been paid.

MR. CALHOUN: Right.

CHAIRMAN KOTELCHUCK: Which means that --

MR. CALHOUN: And what happens is we say, hey DOL, we've got Case Number 1234 and we believe that it may flip now. And they send it back, they send a response back and say this has already been paid through the SEC. No need to rework.

CHAIRMAN KOTELCHUCK: Right, right. But as far as we're concerned now, you said 20 flipped. Flipped from non-compensated to

compensable, right?

MR. CALHOUN: Correct.

CHAIRMAN KOTELCHUCK: Because we don't go back for ones that have been compensated.

MR. CALHOUN: Correct. We don't look that way.

CHAIRMAN KOTELCHUCK: That's right. Okay, fine. Just wanted to clarify.

MR. CALHOUN: I mean we will do the calculation and sometimes we come up with a lower PoC but we don't ask for a rework.

CHAIRMAN KOTELCHUCK: Right, of course. Good. Okay.

MR. KATZ: Dave, can I just make a suggestion?

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: If you're going to discuss this process we just learned about from DCAS in the letter, it seems like you almost want to bundle that with a discussion of the PER process too then, because the PER process is sort of in effect a much bigger process that also results in reworking dose

reconstruction cases.

It sort of is, right? I mean, Grady, they're similar in that respect. I mean they both do dose reconstructions that have already been completed.

MR. CALHOUN: That's based on changing methodology. This is changing data.

MR. KATZ: Right.

CHAIRMAN KOTELCHUCK: And I don't know how the Board will want to handle the whole PER process. I don't know if somebody has been assigned to discuss it. That's totally, you know, that's out of the part of the report that we're going to talk about later. But it's important.

MR. KATZ: Dave, right. All I'm saying is if you're going to discuss this process, I don't know that it even has a name. It's the new data process. I don't know. But those two are sort of brothers.

CHAIRMAN KOTELCHUCK: Yes, yes.

MR. KATZ: I'm not sure either. We can not discuss either of them or discuss both of them.

But if you're going to try to be holistic and sort of cover these kind of matters then you might as well discuss both of them.

CHAIRMAN KOTELCHUCK: Right, right. And I am counting on Dr. Melius to assign somebody to talk about those and to incorporate them into the report -- attach, incorporate, whatever. That's certainly out of my purview.

MR. SIEBERT: I'm jumping in. I'm sorry. This is Scott Siebert. I looked up the case. The OTIB-18 overestimate case is Tab 103.

MS. GOGLIOTTI: Thank you.

CHAIRMAN KOTELCHUCK: Okay, good, good. Are we, it's 11:30 already. We are, I think, finished Item 1. We're ready to go, well, we're ready to proceed. I think it would make sense, rather than starting discussions of draft reports -- we have about a half an hour to break -- to go ahead to [item] three and talk about the Set 22 blinds that have come up anyway and have a discussion on that now.

And then after the break, we'll start

with the draft report. How does that sound, folks?

MEMBER MUNN: It sounds good to me.

CHAIRMAN KOTELCHUCK: Okay.

MR. CALHOUN: Works for me.

CHAIRMAN KOTELCHUCK: Okay. So let's go to Set 22. I'm not sure -- Grady, one can talk about the blinds process. I'm not quite sure, in thinking further about it, quite what you might want to say.

MR. CALHOUN: Well, I can make it short and sweet.

CHAIRMAN KOTELCHUCK: Okay.

MR. CALHOUN: In that we've done no new ones since we last discussed it.

CHAIRMAN KOTELCHUCK: Okay. No new blinds. But basically we have up to and through Set 22 completed, right, the blinds for that, right?

MR. KATZ: Right. But those are SC&A, not Grady's.

CHAIRMAN KOTELCHUCK: Right, right, okay.

MR. KATZ: Just saying, Grady is just saying that the NIOSH process, the blind review process, the internal blind review process, they haven't done any additional cases.

CHAIRMAN KOTELCHUCK: Okay. I'm not quite sure how that blind review process differs. In other words, I guess Grady, what I'm really not sure about and maybe this will clarify things for others and certainly for me, when you're going through and doing dose reconstructions on cases and claims that are filed, I assume you don't know which one is going to be chosen to be a blind at some time in the future.

MR. CALHOUN: No, Dave. This is completely different. And basically we --

CHAIRMAN KOTELCHUCK: Well, explain.

MR. CALHOUN: We started doing these a while ago for the same reason you guys are doing them. What we did is we would select adjudicated cases at random and -- not adjudicated cases because we're not held to that -- but we would take cases at random and we would have a separate "DRist"

inside our house do the blind DRs just like you guys are doing them, and just for the same reason that you guys are doing them.

But, you know, given our layer upon layer upon layer of review and oversight, both in-house and by you, and limited resources those are pretty low on our priority list. We're not required to do them.

It's just one of those nice to have things that we do when we can. And I reported back on those, I don't know six, eight months ago. But the only thing I can tell you now is that we just didn't get any new ones completed since then.

CHAIRMAN KOTELCHUCK: Right. And I did not realize that. It makes perfect sense. What you're saying is that's an internal check on your work that you do and that's absolutely appropriate to do.

And you did report to us on that and I think I may --

MR. CALHOUN: Yes, I had actually a pretty detailed report on that. And time goes so

fast, Dave, I don't remember when. But I would say it's six months ago or more.

CHAIRMAN KOTELCHUCK: If, Grady, could I at least for myself, could I ask if you could find it and email me a copy to look at. I was not clear about that part of the internal DCAS blind process.

MR. CALHOUN: Sure. I've got it all written up in an assessment report and I'll just forward you that internal report that we use for us.

CHAIRMAN KOTELCHUCK: Right. Other Members of the Subcommittee, do you, this was clear to you? It wasn't clear to me that that process was done or at least I don't recall.

MEMBER CLAWSON: Yes, I understand. This is, Brad.

CHAIRMAN KOTELCHUCK: Okay, good, good. I'm still the sitting chair. I'm still the newbie in the group. So I didn't. And I'm glad to get that report from Grady and understand better exactly what's going on.

And this will not be in the report

because it's an internal check within DCAS. So maybe that's good and you'll send it to me and I'll understand better. So let's go on to Set 22 and the results that Rose had. And I think you're not going to do a report on each of the six. I think it's a matter of summarizing what you have and then we will go over it, I assume, at the next meeting.

MS. GOGLIOTTI: Yes. You just asked for a brief overview.

CHAIRMAN KOTELCHUCK: Yes.

MS. BEHLING: And, Rose, before you start, I just wanted to make mention for Josie's sake, we submitted the Metals and Controls blind on December 18, 2015. I'm sorry to interrupt.

CHAIRMAN KOTELCHUCK: No, no, you're not. Thank you.

MS. BEHLING: December 18, 2015, was when we sent that report out.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER BEACH: And I found it, so thank you.

Review of Blind Set 22

MS. GOGLIOTTI: Okay. Well, great. In January we finished our review of the 22nd Set, which is a blind [set] similar to what we've been talking about. Again there were six cases in it.

The majority of those cases had one cancer. There was an ANL-East, a Grand Junction operations office, a LANL-NTS, a Metals and Control Corp, a Rocky Flats and an SNL-Albuquerque.

We went through and did our comparison reports in the same process that we've been using previously. And actually we had pretty strong agreement with NIOSH in this case. You'll see here our comparison of PoCs.

SC&A and NIOSH PoCs, in every case we were on the same side of the compensability decision. I would note that the largest difference that we found was in the ANL-East case and in the external dose and that was predominately due to a difference in the number of zeros.

MR. CALHOUN: I can barely hear you.

MS. GOGLIOTTI: I'm sorry. I tend to talk quietly. Is this better?

CHAIRMAN KOTELCHUCK: Yes, it is.

MR. CALHOUN: Thanks.

MS. GOGLIOTTI: So as I was saying the largest change that we had was total external dose for the ANL-East case and about a 12 rem difference in dose, but that was almost exclusively due to the number of zeros that we chose and it didn't have an impact on the compensability decision.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: And of course we'll go into more detail when we actually --

CHAIRMAN KOTELCHUCK: Right, right. And I mean, I just thought that since I had been looking at the differences, the first issue is of course whether the compensability decisions are the same and of course they were for Set 22.

But then the other thing I certainly look for in writing the report was how much difference in PoC percents was there between the cases. And the differences between the PoCs from SC&A and NIOSH were much, much smaller than had been in the past.

I mean it just happened to be a set where the agreement was quite good, I mean over and above the issue that the compensability was correct in all cases. So that was very satisfying and certainly I do want to include the results from that Set 22 in the report so that we have 20 blind cases to report which seems a more, I don't know how you would describe the number,..

It's 14 versus 20. But it seems like a number that has a little more heft, let's say, by having 20. So any other comments that anybody had? The detailed questions we're going to go over next time and the details of both of those, both sets of calculations.

But is there any other broad question or comment from anybody on the Subcommittee about that Set 22? Were you as impressed with it as I was, or glad to see those results?

MEMBER MUNN: My goodness, yes. That is indicative of a serious increase in precision from my perspective.

CHAIRMAN KOTELCHUCK: Yes, yes.

MR. CALHOUN: Just a question I have is: Did we ever get that last comparison report on that last ANL-East?

MS. GOGLIOTTI: Yes. All six have been delivered and if you don't have it, I can send you another copy.

MR. CALHOUN: I don't know if I was not on the list. I just did a quick search. I can't find it in my inbox. But --

MS. GOGLIOTTI: They're also on the O: drive and in today's meeting folder.

MR. CALHOUN: Okay, great. Thank you.

CHAIRMAN KOTELCHUCK: Great, great.

MEMBER BEACH: This is Josie. I think my only, and I'm not looking for an answer right now -- my only concern is in the broad review of those templates again.

We've talked about them a couple of different times and I think there's a couple of different ones here that mention the templates, the Metals and Control and then also the --

MS. BEHLING: Grand Junction.

MEMBER BEACH: Grand Junction, yes.

CHAIRMAN KOTELCHUCK: I'm not quite sure what you mean by the templates.

MEMBER BEACH: The templates that are being used that aren't always, [that] SC&A is not always aware of them. So those continue to be a source of question and how we're going to resolve those template issues.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER BEACH: We haven't really come up with a solution there and we just keep mentioning them. So that's something we need to think about.

CHAIRMAN KOTELCHUCK: Very good. I appreciate your mentioning them now and I'll try to think a little bit and learn a little bit more about it as we have a detailed discussion.

(Telephonic interference)

MS. GOGLIOTTI: -- for our blind reviews. I think our point is that the templates have never been reviewed by the Board.

MEMBER BEACH: That's my concern, yes.

CHAIRMAN KOTELCHUCK: Right, okay.

Well, that's certainly important.

MS. BEHLING: This is Kathy. If I can just interject?

CHAIRMAN KOTELCHUCK: Sure.

MS. BEHLING: I'm not sure -- and maybe Rose has a list -- I'm not aware of a complete list of which sites are using the templates. We happen to sometimes serendipitously find them because we're reviewing a dose reconstruction and we see that it's embedded in the dose reconstruction report. But I don't know that we actually have a list from NIOSH as to which sites they are using templates for.

MR. KATZ: I think we do, Kathy. I think Grady supplied me, we asked for that --

MS. BEHLING: Right, you --

MR. KATZ: -- months ago and Grady supplied it. And I shared it with the Subcommittee at least once, maybe twice. So we do have a list, I think, from Grady. If I remember that right, Grady, that's what that was, right?

MR. CALHOUN: I think it was -- it might

have been the other way. It might have been a list of cases for which we do have a TBD. But you could figure that out. I think that's it.

MS. BEHLING: Was SC&A, I'm sorry, was SC&A provided that list? Because I never saw it.

MR. KATZ: You know, I can't remember. I normally address my emails to the Subcommittee, not just to the Members but to the staff too. I would be surprised if I didn't. But I may not have. I can look.

MS. BEHLING: Okay, thank you.

CHAIRMAN KOTELCHUCK: Good, good. We'll discuss this a little bit further next time, whenever that is, after the Board meeting.

MS. GOGLIOTTI: And just to point out, at the end of our reports that we do use a template for, we do include the actual template in the report. So if you wanted to see what a template looked like you could go to the back of the Metals and Control Corp case and at the very back you'll see lots of colorful text and that is part of the template.

CHAIRMAN KOTELCHUCK: Okay. Thank you. Good. We've got a little time now still and that's -- we just wanted to have a brief discussion. You know, we might start talking about Item 4, discussing assigning a new set of blinds to SC&A. Ted?

MR. KATZ: Yeah, sure.

CHAIRMAN KOTELCHUCK: You were thinking about that.

Assigning a New Set of Blinds

MR. KATZ: Yeah, I'm happy to, because I would like to get these assigned early in March, which would coincide with a new contract here for SC&A, too. And it takes a while to get the cases together.

So, unfortunately, you haven't had a discussion of the Set 22 blinds. But I think all the Board Members probably at least skimmed them, right, and are somewhat familiar with what's there. And I can remind you, and I will, what the parameters have been for DCAS pulling cases, and they pull about 20 cases from which to select six.

I can and I will remind you what those parameters are. But I thought maybe the Subcommittee would want to think about whether these parameters should hold, or whether you want a somewhat different parameter or two, considering what you've learned so far through your review of blinds.

Now, again, I sort of assumed at the time, I suggested that you guys would go through Set 22 and you didn't really do that. But maybe you're familiar just from having received them and read them.

So, anyway, let me tell you what the parameters have been, they're pretty longstanding at this point, for these 20 cases.

So, the first parameter is that they are recently adjudicated, because we're trying to stay as fresh as we can be, right? So we say within the last two years adjudicated. So we're not getting old cases with old methods to the extent possible. So I think that's probably one that's good to keep with.

But the second parameter is we've asked for a full internal and external so that there's sort of a robust dose reconstruction and not one with a bunch of shortcuts in it.

Number three, that the PoC is above 45. Again, I think that sort of relates to the Subcommittee's focus on cases where errors would make the most difference, could make the most difference.

And number four is employment at one or more DOE sites. So we've had a focus on DOE sites for those.

And number five, that the case was not previously reviewed by the Board. So they're fresh cases as far as the Board's review process is concerned.

So those are the sort of marching orders by which we get nominee cases from Grady and Beth.

CHAIRMAN KOTELCHUCK: On three, by the way, Ted, the PoC greater than 45, did we not have it 45 to 52?

MR. KATZ: We just have said greater

than 45. It may come out that way anyway. But that --

CHAIRMAN KOTELCHUCK: Because I think it is worthwhile, as we had in Set 22, at least one case where it was above 50 percent.

MR. KATZ: Right, but greater than 45 doesn't have a cap on it.

CHAIRMAN KOTELCHUCK: Well, you're right, I guess.

MR. KATZ: It doesn't really -- I'm not sure whether it makes a difference whether it's 52 or 75, for that matter, so long as it's a best estimates.

CHAIRMAN KOTELCHUCK: Well, yeah, I would actually keep in my mind's eye of 52 or 55 really being an upper limit. But to my mind that should be in the criteria.

MR. KATZ: That's up to the Subcommittee, right.

CHAIRMAN KOTELCHUCK: Yeah, it is. Also, just in terms of the five criteria you just outlined, was everybody -- I received from SC&A a

review of the data up through Set 22 on the first 20 blind cases.

MR. KATZ: You all should have received that.

CHAIRMAN KOTELCHUCK: Did everybody receive that? Yeah, okay. I found that quite useful, by the way. And I particularly think that it will influence me in terms of also where our cases are.

I mean, if we have 20 cases already, we want to make sure that we don't have too great a percent from certain large facilities, from any large facility. That is, we want to have it spread fairly well among different facilities.

So I would look at that when I was making up my mind as to selection. And that's not a criterion, but it seems to me it should influence our decision. And given that we have 20 cases, I might also make sure that issues like gender, percent of blinds that are male and female, should be looked at or should be considered.

That's not a criterion, but I think it

is an attempt to look for balance. So in a way, what I would say is, I'm open to the five criteria, except maybe saying a PoC shouldn't be above 55 percent just to put a cap on it.

And then say that we, as Subcommittee Members, in making selections, should look at the data that we've received to make sure that we have as good a balance, as representative of a group, with what will be 26 by the time we finish this set.

What do people say? Reasonable?

MEMBER MUNN: Sounds okay to me.

CHAIRMAN KOTELCHUCK: Yeah, okay.

MEMBER BEACH: Sounds fine, too.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER CLAWSON: Dave, this is Brad. I just don't understand your cap on that. Why are you feeling that you want to put a cap on that?

CHAIRMAN KOTELCHUCK: Well, because it's another case where errors, relatively small errors, might cause a flip. And why we're doing above 45 percent. And I just want to know if it flips below. That's a serious matter even though

we're not going to change the compensation for that person.

MEMBER CLAWSON: Well, I'm just trying to understand your thought because, you know, I myself, I'm kind of like Ted, you know, 45 and above with no cap. It kind of doesn't -- you know, it doesn't do that much. But it's not going to hurt anything. I was just trying to understand your reasoning on it.

CHAIRMAN KOTELCHUCK: Yeah, yeah. Well, I'm also more than open just to leaving it that way. I mean, but from my personal one vote among many, we ought to cap it at 55 percent.

And why don't we just talk about that for a moment? I mean, others may just feel it's not necessary. It's not a major point. But I would feel better that way. Would you, or would you like to just leave it off?

MEMBER CLAWSON: Well, let me tell you what my thoughts are.

CHAIRMAN KOTELCHUCK: Okay, good.

MEMBER CLAWSON: We can cap it at 55 and

it's going to show so much. These blinds that we have done, it's been very interesting to me to be able to understand the process better, and by not putting a cap on it we may get something way up there.

I want to see in these doses what it was that kind of pushed it so much higher. Was it, you know, was it a substantial event or something else like that? I just hate to limit us to 55 percent. There might be something out there that, say it was 60 or something like, that but it was because of an instance in an area that they were evaluating.

And it just gives me more information. I think my personal feeling, like you said, it's one among many, I don't see that it would buy us that much. But, you know, I'll go with the flow on this, too. I get a lot of information from these doses and I like to see why some of these are so high and what pushed them over the edge.

CHAIRMAN KOTELCHUCK: Well, I think you make a good case for that. We have never looked in any of the 20 at a percentage that was, if I

recall from memory, above 55 percent. We just haven't.

On the other hand, there are things to be learned from those and it might be interesting to take a look at one or two. So you're convincing me not to put a cap on. What do other people say?

MEMBER MUNN: Well, this Wanda. And I think one could make a reasonably cogent argument either way. But it's such a minor point I don't see much point in debating it very much.

My only thought is that it's not a question of whether or not we're going to find one such outlier amongst the many, and therefore have a major "a-ha" event of some kind. I don't think that's likely at all.

But it's more a question of the pool that's available to NIOSH to make the selections more than anything else. If we say between 45 and 55 percent then it makes it much easier for them to just look at a smaller set of potentials. If we have problems with having a large enough set then obviously it's wise not to put a cap on it.

But I was of the impression, and perhaps someone can enlighten us, as to whether or not there is sometimes a problem in identifying a set that's large enough to exceed the number that we need to choose for our next set. If there is a problem finding that many completed claims that fit our criteria then it seems logical to not put a cap on it.

If we have a plethora then it expedites the process.

