United States of America
Centers for Disease Control
National Institute for Occupational Safety and Health
Advisory Board on Radiation and Worker Health
Subcommittee for Dose Reconstruction Reviews
Wednesday, July 29, 2020

The meeting convened at 10:30 a.m., Eastern Daylight Time, via teleconference, David Kotelchuck, Chair, presiding.

Present:

David Kotelchuck, Chair
Josie Beach, Member
Bradley P. Clawson, Member
James E. Lockey, Member
David B. Richardson, Member
Loretta R. Valerio, Member

Also Present:

Rashaun Roberts, Designated Federal Official
Nancy Adams, NIOSH Contractor
Dave Allen, DCAS
Bob Barton, SC&A
Kathy Behling, SC&A
Ron Buchanan, SC&A
Grady Calhoun, DCAS
Rose Gogliotti, SC&A
Lara Hughes, DCAS
Beth Rolfes, DCAS
LaVon Rutherford, DCAS
Scott Siebert, ORAU Team
Mutty Sharfi, ORAU Team
Matthew Smith, ORAU Team

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Proceedings

(10:30 a.m.)

Welcome

Dr. Roberts: I want to welcome everyone. I'm Rashaun Roberts, I'm the Designated Official for the Advisory Board on Radiation and Worker Health.

This is a meeting of the Board's Subcommittee on Dose Reconstruction. We have a full meeting agenda today. You can find it on the NIOSH website under scheduled meetings for today's date.

Since we have a fair bit to cover today, let's go ahead and move into the roll call. Now, since the Subcommittee will be discussing dose reconstruction cases pertaining to specific sites, we will need to deal with conflicts of interest as I do the roll call, so that Subcommittee members can recuse themselves from the discussion where the conflict of interest applies.

Roll Call

(Roll call)

Instructions

Dr. Roberts: Okay. Great. So welcome, again, to everybody who's on. Before we officially move into the meeting, I just want to cover a couple of brief items.

In order to keep everything running smoothly and so that everyone speaking can be clearly understood, I would ask each of you to please make sure your phone is on mute, unless of course you need to speak.

If you don't have a mute button, press *6 to mute.

If you need to take yourself off mute, press *6 again.

This maybe a really long meeting, so I think we should probably take a couple of breaks, a couple of strategic breaks.

As I mentioned, the agenda for the meeting can be found on the NIOSH or DCAS website. Access to other materials was provided to the Board members and to staff prior to this meeting.

So, with that, let's go ahead and get started. And I'm going to turn the meeting over to our Chair, Dave Kotelchuck.

Chair Kotelchuck: Right. Okay. Welcome, folks, to this, our first meeting since September 12, 2019.

It's an auspicious resumption of our activities. It's been a long break. But now we're ready to go and we're ready to move forward. And I'm looking forward to it. And we'll probably be playing catch up for -- on cases on the one percent review of cases for a while now.

Review Cases from Set 25

Chair Kotelchuck: Now, on our agenda, the first discussion would be about review cases from Set 25. That's on our agenda. And I know Josie had also suggested that would be good to start with.

Rose, does that, and does that sound good to you and to others?

Ms. Gogliotti: Yes. Absolutely.

Chair Kotelchuck: Okay. So, shall we begin?

Ms. Gogliotti: Okay. Can everyone see my screen currently?

Chair Kotelchuck: Let's see. I can't. I don't see the screen. But, I'm one, or I was the one a moment ago.

Mr. Barton: Yeah, you're up on Skype, Rose.

Ms. Gogliotti: Okay.

Dr. Roberts: Rose, while you're doing that, let me make sure, I assume that the Court Reporter is on. So, let me just get verification.

I see them in the listing, but can I have verification?

Court Reporter: Yes. I'm on the line.

Dr. Roberts: Okay. Very good. Thank you.

Ms. Behling: Rose, this is Kathy Behling, and I do not see your screen.

Chair Kotelchuck: Me, I'm glad to hear I'm not the only one. I was on the screen before. And then when I went into audio, I haven't been able to come back to the screen.

I might try to reenter, close --

Ms. Gogliotti: Can anyone see my screen?

Member Clawson: I can't, Rose. It went away. It says windows are minimized.

Ms. Gogliotti: Okay, let me ---

Mr. Barton: I see Excel and Aliquippa Forge, Tab 501.

Ms. Gogliotti: That's what's supposed to be up.

DR. BUCHANAN: I can see it, too.

Member Clawson: Well, you guys are special, that's

all I got to say.

Chair Kotelchuck: Right. I certainly have the materials, and I can put them on independent of the screen.

I won't have any trouble following. But, if a few of us are having trouble, maybe there's a virtue to trying to go off and come back on again. What do other folks think?

Ms. Gogliotti: I can certainly try. Let's do that.

Chair Kotelchuck: Okay. Let's give it a try. So, we'll take a moment and -- ah, here we are.

Well, I'm -- I have the screen up now. Okay. Excellent.

Member Beach: I don't. It went away when you --

Mr. Barton: I just lost it.

Chair Kotelchuck: Loading, loading. I see something. There we are, for me at least. I'm back on.

Member Beach: Okay. I'm back on. Brad, it says on my screen you're in the lobby. So, somebody --

Member Clawson: I've always been --

well, actually I've got the screen up there and it looks pretty good.

Ms. Gogliotti: Okay. Good.

Chair Kotelchuck: All right.

Ms. Gogliotti: All right. Now we decided we were just going to cover the Type 1 issues with the 25 Set.