MR. KATZ: That's the question for Grady.

CHAIRMAN KOTELCHUCK: Grady, exactly.

MR. CALHOUN: And one thing I wanted to clarify here is that actually the normal criteria is 45 to 52. It's not 65. And we typically -- well, not typically -- when we cannot find the fit within that criteria for you we'll creep up or down a few percentage points.

But the standard criteria is 45 to 52, which actually coincides to our 10,000-iteration IREP runs to make sure that we're statistically

completely valid on that. So it depends. When you ask for them, we'll tell you what we got at the time, because that's an ever-changing number. And then if you guys choose to go up or down, we'll do it.

CHAIRMAN KOTELCHUCK: Well, I'm by now convinced, even though not every Member has spoken, not to bother with it. You, basically, if you have problems, you're going to enhance the PoC range that we're looking at. So --

MR. CALHOUN: But we'll tell you first.

CHAIRMAN KOTELCHUCK: Right. Well, I'm more than happy to leave it to you to do that, start with 45 to 52 as you always do, and then expand as needed. And unless there's an affirmative feeling that I'd like to see one or two, or one by now, in the 60-plus range.

Is that -- it's kind of nice. But I'm not sure, none of us feel very strongly.

MEMBER CLAWSON: I'm not -- you know, I'm with Grady. We've got a parameter and we go from there. If we need to go up, okay, you know,

it's not a big deal.

CHAIRMAN KOTELCHUCK: Okay. I think maybe I'm making a big deal out of it. So let's keep it as we have, keep three as we have, and allow ourselves a few minutes more to get some lunch.

No, seriously, I feel like my judgment is, let's leave it as is and it's working fine. And we all agree it's a small point in the first place.

So, with those, are we ready to just say that we accept the criteria and that we will look at the criteria, at the selections that were given, the cases that were given, also keeping an eye on the distribution of cases that we were sent recently?

MR. KATZ: That sounds like a good plan.

CHAIRMAN KOTELCHUCK: Okay.

MR. KATZ: I will send a formal request to Grady and Beth to provide a new set of nominee cases.

CHAIRMAN KOTELCHUCK: Right. And what would that set be, by the way?

MR. KATZ: Well, that would be Set 23.

CHAIRMAN KOTELCHUCK: Okay, Set 23 blinds. Okay. That sounds good. And it is now five minutes of 12. It seems to me this is the time to take a break, lunch or breakfast as the case may be, or coffee.

And let's reconvene at 1 o'clock and start reviewing the second draft report. See you all in an hour or so.

(Whereupon, the above-entitled matter went off the record at 11:55 a.m. and resumed at 1:03 p.m.)

Review of Draft Report to Secretary

CHAIRMAN KOTELCHUCK: So, we'll now go over the second draft report. Basically, I took all the suggestions that I had from the first report, and it was particularly helpful that I got the transcription of the talk before I did this review so I could get exactly the many things that you suggested, almost all of which were fine, great.

So this incorporates the finding of the

last meeting and any that you have. Now I received from Wanda a number of suggestions, particularly dealing with editorial syntax, et cetera. And also I got a very nice review from Ted, thank you, which was very good and I will put those in.

Ted gave several nice changes in the chapter on Findings. And let's figure a little bit more precise language and let's figure that will be put in. Are there any special suggestions or any further suggestions on findings, Part A, the first paragraph?

MR. KATZ: Well, and, Dave, you got an email, I don't know if you saw it, from Rose too.

CHAIRMAN KOTELCHUCK: No, I did not pick that up.

MR. KATZ: Rose sent an email. And, Rose, she's on the line so she can explain what it is that she's suggesting in her --

CHAIRMAN KOTELCHUCK: Okay, great. So, Rose, do you want to -- are you there?

MS. GOGLIOTTI: I'm here. Sorry, I was on mute.

CHAIRMAN KOTELCHUCK: Okay, so suggestions or -- I'm sorry I missed yours, but I'll certainly --

MS. GOGLIOTTI: That's alright. It came through a little later than I would have liked. I have several suggestions. One in the version that I sent you, which is not up on the screen now, I made some changes to the finding numbers.

If you remember, we were tasked to go through, with NIOSH's help, and reclassify all of our findings.

CHAIRMAN KOTELCHUCK: Right. Oh, yes, yes, surely.

MS. GOGLIOTTI: These pages were not requested in your revision. So I did change those.

CHAIRMAN KOTELCHUCK: Right. Well, why don't we just -- we're going through it already, so why don't we just hold that until we get there.

MS. GOGLIOTTI: Okay, great.

CHAIRMAN KOTELCHUCK: Okay, great. But that's very good. Okay. So the next one, Cases Sent to NIOSH for Reconstruction. And I got

those totals from Grady, which was very helpful, and nothing to say other than the 42,000, which was used later to calculate the percent that we have reviewed, I used that 42,000 and got 0.86.

And as you see, we really only have to go over the ones we did dose reconstructions for. And that put us over one percent, which was a very happy thing. I felt very good about that. So, anything on this? This is pretty well factual. Anything special? I hear nothing.

I'll go on. Types of Dose Reconstruction. Again, not many suggestions, that was just simply technical. There were a few syntax and other suggestions from Ted about the 22 cancers that are covered. Questions, comments?

MEMBER BEACH: No, none here.

CHAIRMAN KOTELCHUCK: Okay. Dose Reconstruction Cases. Now the point is we had 31,534 claims with dose reconstruction. So that's not the 42,000 that I had first used. And we had, as you recall, we did 332 cases, which is more than one percent.

So, is there anything in Table 1 or that first set of data or the way I describe it? I try to be straight, factual.

MEMBER BEACH: I didn't see any issues with that one.

CHAIRMAN KOTELCHUCK: Okay. Since many of these are just adaptations and things you all suggested at the last meeting, obviously there may not be lengthy discussion. But that's fine.

So, Dose Reconstruction Cases Reviewed. Let me see, 82 percent of them were best estimates and 14 percent overestimates. And that's of course, in Table 2, a dramatic change from --

MEMBER BEACH: Dave, in the second paragraph, Cases 101 to 234, shouldn't that be 334 or --

CHAIRMAN KOTELCHUCK: Of the recently reviewed cases. Of the 200 we recently -- 6 through 13. I'm comparing those to the first hundred, right. See, the table compares the first hundred, one to 100, and then the second cases --

whoops, yeah, 101 to 334.

MEMBER BEACH: Oh, you did fix that, okay.

CHAIRMAN KOTELCHUCK: Yeah, I did. Folks had clarified that. And that's of course -- you know, I give the rationale for that below. And again, Ted, you had some things on the second bullet below about the different site-specific Work Groups.

So are there any things that anybody wants to comment on?

MEMBER BEACH: The only thing I kind of circled, on that last bullet, there's a couple things: "many more analytical procedures have been written down based" and then it's --

CHAIRMAN KOTELCHUCK: On staff input, yeah?

MEMBER BEACH: You need to add staff.

CHAIRMAN KOTELCHUCK: Okay, thank you. Sure, sure. Actually Ted caught that. I remember looking at that.

MEMBER BEACH: Yeah, I should have sent

these to you but I didn't think to do that. And then the last sentence --

CHAIRMAN KOTELCHUCK: If you have already done it and it's just a matter you didn't send it in, after we finish I'm going to do one for everybody, so send it to me.

MEMBER BEACH: And the last one, "more nearly uniform" just didn't make sense to me. The "more uniform," just get rid of the "nearly."

CHAIRMAN KOTELCHUCK: So the doses are now better regularized and more uniform. You're right, you're right. I'll take that out. Thank you, again. Good, thanks. Other?

MEMBER BEACH: Right after the first bullet, the first sentence, "since 2009" to the second line, "NIOSH," it just says subcontractor. It seemed to be hanging there. NIOSH, subcontractor.

CHAIRMAN KOTELCHUCK: Yes. I think, Ted, you changed that, if I'm not mistaken.

MR. KATZ: I think I've commented on all of this stuff.

CHAIRMAN KOTELCHUCK: No, but that's fine. That's fine. I kind of held everything so that I might just do one change. If you know, Josie, that it's in your changes that you have already done, just send them to me.

MEMBER BEACH: Okay.

CHAIRMAN KOTELCHUCK: If you haven't done them. Don't do it special.

MEMBER BEACH: No, I've already -- yeah, I already did it.

CHAIRMAN KOTELCHUCK: Good, that's great. Appreciate it. Okay. Findings among Reviewed Cases.

MS. GOGLIOTTI: Dave, this is Rose. I just have one more comment. This sentence here that I have highlighted on the screen.

CHAIRMAN KOTELCHUCK: I'm not using the screen actually. Which one, I'm looking at the --

MS. GOGLIOTTI: The paragraph directly above Table 2.

CHAIRMAN KOTELCHUCK: Pardon?

MS. GOGLIOTTI: The paragraph directly above Table 2, there's a --

CHAIRMAN KOTELCHUCK: Paragraph above Table 2. One second. Pardon me, I'm going the wrong way. One second. Excuse me, one second. Yes, above Table 2. Go ahead.

MS. GOGLIOTTI: The sentence in brackets that says "two cases in Sets 6 through 13 have not been reviewed." That's actually not accurate.

CHAIRMAN KOTELCHUCK: Ah. What is accurate?

MS. GOGLIOTTI: The two cases that we did not review we didn't review because there was a PER in process and they were being reworked under the PER at the time they were assigned to us. And so it didn't make sense to do a dose reconstruction review of those cases.

CHAIRMAN KOTELCHUCK: Right. Is that not --

MEMBER MUNN: Not an updated Site Profile. It's the Program Evaluation Review.

CHAIRMAN KOTELCHUCK: I see, okay, okay. Thank you, yes. Okay. I didn't pick up that distinction. Good, good. Thank you. Got that. Alright. And it's actually, I'm sure, on the email that you sent me.

MS. GOGLIOTTI: It is.

CHAIRMAN KOTELCHUCK: Good, appreciate it. Further suggestions, comments, changes?

MEMBER BEACH: Mine are just grammatical and I'll send those to you.

CHAIRMAN KOTELCHUCK: Great, exactly, yes. And Ted and Wanda have a number of those too and that's good.

Findings among Reviewed Cases. Now, here we're going to discuss findings and impacts, finding impacts, later on as we talk about moving ahead into Set 14. But this is just taking the data as we had defined it earlier.

So there's nothing to say special about this, Grady, even though I know you will be talking a little later about possible changes. Okay, this

is just what we had --

MS. GOGLIOTTI: Dave, the first paragraph there in that section --

CHAIRMAN KOTELCHUCK: Yes.

MS. GOGLIOTTI: Details on the findings that need to be changed --

CHAIRMAN KOTELCHUCK: Let's see. First paragraph, details on the findings need to be changed.

MS. GOGLIOTTI: Yes. And that is my email with the exact figures.

MEMBER MUNN: She has a change in numbers.

CHAIRMAN KOTELCHUCK: Oh, yes, okay. I thought I had gotten the corrected numbers, but apparently I didn't. Thank you. But I'll also make a note, too. That's important data.

MEMBER MUNN: Does that change the average per case as well?

MS. GOGLIOTTI: It does.

CHAIRMAN KOTELCHUCK: Right. Findings change. Good, good, okay. Thank you.

And --

MEMBER MUNN: It should change the percentages below also.

CHAIRMAN KOTELCHUCK: Yes, okay. Now, actually, the last line on Page 4. So the probability would change only in one case, right?

MEMBER MUNN: Correct, as we heard earlier this morning.

CHAIRMAN KOTELCHUCK: That's right. And there will be a comment in there about the numbers that were returned for review. And also, as we talked this morning, we will also add information about PERs.

Ted, somebody needs to do that.

MR. CALHOUN: This is Grady. On that, it sounds like, Dave, do you want my numbers on the -- we call them PADs, post-approval documents. Do you want those in here, the ones we sent back for review? Because I was just letting you know that we do that, because that really doesn't have a whole lot to do with this particular section. That would almost be stand-alone, in my mind, I think.

MR. KATZ: Right. Dave, that was what I was suggesting earlier: if that was going to be addressed it would be addressed with the PERs. And you were going to maybe check with Melius, or maybe when the Board takes this up in March, as to whether you want a section sort of addressing that aspect of the NIOSH program.

CHAIRMAN KOTELCHUCK: Right. Well --

MR. KATZ: I agree with Grady that it doesn't really fit here. It has nothing to do with the Board's review.

CHAIRMAN KOTELCHUCK: Right.

MEMBER MUNN: It doesn't really have that much to do with dose reconstructions, actually.

MR. KATZ: It has a lot to do with dose reconstruction because it's about how they get improved but --

MEMBER MUNN: But that's --

MR. KATZ: It has a lot to do with that. But it's not really the Board's review that it's --

MEMBER MUNN: No, it isn't.

CHAIRMAN KOTELCHUCK: So, actually, that sentence probably should be deleted and put into the other section, right? There was change in only one case.

MR. KATZ: No, that's part of --

MEMBER MUNN: That's correct.

MR. KATZ: -- the Board's review.

MEMBER MUNN: Yeah, that's correct.

MR. KATZ: Grady's whole discussion about the PADs is about an internal process, not the Board's review.

CHAIRMAN KOTELCHUCK: Right. Yes, right.

MR. CALHOUN: Now, I do have a comment on that. Since we discussed it, the end of that sentence would say, "was changed in only one case and it's not resulting in the compensation of a claimant who was initially denied compensation." It's the opposite.

CHAIRMAN KOTELCHUCK: Yes, right.

MR. CALHOUN: It was changed. And it

wasn't changed, it was identified in one case where the claimant was compensated and maybe shouldn't have been or something like that.

CHAIRMAN KOTELCHUCK: Right, right, no, you're right. That will be changed. Thank you for identifying that and that will be done.

MS. BEHLING: The last sentence on Page 4, one case, not plural.

CHAIRMAN KOTELCHUCK: Yes, of course. Well, I was assuming it was two or three. So, yes, I'll change that, sure. Okay, good. And we'll get rid of those little side comments in red.

By the way, when I go to the -- well, first of all, that will be deleted. But there are side comments that I may keep in for the Board in red. But not this one. Okay.

Going to Page 5. Deficiencies, again, we may want to change. But this is what we had. And --

MEMBER BEACH: The only thing I have on that page, Dave, is towards the bottom of the page. It says that the great source of findings 40

percent, 21 percent. That table doesn't have percents listed so --

CHAIRMAN KOTELCHUCK: Yes, maybe we should put in percents.

MEMBER BEACH: Well, if you're talking about percents, yeah, you probably should or --

CHAIRMAN KOTELCHUCK: I discussed the percents below. Let me just see in the text.

MEMBER BEACH: Well, it says right underneath the table as --

CHAIRMAN KOTELCHUCK: It's clear, yes, you're right. So that's very good. Table 3, insert percentages.

MR. KATZ: And Rose's figures probably change all these numbers, right?

MS. GOGLIOTTI: Yes, that's correct. They all do change.

CHAIRMAN KOTELCHUCK: Right, right. Okay. I'll check Rose's numbers. Good, made a note. And it is what you sent me?

MS. GOGLIOTTI: That's correct.

CHAIRMAN KOTELCHUCK: Okay. Let's go

on to six, Observations among Reviewed Cases.

MEMBER BEACH: I just had grammatical stuff here.

CHAIRMAN KOTELCHUCK: Great, and I'll see it.

And number of dose reconstruction cases reviewed. And again, I'm going to leave that little red thing in about 0.86 because people may remember, you know, that we were disappointed that we didn't make one percent, and we had actually.

MEMBER BEACH: Is that date correct under number of reconstructed cases reviewed? It says claims filed as of November 1st, 2015. Is that the wrong date, year, I mean?

CHAIRMAN KOTELCHUCK: No, I think that is correct. That's where we tallied up to.

MEMBER BEACH: Okay.

CHAIRMAN KOTELCHUCK: I mean, by the time we get to it we may go further. But my feeling --

MEMBER BEACH: I understand. Okay, I was looking at it from the inception not from where

we were. Okay, thanks.

MR. KATZ: You will actually -- I guess you'll have six more if you add the Set 22.

CHAIRMAN KOTELCHUCK: Yes. And by the way, if we were to add Set 22, we have to have a DRSC meeting to review those six extra, right?

MR. KATZ: Absolutely.

CHAIRMAN KOTELCHUCK: So that we can't put it in the report until it's been reviewed by the Subcommittee. So that will move us to a meeting not too long after our March meeting.

MEMBER MUNN: Scope creep, scope creep.

CHAIRMAN KOTELCHUCK: Yes.

MEMBER MUNN: If you don't stick with your original day.

CHAIRMAN KOTELCHUCK: Yes, that's true. Okay. Page 7, Distribution of Dose Reconstruction Sites. This is straightforward. Rose, thank you very much for updating the tables.

The figures are fine. I think I want to take a look at the tables later, but we'll get

to that.

Distribution across Employment Sites. I trust, straightforward. And then Page 8, Distribution among Cases Reviewed, PoCs. Okay.

Blind Review, which, as we said, we'll add the others on. And we will remand the Allied Chemical & Dye. And by the way, I will also change the table on Table 4 to make sure that I call it Allied Chemical & Dye. And --

MS. GOGLIOTTI: Dave, if we could go back to Page 8 for a second.

CHAIRMAN KOTELCHUCK: Absolutely.

MS. GOGLIOTTI: I think that you're confused with overestimating cases versus underestimating cases.

CHAIRMAN KOTELCHUCK: Really, let's see.

MS. GOGLIOTTI: The last few sentences on Page 8.

CHAIRMAN KOTELCHUCK: Last sentence on Page 8. To conduct and compare the tasking.

MS. GOGLIOTTI: "This reflects a sharp

decline in overestimated cases since 2009."

CHAIRMAN KOTELCHUCK: One second. You said the last paragraph? Oh, the last full paragraph. I'm not following you. As I say, I'm looking at the program. Where is the issue, the sentence you're referring to?

MS. GOGLIOTTI: At least on my version, it is on the bottom of Page 8, or midway through the last paragraph on Page 8.

CHAIRMAN KOTELCHUCK: The last full paragraph?

MS. GOGLIOTTI: Correct.

CHAIRMAN KOTELCHUCK: Okay. I was looking at the other paragraph, the other part of the paragraph. And what was the sentence?

MS. GOGLIOTTI: "This reflects a sharp decline."

CHAIRMAN KOTELCHUCK: Right, here we are. Okay. In overestimation.

MS. GOGLIOTTI: But overestimated cases are not eligible for compensation. I think you have the two swapped there.

CHAIRMAN KOTELCHUCK: Oh. Yes, I do. I've done that, over and under, right, Page 8. I'll write that down. Thank you, of course. Is it in your note to me?

MS. GOGLIOTTI: Yes, it is.

CHAIRMAN KOTELCHUCK: Okay, good. Thank you. I'll do that. I have done that before and you are absolutely right. Good. I'm still going to write that down. Thank you. Good.

Page 9, folks. And Page 9, of course, we will send the Allied Chemical to the other, referred. And I suspect I will change that -- how should I change it? I mean, I can leave it in and just say referred to Subcommittee.

MR. KATZ: Yes. Dave, I wouldn't say that it's been referred anywhere because this Subcommittee doesn't refer cases elsewhere, really. I mean, the Surrogate Data Work Group is going to look at the use of surrogate data at that site.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: And that's stimulated by

this case. But they're not, you know, per se going to review the case itself, right?

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: So, I mean, I think you can simply say that there's a -- I mean, you can write something after the fact, and I can't say for you. But, I mean, that, you know, issues related to this case are under review by another Work Group or something like that.

CHAIRMAN KOTELCHUCK: Yeah, okay, you're right.

MR. KATZ: In effect.

CHAIRMAN KOTELCHUCK: But the point is, I'm not going to put a number there.

MR. KATZ: Right, right.

CHAIRMAN KOTELCHUCK: In my opinion, yeah. Okay. So, Table 4 is being reviewed by the other Work Group. Good, okay.

And then what should I, folks, for presentation, particularly Subcommittee Members, or anybody else who wants to advise me? We will not have reviewed the last six cases, the Set 22 cases,

by the time of the Board meeting.

So I think, probably correctly, I should not put them down. And I put a note in there in red just saying that four more, when the Subcommittee finishes, we will add four more and --

MR. KATZ: Six more.

CHAIRMAN KOTELCHUCK: Six more. And also that I can't and I will therefore not be able to revise the percent, the average percent difference or absolute percent difference. Okay.

MEMBER BEACH: That will just be noted in red to the Board Members?

CHAIRMAN KOTELCHUCK: That's right, that's right.

MEMBER BEACH: Yeah, that makes sense.

CHAIRMAN KOTELCHUCK: Okay, right. And alright, now Page 10, Distribution of Dose Reconstruction Reviews figure. Yeah, the figures. I want to go back to those figures, because what happened, I want to look at the wording of the table that SC&A folks put next to the pie

charts.

I mean, the data in it was very nice and it's a very good addition. I just thought the way it was described was a little less clear to me. And by the way, we have the open meeting or whatever they call it.

MS. GOGLIOTTI: Live Meeting?

CHAIRMAN KOTELCHUCK: Live Meeting, thank you. You have Live Meeting on, yes?

MS. GOGLIOTTI: Correct.

MEMBER MUNN: Yeah.

CHAIRMAN KOTELCHUCK: And others are looking at it. You know, we normally have it, and I looked at Zaida's emails and I didn't see it this time.

MEMBER MUNN: It went out a little early.

MR. KATZ: If you don't have it, I could send it to you again. But I don't think --

CHAIRMAN KOTELCHUCK: No, I don't think it's worth it at this point. But could you put up one of the tables and could you read outloud,

for at least me, what was the caption over the table, the little table that you put in next to the pie chart?

MEMBER MUNN: Of which one, for Figure 4, Figure 6?

CHAIRMAN KOTELCHUCK: Either one, either one. It's the same issue. They used the same -- it just seemed awkward to me and not clear to readers, other readers.

MEMBER MUNN: So she has three figures, the breakdown case reviews.

CHAIRMAN KOTELCHUCK: A little louder please, Wanda.

MEMBER MUNN: Breakdown case reviews 101-334 by PoC. And then the table on the left says, NIOSH case statistics for a population of all cases.

CHAIRMAN KOTELCHUCK: Statistics for population of all cases.

MEMBER MUNN: Range of less than 20 percent rises from 20 to 39.9 percent.

CHAIRMAN KOTELCHUCK: Yes, that's it,

right.

MEMBER MUNN: -- range and percent of cases.

CHAIRMAN KOTELCHUCK: I found "population of all cases," statistics for, can we say for all cases processed or for all DR cases?

MS. GOGLIOTTI: I just wanted to make it clear that those are not statistics for our review.

CHAIRMAN KOTELCHUCK: Pardon?

MS. GOGLIOTTI: I wanted to make it clear that those are not statistics for the cases that SC&A and the Board have reviewed. These are statistics for NIOSH's population of all cases.

MEMBER MUNN: This is for everybody.

CHAIRMAN KOTELCHUCK: Yes.

MS. GOGLIOTTI: -- that there's a clear distinction that it's not the same set of data that we're looking at. We can change the heading. But I just want to make sure that --

CHAIRMAN KOTELCHUCK: Right. And I understand that and that's the important

distinction. But would it be clearer to say statistics for all DR cases, all --

MEMBER MUNN: They're not just DR cases, though. That's what she's trying to say. These are for all --

CHAIRMAN KOTELCHUCK: Oh, I'm totally at fault. For all --

MEMBER MUNN: For all claimants.

CHAIRMAN KOTELCHUCK: Yeah, for all claimant cases. It's really cases processed by NIOSH.

MS. GOGLIOTTI: Yes.

CHAIRMAN KOTELCHUCK: For all cases.

MR. KATZ: Yeah, I mean, parenthetically, you know, not just those reviewed by the Board.

MEMBER MUNN: Well, may I make a suggestion?

CHAIRMAN KOTELCHUCK: I want to make the distinction in the title that one is --

MEMBER MUNN: Why don't we say, "case statistics for population of total NIOSH cases."

CHAIRMAN KOTELCHUCK: Total NIOSH cases. I think we can say it more succinctly. But we're moving in the right direction. Statistics for --

MEMBER MUNN: Total population of NIOSH cases.

CHAIRMAN KOTELCHUCK: Yes. For total population of NIOSH cases. That to me sounds better and clearer. Does it sound better to others?

MR. CALHOUN: The only thing I'm going to add here, and it's just because I'm a “NIOSHian”.

CHAIRMAN KOTELCHUCK: That's okay.

MR. CALHOUN: Is that it only counts the ones for which we've done dose reconstruction. There are many cases that are pulled for SEC that don't go through dose reconstruction.

CHAIRMAN KOTELCHUCK: Right, no, that's exactly the distinction I missed when I was using the percentages. So that's very important. So, total population of DR cases.

MR. CALHOUN: Of cases for which dose

reconstruction was completed.

CHAIRMAN KOTELCHUCK: Cases for which DR completed. Can we use DR in there?

MEMBER MUNN: It wouldn't be a good idea, I think.

CHAIRMAN KOTELCHUCK: It would not?

MEMBER MUNN: I think not.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: If it's trying to stand alone anywhere it's shown, probably it needs to say dose reconstruction.

CHAIRMAN KOTELCHUCK: That just makes it lengthy and bulky inside that.

MEMBER MUNN: It does.

CHAIRMAN KOTELCHUCK: I think what I'm suggesting is a change, if people accept that it would be better to change it to be a little clearer to the reader. Could we -- we're trying to essentially change it by committee, writing by committee. And of course, it gets awkward. Could somebody or somebodies, anybody who has some ideas, send it in to me? Email me. Could folks do that

and just take a look and see if you can make it clearer?

And it's certainly not incorrect. But I think by not including either NIOSH or dose reconstruction cases -- why not statistics for all dose reconstruction cases? For all dose reconstruction cases.

MEMBER MUNN: I just have a tendency to like "total" more than "all."

CHAIRMAN KOTELCHUCK: Okay. For total.

MEMBER MUNN: I know it's a longer word, but --

CHAIRMAN KOTELCHUCK: Statistics for total --

MR. KATZ: Dave, I just second your instinct that by committee doesn't work, and everybody send in your suggestions and then we can work it out.

CHAIRMAN KOTELCHUCK: That sounds good, okay. Great. As long as people -- but people do agree that we could make it clearer?

MR. KATZ: Absolutely.

CHAIRMAN KOTELCHUCK: Okay, fine. Then that would be great.

MEMBER CLAWSON: Hey, Dave, this is Brad. I'm going to be right upfront. I'm not going to send anything because I write exactly the way I talk and it stinks. So I just sit back and it's not that I don't care. I want you to realize that.

CHAIRMAN KOTELCHUCK: Absolutely. No, it's not an assignment. It is a voluntary activity by any Member of the Subcommittee. Several of you have sent in -- well, Wanda, Josie, Ted, you've all sent in some suggestions. So see if you can make one more.

Very good, very good. You will not be "dinged" in present or future meetings for not sending it in. Others who agree and can do it, they will. And we'll get something that's a little better and then I'll communicate that to you, right, Kathy -- or Rose, excuse me.

Okay. Alright. We're going to go to

Page 11, the last page, Distribution of Cases Reviewed by Decade First Employed. And I worked on that because we took out a lot of the chemistry and physics and latency periods, as you all see.

The most light touch on that. As expected, given the decades long latency period of most cancer, each percentage, et cetera. Okay. Anything else?

MS. GOGLIOTTI: This is Rose. I just have one more overarching comment.

CHAIRMAN KOTELCHUCK: Good.

MS. GOGLIOTTI: I'm concerned that we're drawing some conclusions --

CHAIRMAN KOTELCHUCK: I'm -- am I breaking up folks?

MEMBER MUNN: No.

CHAIRMAN KOTELCHUCK: I'm having trouble hearing.

MEMBER MUNN: No, but Rose has a very, very soft and gentle voice. I strain to hear her.

MS. GOGLIOTTI: I'm sorry.

CHAIRMAN KOTELCHUCK: Alright. Go

ahead, Rose.

MS. GOGLIOTTI: I'm just concerned that we're drawing conclusions based on the dose reconstruction reviews that we've done on an actual population of NIOSH claims. I want to remind you that our reviews that we do were hand-selected by the Board. So it's not a random sample of the total cases that NIOSH has. It's a very selective sample that was intentionally selected, and I just want to make sure that we don't draw broad conclusions based on that.

CHAIRMAN KOTELCHUCK: Yeah. I mean, I think there's a real merit to what you say. And I think it started from the fact that when I was tasked with writing this I wrote it primarily from what I knew, which is the DRSC perspective.

And what has happened is as people sent information to me and made suggestions and corrections, it has expanded the scope of this, properly so, to be not [about] the review process, but [about] the process. And these are the reviews of them. And what I'm saying is I think there's

a real truth to what you say, and an import to what you say, and I can see where it stems from the way or the person who first wrote it writing from their perspective.

I always thought, oh, this is just going to be a piece of the bigger report and then there's going to be four or five other sections and all that, which is not going to be the case as I now understand. But I don't know how to remove that, slightly change that focus to make it clear that these are the reviews, but the process for the 42,000 cases is the process.

Do any others have comments about what Rose just said and your feelings about that?

MEMBER MUNN: Well, I will be glad to comment on that, surprisingly. It is, I think, very, very accurate to point out that this isn't a completely random process.

I do believe that it would be worthwhile spending no more than two or three sentences on it, but it needs to be clarified. Rose is absolutely correct. The reason that the production of the

lists from which we choose is intended to be random is one can make selections based on certain parameters. You know, you have to set the parameters up before you go. For example, the case has to be completed at the time you're making the selection or else it doesn't work.

CHAIRMAN KOTELCHUCK: Right.

MEMBER MUNN: So, at any given time, you have to have some degree of selection criteria. Once the basic criteria are established, the selection is supposed to be as random as we can get it.

But when it comes to us for selection, as anyone who has ever dealt with random numbers knows, what you get in randomization is not full coverage of the sites and the types of cases that come before you. So to err on the side of adequate coverage for every type, you can't rely on a random selection to provide you that.

Our selection process, in my mind, is established to provide a random list of what's available to us, and then using our personal

criteria inside this Subcommittee with respect to concern for assurance that all sites, all types of cancers, and all types of persons are covered, we therefore established additional internal criteria for ourselves, saying let's be sure we look at this. Let's be sure we look at that. And in order to do that we have to make selections out of the random list.

CHAIRMAN KOTELCHUCK: That sounds very good, yes.

MEMBER MUNN: It'll take two or three sentences to say that. But it doesn't need to be belabored, in my view. But it does need to be made very clear.

CHAIRMAN KOTELCHUCK: So, probably someplace way up front here going back to the first pages.

MR. KATZ: David?

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: This is Ted. You have already made the point earlier on as a result of the same concern, in effect, I mean, that the Board

selection process isn't random. You've made the point that in fact the Board has been selecting cases in the range where they're most likely to, if there are problems, for those problems to be important.

So you've already said pretty clearly it's not at all a random selection or a random review.

CHAIRMAN KOTELCHUCK: Right, right.

MR. KATZ: So, I mean, you may be able to add a little bit more upfront in the front end of the report on that. But you did try to address it already in a different part.

CHAIRMAN KOTELCHUCK: Well, I could try, though -- I'm looking at the report. I could look on Page 3, Dose Reconstruction Cases Reviewed. Of those reviewed for this report, et cetera, I can try to insert some sentences or clarification of essentially what Rose and Wanda are saying. And I'd be glad to do that.

So I'm going to put a note to myself, intro sentences, Page 4, Wanda and Rose. Well,

good. Okay, that's very good. Thank you. I mean, I think those are very good suggestions of a broader nature and I think clarifying. I certainly allude to it. But I can be more explicit. Okay.

MS. GOGLIOTTI: There's also a few instances in the report, for instance, the last sentence of the report, that draw conclusions on the data specifically that probably are not appropriate to draw.

CHAIRMAN KOTELCHUCK: This appears to reflect both the increase in cancer rates.

MEMBER MUNN: Yeah, and what I sent you, I put that in brackets and made question marks about it.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: It's hard to see, from just a casual reading, it was hard to see much difference in increase in incidents of age-related cancers and the fact that after people are retired they have a tendency to file more claims. You know, it seems like a different side of the same

coin to me.

CHAIRMAN KOTELCHUCK: Yeah, you may be right. Let me look at that. It's in your report and I'll remember this part of the conversation. And that last chapter -- excuse me, the last paragraph, the last section, was hard to write and we revised it quite significantly. And I think I'm letting my public health interests interfere, because it's not just public health. It's also the rates at which people file claims, which is not the same as the rates of cancer incidence.

So, okay, good. I may just delete that sentence, actually. We'll see. As long as you've noted it there, Wanda, it will be addressed. Any other comments? These are all very good.

So what I will do is make revisions and then I can either send them out to the Subcommittee to kind of look over or just simply give them to Ted and ask them to be distributed to the Board for the March meeting. I have a feeling the latter is probably better. You've all read over this now a second time, and we've improved it. And I'll put

those changes in and then we'll give it to the Board and of course you as Subcommittee Members will be on the Board and will comment on if any of the changes that I put in reflecting today's discussion were not put in appropriately or we could do better, something like that.

Which would you prefer? Would you like to take a look at the changes I'll make before we submit it to the Board?

MEMBER BEACH: Yeah, Dave, this is Josie. I'd like to see them.

CHAIRMAN KOTELCHUCK: Okay. Others?

MEMBER MUNN: I think it's always helpful for the Subcommittee Members to see what we're reporting to the Board.

CHAIRMAN KOTELCHUCK: Okay, alright.

MEMBER CLAWSON: It's always fun reading, you know.

CHAIRMAN KOTELCHUCK: Okay. Good. Revisions will be sent to Subcommittee members.

MEMBER CLAWSON: It may help me with my English language.

CHAIRMAN KOTELCHUCK: Okay, good. Alright. Fine. Well, thank you. And it's now ten of two and we finished with that and that's great. And we're really ready to go on to 5.

There's elements in me that would -- I don't think we want to take a break quite this early, so let's go on for a little while. Let's start five. We're not going to deal with all three bullets, perhaps, before break.

Criteria for Assigning and Finding Observations

Let's start with the first bullet, the Criteria for Assigning Findings and Observations, Grady. And actually, by the way, for this, Ted, if you would send me, email me Zaida's letter. And in fact, if you might just send it to my home email then I'll get on, because it will be helpful to be on Live Meeting.

MR. KATZ: I'll do that right now.

CHAIRMAN KOTELCHUCK: Thank you very much. So, as he's doing that and as we're doing that, Grady, you had a number of suggestions about changing the criteria for findings and

observations, if I'm not mistaken.

MR. CALHOUN: We discussed it last time, and actually Scott wrote some stuff up about it and we forwarded it on. And I think we discussed it a little bit the last time we got together.

So I really don't know what to say other than what we've put forth. And I don't know where there's some agreements or disagreements. I don't know, Scott, if you have anything on there that we can talk about. I think we're almost to the point where you guys need to ask us questions or agree or disagree with what our proposals were.

CHAIRMAN KOTELCHUCK: Okay. I did not leave the last meeting thinking that this was closed. But it's certainly appropriate for us to talk about, for us to ask questions of you, since you did respond with a memo.

Can we put this up on Live Meeting? I'm waiting for it to come in.

MS. GOGLIOTTI: I'm not sure which memo he is talking about. If he wants to pull it up, he can certainly take over the screen.

MR. CALHOUN: I do not have such a memo. We discussed, I don't know if it was an email or what. But last time, we talked about, you know, like, for example if we found a -- if a finding was identified and through our course of discussion you guys decided we were right, then that wouldn't be a finding.

And then there were some other questions, well, what if the TBD changed or what if you were looking at an older TBD? So, unless those criteria are up in front of me, I don't know if I can speak intelligently about it, and I don't have them handy.

CHAIRMAN KOTELCHUCK: Right. I certainly saw them. And I remember you sent us a group of tables, you know, saying that the -- you were talking about low impact ones -- no, that's --

MS. GOGLIOTTI: We did go through and complete the reclassification of findings, if that's what we're talking about.

CHAIRMAN KOTELCHUCK: Yeah.

MR. CALHOUN: And I think we kind of, sort of agreed to that before we reclassified them.

CHAIRMAN KOTELCHUCK: You know, and it may be that I'm thinking about the impact of the findings, the impacts of the findings and that discussion. What do other Board Members -- what are your recollections?

MEMBER MUNN: I do not remember seeing any additional information above what we discussed. It may have come in and I missed it, but --

CHAIRMAN KOTELCHUCK: You mean on findings and observations?

MEMBER MUNN: Yes, correct.

CHAIRMAN KOTELCHUCK: Yes, yes. And I don't recall either. But I was busy with other, you know, writing the report and things like that and there were periods that just, I said I'm going to come back to that and I may have missed [doing so].

MR. KATZ: Yes, Dave, I think Rose and Grady are correct. Their discussion, which was

concluded, was all about getting to correct statistics on that Secretary's letter.

But the discussion related to what changes the Subcommittee might want to recommend to the Board in how it does its dose reconstruction reviews. The only discussion, you know, that you just touched on, that there's no memo on it because there's no detail to it, but with the whole question, Rose had a memo, I think, or Kathy --

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: -- that related to how to get more efficiency, how do you want to deal with observations. You had discussed [this], Dave, to some extent.

And then also the question of how do you want to deal with sort of, which Kathy redistributed pretty recently I think, the memo how do you want to deal with circumstances where the, there seems to be sort of a simple path forward for agreement, you know, simple conflicts versus more complicated conflicts and findings and so on.

CHAIRMAN KOTELCHUCK: Well that's to

be -- I mean that's the third bullet and we certainly want to talk about that. I mean that was presented and but the question is the first two bullets, or the first bullet -- so I just don't remember if they're, well let me just start fresh.

And I don't -- do people believe that we have settled the issue of findings and observations and that there is no change that we are recommending or [that] the changes were recommended in the memo which I don't recall seeing? But that could be my fault and Wanda's also.

MR. CALHOUN: I think we discussed them and then Rose actually changed them and that was kind of it and we kind of agreed that going forward during our discussions we, rather than trying to go back and change the whole lot of them we would just say, okay, this one really wasn't a finding and this one was.

CHAIRMAN KOTELCHUCK: Right. And I remember those memos that went back and forth and there was agreement eventually.