Chair Kotelchuck: Correct.

Ms. Gogliotti: And that's only because we changed the agenda last minute. And we couldn't get everyone prepped for the call in time.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Now, we briefly started this major fall out meeting. However, we only did Type 2 issues. So, there's not that many Type 2 issues anyway.

The first issue comes from Tab 501. And it's an Aliquippa Forge case. And with this case our observation was the TBD needed to clarify the number of hours devoted to AWE operations from Table 4-2 for the years '48 through 1950.

The table seems to indicate there were two thousand hours per year exposure. However, when you actually look at the numbers, they were adjusted to account for the number of actual AWE operation hours.

And NIOSH essentially agreed with us and though that the document would benefit from a more concise listing of the hours used. And they intend to clarify that information at the next TBD revision.

So, based on that, we recommend closure.

Chair Kotelchuck: Right. Any of our members have any comments? It seems fairly straightforward.

Member Clawson: I don't, Dave. This is Brad.

Chair Kotelchuck: Okay. Good. All folks okay with that?

Member Beach: Yes.

Chair Kotelchuck: Okay. Very good.

Member Valerio: Yes.

Chair Kotelchuck: All right, fine. Very good. Let's say that's closed. It's certainly straightforward. Fine. Let's go on.

Ms. Gogliotti: Okay. The next one is kind of multifaceted. The case is a Hooker Electrochemical and Carborundum. And it's Tab 520.

And with this case we made a number of findings and observations related to the methods that were actually used. So, TBD-based rather than problems with the actual dose reconstructions themselves.

And based on that, NIOSH recommended that we transfer all of these issues to the Carborundum Work Group, because they're currently working on revising the TBD.

And this applies to Observation 2, as well as Findings 1 through 5 and 7 and we can go through each of them if you'd like.

Chair Kotelchuck: Well, I agree we have, we sent so many to Carborundum. Are there any that were not sent to Carborundum that we should be considering?

Ms. Gogliotti: For this case -- well, we have, we're recog -- NIOSH is recommending that we transfer them. So, we would actually have to transfer them in order for the Work Group to take these issues up.

There is one finding in this case that isn't related to that, though.

Chair Kotelchuck: Right. Right.

Member Beach: Well, we haven't -- we haven't actually sent them to the Carborundum Work

Group. NIOSH just recommended it.

I couldn't remember if we discussed this on our last call or not when I was reviewing.

Chair Kotelchuck: I believe we did. But I think -- let's see, that's a Category 2, which we were going to address too.

So, we should wait on that, I think.

Ms. Gogliotti: We can transfer them to the Work Group. And I think that's probably a more appropriate venue to take up these issues.

Chair Kotelchuck: I think so. Do others agree?

Member Beach: Other than the finding, correct Rose?

Ms. Gogliotti: Correct. So, we'll --

Member Beach: Mm-hmm.

Chair Kotelchuck: Yes.

Ms. Gogliotti: It will be Finding 6 we'll leave open until we discuss it here. But the rest we could transfer?

Chair Kotelchuck: Yes.

Member Beach: Yeah, I agree.

Member Clawson: This is Brad. I agree.

Ms. Gogliotti: Okay. So, in order to do that, I will change -- I will transfer them in the BRS.

And I believe Gen is the Chair of that Work Group. So, I will send her just a follow up message, to let her know that we're transferring them.

Chair Kotelchuck: Okay. Very good.

Ms. Gogliotti: Okay. The one that is open is 6. And that was obviously from the same case.

Here we have a finding that the incorrect uncertainty distribution was used to assign medical X-ray dose to the kidney. And NIOSH agrees they used a factor of .03 instead of .3.

And this only affected the kidney cancer in this case. And it was not a systematic error, it was just a simple typographical mistake that when they were entering information into the workbook.

Chair Kotelchuck: Right.

Ms. Gogliotti: And so it resulted in a slight underestimate of dose in this case. And the PoC was already greater than 50 percent. So, we recommend closure.

Chair Kotelchuck: Okay. That sounds reasonable. Any comments by anyone? Further comments?

(No audible response)

Chair Kotelchuck: Pretty straightforward.

Ms. Gogliotti: Okay.

Chair Kotelchuck: All right. I think that's fine. So, we'll close that.

Ms. Gogliotti: And actually, if you don't mind I jump back to 520 for one second here.

Chair Kotelchuck: Sure.

Ms. Gogliotti: I hope this isn't out of line to suggest, but I thought it was really beneficial with this case that we looked at this case while the TBD review

was going on.

Because it gave a different perspective on how the dose reconstructions were actually being executed rather than just looking at the TBD. And I don't know if this was an intentional Subcommittee move, or just a happy accident.

But I don't know that these issues would have been raised if we hadn't looked at a DR case. And so just in the future, I thought, it might be beneficial to point out that at least for this particular case.

It was good to look at this case in parallel with the TBD review.

Chair Kotelchuck: Yeah. I don't know that we -- normally, I'm not sure that we would notice that.

I mean, it sounds like it was a very good accident of fate that we had a chance to look at it while it was being -- while the TBD was being reconsidered.

But I think in many cases we just say, we don't look at things. We say well, it's over. You know, TBD is coming, and we leave it.

I don't think there's a -- unless, do you have a suggestion? Is there any systematic way of doing that, what you suggest?

Ms. Gogliotti: Just perhaps when the next DR set is picked, look at ongoing TBD reviews and see if there's any that the Subcommittee would like to task us to look at in parallel with the TBD review.