MR. CALHOUN: And I think [it] was even not so much memos. We had a couple emails. But I think more of it was just discussion during the meeting but --

MR. KATZ: Right. But that's not a change in process really.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: We went through that all along, updating the findings according to what the Subcommittee decided. So that's not something you need to recommend to the Board because that really was meant to always be in place.

So it was sort of a mess for this Secretary's Report. It shouldn't be a mess in the future because I think SC&A is already keeping records in a different way.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: So we won't have that situation. But you do have the -- you have never recommended to the Board one way or the other whether you want to continue with observations as is or not.

How you want to deal with observations? You haven't made any recommendations regarding that. Right now you still deal with them. You still review them and so on.

CHAIRMAN KOTELCHUCK: Right, right. And I, right -- sorry, go ahead.

MEMBER MUNN: And we did talk about [this] extensively based on a memo that Rose sent out last -- I don't know it's been a number of months now, I guess the tenth to 13th sets about where we had discrepancies in our conversations, about whether this should be an observation or a finding in that particular set.

And we had a memo on that. It was the basis of a part of our significant discussion the last couple meetings I think. My memory was that we pretty much put the issue to bed.

But I thought we fairly well, as Ted mentioned, I think we fairly well resolved how we were going to go forward with it. But maybe not. In my mind we're done.

CHAIRMAN KOTELCHUCK: Well I'm --

maybe the thing to do is --

MEMBER MUNN: I haven't looked at the minutes of the meeting either, I mean --

CHAIRMAN KOTELCHUCK: The transcript.

MEMBER MUNN: -- the transcript, right.

CHAIRMAN KOTELCHUCK: Right. And I can go back, we can go back and look at those. But I think in fact it sounds to me as if things were resolved. I may have missed something. I remember those emails going back and forth and I can of course go back to them myself.

But maybe the way to say it is that I'm a little unclear now about what we decided. I can go back and find things. I'd like to start later today on 14, go back to 14 to 21 sets, which as Rose noted, you know, we have done very little if anything.

I don't think we've reviewed cases there yet. So our -- if people would, I'll go back and check the records and the discussion. If, Ted, if you see those and want to forward the relevant

ones to us.

MR. KATZ: I don't, Dave, look here's what's on the plate right now related to this which Dr. Melius I think, you know, requested that or was thinking that you would, that the Subcommittee would make recommendations to the Board on how we might change the dose reconstruction review process.

Kathy sent you all the memo and the memo suggested sort of an efficiency process. So that's one suggestion in effect. It's complicated. It's not a one sentence suggestion. But that's one approach to how the dose reconstruction review process might be changed going forward for the Board.

It was in effect, just to say it very briefly, sort of an efficiency process where simpler, easier cases to resolve get sort of reviewed prior to the meeting and get minimal discussion in the meeting. And Dr. Melius raised some concerns about that because --

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: -- some problems seemed simple or straightforward and don't end up being so and so on. And he thought that every, you know, finding might need to have, you know, more substantial discussion engagement by the Board because, of course, SC&A's review is just that: SC&A's review. It's not the Board's point of view.

So there was that discussion and there's that sort of one proposal that we have from SC&A about one way we could make a more efficient dose reconstruction review process. But the table is still wide open for other approaches that any of you may have, other ideas you may have for how to go forward.

We do have a problem in that the current process is very slow. Very meticulous, very slow. It's excellent on detail and very thorough. But it takes a long time and it's hard to get significant quantity done in any real time which is why we have this, you know, very big backlog on the shelves right now.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: So I just say that because I don't think there's much more to send around to you other than Kathy's memo. It's really about you folks brainstorming and coming up with suggestions if you have them, or don't, for the rest of the Board to consider.

And then of course there's [what] the rest of the Board can think about this problem too when it takes it up in March.

CHAIRMAN KOTELCHUCK: Right. Well we have, we certainly have on the table the SC&A proposal. And we should talk about that. It's as if the first two bullets are, those are essentially internal matters that don't need to go to the Board, right?

MR. KATZ: Right.

CHAIRMAN KOTELCHUCK: So they do not have to be resolved or they are resolved to some extent. I would say, let's figure that we will focus a little bit on those, some of us at least between now and the next meeting, and try to follow a little bit more closely what was discussed.

And I think we should, maybe we should just go right ahead to the SC&A proposal that we have talked about before and has been formally put on the table for our discussion and recommendation to the Board. So let us do that.

Okay, folks. We'll do that now.

MEMBER BEACH: That would be good.

CHAIRMAN KOTELCHUCK: Okay, Ted, for some reason I haven't gotten your Live Meeting yet.

MR. KATZ: I emailed it to both of your accounts.

CHAIRMAN KOTELCHUCK: Okay, you know what that's good. The Gmail account will be there no matter what. It moves quickly, no, it's, the other one goes through a second, through another server, and that's at the college. So let's see.

Well, why don't we do this? I mean I've read it and I remember it and while I'm searching around maybe we let folks -- and is it Rose or is it Kathy who will present this?

MS. GOGLIOTTI: I'm prepared to do it but I'm sure Kathy will jump in if I'm --

CHAIRMAN KOTELCHUCK: Okay. So, Rose, why don't you?

SC&A Proposal

MS. GOGLIOTTI: Okay. I'll put the memo up on the screen here. But, in order to give you some kind of context, as you know SC&A has reviewed 500 cases and we're just finishing 334 of them which means that we have a backlog of approximately 400 findings and observations.

And typically we only get through about 30 findings and observations per meeting. So at the current rate it will take us at least three and half years to finish if we do nothing else.

And so what we proposed is essentially grouping findings one more time. The findings are currently already grouped by site and NIOSH makes that grouping. And we found that by grouping them in that way that has really expedited the finding resolution process, but possibly not as quickly as we could be doing.

So SC&A proposed grouping them one set further. And we call these Type 1 and Type 2

findings and we could call them whatever you want really. But the Type 1 findings are your QA findings or your QC findings, findings that the underlying issue has already been resolved, simple, technical clarifications.

And these are findings that SC&A no longer has follow-up questions on. And in our mind there's no longer a source of a disagreement between SC&A and NIOSH.

The second type of finding, Type 2, would be everything else. These are the more complicated findings. These are the issues that SC&A still has questions on, sources [where] we believe there's still disagreement.

These are findings that we really need Dose Reconstruction Subcommittee input on. So what we're proposing is simply to create a table in advance of every meeting, whether it's a week or whatever predetermined time frame, that summarizes all the Type 1 findings.

And we have an example of that, the type of table that we have in mind in the attachment to

this memo. Basically it just provides the finding number, a little bit about the case and then the finding and a summary of what is already in the matrix.

Now we realize the matrices for the BRS are really complicated, they have a lot of details. But we boil these down to just the main points. And we're suggesting that we provide this to the Dose Reconstruction Subcommittee and NIOSH a week in advance of the meeting and that way Dose Reconstruction Subcommittee Members can review this information.

It highlights everything that was discussed in the matrix but in minimal detail and makes it very easy to understand exactly what's happening. Now, I don't want it -- I want it to be clear that these are not positive and negative findings.

I think that term has been thrown around, which is not really accurate. We don't make any judgment on it's either right or wrong. These are just findings that we don't think require

the level of attention as some of the other findings, the Type 2 findings.

And with this table Subcommittee Members then, if they have any questions, they can look into them in the BRS or they can bring them up for more discussion at the actual meeting. But our hope is that by providing these in advance the more simple findings can be addressed in an accelerated --

CHAIRMAN KOTELCHUCK: Hello. I got cut off.

MR. CALHOUN: It sounded like Rose just dropped off.

MEMBER MUNN: Yes, it does.

CHAIRMAN KOTELCHUCK: Okay. I wasn't the only one for whom -- Rose, are you there? Good, I thought it was just me.

MEMBER MUNN: Sounds like a void to me.

CHAIRMAN KOTELCHUCK: Let's wait a moment. She's probably trying to get back on.

MEMBER MUNN: She's not moving anything around on the screen.

CHAIRMAN KOTELCHUCK: Right. And for some reason, Ted, I do not have what you emailed me either.

MS. GOGLIOTTI: This is Rose. Can you hear me?

CHAIRMAN KOTELCHUCK: Can hear you now? Good.

MEMBER MUNN: You're back.

MS. GOGLIOTTI: I'm sorry. I could hear you the whole time and I thought you could hear me.

MEMBER MUNN: Well, good. I thought perhaps you would hear the clue and move the screen, which you did. Very good.

MS. GOGLIOTTI: Where did you lose me here?

MEMBER MUNN: We lost you -- it sounded to me as though you had pretty much wrapped up. You were talking about positive and negative findings and pointing out there is no such thing actually, and what you were doing essentially was just deriving which of the items you had reviewed seemed

to be the most simple and had the least ongoing discussion necessary in order to resolve them.

MS. GOGLIOTTI: Were there any questions on this proposal?

CHAIRMAN KOTELCHUCK: Well, why don't we, I mean, why don't we first raise, I mean when we -- I don't remember how Jim Melius, whether he was in on the discussion that we had at one of our earlier meetings or where it came up, but he raised the question immediately: Well are we really -- he was concerned about the Board taking responsibility for all the decisions, responsibility, not, you know, in supervising and giving our approval to the decisions that were made.

And he was concerned, and I have thought about it since, whether he was concerned whether in fact people on the Board on the Subcommittee would follow through and really look carefully at the ones that you folks agreed upon so that we could really say that the Board has looked over and approved the decision that the two groups, the SC&A

and... --

MS. GOGLIOTTI: If I could just perhaps clarify. We're not proposing that we don't talk about any findings. Disposing [of] findings is the sole responsibility of the Board.

We just want to prevent, provide this information in a timely fashion, so that if the Board Members want to look into them in more detail then we need to present in the meeting what is available to them.

But we're still proposing going through every finding. It's just we're proposing reducing the amount of time on each finding.

CHAIRMAN KOTELCHUCK: Okay. I actually misunderstood then because I thought that you were proposing that some of us look over the -- where we have the Type 1, where there's agreement, and just check it out and then report to the Subcommittee that it's fine.

MEMBER MUNN: That wasn't what I got out of it.

CHAIRMAN KOTELCHUCK: Okay. And so I,

that's an important clarification. So we're still going to go over every one of the cases.

MEMBER MUNN: That was what I took away.

CHAIRMAN KOTELCHUCK: Right, and that there would be an explanation. But where there were Type 1 cases it would be abbreviated.

MS. GOGLIOTTI: Yes. So essentially for a Type 1 case we could go directly down the example table that we have here.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: I would say Finding 391.1 has a rank of L, PoC of 46 percent. The finding had to do with an inconsistency of unmonitored dose. And the resolution was this and are there any follow up questions?

And at that point we could reduce the amount of discussion going through explaining exactly what the small inconsistency was, why NIOSH thinks it was an error and then we were not focusing nearly as much time on these small problems.

MS. BEHLING: And this is Kathy. If I

can just interject.

CHAIRMAN KOTELCHUCK: Please.

MS. BEHLING: Exactly right, Rose. The point was that we are first of all trying to not have you have to make a decision real time because we maybe didn't get something into your hands in enough time for you to review these things and we're now sitting at a meeting and you're hearing this for the first time making a decision.

And we're trying to focus your attention on those that we feel maybe will require the least amount of discussion. And if this is in your hands prior to the meeting and you have an opportunity and you have the time to look at these things then during a meeting we can maybe quickly say: Is there any disagreement with what NIOSH and SC&A have come to conclude?

Are you in agreement? Do you have any additional questions? And we can move on. I think the problem was, you know, during these meetings you were sitting and having to make decisions real time and not being aware of maybe

all the details.

And we're trying to focus your attention on those that we can more quickly get through. But we would definitely be discussing each and every finding, and I think that understanding will hopefully make other Board Members who are not part of this Committee more comfortable with what we're recommending.

MEMBER MUNN: Kathy, I will have to say to both you and Rose, I personally welcome this suggestion with open arms. It is, I don't know how conscientious other Board Members are, but I know there are times when I spend a lot of time looking at the material that's going to come up. There are times when I barely have a chance to even identify where it is and end up having to try to come up to speed while we're actually in meetings.

I try not to do that. But it happens to me every once in a while. And I, when I saw this, I thought, wow, this is to me the same kind of thinking that we used early in our deliberations to approach our entire process.

That is, there are some things that are obvious. There are some things that take great deliberation. For things that are obvious, for things that have essentially been resolved in principle, it's incumbent upon us to identify what has been agreed to and know that we are agreeing with the agreement.

But it does not require that we search through a large mass of data in order to get to this fairly straightforward conclusion. And it seems to me that this would really clear the decks to a large degree and allow us much more time to focus on the thorny things that are going to take days, weeks, sometimes months to resolve because of multiple aspects of some issue or because of inability to identify exactly where we need to come down on this.

So I think it would be a tremendous help to me as a reviewer's reviewer to, just to know where to look on the matrix, for goodness sake, to identify this item and not having to scroll through pages and pages of what I'm trying to find to take

a look at it and read what's already been done.

MS. GOGLIOTTI: Absolutely. And that's the reason we wanted to put together this summary table because I understand how challenging it is to find it in the matrix even for people who use the matrix every day.

MEMBER MUNN: Yes, it's, as I said, when we're able to perform our jobs properly and devote several hours to this prior to a meeting then it's one thing. But there are certainly times when I can't do that.

So being able to focus in on it quickly during a meeting time is a real blessing.

MS. BEHLING: This is Kathy. I also just [to] make one additional comment. I think, Wanda, that this is also consistent with how you handle the Procedures Subcommittee meetings.

Often SC&A provides reviews and summarizes like salient elements of PERs and that type of thing in advance and so everyone has an opportunity to read through them, think about them before the meeting, and then make decisions more

quickly by being more informed during the meeting. So this is consistent with that approach.

CHAIRMAN KOTELCHUCK: Right. There's no question that having you folks send us information about where the problems are, if any, that this will help us focus on what to look for when the report is made.

But presumably the report would be, still, a full report about the case because there are times when there seems to be agreement about something and then somebody from the Board or the Subcommittee will spot something and say, wait a minute, explain this or, you know, there are times we find things that you folks didn't agree upon.

MR. KATZ: Well, Dave, you're still going to receive the case reviews for the set, right. You will have the individual case reviews first.

Those will come out first and presumably subsequently as they're working towards a Board Meeting SC&A and DCAS will have some interaction so that they can clarify matters that

are unclear for some of these more, whatever you want to call them, simple cases that can be presented then in this kind of a table to give you sort of a shorthand on what's important and what's at least agreed upon between SC&A and DCAS for those matters.

So you're still going to get the full case report for each dose reconstruction review.

CHAIRMAN KOTELCHUCK: And we're still going to get a summary of it at the meeting, will we?

MS. GOGLIOTTI: Yes, you'll still get a summary of --

CHAIRMAN KOTELCHUCK: Right, right. It can be a brief summary, I mean much more brief than we do now.

MEMBER MUNN: Well, we certainly are free to ask any questions we want regardless of how lengthy the survey is.

CHAIRMAN KOTELCHUCK: Right, right.

MEMBER BEACH: I have a question for either Rose or Kathy. Is it really clear when

you're doing these, when you put together this Table 1, what fits in Type 1 and what fits in Type 2? Is there any gray areas or did you find it very clear cut?

MS. GOGLIOTTI: It seems pretty clear cut for the most part. If there's any gray area, if I have any question at all, it goes in Type 2 because I want Board input on that.

MEMBER BEACH: Perfect.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: And just from my observations on this with respect to the cut and paste and I think Dave said something important too because the presentations sometimes have been very long winded and they probably didn't need to and that's probably another area where we could get some real efficiency by figuring out how to present at the right level of detail for the particular case so that we don't lose a lot of time that way.

CHAIRMAN KOTELCHUCK: That's true. Brad, did you start to say something?

MEMBER CLAWSON: No, I was just

listening. I was just thinking if Wanda agreed with this then I would take the other side. But, you know, just kidding.

Actually I would like to tell Kathy and Rose I think this has been a long time coming and they've done a good job on this and I think it will help the process out.

CHAIRMAN KOTELCHUCK: Right.

MEMBER BEACH: This is Josie. I also think this would give us a clear record of what was done and why in very easy to access data, I mean very accessible. So --

MEMBER CLAWSON: I agree with that, Josie, because if you think about it a lot of times when we bring a case back up it's because something hasn't been clear in this and we were going to get some more information. So it takes like five to ten minutes just to bring us back up to speed of what the actual [issue] was and why it was an issue.

CHAIRMAN KOTELCHUCK: That's true. You're right about that. So essentially to the concern that, Jim's concern, that we're --

MR. KATZ: Dave, we lost you.

CHAIRMAN KOTELCHUCK: You did. Okay. You know what, my phone, I'm running off a wireless... Well, I'll change, can you hear me now?

MR. KATZ: Yes, we can hear you now. I just --

CHAIRMAN KOTELCHUCK: And I will change phones at the break later. I'll have a recharged phone. But basically we will go through all of them.

We will have essentially somebody pointing out where there are minor problems that seem to be resolvable but that we will have someone quickly run through the whole case and we will hear it. But we can do it much more quickly if we know there's basic agreement and we're not going to have two reports.

We're going to have one person reporting, right, unless there are findings, right?

MS. GOGLIOTTI: We are not going to

present the whole report to the Board for each case. That is reserved for the one-on-one calls. This is just the findings.

CHAIRMAN KOTELCHUCK: We're talking about case reviews.

MS. GOGLIOTTI: Yes.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: So we do the case reviews and we do a one-on-one call with Board Members where we discuss the cases in detail.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: And then NIOSH responds to our findings and we respond back to them and then it gets presented in the meeting. So we only talk about findings and observations in the meetings.

CHAIRMAN KOTELCHUCK: Right. You're right.

MR. KATZ: Right. That's what we've been doing all along.

CHAIRMAN KOTELCHUCK: Yes, yes, okay. You're right. You're right and I'm -- I think I'm

going to move for a break more quickly. You're correct. That's what we're doing.

So if we have any questions, any other questions we can bring them up then. So sounds good. I mean sounds -- I don't know where I got the idea, mistaken idea, that one person from the Board was going to be assigned -- a Subcommittee member was going to be assigned to look it over and say it's okay and tell the rest of the committee.

MR. KATZ: I don't think you dreamed that up, Dave. That came up in some discussion somewhere because I recall it too. So don't feel --

CHAIRMAN KOTELCHUCK: I'm glad to hear that.

MR. KATZ: There was a discussion with some things thrown out like that, for example, that maybe a couple Board Members would focus on the cases and then they would come and present back to -- that was said somewhere.

CHAIRMAN KOTELCHUCK: Well that's good to know I remember. But that's again, that's not

what we're talking about now. And it seems like it would be a good thing to do and the Subcommittee members are in agreement on this.

And we will go over every single case before -- the ones where there's Type 1 they will be rather quick, hopefully.

MS. GOGLIOTTI: And I also want to point out that our Type 2 findings, by highlighting the Type 2 findings, we make NIOSH aware in advance of the findings that SC&A wants to talk about in more detail. So that makes them able to better prepare for a meeting so they don't have to go back and we don't kick these down the road longer and longer.

CHAIRMAN KOTELCHUCK: Right. And I admit I did not realize until your report just a few moments ago that we have a backlog of 500 cases now. Is that correct?

MS. GOGLIOTTI: We have a backlog of about 150 cases which total 400 findings and observations.