Chair Kotelchuck: That's a very good idea. And that we could -- that's something we can do as we look at the next set.

Okay. That sounds good to me. Anybody else want

to say something?

Mr. Calhoun: This is Grady. I just want to understand this. So, are you saying that when we start -- at what point are we going to say that we're going to review a TBD when we review a DR?

Ms. Gogliotti: Oh, the TBD would already be in process. This is -- I'm not trying to just indicate --

Mr. Calhoun: Okay. So, only --

Ms. Gogliotti: One versus the other.

Mr. Calhoun: So, one TBD that's already in the review process. Yeah, just explain that to me again, how you would do that? Just so I understand.

Ms. Gogliotti: Well, any site that had an active TBD review, when we are selecting cases for dose reconstruction, we could select the case that you, the TBD.

And that way we could tell if --

Mr. Calhoun: And so --

Ms. Gogliotti: -- TBD guidance was actually being executed. Because we --

Mr. Calhoun: So, would the starting point -- would the starting point then be, rather than looking at 48 to 52 percent cases, we're starting with a site where a TBD is under review, and then selecting a case?

Ms. Gogliotti: The Board could select whatever they wanted.

Chair Kotelchuck: Right. No, I think as I understand, no. The Board would be selecting cases. And then you would point out that, you know, a TBD is going on for that case that we had

selected.

So, no. We'd stick to 48 to 52. And so --

Mr. Calhoun: Okay. So then --

Chair Kotelchuck: Then when we open up a new set, I don't know how then like, 27 or 29, or whatever, then we take a look at it.

Mr. Calhoun: So, when we would be -- just like normal, we would provide a list of cases between the percentage PoCs and then we would note whether or not a TBD revision affecting that claim is in process.

Chair Kotelchuck: Yes. That's my understanding.

Mr. Calhoun: Rose, is that what you're saying?

Ms. Gogliotti: Just this -- I mean, not necessarily a revision, because things are constantly being revised. But if it's actively in review, I think that those are worth targeting.

And it doesn't even need to be within the best estimate window. I know that with the 29th set, I believe we have 13 cases that are outside of that window. It could be approximately.

Mr. Calhoun: I'm still confused on the starting point then. If it's not necessarily within the window of the 48 to 52 percent, and you're taking in review by the Board? Or versus in revision by us?

Ms. Gogliotti: Well, yes.

Mr. Calhoun: Yeah. Well, SC&A is the Board in my mind. So, we --

Chair Kotelchuck: So, we have a fixed time to take a look at whether there's something that this, we

need to have more consideration of that.

Mr. Calhoun: I'm just still trying to think about what my job here is. I've got cases for you that have already been selected.

Chair Kotelchuck: Right.

Mr. Calhoun: And then do you determine if a TBD associated with that is under review?

Or are we going the other way and looking at TBDs that are under review, and then trying to select cases?

Chair Kotelchuck: Well, I do not want to change the way we select cases. We spent a lot of time on that.

No. I thought it was that when we -- after we selected cases and begin a new set that --

Ms. Gogliotti: Well, can I make a suggestion?

Chair Kotelchuck: Yes.

Ms. Gogliotti: Typically, NIOSH will give you a list of cases to pick from, to select the next regular set.

Chair Kotelchuck: Right.

Ms. Gogliotti: Like they did with the 29th set. So, how about prior to selecting cases, SC&A makes a list of the ongoing TBD reviews that are currently active? Or that we're currently working on?

And NIOSH can select a handful of cases from those sites. And then the Subcommittee, while they're selecting cases, can choose to select from that subset or not, based on whatever is your priority at the time.

Mr. Calhoun: But are we still aiming for 48 to 52

percent cases?

Chair Kotelchuck: I would prefer that. And I mean, and I was wondering Rose, can we reverse that order?

That we select the cases if there happens not to be a TBD under consideration, then there isn't. But if there is one, I think the 48 to 52 is a very important criterion.

And I'd like to stick with that. I feel like I'd be happy to put it -- to do an add on.

Well, folks from the Subcommittee, what are you -- you're listening and what are you thinking? And what's your sense of?

Member Clawson: Well, I think what, if I understood what Rose was saying, is if any of these TBDs are in review, it was good for this.

I don't want to change the way we have selected things. I think that's good. But I don't want to waste a lot of time on this.

You know, I think that maybe we ought to in this set look at this. And maybe we can define a little bit further out what we need to be able to do to accomplish what Rose has been able to do.

But I understand from Grady's standpoint of, it's kind of changing the way he's looking at things. He wants to make sure that it's good for us.

I think that we ought to let Rose work on this a little bit. And give us kind of a more defined method when we could.

I don't want to waste a lot of time on this, so.

Chair Kotelchuck: Well, I think -- yeah. Yeah. That

makes a -- to me that --

Member Clawson: I understand fully what Rose is saying, because I've questioned this numerous times.

And when we're in a review of the TBD as it is, it really helps us understand how these are being implemented and so forth. So, I understand what she's getting at.

I just, I don't think that we've got refined out right how we could do this and still keep our criteria that we were going with.

Chair Kotelchuck: Could you --

Mr. Calhoun: And I'm also a little bit concerned about scope creep here. And the reason I say that is, we typically don't -- we would end up throwing potential -- we would end up with potential comments on a TBD review that is in process.

And that would be automatically pushed over to the Procedures Review Committee. Because we don't want to start reviewing procedures in this Subcommittee.

Chair Kotelchuck: Mm-hmm.

Mr. Calhoun: Now, if somehow that would gain you information, insight, whatever, great. But you know what I'm saying, we've already got a subcommittee that deals with procedures. And typically when we have a procedural issue, we send it over to them. So, that's another thing to at least think about.

Chair Kotelchuck: Yes.

Mr. Calhoun: And if it's just FYI, great. But if you plan on writing up comments from that, then I think

there's going to have to be some coordination between this Subcommittee and the Procedures Subcommittee.

Chair Kotelchuck: Yeah. I think it makes -- I think I go back to what, Brad, what you were saying.

I think, with this is our first meeting in a long time, we have a lot to go over. And I think if, Rose, if you might, and you may want to consult with Grady, and make some suggestions for next time, to clarify some of the issues that have been raised.

Would you be open to doing that?

Ms. Gogliotti: Yes. Absolutely.

Chair Kotelchuck: Okay. And then we can discuss it. We'll have something even before the meeting, you know, that you'll send out.

And we'll be able to think about it a little bit and discuss it, discuss the specific suggestion or proposal.

Okay. So that's a task for the next meeting, I think.

Member Richardson: Yeah. Just for the record, David, this is David Richardson. I agree with that, as well. And with Brad's suggestion as well. Thanks.

Chair Kotelchuck: Great. Okay. Okay, so let us now continue. Rose, we're back.

Ms. Gogliotti: The next one is Tab 510.

Chair Kotelchuck: Mm-hmm.

Ms. Gogliotti: On the Metals and Controls Corp case.

Chair Kotelchuck: Yes.

Ms. Gogliotti: And this is Observation 4. Here when we looked at the dose reconstruction, this is also somewhat related to the method.

We believe that the approach used in the SEC and Site Profile Review for GSI and Carborundum for the approached recommended in NUREG-5512, was a more appropriate method to model inadvertent ingestion.

Chair Kotelchuck: Wait a minute. We're looking -- pardon me. I'm sorry. We're looking at, are we looking at Observation 1?

Ms. Gogliotti: Observation 4.

Chair Kotelchuck: Four. Okay. Thank you. Observation 4, do go ahead. Thank you.

Ms. Gogliotti: Okay. And there has been some significant historical discussion on this issue.

And NIOSH responded that it used OTIB-9 to model inadvertent ingestion during the operational period and the NUREG during the residual period. And this generic approach was appropriately applied in this case. So, we do recommend closure.

Chair Kotelchuck: I'm looking it over. As a member of the Working Group on M&C, and I'm not sure of -- Josie, you're the Chair of that Working Group.

Member Beach: Yeah. I reviewed this also and I wasn't sure it was ready for closure. But --

Chair Kotelchuck: We haven't closed on the SEC yet. So --

Member Beach: No.

Chair Kotelchuck: If we do not grant an SEC, this would be the -- but I think while the -- it would be

reasonable to go over this. I mean, absolutely appropriate. But since we haven't decided on the SEC, I'm hesitant to close items that imply -- have implications for SEC. And I know inadvertent ingestion is an issue that is, or will be raised, at the Working Group.

Ms. Gogliotti: Yeah, not --

Chair Kotelchuck: It may or may not be. I'm personally as a member of the Working Group, thinking about that and looking at it now.

So, I just don't feel comfortable making a decision that may have impact on the choices that the Working Group is considering right now.

Mr. Rutherford: Yeah. Dr. Kotelchuck, this is LaVon Rutherford. This specific issue has not been raised during -- not in this manner.

This approach is an approved-upon approach that between the Board, the Board's review previously. So, I think in this instance, I believe it could be closed.

But, obviously, it's up to you and the Subcommittee, and obviously, the Metals and Controls Work Group.

But I do believe this issue could be closed, because it is not directly related to our issues.

Chair Kotelchuck: Mm-hmm. Well --

Member Beach: Is that --

Chair Kotelchuck: Go ahead.

Member Beach: This goes back to using OTIB-009 for this particular case, correct?

Mr. Rutherford: Correct.

Member Beach: And we -- and like -- and as I said, we haven't --

Ms. Gogliotti: I think this applies to all cases.

Member Beach: What's that?

Ms. Gogliotti: I believe this applies to all cases. This is a more overall method, rather than an individual case.

Member Beach: Oh, okay.

Mr. Rutherford: I agree.

Member Beach: Mm-hmm. I'm okay with holding it open, Dave. If you're more comfortable with that, until --

Chair Kotelchuck: I would, until we make a decision on that. And I know that issue will come up.

It may well be appropriate. I just don't feel ready to make that decision. And I have to admit, in reviewing for today's meeting, I didn't pick up on that.

And I see this could have implications. I would like to hold it open if folks don't mind. Other Committee members?

Member Valerio: Dave, this is Loretta. I'm okay with leaving it open.

Chair Kotelchuck: Okay.

Member Lockey: Jim Lockey, I am too.

Chair Kotelchuck: Okay.

Member Clawson: So am I. This is Brad.

Chair Kotelchuck: All right. Then we'll leave it open. Okay. Now, let's go onto NMI.

Ms. Gogliotti: Okay. The next one is a Nuclear Metals case for them. And this is Tab 503, Observation 1.

And here we noted that NIOSH used a skin dose correction factor of .892. Which is consistent with the guidance in IG-001.

However, OTIB-17 recommends using a dose correction factor of one for skin cancer claims. And so there's somewhat of an inconsistency there.