CHAIRMAN KOTELCHUCK: Right, okay.

Right. So it seems to me it's a reasonable approach and we can certainly try it. We can change back if we don't find this working. And I think we could make this as a recommendation to the Board, then, at the March meeting.

MEMBER MUNN: I would recommend that we do that.

CHAIRMAN KOTELCHUCK: Yes. Now do we need to -- based on this discussion, is there any need to change anything in the memo itself?

MR. KATZ: The Board has to buy into whatever changes there might be going forward. But --

CHAIRMAN KOTELCHUCK: Yes. Okay. Well, alright. Sounds like we should give this a try. Alright. So we'll essentially present this memo to the Board and send it out in advance to Board Members.

MS. GOGLIOTTI: I could re-provide this to the Board. I believe --

CHAIRMAN KOTELCHUCK: Pardon.

MS. GOGLIOTTI: You would like us to

provide this to the whole Board then?

CHAIRMAN KOTELCHUCK: I'm not quite sure who sends and how we --

MR. KATZ: That's, Rose, yes -- I mean, Rose, that -- I'll provide that to the Board with their other meeting materials.

MS. GOGLIOTTI: Okay.

MR. KATZ: So I know I've had it multiple times but go ahead and send me the memo again just so I have it on the top of my emails and I'll package that in to the March meeting. Thank you.

CHAIRMAN KOTELCHUCK: Okay.

MS. BEHLING: One thing that we would want to reinforce with the Board Members who are not part of the Subcommittee is that each finding will be discussed by the Subcommittee and the final decision will made by you.

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: Kathy, anything you want to clarify in that memo before we send it to the Board? That's fine too if you want to highlight some

things.

MS. BEHLING: Okay.

MR. KATZ: That's probably a good thing to do.

CHAIRMAN KOTELCHUCK: That's why I was kind of leading to that. You may want to do for a little bit more clarification or reassurance and I think --

MS. BEHLING: Because it sounds like I may have misled some people by some of the wording in here, so we'll --

CHAIRMAN KOTELCHUCK: Well, let's not say you have misled. Let us say some of the Board members did not understand [this] quite, and clarification and communication is always good.

MEMBER BEACH: I have one question. This gives us an idea of what Type 1 recommendations will look like. What about Type 2? Will we see those in a similar chart or will we just go back to the full reports for each individual site or case for Type 2?

MS. GOGLIOTTI: No, we can certainly

make a summary table like that for those. But since they were so much more complicated we assumed that it made more sense to go directly to the BRS or to the matrix and we can talk about them from there, where the bulk of the material is.

MEMBER BEACH: Okay. And that just might be a question when we send this out so I wanted to be clear on that.

CHAIRMAN KOTELCHUCK: Yes.

MS. GOGLIOTTI: And we can certainly work with you, if that makes more sense, that you want it all condensed in one, something like this. We can certainly provide that.

CHAIRMAN KOTELCHUCK: Well, it might be convenient but that doesn't have to -- that's an administrative matter and doesn't have to go before the Board.

MR. KATZ: Rose, just thinking, I know this isn't -- we don't have to deal with this now but it actually might, since we have some Board Members that actually don't have access to the BRS, it might not be a bad idea anyway to create a summary

document with excerpts from the BRS for the more lengthy stuff.

MS. GOGLIOTTI: Okay. And actually in advance of every meeting I do “PDF” everything in the BRS and send it.

MR. KATZ: Right, that's true.

CHAIRMAN KOTELCHUCK: Which you've done for this meeting.

MS. GOGLIOTTI: Yes.

CHAIRMAN KOTELCHUCK: And by the way, thank you because this is very helpful.

MR. KATZ: And by the way, Dr. Richardson has rejoined us.

CHAIRMAN KOTELCHUCK: Very good. Well I was thinking actually we should go ahead to Set 21 and it seems to me even though it's a little early, that this is an appropriate time to take a break. David, you just came back and I'm ready to take a break.

But I was thinking of taking a ten minute break and then coming back and going over Sets 14 to 21. We will have few enough cases

discussed or resolved that if the Board were to approve these changes that we're suggesting, that SC&A has proposed, that we can adhere to them, if you will, or go back.

Just to say, the Board hasn't approved us working in a new way. And I don't even know what your situation is in terms of, I don't know if you made something like that or is that part of or are the tables that we have now part of Set 14?

MS. GOGLIOTTI: These tables are part of that. But Dr. Melius was very clear that we are not to try any new processes without Board approval.

CHAIRMAN KOTELCHUCK: Yes, and that's what I'm trying to navigate.

MS. GOGLIOTTI: So we'll go through them the same way as normal.

CHAIRMAN KOTELCHUCK: Right, okay, that's right. We can certainly go ahead as we always have and if we adopt something then we change. So, thank you. That is I think the right way to go.

And so it's 2:33, 2:35. Let's take a break until a quarter of. I'll also change my phone so I'll be, my voice will be clearer. And then we'll go on to Sets 14 through 21. And you actually have posted those for those of us not on Live Meeting. Okay.

MS. GOGLIOTTI: Sounds good.

CHAIRMAN KOTELCHUCK: Okay. See you at a quarter of.

(Whereupon, the above-entitled matter went off the record at 2:33 p.m. and resumed at 2:48 p.m.)

CHAIRMAN KOTELCHUCK: Let's go and go to Set 14. And have we, folks, can you hear me?

MEMBER MUNN: Yes.

CHAIRMAN KOTELCHUCK: Have we done any on 14 yet? I thought we had started 14 a while ago but only got through a few cases, a few findings. Is that correct?

Reviews of Cases in Set 14

MS. GOGLIOTTI: That is correct, Dave. There is one matrix that we have started, the Oak

Ridge sites and the Gaseous Diffusion Plant Matrix.

CHAIRMAN KOTELCHUCK: Yes, good.

MS. GOGLIOTTI: And we've closed 35 of the issues and it looks like there are eight issues still open.

CHAIRMAN KOTELCHUCK: Very good. And we are now on 391.1.

MS. GOGLIOTTI: Ron, are you on the line?

DR. BUCHANAN: Yes, I am.

CHAIRMAN KOTELCHUCK: That's what I have on the screen here.

MS. GOGLIOTTI: Okay, is that where you want to start?

CHAIRMAN KOTELCHUCK: No, where do you want to start?

MS. GOGLIOTTI: I'm talking to Ron, I'm sorry.

CHAIRMAN KOTELCHUCK: I'm sorry, okay.

DR. BUCHANAN: We did complete that 391.1, if you page down to the next page.

CHAIRMAN KOTELCHUCK: Okay, good.

DR. BUCHANAN: You see in green there it says February of 2015, they did some recalculations and we agree with the revisions in the amended dose and that would not impact the outcome of the case. So that one has been agreed upon and I don't know if it was actually closed.

MS. GOGLIOTTI: It has not been closed yet. This would be an example of one that is on our Type 1 list.

CHAIRMAN KOTELCHUCK: Right. Then let's just take a quick read, since we are now formally closing it, let's just take a look at the issues, the issue that came up.

DR. BUCHANAN: Yes, the issue was that there were some gaps without information in them, some monitoring, external monitoring gaps. And we pointed those years out and NIOSH went back in and said okay, yes, some of those we agreed with, some of those they didn't.

And we went back and forth and said okay. We see how you did it on some of them. On the other ones there were actually gaps and NIOSH

said, yes, that's correct. And they went back and they filled in some of the gaps and then they recalculated the PoCs and it did not impact the outcome of the case.

And we went back to that revision, looked it over. We agreed with what they said and also did the PoC and found out that it didn't impact the outcome of the case. So that was in February of 2015.

MEMBER MUNN: Let me ask is someone manipulating the screen that is capable of correcting errors as we go along? The only reason I ask is because I identified there if we can -- yes, great. Thank you.

CHAIRMAN KOTELCHUCK: Yes. Very good. That's clear enough. Is there any discussion, any need for discussion?

MEMBER MUNN: It appears clear-cut to me, as long as NIOSH is going to be looking into it, that, you know, we can't close it because there's one more thing, one more step you have to do, a response from where the gaps go.

MR. SIEBERT: I'm sorry. This is Scott Siebert. That was actually what Ron was discussing was the response that we gave in February of last year.

MEMBER MUNN: That was last year's response and now we're scrolling down and we're going to see the closure, right?

MR. SIEBERT: Right. What we just -- what Ron was just discussing is our response to looking into the gaps.

MEMBER MUNN: And now he's done so and we can now say that NIOSH agrees, right?

CHAIRMAN KOTELCHUCK: Right. And therefore it will be, it is closed. It's over 50 percent and compensable, right.

MS. GOGLIOTTI: We need your approval to close it.

MEMBER MUNN: And we can say that --

CHAIRMAN KOTELCHUCK: I think we should, yes.

MEMBER MUNN: With the other members' agreement we can close that case.

CHAIRMAN KOTELCHUCK: Right. And in case -- often we'll just do this, folks on the Subcommittee, a lot of times I will accept no comment as approval. And it's only in disapproval I expect you to jump up to the microphone and say stop or whatever.

So we're closed, hearing no objection. Let's go on to the next one.

MEMBER MUNN: Okay, thank you, Rose.

MS. GOGLIOTTI: Okay. The next one looks like it is 394.1.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: And here an incorrect dose value was used and no PFT [pulmonary function test] exam for ten years is the summary. It looks like we discussed this at the December 8th meeting and SC&A and NIOSH were tasked to review OTIB-6 and PROC 61.

CHAIRMAN KOTELCHUCK: Is it my monitor? I'm not able to read the far right column.

MR. CALHOUN: Yes, you can slide that

over on the bottom.

CHAIRMAN KOTELCHUCK: That's what I thought. There's -- here, hold it. Found it, sorry, yes. Thank you.

DR. BUCHANAN: This was again February of 2015, NIOSH agreed that Procedure 61 should be updated to be consistent with OTIB-6. And so what there was a difference in those two and NIOSH says that they plan to remove this conflicting information when they update Procedure 61.

And you can see there in February of 2015, if you scroll up a little bit, Rose, we agreed that this is the proper way to handle it.

CHAIRMAN KOTELCHUCK: Right. So this, right. So this is agreed upon and we're awaiting the changes being made. But do we and when the changes are made then we will be able to close, right?

MEMBER MUNN: Correct.

CHAIRMAN KOTELCHUCK: Yes, okay. Comments or questions.

MEMBER MUNN: Good job.

CHAIRMAN KOTELCHUCK: Okay, good.

MS. GOGLIOTTI: So you would like this put in abeyance until that is addressed?

MEMBER MUNN: Correct.

CHAIRMAN KOTELCHUCK: Yes.

MS. GOGLIOTTI: Okay.

DR. BUCHANAN: The next one is on page 24.

CHAIRMAN KOTELCHUCK: There we are.

DR. BUCHANAN: Start here for next meeting. And we have closed that observation so we can go down another, Rose, another page. And we see that, okay, and we've closed 355.1.

MS. GOGLIOTTI: This is not, this is our recommendation column, Ron.

DR. BUCHANAN: Okay. Let's see. Okay, so this is, okay, the observations and then the next one is 355.1-C.2.1. Okay, we agreed that they went back and there was a QA problem.

They didn't include a dose for 1980. We went back and redid it to calculate it including that and did the PoC. It did not change any -- it

did not change the case outcome and so we agree that the DR, it was an error and when it was corrected it didn't change the outcome. And so we suggested closing that.

CHAIRMAN KOTELCHUCK: Right. And sounds like we approve unless there's some objection. Good. Yes. Okay. Then we're ready to move on to the next.

DR. BUCHANAN: Okay. The next line is 355.2-C.3.2. And this is a debate of when they actually used a phantom and not when you used exposure and when you use dose equivalent, dose conversion factor.

And there seems to be a miscommunication here in the TBD. It says NIOSH says, well, TLD's were started in 1980 so that's when the dose exposure factor should be used.

However, we find that in the TBD it says there on Page 13, as we have in our column there, that they actually calibrated it into air, free air, no phantom until the DOE LAP procedure was adopted in 1986. And so, you know, 1980 may be the

correct date but it needs to be to last until date of the TBD statement and so we'll let NIOSH respond to that.

MR. SMITH: This is Matt Smith with ORAU Team. The copy of the matrix I'm looking at on, good grief, it's going to be Page 25 of 30, you'll see a response in green.

MS. GOGLIOTTI: I was not provided with that.

MR. SMITH: I'll read what the response was in November of 2015. NIOSH is conducting further investigations on the appropriate dates to switch from roentgen to HP10 DCF recommendation.

Until this is complete the DR guidance document and tool have been updated to state to use the roentgen DCF through 1986 to be claimant-favorable. Based on everything we can see so far, that's likely going to be the final change that we'll recommend to be made in the TBD.

A side-bar note: All of the gaseous diffusion plant TBDs are due for some revisions due to some other items. So we'll capture this change

when those revisions occur.

But right now the change has been made to go with roentgen up to '86. '86 is the year where DOE LAP criteria were then firmly in place and things switched over to HP10, again based on having the calibration done on a phantom rather than in free air.

CHAIRMAN KOTELCHUCK: Now are we --

MR. SMITH: I don't know which way this particular file went or didn't go.

CHAIRMAN KOTELCHUCK: So this is, is this an observation or --

MS. GOGLIOTTI: No, this is a finding.

DR. BUCHANAN: So the case should be reworked using --

CHAIRMAN KOTELCHUCK: I see, okay.

DR. BUCHANAN: -- our exposure because probably it would be a higher dose.

CHAIRMAN KOTELCHUCK: Yes, yes. So and the response was that this was not done but it will be done in the future. I didn't quite catch that.

DR. BUCHANAN: Matt, do you want to address the.. you said what the TBD and workbook was going to do. But what about this particular case?

CHAIRMAN KOTELCHUCK: Right.

MR. SMITH: On this particular claim I'm going to have to throw it back to Scott real quick. I am not sure exactly if we've reworked this one or not.

MR. SIEBERT: Well, yes, this is Scott. I don't believe we have because we need the resolution as to whether it's appropriate to take and do '86 or not.

At this point to be claimant-favorable we've changed the DR guidance from this point forward to be on the safe side. However, we haven't looked specifically at this case because we haven't determined whether that is truly the accurate way to do it or not.

We don't know if this is something that needs to be changed for this case or not yet.

CHAIRMAN KOTELCHUCK: Right, okay.

So that sounds appropriate and that you will do that or bring this back to us. It's in abeyance, right, until you have a chance to take a look and decide what is the correct way to deal with it?

MS. GOGLIOTTI: Well, typically we put a case in abeyance when we've agreed on a change that needs to be made. But it sounds like they're not sure the change that needs to be made.

DR. BUCHANAN: Would this be in progress then?

MR. KATZ: Yes, in progress.

CHAIRMAN KOTELCHUCK: Alright. Good. Questions?

MS. BEHLING: This is Kathy. I assume then if this is adopted there would be a PER issued to go back to these types of cases.

MR. SIEBERT: Correct, that would make sense. We would have to update the TBD to reflect the new information and then a PER would follow.

MS. BEHLING: Okay.

CHAIRMAN KOTELCHUCK: Good. Alright.

MS. GOGLIOTTI: Now it sounds like

NIOSH is working from a different version of the matrix than I am. Is it possible to get that sent to me just so we can get them merged for our records?

MEMBER MUNN: That would be a really good idea.

MS. GOGLIOTTI: This is the last matrix. So this is the last time this is going to happen.

MR. SIEBERT: This is Scott. That was actually just a note for myself at that point. We hadn't put an official response in because we were still investigating the actual date.

So that's the only change there is to this matrix since February of last year.

MS. GOGLIOTTI: Okay, great. Thank you.

CHAIRMAN KOTELCHUCK: Alright. Next.

MS. GOGLIOTTI: 395.1.

DR. BUCHANAN: 395.1-C.3.

MR. KATZ: And could you just mention the cite when you go to a new case, just so that for the record, it just makes a better record.

Thanks.

DR. BUCHANAN: Okay. I don't have that note down here.

MR. KATZ: 395 is Paducah.

DR. BUCHANAN: Paducah, okay, Paducah 395.1-G.3, uranium chronic intake significantly underestimated. NIOSH agrees that the intake rate should have been entered as picocuries per day instead of picocuries per year and that they are -- and SC&A agrees -- that this was a DR error and that they redid, NIOSH redid, the PoC and it did not impact the outcome and we agreed and suggest closing it.

CHAIRMAN KOTELCHUCK: Okay. That sounds good. Any comments from Subcommittee members? Then I think we're closed. We have an observation.

DR. BUCHANAN: 396 had no findings. We did have an observation and that has to do with the x-ray dose assigned. And this was, and it would depend on which, what reference you used.

And we see that if he used the newer

reference it would be a different dose than if he used the older reference. However, if when the dose reconstruction was performed it was, they did use the right one, we just commented that there would be a difference in dose if they used the later revision after the dose reconstruction was performed.

And so there was no further discussion on that.

MEMBER MUNN: So we're good.

DR. BUCHANAN: It lowered the dose so it wasn't, it wouldn't change the case.

CHAIRMAN KOTELCHUCK: Okay. Alright. So that's closed.

DR. BUCHANAN: Okay.

CHAIRMAN KOTELCHUCK: Actually to be honest it says closed. It's really so noted, is it not?

MEMBER MUNN: No, that's their recommendation column, I think.

CHAIRMAN KOTELCHUCK: Right. Well it just tells you there's no more work that needs to

be done on that. But in a sense we didn't close it. We noted it, right, as an observation.

I don't know, you have a standard way of doing this and if you always use closed, okay, fine.

MEMBER MUNN: Yes, that's our signal that we don't have to address it again.

CHAIRMAN KOTELCHUCK: Right, right, okay. Let's go on. I think I noticed 397 also no findings.

DR. BUCHANAN: No findings on 397. And again, I didn't mark down the sites on all of these. They're all on Oak Ridge site of some sort.

CHAIRMAN KOTELCHUCK: Yes.

DR. BUCHANAN: Paducah, okay. And this was an observation that again the recommendation in Procedure 61 as compared to the table and we, it depends on which reference you used, we just wanted to point that out and we had no further investigation into that as an observation.

CHAIRMAN KOTELCHUCK: Okay. Alright.

That takes care of it.

DR. BUCHANAN: And that is 351.1-C.2.2. And we had here [an] incorrect missed dose conversion factor -- correction factor, excuse me. And this had to do with the open window, closed window readings.

And what this resulted [in] because of a difference, there was an error in the TBD table and that wasn't in the worksheet apparently. And so if you went by the TBD table it was getting a different answer than if you used the workbook.

And so that's what the difference was and once that was deciphered and explained then we had no issue with it and it was -- the dose assigned was claimant-favorable so we had no further issue with that. But it was a finding resulted as a fact of a difference in the workbook and the TBD.

CHAIRMAN KOTELCHUCK: Okay. Comments anybody? If anybody wants to? Okay.

MS. BEHLING: This is Kathy. Has the workbook been corrected?

MR. SIEBERT: Well, let's back up a

second. We're talking 351.1 right?

CHAIRMAN KOTELCHUCK: Yes, we are.

MR. SIEBERT: Okay. It's not an issue of the workbook versus the TBD. It's the fact that OTIB-17 gives specific direction in dealing with this type of case and is the governing document for shallow dose.