And NIOSH agreed that the dose correction factor that they used was not necessarily appropriate for this case. And resulted in a minor underestimate of dose.

However, there were several larger overestimates that somewhat compensated for this. And the PoC was still less than 50 percent.

So, we do recommend closing this as a QA issue.

Chair Kotelchuck: Okay. Comments? It seems to me there's agreements on that. Let me see, right.

It sounds like there is agreement. I see no reason not to close it. Put it that way. What do others think?

Member Beach: I agree also.

Member Clawson: This is Brad, I agree.

Chair Kotelchuck: Okay.

Member Valerio: This is Loretta. I agree.

Chair Kotelchuck: All right. And David?

Member Richardson: Yes. I think that's fine, as well.

Chair Kotelchuck: Okay. Thank you.

Member Richardson: This is David Richardson.

Chair Kotelchuck: Okay. We agree to close. Good.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay. Good.

Ms. Gogliotti: Observation 2 is the next one from the same case. And the observation, I'm just going to read it here, because it is a little confusing.

Chair Kotelchuck: Right. Okay.

Ms. Gogliotti: Beginning in 1983, the reporting methods of the open window shallow doses and deep doses, changed from previous years. Prior to '83, the NMI dosimetry records clearly represented the shallow and deep doses with separate shallow, deep, and total columns.

After 1983, the records no longer included a total column. And it was no longer clear if the shallow column represented the entire open window with beta and gamma combined.

In this particular DR assessment, NIOSH assumed the shallow and deep doses were as reported. For example, in the year 1985, both the shallow and deep doses were reported as 110 millirems.

And then NIOSH assigned 110 millirem for the recorded shallow dose, and 110 millirem for the recorded photon dose.

However, SC&A believes it appears it was likely that the deep dose should have been subtracted from the total amount, making the shallow dose zero and

the deep dose 110 millirem. And therefore, we thought it was an overestimate.

And NIOSH responded that they believed that we were correct in assuming that the shallow dose included the deep dose beginning in 1983. And they're going to provide additional instruction to each piece performing dose reconstruction.

For this case, this causes an overestimate in the dose that was assigned. And so resulted in the dose of -- or PoC of less than 50 percent.

And therefore, we recommend closure.

Chair Kotelchuck: Sounds good. Comments?

(No audible response)

Chair Kotelchuck: Hearing none, shall we close?

(No audible response)

Chair Kotelchuck: Hello?

Ms. Gogliotti: Okay.

Member Clawson: This is Brad. I say close.

Member Lockey: Close. Jim Lockey.

Chair Kotelchuck: Close. Okay, good. Good.

Member Valerio: Close, Loretta.

Chair Kotelchuck: Good. All right.

Ms. Gogliotti: All right. The next one is from the same case. And it's Finding 1.

And the finding had to do with the failure to apply the MDL over two for missed photon dose. NIOSH used the full MDL rather than dividing it by two.

And NIOSH stated that it was an overestimating technique. It was not unusual, but should not have been used for this particular claim as the dose was close to 50 percent.

It resulted in an overestimate. And the PoC was still less than 50 percent. So, we recommend closure.

Chair Kotelchuck: Yes. Okay. But I agree it's a finding. Because that was an error. But we agree that it was an overestimate.

So, it was allowable, but should not have been done. Right? I think that's what you're saying?

Ms. Gogliotti: Correct.

Chair Kotelchuck: I think that's reasonable. Folks, unless there's concern, I would say close.

If somebody has concerns, please raise them.

(No audible response)

Chair Kotelchuck: Hearing none, --

(Telephonic interference)

Chair Kotelchuck: Pardon?

(No audible response)

Chair Kotelchuck: Oh, somebody's in the background. Okay. So, we will close on that, hearing no objection.

Ms. Gogliotti: Okay. And I'm going to go slightly out of order here, and jump down to Finding 3.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Which is the same finding, but for missed shallow dose. And it has the same response

by NIOSH.

So, I'm going to recommend also closing that.

Chair Kotelchuck: Sure. Abso -- it's the same issue. Of course.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay. Good.

Ms. Gogliotti: And then going back up to Finding 2. The finding has to do with the failure to apply a closing attenuation factor for the measured shallow dose to the skin of the leg.

And NIOSH with similar response. This case was close to 50 percent. And the attenuation factor should have been used.

It resulted in the error that was an overestimate. But did not result in compensation. So, it didn't really affect this particular case.

Chair Kotelchuck: Right.

Ms. Gogliotti: And therefore, we recommend closure.

Chair Kotelchuck: Okay. Makes sense to me. To others, any objections or concerns?

Member Beach: None here.

Chair Kotelchuck: Yeah.

Member Valerio: None here, Dave.

Chair Kotelchuck: Okay.

Member Clawson: I'm good with it, Brad.

Chair Kotelchuck: All right.

Ms. Gogliotti: Okay. And then jumping down to --

Chair Kotelchuck: All right. Fine.

Ms. Gogliotti: Finding number 4, is essentially the same as Finding number 2. However, it applied to the residual period.

And NIOSH had the same response again.

Chair Kotelchuck: Right.

Ms. Gogliotti: And closing that, as well.

Chair Kotelchuck: Right. Same issue.

Ms. Gogliotti: Okay. If we're okay with closing that.

Chair Kotelchuck: Yes.

Ms. Gogliotti: Then the next case is Tab 527. And it's a Simonds Saw and Steel Company. Okay, and this observation, I'll go ahead and read again.

The uranium inhalation rate of 452 picocuries per day at the beginning of the residual period is based on airborne measurements of the gross alpha activity. It was likely it included the alpha emitters in Table 51.

Hence, the estimated inhalation rates are slightly overestimated. It's a small overestimate. And they can be considered the claimant-favorable.

And as applied in this case, we just had some questions if it was appropriate, because the worker was compensated. And we assume that the TBD approach was adopted due to the uncertainty and relative abundance in alpha emitting isotopes present in the observed air samples.

And NIOSH responded that the approach was

actually not an overestimate, but a standard claimant-favorable assumption adopted in TBD-6000. And the other argument and accept it.

But we just considered it a subtle difference that should be brought to the attention of the Board.

Chair Kotelchuck: The subtle difference is -- wait a minute. This was not -- this was an overestimate in a case that should have been a -- that was compensated.

Ms. Gogliotti: NIOSH is arguing that it's a claimant-favorable assumption rather than an overestimate.

Chair Kotelchuck: It's a claim -- pardon? Say that again, please.

Ms. Gogliotti: That it's a claimant-favorable assumption rather than an overestimate.

Chair Kotelchuck: Mm-hmm. Okay. All right. I see what you're saying. It sounds all right to me.

What do others think?

Member Beach: Well, Rose, I guess I question your -- John Mauro said that it should be brought to the attention of the Board.

Is it just so the Board knows what's happened?

Ms. Gogliotti: That there are a few subtle differences that happened. Where it's somewhat of an overestimate, but based on some of the uncertainties, we ended up using it as a more claimant-favorable assumption than an actual overestimate.

Chair Kotelchuck: Right. When you say this is, should be brought to the attention of the Board, you're really talking about the Subcommittee, right?

This is not --

Ms. Gogliotti: Well, more that you're just aware that these assumptions are put into place.

Chair Kotelchuck: Yeah. I see. So, we're not really talking about bringing it to the -- well, bringing it to the Board, to the appropriate group within the Board.

Ms. Gogliotti: Well, just to this Work Group so that you're aware of it.

Chair Kotelchuck: Yeah. Okay. I'm comfortable with that. How about others? Any other, any concerns or comments about this? Or about this procedure?

Ms. Behling: This is Kathy Behling. I'm wondering if I could ask a question?

Chair Kotelchuck: Always.

Ms. Behling: Rose -- okay, thank you. Rose, does this, this particular issue that John wanted to bring to the attention of the Subcommittee, is this because there's a difference in what the TBD is stating, as compared to TBD-6000?

Is there a conflict between those two? Because typically, I think the hierarchy of data documents should be that you use a TBD for that particular site.

There's no conflict there, is what I'm asking?

Ms. Gogliotti: I don't believe that there's a conflict.

Ms. Behling: Okay. Okay, I just wanted to be sure.

Chair Kotelchuck: Good. Good, good. Okay. I think we should accept this, and to close it, unless I hear other concerns.

Member Clawson: This is Brad. I'm good with that.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Okay.

Chair Kotelchuck: All right. Let's -- that's fine.

Ms. Gogliotti: The next one is Observation 2 from the same case. And the observation reads that the DR appears to only address the internal beta dose of tech-99, and omits beta dose associated with radium-228 and actinium-228.

Because the DR calculated a PoC of greater than 50 percent, evaluation of these additional intakes was not necessary and could be omitted.

And NIOSH actually explained that the guidance that they followed is available in OTIB-60. And essentially NIOSH explained that these isotopes have a long decay chain and the dose from inhalation includes the in-ground progeny.

And the table that they reference, A-1, provides a listing of the isotopes and radiation types to be assumed based on the type that delivered the most dose.

Chair Kotelchuck: Okay.

Ms. Gogliotti: And based on that explanation, we recommend closure.

Chair Kotelchuck: Yes. I think that makes complete sense. Well, this is a case where the PoC is greater than 50 percent.

And it's perfectly reasonable to stop basically anywhere the dose reconstructors decide when you have -- when you are greater than 50 percent. Nothing in terms of compensation decision would be

affected if we were to handle the radium and actinium.

So, this is fine. I think we should accept it. Again, if there's objection or concern or question, please raise it.

Otherwise, if I don't hear further, I'll just say that we'll close.

Member Beach: Agreed.

Chair Kotelchuck: Okay. Hearing no further, we'll agree. And we will close.

Ms. Gogliotti: Okay. This is from the same case, Tab 527, but Observation 3.

Here the TBD indicated that the solubility types evaluated for tech-99 should be consistent with the solubility types chosen for uranium. And in this case we looked at it and saw that uranium intakes were evaluated for Type S.

But tech-99 intakes were not evaluated for Type S. However, later on we go on to say that the internal DR methodology was seemingly a conflict of that.

That indicated that the tech-99 intakes should be Type M regardless of the solubility type for uranium. And that was true for neptunium also.

And here I think that we just got into -- there was confusion about the language that stems from the TBD.

The text reads that solubility for recycled uranium components should be selected consistent with the chosen associated uranium intake. And we interpreted that to mean that uranium and technetium solubility types should be the same.

And NIOSH actually clarified that the Table 313 and the reference in OTIB-60 indicates that when Type S uranium is selected, Type M tech-99 is appropriate. In this case, consistent didn't mean the same and then corresponding exposure types.

And so based on that, we recommend closure.