The OTIB-17 directs how to assess this dose not the TBD. So it's not that the tool was wrong in any way. The tool implemented OTIB-17 methodology which is the correct methodology for shallow dose.

MS. BEHLING: Okay. I misunderstood then. But I agree, OTIB-17 does dictate the shallow dose assignment.

MR. SIEBERT: I don't know if Grady wants to chime in on this, but this is the kind that it might be good for the Subcommittee putting in the back of their mind as to whether you would count this as a finding later on or not.

MR. CALHOUN: That's what I was going to say, Scott. I think this is a non-finding

because there was nothing done wrong on that one.

DR. BUCHANAN: Well, shouldn't the TBD agree with OTIB-17?

MEMBER MUNN: Well, that's a heavy question.

MR. SIEBERT: So OTIB-17 is a later document that controls shallow dose. I agree that going back and having the TBD consistent would be great. But it's not necessarily the highest priority when we have a later governing document.

MS. GOGLIOTTI: So dose reconstructors would know then that the hierarchy of data tells them that they are supposed to use OTIB-17 even when the TBD directs something different than that?

MR. SIEBERT: Correct. And the tool implements it that way as well.

MR. CALHOUN: Maybe that's an observation rather than a finding then, don't drop it all together.

MEMBER MUNN: Can we rely on the tool always being used in these cases? I'm assuming. Is that an assumption we can make? If we can make

that assumption then we can close. If we can't make that assumption then we have to say, well, maybe.

MR. CALHOUN: I believe the tools are always used for every case for which a tool exists, I believe.

MEMBER MUNN: Yes, I would expect that to be the case but I don't know it to be the case.

MR. SIEBERT: I can say from our side that is the case.

MEMBER MUNN: Okay. I'm hearing the assurance that's the case. So the question that was asked earlier was referenced to the hierarchy of instruction makes this a resolved issue.

CHAIRMAN KOTELCHUCK: Right. And does it not make it an observation?

MS. GOGLIOTTI: The TBD is going to be, is there any plans for the TBD ever to be revised?

MEMBER MUNN: We haven't heard anyone say that one way or the other.

MR. KATZ: Well these TBDs all get revised eventually, it seems like.

MEMBER MUNN: There is not any current plan to do so, nothing hanging out there with regard to that.

MS. BEHLING: It should be put on the list that if it does get revised this change be made.

MR. KATZ: Right. But in any event, it is an observation, right?

CHAIRMAN KOTELCHUCK: Yes.

MR. CALHOUN: Yes.

CHAIRMAN KOTELCHUCK: And so we should change it and then close it.

MEMBER MUNN: Observation and close.

CHAIRMAN KOTELCHUCK: Good.

DR. BUCHANAN: I'll change that to an observation.

CHAIRMAN KOTELCHUCK: And close.

MS. GOGLIOTTI: Now to be clear, we've decided that we're not going to go back and revise the actual DR reports to indicate when findings change to observations. Is that correct?

MR. KATZ: Right. Right. You don't

need to revise the actual case report exactly. Just as long as our summary, BRS and so on materials all show the correct outcome.

MS. GOGLIOTTI: Okay. So I will change this in my records and from now on this is going to be an observation.

MR. KATZ: Great, thanks.

CHAIRMAN KOTELCHUCK: Okay.

DR. BUCHANAN: Okay. That brings us to 352.1-E.1.1. And this is concerning, I don't have that location. It's one of the Oak Ridge facilities. Okay, lack of neutron dose assignment.

Okay, this was kind of a fine wording issue here in that the DR report said it was the best estimate. So the reviewer said okay, why wasn't a neutron dose assigned and if it's the best estimate.

And NIOSH's reply was that well if it was needed it would have been but they didn't need to assign it because it was over 50 percent and they didn't need to apply the neutron dose. And so it's

actually a best-estimate underestimate in this case and replied that it could have been mentioned in the assessment that it was a best-estimate underestimate.

However, SC&A reviewed that and we agree that, you know, the dose reconstruction was done correctly for an underestimate best-estimate combination. So we had no further real comment on that.

But as the DR report was written the best estimate would have included the neutron dose also.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: That's recommendation and close.

CHAIRMAN KOTELCHUCK: I think so.

MR. KATZ: Can I just ask a clarification? That remains a finding. Is that what we're saying?

MEMBER MUNN: There was no discussion one way or the other.

CHAIRMAN KOTELCHUCK: So I mean, it

sounds -- I thought it was still a finding.

MR. KATZ: Okay.

MR. CALHOUN: Wait a second. You moved too quick for me on that sheet. Did I hear that we didn't add neutron dose because it was already comped?

DR. BUCHANAN: That's what I understand. These have been a long time ago. But I think that's what it is.

MR. CALHOUN: Well if we added neutron dose because it was already comped there's no reason to add neutron dose and it wouldn't be a finding.

DR. BUCHANAN: You said neutron dose was not evaluated for this dose reconstruction because based on dose it wasn't necessary for claim determination.

MR. CALHOUN: Right. Then that's not a finding.

DR. BUCHANAN: Therefore it was omitted to underestimate the assigned external dose. In light of this the dose reconstruction

report could have been reworded slightly to mention that the assessment was a combination of best-estimate and underestimate approach.

MR. CALHOUN: Okay. So that's basically just a little wording thing for clarification. We could, I guess you could say, that's an observation. That we could be clear. But the dose reconstruction was correct and that shouldn't be a finding in my opinion.

CHAIRMAN KOTELCHUCK: You're right, Grady.

MEMBER CLAWSON: Well, no, wait a minute. Help me understand this. So because of his compensation we don't do anything else?

CHAIRMAN KOTELCHUCK: But what was the value of doing further work?

MEMBER CLAWSON: I guess that's like writing half a letter to the Secretary and if we've got both to get done we won't finish it.

MR. KATZ: No, Brad, that's not -- I mean NIOSH does all sorts of underestimates and they're just saying that this is a partial

underestimate. Some of it was best estimate and some of it was underestimate.

But I mean they do as a matter of course, they only do as much work as they need to to get the person compensated if they're going to be compensated.

CHAIRMAN KOTELCHUCK: The observation suggests that there was some error.

MR. KATZ: Right.

CHAIRMAN KOTELCHUCK: Or something improperly done, partially done, whatever. But this was done, I mean there was no, it would have been needless to do this just when it was already comped.

MR. CALHOUN: Correct. And that's how we always do it, you know.

MR. KATZ: Ron was suggesting that the report might note that it's not all best estimate. But I don't think claimants really care as long as they're compensated, whether they have a best estimate or a partial best estimate and partial underestimate.

MR. CALHOUN: Right. And that's what I said if you want to put it in there as an observation that we could have worded it better, you know, that's okay. But just it's certainly not a finding.

MS. BEHLING: I guess the only, this is Kathy, the only question that I have is, we're discussing a specific case and if we were concerned that another case like this would be treated this way where they wouldn't have calculated the neutron dose weren't we legitimate in questioning why this dose wasn't incorporated?

MR. CALHOUN: Absolutely. It's fine to question it. No problem. It's just not a finding.

MS. BEHLING: Okay. See, well, you know, a lot of times when it's an..., you're doing only a partial dose, you will keep out all of the internal dose or something along those lines.

It's questionable for us when a portion of the external isn't included and I don't know in this particular case, but I think I might have

questioned this and considered it something that was worth asking and could have been a finding had it been a case that wasn't compensated.

CHAIRMAN KOTELCHUCK: That's correct. If it wasn't compensated this would be a finding and a serious error. But it was compensated and therefore they didn't need to go further in the process.

MR. SIEBERT: And this is Scott. Remember we did clearly state in the dose reconstruction report that it wasn't evaluated because additional dose was unnecessary for a determination.

So it wasn't just accidentally left out and it wouldn't even appear to be accidentally left out. It was left out as an efficiency method on purpose.

MS. BEHLING: Okay. Alright. That explains it now. That makes more sense to me.

MR. CALHOUN: And that's not even an observation.

MEMBER MUNN: Well, the argument is a

good one that it's not really a finding.

CHAIRMAN KOTELCHUCK: So we'll change that.

MEMBER CLAWSON: Hey, Ted, this is Brad. I hate to leave such an arousing discussion here but I've got another commitment, so I wanted to let you know.

CHAIRMAN KOTELCHUCK: Very good. Thank you and thank you for today and have a great --

MR. KATZ: So Brad is leaving but we have, we still have John Poston and Dave Richardson and Josie, right?

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: And Dave, so we're good. Thank you, Brad.

MEMBER CLAWSON: Yes, bye.

CHAIRMAN KOTELCHUCK: John Poston has not come back right? Is he on the line?

MR. KATZ: John, are you on the line?

MEMBER POSTON: I'm on the line.

MR. KATZ: Yes, he's back.

CHAIRMAN KOTELCHUCK: Well, good. Thank you. Glad to hear.

MEMBER POSTON: I got out of class at 12:30 and I came back.

MR. KATZ: I thought you were there, John. Thanks.

CHAIRMAN KOTELCHUCK: Okay, very good. I'm sorry and I'm glad to hear you. So you haven't spoken up much so I hadn't heard your voice, your distinctive voice. Glad you're here.

MEMBER POSTON: Like the little boy that didn't speak until he was 11, so far out everything is okay.

MEMBER MUNN: We haven't come to the gravy yet.

CHAIRMAN KOTELCHUCK: Okay. Alright. Let's go to 352 observation.

MR. SIEBERT: I'm sorry. This is Scott. Just for my records did we determine that was not a finding at all and it will be removed or it's an observation.

CHAIRMAN KOTELCHUCK: It is an

observation.

MR. KATZ: It's not an observation. It's not a finding or observation because the dose reconstruction report actually specifically addressed the fact that they weren't adding that dose, remember. That's what --

CHAIRMAN KOTELCHUCK: My feeling is that is an observation after all. An observation is not an error. It's something they wanted to point out and make sure.

MR. KATZ: No, but an observation we count observations when they're correct. But this is -- it's not correct even as an observation, right.

I mean it's not correct because the assumption was that it was. The observation would have been that the dose reconstruction report did not address the fact that it was leaving out dose and it did address it.

I just think it's nothing. It was, you know, put forth as a finding and it's in fact incorrect.

MEMBER BEACH: I agree with that.

CHAIRMAN KOTELCHUCK: Well, I suppose you're correct. I will say my sense of observations is if people feel like they need to make a note about the process effectively for an alert. For what they were really saying I thought was make sure in future cases if you're not comped then you better make sure that you do this.

MR. KATZ: I mean, well we make observations on matters such as we talked about today, discrepancies between documentation. Basically they're errors of some sort in the process but that they don't impact the case and then we call them observations.

MS. BEHLING: I agree based on everything I've heard at this point. And this is what, when we went back through for the Secretary's letter when I went through line by line I withdrew the SC&A finding and I think we can do that here.

MR. KATZ: Right. There's no finding here.

MS. BEHLING: We will withdraw that

finding.

CHAIRMAN KOTELCHUCK: Okay.

MR. KATZ: Exactly. It's not novel, Dave, we've withdrawn, you know, many findings.

CHAIRMAN KOTELCHUCK: Right. I'll go back to looking about what we mean by an observation. To me a finding is important and major.

MEMBER BEACH: It's not either though. It's not a finding or an observation.

CHAIRMAN KOTELCHUCK: No, and I understand that an observation was any other thing people wanted to say.

MR. KATZ: It has to have a utility.

CHAIRMAN KOTELCHUCK: Well it does, it does.

MR. KATZ: In this case it doesn't have a utility because there is a process and it was working.

CHAIRMAN KOTELCHUCK: Yes, I agree reluctantly. But I agree and I understand what you're saying. So we'll keep that in mind for

future observations. Let's go to Observation 1.

DR. BUCHANAN: Okay. So this is 352, Observation Number 1, still Portsmouth. And this is an observation. This relates to something that we have covered before in that the TBD for this site says to apply a factor to the missed dose and we've discussed this pretty much in the past and the dosimeter correction factor should be right on for the major dose, not the missed dose.

So in this case it resulted in an overestimate. But the person did, NIOSH did, follow the TBD as stated and so we have brought this up and we decided that it shouldn't be in there. It will be removed in the next Technical Basis Document and NIOSH would have to address whether that's been accomplished yet.

CHAIRMAN KOTELCHUCK: Okay. Anything, anybody?

MEMBER MUNN: No.

CHAIRMAN KOTELCHUCK: Okay, let's close, if I can call it that.

MS. GOGLIOTTI: Okay. And this is a

monumental occasion because we just finished the matrix, the last matrix.

CHAIRMAN KOTELCHUCK: Alright.

MEMBER MUNN: Great.

MS. GOGLIOTTI: Okay. Give me a moment here to pull up the BRS and we can move on. While I pull this up everyone should have gotten instructions on how to access the BRS if you had any questions on that.

CHAIRMAN KOTELCHUCK: Well I'm watching you. Yes, you gave us some instruction on that. That was very good. Also watching the process in real time is helpful for at least some of us.

MS. GOGLIOTTI: Okay. And unfortunately Nicole was not able to join us this afternoon. So if you don't have any objections we'll start with Savannah River, which is my site here.

CHAIRMAN KOTELCHUCK: Okay.

MS. GOGLIOTTI: Okay. And actually this is a really timely point in time for this to

come up. Tab 423 was the same case that we were discussing earlier. That was the one case that did flip as the result of our findings.

And so this is the Hanford case that also has SRS and RFP employment. And the finding was that NIOSH did not include all assigned neutron dose.

And here NIOSH came back and said the data wasn't available when they originally completed this case. But when they requested it the data was available.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: And I guess as a result of this the PoC has been changed.

CHAIRMAN KOTELCHUCK: Right. And that's, in my opinion, not a flip, right? I mean that's just simply a lack of data. And when you get data -- I mean just for the future as we're starting to tally cases that have changed as a result of, if they're in review process this really is a data issue.

MEMBER MUNN: That's correct. It's

not, there was no error in the reconstruction. It was just a lack of data.

MS. GOGLIOTTI: Well, I question though whether missed dose or unmonitored dose should have been assigned when there was the lack of data though.

CHAIRMAN KOTELCHUCK: Well, that's, that couldn't --

MR. CALHOUN: I believe dose was assigned wasn't it? It's just we didn't assign as much neutron dose as we typically would have if we thought that they were a neutron worker.

MS. GOGLIOTTI: It's possible. I would have to go back through the case here. But we also had another question here. The EE was diagnosed with a malignant neoplasm of the [identifying information redacted] and then also a neoplasm of uncertain behavior of the [identifying information redacted].

And we question if the second [identifying information redacted] cancer also qualifies for medical benefits. It's not really

clear to us if two cancers of the same origin or diagnosis and one falls under the SEC does and one doesn't, what happens?

CHAIRMAN KOTELCHUCK: That's a medical question.

MR. CALHOUN: Is that, this is still the NDRP data? Once we send forth a dose reconstruction with even one of the many cancers identified as compensable, DOL, it's up to them, but typically they will provide medical benefits for all of those cancers. Is that what you're asking?

MS. GOGLIOTTI: Well, it says here that it was determined that the [identifying information redacted] cancer was paid under the SEC.

MR. CALHOUN: Right. And once they pay that cancer, I don't know. I wonder if we did the dose reconstruction. Here's the deal, if it's paid under the SEC without us doing a dose reconstruction --

MS. GOGLIOTTI: Well, a dose

reconstruction was clearly done because otherwise we wouldn't have reviewed it.

MR. CALHOUN: Okay. And if the dose reconstruction was done and it was comped based on our dose reconstruction then another dose reconstruction won't be referred to us by Labor. If in a different case the case was comped based on SEC without a dose reconstruction then we will get the referral from Labor for medical benefits for the other non-SEC cancers.

But once we determine one cancer is compensable with our dose reconstruction DOL assumes all of them are. Does that work or am I still being confused?

MS. GOGLIOTTI: I was just curious what happened when there were two cancers of the same origin and one falls under the SEC and one doesn't with medical benefits.

MR. CALHOUN: Right, yes. That would be a -- I mean a simple example of that is a lot of times you have somebody with a bunch of different skin cancers and we'll just do dose reconstructions

on the number of them necessary to get it comped and the rest of them are considered.

Even though they're not SEC cancers they pay medical benefits for all of them.

CHAIRMAN KOTELCHUCK: And that, and is that not a proper way to act in a -- once you find one then of course medical benefits should go to all the other ones, right, medical benefits should be paid for everything partial or not.

That's -- I would say the word is humane there. So, good. So basically this should be closed, right? I mean we don't have a matrix but this is something --

MS. GOGLIOTTI: This is, we actually have the ability to close it here.

CHAIRMAN KOTELCHUCK: Good.

MS. GOGLIOTTI: Now I can do these. Since this is the first meeting that we've used the BRS I can make these entries under myself or I can make them on behalf of someone. Now it is time consuming to go through and select the person that I'm making them on behalf of.

MR. KATZ: I don't see any reason why you need to do that. I mean we know your role in this so it's fine to do it yourself.

MS. GOGLIOTTI: Okay. I just wanted to make it clear for the record.

MR. KATZ: I'm all for it being easier. So, right, we know you could be saying on behalf of Dr. Kotelchuck or whatever. But if it's easier for you to just close it yourself we know you're not closing them except when you're authorized to.

CHAIRMAN KOTELCHUCK: Sure. If there was ever any question for a report to be done a couple of years from now it might even make a note in there and say this is not a case for which the dose reconstruction review resulted in a change in compensation.

We'll put it this way. You may want to make a note or somehow in the future when our, what do we say, not our, the folks who replace us right come to it they should know this is not a so-called flip.

MS. GOGLIOTTI: Okay. And actually I

think it might be even more time efficient if I just made these changes offline and keep note of them here. It takes quite a while to go through and make the changes.

CHAIRMAN KOTELCHUCK: Sure, sure. Okay.

MS. GOGLIOTTI: Okay. And so our next finding here from the same case is NIOSH did not include internal dose from all radionuclides. NIOSH got back to us and said the CAD files assigned Hanford coworker dose using the radionuclide mix of Pu-1210 applicable to where I have noted here.

And, essentially, here we just came back and said this was the first time that we have seen that nomenclature in a dose reconstruction report and we agree that it's a simplified method to enter data and it reduces the chances of human error. So we are completely fine with that.

And of course I entered the wrong one. So we would recommend closure.

CHAIRMAN KOTELCHUCK: Right. That's an observation, yes.

MR. KATZ: It's not a finding right, is it?

CHAIRMAN KOTELCHUCK: It's an observation, isn't it?

MR. CALHOUN: It's not a finding.

MS. GOGLIOTTI: Are we advocating that we change this to an observation?

MR. CALHOUN: If that, yes.

CHAIRMAN KOTELCHUCK: Yes.

MS. GOGLIOTTI: Okay. We can do that. Change to observation. The BRS doesn't have a great way of doing that. But I can change this actual heading so it will say observation or I could say changed to observation.

CHAIRMAN KOTELCHUCK: Okay. You can do the administrative part of it later after we finish. You don't have to do it online and let us see it before we believe you've done it. We trust.

MS. BEHLING: This is Kathy. Can I ask a quick question on the previous one?

CHAIRMAN KOTELCHUCK: Yes.

MS. BEHLING: And perhaps all of you've

already agreed to this. In a case like this would it be appropriate for SC&A to contact NIOSH and just get some resolution to or clarification on what that nomenclature meant so that it wouldn't even have to become a finding?