Chair Kotelchuck: I'd appreciate hearing from others on this. I'm not quite sure of what to think.

I'd appreciate advice from other members of the Subcommittee.

Member Clawson: Well, this is Brad. I'm understanding what NIOSH is saying here. And they have done it correct.

I recommend closure on it myself.

Chair Kotelchuck: Okay. Others?

(No audible response)

Chair Kotelchuck: Well, and that sounds appropriate. Do people disagree, have concerns, questions?

If so, do say so. Otherwise, I would follow Brad's suggestion. Okay.

(No audible response)

Chair Kotelchuck: Okay. And it sounds like we will close. Okay, good. Thank you.

Ms. Gogliotti: Okay. And the next one is from the same case, Observation 4. And this actually is similar to the M&C observation that we discussed previously.

Where the ingestion rates used TIB-9 methodology

with a .2 rule. And John thought that it significantly underestimated the potential intake when compared to the methods derived from the NUREG.

While the increase of ingestion rates does not affect the decision in this case, it could affect other cases. And NIOSH explained why they were using TIB-9 in this particular instance. And we accepted that explanation. And if NIOSH wants to go into that more for the Board, they're welcome to.

Chair Kotelchuck: Okay. Yes. But this does not come into the concern that we had with M&C, because Simonds Saw has been decided. And it's, I believe, not an SEC. So, we're just going over cases. This makes sense to me to close.

Do others -- what do others think?

Member Clawson: This is Brad. I'm good with it.

Chair Kotelchuck: Okay. Good. Okay, not hearing other concerns, then let's close on that.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Good.

Ms. Gogliotti: And the next one is from the same case, it's Tab 527, Finding 1. And here we noted that there was internal dose being assigned after the cancer diagnosis.

And NIOSH did agree with us when they stated that this type of DR only occurs in the year of cancer diagnosis.

And because of the latency and the risk factors associated with dose received during the year of the cancer diagnosis were very low, therefore it's unlikely that this DR would ever result in a

significant difference in any claim.

In this particular case, changing the dose for the year in question did not change the PoC even at the 100th of a percent level.

And based on that, we recommend closure.

Chair Kotelchuck: Okay. This is a standard type of problem about the year that the case is diagnosed. And this makes sense. It does not have much impact, so I would support closure. But, I would appreciate any other input.

Member Clawson: This is Brad. I'm good with it too.

Chair Kotelchuck: Yeah.

Member Valerio: This is Loretta. I agree.

Chair Kotelchuck: Okay.

Member Richardson: And David as well.

Chair Kotelchuck: Good. So, that's final.

Ms. Gogliotti: And I don't know that IREP actually prevents you from assigning dose after the year of cancer diagnosis.

But it can't prevent you from assigning dose in the actual year of diagnosis, because you have to go up to the date of diagnosis.

Chair Kotelchuck: Yes. Okay. Good. So, we're closed on that.

Ms. Gogliotti: Okay. The next one is a W.R. Grace, Tennessee case. And this is Tab 513, Observation 1.

Chair Kotelchuck: Mm-hmm.

Ms. Gogliotti: And here the Site Profile document on

page 35, and also the NIOSH's W.R. Grace guideline states that the EE was monitored during the residual period. And recorded dosimetry doses may be used to limit the assigned doses.

And here when they did the dose reconstruction they found that they didn't -- the actual recorded doses did not limit dose. So, they ended up assigning the TBD doses instead, which is acceptable.

This is more just pointing it out for the Board that this had occurred. And it was more for information purposes only.

So, NIOSH didn't really have to respond to that. And that we recommend closure.

Chair Kotelchuck: Okay. Any concerns folks?

Member Clawson: This is Brad. I agree with that.

Member Beach: None here.

Chair Kotelchuck: Okay. Seems straightforward. Okay.

Ms. Gogliotti: Okay. The next case is a West Valley case.

Chair Kotelchuck: And closed, good.

Ms. Gogliotti: And this is Tab 519, Observation 1.

Chair Kotelchuck: West Valley.

Ms. Gogliotti: And here this particular case lacked any mention in the dose reconstruction of potential neutron exposures to the EE.

Chair Kotelchuck: Could you -- Rose, could you speak just a little louder, please?

Ms. Gogliotti: Yes, absolutely. Can you hear me now?

Chair Kotelchuck: Much better. Thank you.

Ms. Gogliotti: Okay. Here we considered the lack of mention of any of the potential neutron exposures to the EE to be a preclusion are a shortcoming of this case.

And NIOSH completely agreed with us. And they're modifying the dose reconstruction template to discuss the potential neutron exposure and provide justification for excluding neutron dose.

In addition, as part of the issues resolution for the TBD, justification has been provided for seeming potential neutron exposures at West Valley to be incidental when compared to photon invaded exposure.

And based on that response, we recommend closure.

Chair Kotelchuck: All right. Thoughts? Concerns?

Member Clawson: This is Brad. I'm good with that.

Chair Kotelchuck: Good.

Member Valerio: This is Loretta. I'm good with that, Dave.

Chair Kotelchuck: Okay. I think we're -- it sounds like we're good on that. And I don't hear concerns.

So, I think we can close it.

Ms. Gogliotti: Okay. And this is from the same case, West Valley, Tab 519, Observation 2.

The DR was revised following the issue of the DR

report after a call with the claimant that resulted in an increased PoC. However, the PoC still did not go above 50 percent.

After that, the dose reconstruction report was not formally revised. It is discussed in the call information that's in the EE's file. However, it was not formally revised.