MR. KATZ: Yes.

MR. CALHOUN: That's always okay.

MS. BEHLING: Okay, thank you.

MS. GOGLIOTTI: And keep in mind these were historically done. So Case 356 or 423 in this case was done quite a while ago. Okay. So our next one here is SRS observation from Case 356.

And here this is kind of a repetitive finding. We've seen it many times before. ID one contains two separate tables labeled Table 4-1A, one on Page 38 and another on Page 39. And we just pointed out that it was confusing and it's repetitive. We've seen it before.

Here you'll see it was previous and so we recommend closure.

CHAIRMAN KOTELCHUCK: So moved.

MS. GOGLIOTTI: Okay. The next

finding here is 356.1 where an inappropriate method was used for determining recorded dose. NIOSH states that it was done correctly in the external dose calculation workbook and, again, this is one of the first times we've seen the workbook.

But it appears that we were using the wrong workbook when they made this assumption. So we would be okay with withdrawing this finding.

MR. CALHOUN: So that's another one that goes to observation at best?

MEMBER MUNN: They're withdrawn.

MR. CALHOUN: That's what I would think.

MEMBER MUNN: Withdrawn.

MS. GOGLIOTTI: Okay. We will withdraw this. 356.2, an inappropriate method was used for determining the number of zeros. And again, this is the same issue. Essentially we were using the wrong workbook and this is a change that was made where they started using a different SRS workbook.

So we were pulling up the old version.

They were using the new version. It's been corrected. So we can withdraw this as well.

CHAIRMAN KOTELCHUCK: Yes, do.

MS. GOGLIOTTI: 356.3, inappropriate method was used for assigning dose for 1981 and 1982. NIOSH responded that, based on the information used in TIB-6, only positive doses are recorded for '73 through '88. And based on the EE's low level of doses assigned for prior years when positive doses were reported, it was reasonable to assume that for 1981 and '82 external monitoring data was below the limit of detection.

And we came back and said this is a professional judgment call. SC&A would have done it differently by assigning missed dose which is consistent with the recorded dose values immediately preceding these years, but it is a professional judgment issue.

MEMBER MUNN: So does SC&A essentially accept, does --

MS. GOGLIOTTI: We accept that what they did was reasonable.

MEMBER MUNN: Okay. Then can we therefore agree with the assessment and close?

MS. GOGLIOTTI: Okay. The next finding here is 356.4 and the finding states that an inappropriate organ dose correction factor was used for a recorded dose. NIOSH responded and said that, based on the EE's type of work, other geometries should have been considered which will be performed in an upcoming PER for ICRP 116.

So the impact of rotational geometry was reviewed and it will be determined whether it will impact this claim.

MEMBER MUNN: And that's the key phrase, would not impact. So can SC&A accept that?

MS. GOGLIOTTI: We are in agreement with NIOSH. It's similar to several other findings we've seen and we agree with the response that rotational geometry would have been appropriate but wouldn't change or wouldn't result in a large increase in dose.

The only thing we question is whether or not the workbook has been corrected.

MEMBER MUNN: NIOSH didn't tell us that, did they?

MS. GOGLIOTTI: They did not.

MR. CALHOUN: I don't know that. I'm sure Scott does and he's looking really hard right now.

MEMBER MUNN: Okay.

MR. SIEBERT: I wish Scott was doing that at this second. Which finding was it?

MS. GOGLIOTTI: This is 356.4.

MR. SIEBERT: Yes, the question was, I'm sorry I was answering another thing as well, looking ahead. I shouldn't do that.

MEMBER MUNN: Stay with us, Scott, stay with us.

MR. SIEBERT: I'm sorry. I'm trying to be so responsive ahead of time I just missed the actual question. The question is whether we've updated the tools right now to address the rotational, as well, correct?

MS. GOGLIOTTI: Right. And SC&A would like to know the revisions of that.

MR. SIEBERT: I can find the revision number for you, but, yes, it has been done.

MS. GOGLIOTTI: Okay. And you can just send that to me offline. We're just curious to know when that change took effect, when we can expect to start seeing that change.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: So can we close this?

CHAIRMAN KOTELCHUCK: It looks like it.

MEMBER MUNN: Okay.

MS. GOGLIOTTI: Okay. And the next finding is 356.5, an inappropriate organ dose correction factor was used for missed photon doses. And this is essentially the same finding that we just discussed, only with missed dose.

MEMBER MUNN: So the result should be the same?

MS. GOGLIOTTI: Yes, it's being covered by an upcoming PER and we recommend closure so we can close that.

CHAIRMAN KOTELCHUCK: Okay.

MS. GOGLIOTTI: And the next finding 356.6, inconsistent assignment of unmonitored environmental tritium dose. NIOSH says that the unmonitored dose was found in the unmonitored dose section and it states that unmonitored doses were assigned in '54 through '57, '68 and '75 through '77, when the EE had no internal monitoring and was assigned unmonitored dose.

The environmental section explains that environmental tritium was assigned when the EE was not monitored for tritium or unmonitored dose was not assigned. The tritium section explains tritium was assigned in '58 through '61 and '72 through '74.

So essentially they believe it was addressed in the appropriate sections. Then we responded and said that we understand the doses that were assigned in each time period. But we couldn't determine what information was used in the DR -- DOE files triggered the use of unmonitored dose rather than environmental dose.

This case of course has already, it is

eligible for inclusion in the SRS SEC. And so we feel that we could close this issue because any additional dose wouldn't impact the outcome of this case.

MEMBER MUNN: But we don't actually have an answer to your question, correct?

MR. KATZ: Right. I think we need to resolve the question regardless of the fact that it got compensated.

MEMBER MUNN: It shouldn't be a difficult one to answer. It's just a matter of maintaining it on the open file for one more cycle. We can just ask for the answer to the question, can we not?

MS. GOGLIOTTI: We can.

CHAIRMAN KOTELCHUCK: Okay.

MS. GOGLIOTTI: So we will put that in as the question was asked and we'll wait for NIOSH to respond to that.

MR. CALHOUN: Yes, I don't have that answer off the top of my head, for sure.

CHAIRMAN KOTELCHUCK: Sure.

MR. SIEBERT: The same thing. I'll have to go back.

CHAIRMAN KOTELCHUCK: Okay, no problem.

MR. KATZ: It's in progress.

CHAIRMAN KOTELCHUCK: Yes.

MS. GOGLIOTTI: Okay. And the next finding, 356.7, incorrect assessment of fission product dose for the years 1965 through '66. NIOSH came back and agreed that fission product dose should have been assigned for '65 and '66.

And that's a dose of 13 millirem using a log-normal distribution. And when they add that to the IREP sheet it doesn't change the PoC. So essentially SC&A and NIOSH are in agreement correcting the dose doesn't change anything.

MEMBER MUNN: Thirteen millirem is inconsequential in any case.

CHAIRMAN KOTELCHUCK: So we're fine with that. We can close it.

MS. GOGLIOTTI: Okay. And moving on to SRS Tab 400 and that's Observation 1. And here

we just noted that roughly half of the dosimetry records in the file had a dark line drawn through the EE's name and all the corresponding dose records.

So somewhere along the line somebody that was redacting information or trying to highlight information crossed out all the information that was valuable and it makes it very difficult or illegible to read some of this. As a result of this NIOSH could not use any of those records and SC&A cannot verify [that] the correct dosimetry values were used.

MEMBER MUNN: That's just an observation. Nobody can do anything about that.

MS. GOGLIOTTI: Exactly. We did think it was important to point out that had occurred.

CHAIRMAN KOTELCHUCK: Sure.

MEMBER MUNN: Worthwhile to know but it's no action, closed.

CHAIRMAN KOTELCHUCK: Right.

MS. GOGLIOTTI: Okay. SRS Observation 2 from Tab 400. And this observation

states that although NIOSH correctly used or assigned medical dose based on the guidance available at the time, less than a month after this dose reconstruction was completed the TBD was revised and that revision reduces the dose contribution for each organ from a PA x-ray exam.

And as a result the DR was revised and there would be a reduction in the occupational assigned medical dose. And again, that's just an observation saying that if it's reworked, this case, the PoC would go down. But they did use the correct documentation that was available at the time.

And we do make those an observation when documentation changes that they could not use at the time of the dose reconstruction but would impact the case now.

CHAIRMAN KOTELCHUCK: And this was a non-compensated case, right?

MS. GOGLIOTTI: I believe so.

MEMBER MUNN: But in any case, it's nothing that can be done.

MS. GOGLIOTTI: Correct.

MEMBER MUNN: Then no action required, closed.

MS. GOGLIOTTI: Okay.

MR. KATZ: Rose, can I ask you a question about here in -- SRS is in front of the case number.

MS. GOGLIOTTI: Yes.

MR. KATZ: Is there any reason we can't always have the site acronym in front of the case number?

MS. GOGLIOTTI: No, and actually in the BRS this is a change that I've implemented and I hope everyone else is okay with.

MR. KATZ: I love it.

MS. GOGLIOTTI: This organizes all the cases in order and they're all done alphabetically and this way I know exactly which case it is instead of having to hunt for it every time.

MR. KATZ: Yes, I think it's wonderful. Thanks.

MEMBER MUNN: I don't even know how

many gold stars to give you for that, but it's a large number.

MS. GOGLIOTTI: Thank you. I'm gradually changing things. But hopefully it's all for the better.

MEMBER MUNN: Yes, so far so good.

CHAIRMAN KOTELCHUCK: This is.

MS. GOGLIOTTI: Okay. Our next one is SRS Tab 400, Finding 1. And this is kind of a lengthy one here. And we're trying to include more information in the BRS than we used to include in the matrix only because it's much easier to read and this way we don't have to go back and forth between documents.

But we don't need to go over everything in full detail here. But the finding was that missed photon dose was assigned rather than coworker dose for the selected years. And NIOSH responded that it appears in the monitoring records that the EE was monitored for occupational exposure when deemed appropriate by the site between '53 and the first quarter of '63.

The vast majority of the badges were temporary or visitor badges. So essentially they don't believe that the EE was a full-time employee and we do have to verify it.

MEMBER MUNN: That's probably true. Otherwise that type of badge wouldn't have been used.

MS. GOGLIOTTI: We responded that TIB-6, Section 2 only applies to the years '73 to '88. And we couldn't locate anything in the TBD to suggest that the guidance that they used should be extended to this time frame.

Also the TIB-6 recommends that the DR should include a discussion of the method used for missed dose and the rationale for why it was included or excluded. And NIOSH actually has responded to this stating that the second quarter of '63 through '72, the guidance based on external dose reconstruction implementation guidelines was used to assign a reasonable number of zeros when only quarterly reports, this is new since I've last looked at it.

Zero dosimeter result was applied for each cycle and with the missed dose could be inferred that claimant-favorable zeros were assigned.

CHAIRMAN KOTELCHUCK: Phone out?

MEMBER MUNN: No. I'm still mulling over that last piece.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: That response to the response. Can you move down a little? That last business about the zeros. Okay. That makes sense to me.

MS. GOGLIOTTI: This case has actually already been compensated through the SRS SEC and that was since the time of our review. So the smaller dose that this would add is inconsequential to this particular case.

MEMBER MUNN: Yes, but the real question is does Scott's most recent response answer your question adequately.

MR. KATZ: I mean, Wanda, can you summarize it? The actual transcript record is not

going to make any sense here because people are just reading [it[and mulling over.

MEMBER MUNN: As I read this, the question was asked by SC&A of why there were missed dose as opposed to zero dose included for certain years. And the response that I, as I understand it, is that the dosimeter results that said zeros were applied for every cycle where a missed dose could have been inferred and that the claimant-favorable number of zeros assigned was equal to the maximum exchange frequency minus the number of reported positive badge cycles.

And I had to think that through. But that's, I think, that makes sense to me. My question to SC&A is does that make sense to them. Is that acceptable?

MS. GOGLIOTTI: I am satisfied. This is a very small difference we're talking about.

MEMBER MUNN: So that question has been answered and in any case the case was compensable for other reasons and so therefore, from my perspective, we accept the response SC&A has

accepted the response from NIOSH and this can be closed.

MR. KATZ: That was the finding and was that finding an actual finding or was the TIB --

MS. GOGLIOTTI: Well, they did use guidance that was not applicable to the scenario that they applied it to. So in that case, I think we are correct.

MR. KATZ: Findings are valid, but SC&A is agreeing that it wouldn't make a big difference. Is that what you're saying?

MS. GOGLIOTTI: Yes.

MR. KATZ: Okay. And DCAS isn't disputing that your finding is valid?

MR. SIEBERT: Yes, this is Scott. It's okay. We've updated the Savannah River DR guidance for clarification as to how to determine zeros during that time frame. Remember this claim was done quite a while ago.

So, yes, we agree that there are better methods involved.

MR. KATZ: Okay. Great. I just

wanted a clear record on this that's all. Thank you.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: Now the question that you raise, a new question to me, Ted: Is this a finding or is it an observation?

MR. KATZ: It's a finding where it entails dose. It's a finding.

MEMBER MUNN: Well that's what I thought, too. But I didn't hear a response to that question. Okay.

CHAIRMAN KOTELCHUCK: Yes.

MEMBER MUNN: So we now have accepted everybody's explanation and are ready to close this.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Let's go on.

MS. GOGLIOTTI: SRS Tab 400, Finding Number 2. And the finding states that missed 1959 tritium dose was assigned twice. NIOSH agrees that tritium dose was indeed recorded twice in the year 1959.

This was a transcription or cut-and-paste error, and they say that additional tools have been put in place that would prevent this type of error from happening in the future. We are satisfied with that. And this ensures that the issue at hand has been resolved for future dose reconstructions.

CHAIRMAN KOTELCHUCK: Seems like a simple closure.

MEMBER MUNN: It's a QA issue and, yes, it can be closed.

MS. GOGLIOTTI: Okay. And I'll move on to SRS Tab 401, Observation 1. And here we state that SC&A questions if NIOSH received all the bioassay records for the EE. Based on statements in the CATI report the EE was monitored by bioassay after a 1966 incident.

However, the DOE files do not contain any bioassay records before June of 1966. An incident report would have been generated documenting this event. It does not appear that NIOSH requested additional documentation on the

incident.

If additional records exist for the EE they would be beneficial for the dose reconstruction. But without these records it's impossible to know if the incident was accurately assessed.

And here NIOSH comes back and states that the dose reconstructor did describe the incident in the DR report and concluded that the assigned dose already accounted for any dose that might have been received. Based on the description of the incident and the absence of an incident record in the file, this is probably a valid and reasonable conclusion. However, no internal radiation dose for uranium was applied prior to 1971. Extending the missed dose period to include the years of '66 through '71 increased the dose assigned to the [identifying information redacted] by five millirem and the dose to the prostate increased by a total of one millirem.

MEMBER MUNN: Negligible.

MS. GOGLIOTTI: So essentially a

negligible increase in dose. We are satisfied and we recommend closing.

CHAIRMAN KOTELCHUCK: Yes, clear.

MS. GOGLIOTTI: Okay. Moving on to SRS Tab 401.1. And the finding states that we were unable to reproduce assigned neutron dose for the years 1961 to '63. NIOSH states that they agree that the DR report does not clearly delineate the assumed workplace location for these years.

There is an incident exposure record on the final page of the DOE records that states the EE was in Area 772 and that is the area that was used for '61 through '63. And we came back and said that if we use that as the work location, we are able to match their assigned doses.

So this is more of a clarification because the DR report didn't specifically state this information. So we weren't able to verify assumptions.

CHAIRMAN KOTELCHUCK: This is a finding?

MS. GOGLIOTTI: This is a finding,

correct.

MR. KATZ: But it really shouldn't be a finding, right?

MR. CALHOUN: It should be an observation, probably.

MS. GOGLIOTTI: At the time this was made, we were making findings if we were unable to verify that. That has since changed in our approach of how we address findings. So this currently would be an observation.

But I do think it's an error that it wasn't clearly stated in the DR report so it could be replicated.

MR. KATZ: Okay, well, but I still think documentation matters about observations because if the dose reconstruction was done correctly it's not a deficiency of the dose reconstruction.

MS. GOGLIOTTI: It's a deficiency in the dose reconstruction report.

MR. KATZ: I know but the report is, it's a deficiency in language for you to be able

to reproduce the dose reconstruction. But it doesn't impact the claimant.

MS. GOGLIOTTI: Correct.

MR. KATZ: Yes.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: I still think that's a matter, it's an observation because it's a matter of internal process, then, for you to be able to reproduce. It doesn't, it's not a deficiency in the product they produced for its purpose which is to determine compensation.

MS. GOGLIOTTI: Well, you could make that argument, but why put any information in the DR reports if we're not going to use them to verify?

MR. KATZ: Well, I mean the DR reports have important information for the claimants that does need to be correct. But this is not a matter that helps or hurts the claimant at all. It's just useful for you in reproducing the dose reconstruction.

So again, it's not a deficiency in the dose reconstruction. It's a problem for you to be

able to reproduce, and it's worth observing for that. But it's not a deficiency as a dose reconstruction. I just, I mean I don't think it's debatable, even, matter.

It's not, there's nothing wrong with the dose reconstruction. It produced perfectly good results.

CHAIRMAN KOTELCHUCK: Don't say it's not debatable. You can debate. But I think that it's correct. It's an observation, it seems to me.

MR. CALHOUN: I would have to agree with that.

CHAIRMAN KOTELCHUCK: Yes. Other Board members, do they want to chime in, observation or --?

MEMBER BEACH: I think if you were to do it today, it would be an observation, correct?

CHAIRMAN KOTELCHUCK: Yes.

MEMBER BEACH: Yes.

MS. GOGLIOTTI: Okay. We will change this to an observation. And that's Tab 401.1.

CHAIRMAN KOTELCHUCK: Whether we in

the end call it an observation or a finding, it is very good that SC&A observes lots of things which can get called whatever they get called and it's important for you not to miss things, and you don't.

So, however, it doesn't downgrade the impact or importance of your findings that we say a finding is now an observation. It's just that we want a finding to be what impacts things that impact the claimant.

MR. KATZ: Right, because remember, at the end of the day, we have produced a Secretary's Report on the quality of dose reconstructions.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: Right.

CHAIRMAN KOTELCHUCK: Go ahead, please.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: I think it is an observation and after you get that put in we'll --

MS. GOGLIOTTI: We'll change that to an observation and actually the second Tab 401.2 is an identical finding only it applies to missed

neutron dose so we will also change this to an observation. Okay. 401.3, NIOSH did not adjust ambient doses to a 46-hour work week.

Here NIOSH comes back and says that the onsite ambient doses are not based on a 40-hour work week but were instead adjusted to a 50-hour work week. Therefore, this was accounted for, their increase.

And I assume this was reported by the EE in the CATI report. And we agree that the version of the workbook was correct when the DR was reviewed.

CHAIRMAN KOTELCHUCK: Right, observation.

MS. GOGLIOTTI: The version of the workbook already addresses this. So --

CHAIRMAN KOTELCHUCK: Right, so it's an observation.

MS. GOGLIOTTI: Yes, I guess we could call that an observation. Okay, 401.4 and this finding states potential underestimates of missed fission product dose to the prostate.

Here it states that the dose reconstructionist would have applied the dose to the prostate based on an La-140F as opposed to a Ce-144 as applied to the [identifying information redacted]. But this would be an overestimate since the same exposure cannot be from two different materials in a best-estimate claim.

The dose reconstruction determined that impact between three in 144 on the PoC for the [identifying information redacted] was larger than the impact on the prostate. Thus the DR used 144 for both organs of interest.

And here we responded that the exposure in question was not actually due to either radionuclide. Here NIOSH used the alternative radionuclide chooser workbook which is a tool that helps to estimate missed dose based on a hypothetical intake of a radionuclide that their MDA would yield the highest dose to a specified organ.

And this is intended to represent all missed fission product intakes. We could not

locate any guidance for the appropriate way to assign dose to multiple organs. But since this is a hypothetical model meant to be claimant-favorable, we believe that this would have been most claimant-favorable.

CHAIRMAN KOTELCHUCK: Yes, observation.

MS. GOGLIOTTI: Well, I'm not sure that they even used the alternate radionuclide chooser workbook at SRS anymore. I think is a historical approach.

CHAIRMAN KOTELCHUCK: Right.

MR. SIEBERT: I'm sorry. Actually, yes, we still do use that process at Savannah River at this point.

MS. GOGLIOTTI: Really. It hasn't appeared in any of our --

MR. SIEBERT: It's the only site that still uses it because we're waiting for the SEC to get all clarified before we update the TBD to reflect updated methods.

MS. GOGLIOTTI: Is there guidance in

place currently that would direct a dose reconstructor to do this for multiple --

MR. SIEBERT: To tell you the truth, I don't know if we have it documented as such like that. We rely generally going back to OTIB-60, which is discussing internal dose, which is when you have multiple cancers you need to make things consistent between the two cancers.

You can't assume something is one thing for one and one thing for another. So that's the basic thought process that's still behind it. It doesn't specifically state that for chooser. However, that is the process we have used historically.

MS. GOGLIOTTI: Okay.

MR. SIEBERT: Now one thing I will point out. We did discuss this issue back in the eighth set for multiple claims and an additional point that we did at that time, something to prove that this was, the chooser is an overestimate.

We went back and looked at it as if we were using the OTIB-54 methodology. In all those

cases the OTIB-54 methodology gave lower doses than the chooser method. If you like, I can give you the SC&A tabs for the claims we discussed that.

MS. GOGLIOTTI: Yes, that would be very helpful.

MS. BEHLING: And this is Kathy. That's correct. I remember that, yes, but go ahead.

MR. SIEBERT: In 152, 153 and 155 and actually Tab 153 is a multiple cancer case with lung, prostate. So it falls into almost exactly the same category.

MS. GOGLIOTTI: Okay. Well, it sounds like this issue has already been addressed. So I will look into that there.

MR. KATZ: So what's the disposition here? Is this an incorrect finding?

CHAIRMAN KOTELCHUCK: No.

MR. KATZ: That's a question. That was not a biased question. I don't know the answer to that from this discussion.

MR. CALHOUN: I'm thinking.

CHAIRMAN KOTELCHUCK: That was a model meant to be claimant-favorable. Wait a minute, okay.

MEMBER BEACH: This may need some answer from NIOSH.

MR. CALHOUN: Yes. I'm looking at it and I can't tell all the details here. If, you know, typically the cerium dose is the highest dose. But if we're looking at like for example solubilities, we can't assign different solubilities for different organs because that's just impossible.

We can pick the most claimant-favorable radionuclide to be exposed to, but we have to pick what's aggregately the most claimant-favorable. We can't pick and choose.

But I don't even know if that's an issue in this one because I can't, it doesn't look like it's that deep in the finding here.

CHAIRMAN KOTELCHUCK: We could leave it open.

MR. KATZ: Yes, we can leave this in

progress if this is still murky, what's right and wrong.

CHAIRMAN KOTELCHUCK: And then you can take a look at it and come back with a recommendation and SC&A can agree or disagree, or you guys can talk and come back with a joint recommendation?

MS. GOGLIOTTI: Okay.

MR. SIEBERT: This is Scott. I'm just making sure I understand. So who has the responsibility for answering this one further?

MR. KATZ: I think you do.

MR. CALHOUN: We do unless you've got a better answer than I just did.

CHAIRMAN KOTELCHUCK: Well SC&A has proposed this to be a finding and I would say, since we can't decide you should come back and either agree or make a suggestion, folks. They have made up their mind. They want to call it a finding.

MR. SIEBERT: So this is just for the determination of to whether it's a finding or an observation?

CHAIRMAN KOTELCHUCK: Yes.

MR. KATZ: In other words, is there a defect there or not? That's the question.

MR. SIEBERT: Okay. I just wanted it clear. Thank you.

CHAIRMAN KOTELCHUCK: Yes, okay. Moving right along.

MS. GOGLIOTTI: Okay. The next one here is Tab 401.5, also for SRS. And the finding states that incomplete fitted uranium dose was assigned.

NIOSH comes back and says that it appears the dose reconstructor projected the referenced positive results based on the fit relative to the subsequent data points. Not all the negative on the same day was also two days later and seven days later. They agree that it should have been stated in the dose reconstruction report.

However, assuming an acute intake on the day prior to the positive and negative results the dose to the [identifying information redacted] and prostate were calculated below a millirem

therefore exclusion of the result would not result in an underestimate.

And we do agree that the dose reconstruction report would have benefitted from that discussion on why the dose reconstructor elected to omit the results and the inclusion of the results did not result in an increase of dose. So we would recommend closure.

CHAIRMAN KOTELCHUCK: Right, for an observation, right?

MS. GOGLIOTTI: Well, currently this is listed as a finding.

CHAIRMAN KOTELCHUCK: Wait a minute. I'm wrong. Yes, because they left out, it should have been stated and that should have been put in. But it didn't have a major impact, right?

MS. GOGLIOTTI: Correct.

CHAIRMAN KOTELCHUCK: Okay, so that is an observation.

MS. GOGLIOTTI: Okay.

CHAIRMAN KOTELCHUCK: Okay.

MS. GOGLIOTTI: The next here is from

Tab 402 also SRS and it's in Observation 1. And it states that from the site TBD, it's not clear what work locations had a risk of recycled uranium exposure.

The issue is still unresolved from our review that we performed in 2005 of the SRS TBD. Additionally it's still an open issue under the SRS SEC petition evaluation and resolution of that issue does have potential to impact this case. But without a resolution it's unclear if dose was appropriately assigned or not.

In 2009, NIOSH informed us that they would be included in the discussion for the revised TBD, however, that revision is still unpublished. And NIOSH comes back and says that it will be included in the next revision of the SRS TBD.

Our only question is, is there a timeline currently for the revision of the SRS TBD?

MR. CALHOUN: I think that's kind of driven by the Board's discussion of some of the SEC issues.

MEMBER MUNN: And as far as we're

concerned here in Subcommittee, that just simply means we're in abeyance.

MR. CALHOUN: But it's an observation.

MS. GOGLIOTTI: It's an observation and they did follow, it's an observation because they followed the currently available guidance. But we pointed it out because it is a change that could potentially impact this case.

However, presumably a PER will be needed if it does impact this case and it would be captured under that. So we have no problem closing it.

MEMBER MUNN: Yes, I would imagine that's the case.

CHAIRMAN KOTELCHUCK: Okay. Observed.

MS. GOGLIOTTI: Okay. The next one here is Tab 402, Observation 2. NIOSH used OTIB-18 to assign RU. The TIB specifically does not apply to the respiratory tract and that's specified on Page 8 of the document.

And since the lungs are part of the

respiratory tract, we feel that this document was inappropriate to use for the dose reconstruction. However, we did find one document that implies that RU contaminants differ from what NIOSH assigned.

Despite the inappropriateness of the document used, we believe that given the lack of guidance available they had made a strong attempt to accurately model uranium intake and the assigned dose was reasonable given the lack of documentation. And that's why that is an observation.

Again NIOSH comes back saying they do have plans to include RU contaminants in the SRS TBD. And here we don't feel any response is necessary.

CHAIRMAN KOTELCHUCK: Okay.

MEMBER MUNN: So the same disposition there.

MS. GOGLIOTTI: Okay. We will close that. From Tab 402 Finding 1, the finding states that no photon dose is assigned in 1952 through '64. Here NIOSH quotes part of the DR report and says

that, based on the work locations of 400D and H3 production, the absence of external and internal monitoring except for tritium intakes, it was assumed that the primary source of occupational exposure was from ambient photon radiation during the period in question.

And we respond saying that the lack of monitoring records should not be used to justify a lack of risk. This has come up many times before. We find it unlikely that the EE's only external exposure during '52 through '64 came from ambient dose and medical dose.

But this of course is another instance of professional judgment. But this case also qualified for inclusion in an SRS SEC. And so any additional dose in this case wouldn't impact the case.

MR. CALHOUN: I don't know what to say on that one really other than I don't think we would do it any differently. We rely pretty heavily on, you know, generally speaking, external dosimetry from SRS is pretty good.

So I think we would probably continue to do that the same way.

MS. GOGLIOTTI: I would have to go back and double-check. But I believe this was the case where there were significant monitoring records after the fact and I think we had the concern that the early records might not be available.

MEMBER MUNN: It would be illuminating to know if this was in fact a part of the concern.

CHAIRMAN KOTELCHUCK: I'm not sure.

MEMBER MUNN: No, it's very difficult in these cases when one, if one makes the assertion that you can't rely on any of the administrative controls that are put in place for these potential exposure sites, then of course we have to, we're faced with an impossible task.

I think it's unwise to make that assertion. It's been made many times but probably, in my personal experience, not substantiated. But it seems to be what we have here.

And it would be helpful to know what was

just said with respect to concern and contrast with the letter here, our subsequent data of, would be nice to know, I guess.

MS. GOGLIOTTI: Well I believe the argument here was just whether or not missed or unmonitored dose might have been appropriate.

CHAIRMAN KOTELCHUCK: Whether unmonitored dose might be what?

MS. GOGLIOTTI: Missed or unmonitored dose might have been appropriate in this instance. But of course this is a professional judgment issue. A hundred DRs could look at it and we all could come up with something slightly different.

MR. CALHOUN: I just did a quick look at my database and I don't see that we actually have come across any new data for that case other than what DOE provided or at least after the DR was completed. So we're not looking at it from that standpoint.

CHAIRMAN KOTELCHUCK: Do I detect a lack or do I detect a certain tiredness on the part of members of our Subcommittee?

MEMBER MUNN: I think you could potentially say that.

CHAIRMAN KOTELCHUCK: It's hard to judge a hard case at the end of a long day.

MEMBER MUNN: I think that's a valid observation.

CHAIRMAN KOTELCHUCK: Could we leave it open and come back to it next time?

MR. KATZ: Right. And I think what needs to be clarified next time is, I mean there's got to be a standard for when you apply missed dose, when there's sufficient basis to be applying missed dose.

And I think that's the question. And I heard Grady say that they would do it the same way now, today. So either SC&A contends that their standard is too low for when they applied missed dose and that their methods need to change or DCAS is correct and they're applying it appropriately when there's reasonable basis and SC&A is incorrect.

But I don't think this can be left open,

as it's just a matter of judgment and 50 dose reconstructors would do it 50 ways because that's not the way we want the program to be, inconsistent.

MEMBER BEACH: Yes, I agree. And this one is too important.

CHAIRMAN KOTELCHUCK: Let me make a suggestion. I think we are slowing down a bit. We could do a couple more easy ones, if you will. But we need to spend a few minutes talking about when we meet again.

And maybe we should just begin. It's just about 4:30. Maybe we should begin to do that and close up and then come back to this the next time we meet.

MR. KATZ: That sounds good to me.

CHAIRMAN KOTELCHUCK: Next time we'll proceed [on this]. Now, Ted, might you -- we have a Board meeting in March.

MR. KATZ: Right. We have a Board meeting, I think it's the 23rd and 24th. Let me get back to my calendar but I think that's when our Board meeting is.

MEMBER MUNN: Yes, it is 23rd and 24th.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: Okay. And so what's our date today, the 10th. Okay. So we pretty much cannot meet before the Board meeting.

CHAIRMAN KOTELCHUCK: That's correct.

MR. KATZ: But I'm just looking, my schedule looks pretty open for those weeks following. So why don't you --

CHAIRMAN KOTELCHUCK: Mine may be a little tighter. But on the other hand, you also have a limitation. We're meeting on the 10th. You need at least six weeks or so.

MR. KATZ: We'll be fine after. So once we've had that meeting in March, in April we're fine in terms of my time for getting a public notice out and so on.

CHAIRMAN KOTELCHUCK: Right. If we wait two or three weeks after --

MR. KATZ: What about the week of April 4th? How are people's calendars for that week?

CHAIRMAN KOTELCHUCK: Well that's a

good idea. It's a little soon after the Board meeting. It's two weeks, almost two weeks.

MR. KATZ: I mean it's a telephone call. We're not traveling for this.

CHAIRMAN KOTELCHUCK: Right.

MEMBER MUNN: Well my calendar is relatively free. But along about that time is along about the time our house starts to get all wound up with our friends at IRS. And I'm always very hesitant to schedule anything that requires more than a perfunctory nod during the first two weeks of April.

CHAIRMAN KOTELCHUCK: Well that would put us into the third week.

MR. KATZ: How about the week of April 11th?

CHAIRMAN KOTELCHUCK: Not the 11th, it would be the 18th.

MR. KATZ: I mean, okay. But --

CHAIRMAN KOTELCHUCK: Put it this way, I don't have that need, but I respect that if we did do that we would have to talk about the week

of the 18th, which I have to say is not good for me.

MR. KATZ: We have a lot of backlog. So we can't over-meet.

MEMBER MUNN: The week of the fourth is fine.

CHAIRMAN KOTELCHUCK: Okay. How about the 6th. That is a good day, Wednesday the 6th?

MR. KATZ: So, John, are you still on there too?

CHAIRMAN KOTELCHUCK: Give him a chance to unmute.

MR. KATZ: Yes.

MEMBER POSTON: Can you hear me?

MR. KATZ: Yes, you're there. Good. I'm just trying to get as many calendars in line as possible.

MEMBER POSTON: Well, unfortunately this semester I have a class every day. But it would be the equivalent to what I did today. I have a class from 11:30 to 12:30.

CHAIRMAN KOTELCHUCK: That would be fine.

MR. KATZ: That works out.

CHAIRMAN KOTELCHUCK: It worked out well today.

MR. KATZ: Yes.

CHAIRMAN KOTELCHUCK: But what about others?

MR. CALHOUN: This is Grady and it works for me.

MR. KATZ: And, David Richardson, are you still on?

CHAIRMAN KOTELCHUCK: Give him a second to unmute also.

MR. KATZ: Okay, well he may not be on anymore. So why don't we collect a couple dates and I'll send those to David and are we missing someone else?

MEMBER BEACH: Brad.

MR. KATZ: Brad, right, Brad too.

CHAIRMAN KOTELCHUCK: Okay.

MR. KATZ: So how is, for example, is

Wednesday a relatively good day for people?

MEMBER BEACH: Wednesday or the whole week; any of those days is fine for me.

MR. KATZ: Okay.

CHAIRMAN KOTELCHUCK: Right. For me the 7th and 8th are not good. I have a conference. So how about the 4th and the 5th?

MR. KATZ: Or how about the 5th and the 6th? Mondays --

CHAIRMAN KOTELCHUCK: Okay, Tuesday, right. Tuesday the 5th looks good.

MR. KATZ: Okay. And Wednesday the 6th.

CHAIRMAN KOTELCHUCK: Right.

MR. KATZ: And then if we need a backup because I don't know what about the 12th or the 13th, a week from then, in other words?

CHAIRMAN KOTELCHUCK: Okay. Let's take a look at that. I can't, no --

MR. KATZ: 12, 13, 14?

CHAIRMAN KOTELCHUCK: I'm out of town that week on vacation.

MR. KATZ: I see, okay.

MEMBER POSTON: I can't make it to the NCRP's meeting.

MR. KATZ: No, that's fine. That's fine. What about --

CHAIRMAN KOTELCHUCK: How about the week after?

MR. KATZ: The week after. What about the 19th or the 20th?

MEMBER BEACH: I'm booked those weeks, those days already.

MR. KATZ: What about the 21st?

CHAIRMAN KOTELCHUCK: I'm not in good shape. April is tough. I have family obligations. So let me ask you how about the 5th and the 6th. Aren't those alternatives?

MR. KATZ: Yes, they are. I just, if David Richardson is out of town that week then that's, then neither of those --

CHAIRMAN KOTELCHUCK: We're stuck. You're right.

MR. KATZ: I'm trying to come up with

one optional other date.

CHAIRMAN KOTELCHUCK: I could work out something for the week of the 18th.

MR. KATZ: Okay, so then is the 19th or 20th either of those work for everyone else, Wanda, Josie?

MEMBER MUNN: Yes.

MEMBER BEACH: They don't work for me.

MR. KATZ: None of those days. The 18th is --

MEMBER BEACH: No, I'm already committed the whole week.

MR. KATZ: You're gone the whole week, okay.

CHAIRMAN KOTELCHUCK: Let's go to the next week.

MR. KATZ: Okay. The next week, I'm out of town for most of the week, but for work. My only day would be the 28th. How is the 28th?

MEMBER BEACH: Good.

MR. CALHOUN: Fine for me.

CHAIRMAN KOTELCHUCK: Yes. Good for

me too.

MR. KATZ: So we'll do the 28th as a backup.

CHAIRMAN KOTELCHUCK: Very good.

MR. KATZ: Okay. Thanks for that. I appreciate it and I'll get a note out to Dave and Brad.

CHAIRMAN KOTELCHUCK: 5, 6 and 28.

MR. KATZ: And then I'll write you all a note when we decide on the date.

CHAIRMAN KOTELCHUCK: That will be okay. It's just a delay. It's just a long delay. It will be a month after the meeting.

MR. KATZ: Yes, I'm just trying to turn the crank as fast as I can.

CHAIRMAN KOTELCHUCK: Sure, no, okay. I'm saying do not --

(Telephonic interference.)

CHAIRMAN KOTELCHUCK: -- if you can't do those.

MR. KATZ: Right.

CHAIRMAN KOTELCHUCK: Okay, very good.

Folks, I think we are finished with our business.

MR. SIEBERT: Before, I'm sorry, Dr. Kotelchuck, before we close out, I did get one more piece of information from something we discussed for Rose. Way back on 356.4 we were discussing the version and the date of the tool change that included rotational geometry.

CHAIRMAN KOTELCHUCK: Right, '80 to '86 you mean, yes?

MR. SIEBERT: Yes, getting the rotational geometry in the tool. And, Rose, if you're ready it was, are you ready?

MS. GOGLIOTTI: I'm ready.

MR. SIEBERT: It was Version 2.16, released July 24, 2014. And that should close that out for you.

MS. GOGLIOTTI: Okay. Wonderful. Thank you so much.

MR. SIEBERT: Sure. Sorry it was a little late.

CHAIRMAN KOTELCHUCK: That's okay. It's there. That's very good. Thank you.

MEMBER POSTON: I've got to run. I've got a class coming up.

CHAIRMAN KOTELCHUCK: Okay. Thank you very much, John. Appreciate it. Thanks, folks. We'll be in touch.

(Whereupon, the above-entitled matter went off the record at 4:35 p.m.)