And we recommended that the dose correction factors change that was made and NIOSH's post-DR determination of a higher external dose due to the exposure, be better documented.

And here NIOSH responded that when this geometry factor is applied to external dose, the DR report will discuss the source and reasoning for the application of the factor.

In this case the glove box factor was evaluated after the DR report was issued. Based on new information the claimant -- and the results were provided by the claimant verbally over the phone.

If requested by the claimant when the doses were recalculated based on the additional information, the case would have been revised. And revisions would have been provided to the claimant.

NIOSH also noted that if the claim is returned for rework in the future, the phone logs will be reviewed. And this issue would be discussed fully in the rework.

However, we just had a question if this procedure would require the person conducting the phone interview to offer to revise the case for the claimant?

Or does the claimant need to know to request this change in order for it to occur?

Chair Kotelchuck: That's a very important question, the last paragraph. And I think it's worthy of our discussion.

Let's put it this way, it suggests that the person, the claimant who is on the phone, may not know. I mean your concern is, does the claimant know that he or she must request a formal revision?

Ms. Gogliotti: Or that they have the ability to request that revision.

Chair Kotelchuck: Right. And it seems to me -- let's put it, if there's any question, then it should be part of the discussion that the person is so informed.

They have a right. And they should be so informed. Now, my view, they can -- if they have thoughts later and go to an Ombudsperson, the Ombudsperson would tell them, no, no, you can get it.

But I would think that should be part of the call itself. There may be reasons not to do it.

And if there are, I would appreciate somebody, one of the staff people, one of perhaps the NIOSH folks explaining what is done. And if --- well, and if it is not done, why it is not done?

Could somebody respond?

Mr. Calhoun: Scott, do you know that better then I do?

Mr. Siebert: Yeah. I'm just about to say, our folks that do the telephone interviews, are not normally part of this call. So, I don't know off the top of my head.

Chair Kotelchuck: Right. Could you check that?

Mr. Siebert: Yes.

Chair Kotelchuck: And report back to us at the next meeting?

Mr. Siebert: We certainly can do that.

Chair Kotelchuck: Right. And I, certainly from my personal point of view, just as one member of the Subcommittee, I would say that the person should have that information that they can ask for a formal revision.

Mr. Calhoun: One thing that should be noted, is that question is specifically asked in the CATI. So this question would have been specifically asked to that person before the DR was ever submitted.

And it sounds to me like they didn't respond to it in that way. And then afterwards if the case was to be reviewed -- or revised, I mean, the phone log is automatically reviewed. And that would have put events up.

Chair Kotelchuck: Right. Right. But, you're saying you -- I thought I heard you say in the beginning that this question is asked.

That you know the question is asked. Or the person is given this information.

Mr. Calhoun: No.

Ms. Gogliotti: Well, I'm not sure that's the correct --

Mr. Calhoun: No, in the CATI the question is asked.

Chair Kotelchuck: Pardon? Pardon me Grady?

Mr. Calhoun: The question is asked in the CATI, I believe.

Chair Kotelchuck: Ah-hah.

Ms. Gogliotti: Yes. But this is after the dose reconstruction was completed and the case was being -- was gone over with the claimant.

Chair Kotelchuck: Right.

Ms. Gogliotti: And so this was post-CATI.

Chair Kotelchuck: This -- good. Okay.

Ms. Gogliotti: So, he wouldn't have the ability to --

Mr. Calhoun: Right. But we don't know -- I don't know off the top of my head if this person said no, I didn't work in glove boxes, and then all of a sudden remembered that they did.

Chair Kotelchuck: Oh, okay. Thank you both for the clarification there. So, Scott will find out. And respond back to us at the next meeting.

I don't know if you need to write it up. But if you would talk to us about that.

Mr. Siebert: Well, this is Scott. I want to make sure I'm very clear. Because I just heard something different then what I thought I had heard originally.

The question is, do our close out interview people, when they get new information, and they relate the response to that information back to the claimant, do they also ask if the claimant wants a new copy with that reflected or not?

Is that the correct question?

Chair Kotelchuck: I think it is.

Ms. Gogliotti: Yes.

Mr. Siebert: Okay. I just wanted to verify I was getting that, so.

Chair Kotelchuck: Okay. Good.

Mr. Siebert: Thank you.

Chair Kotelchuck: Good. So, you'll tell us about that. I don't know if -- I don't know if there's any reason to write that up.

Just simply verbally come back to us at the next meeting and tell us. Unless other Subcommittee people feel like it should be in writing?

Member Beach: Well, I think it should be in --

Ms. Gogliotti: Should it be in writing in the BRS at least?

Chair Kotelchuck: Pardon?

Member Beach: Yes.

Chair Kotelchuck: Oh.

Ms. Gogliotti: Shouldn't the response be in the BRS?

Chair Kotelchuck: That would be good.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay. Yeah.

Member Beach: Well, that's what I was going to say. It needs to be completed in the BRS.

Chair Kotelchuck: Very good. Okay. Report to BRS. Very good. So, this is still in progress, right?

Ms. Gogliotti: Yes.

Chair Kotelchuck: Okay. Thank you for raising that

issue though. I think it's an important one, and I'm glad for clarification. Okay, is that our last one? Yes, on Set 25.

Ms. Gogliotti: Yes, that wraps up this matrix for Set 25, Type 1 issues. Presumably, next meeting we'll come back and do the Type 2 issues when we have the appropriate staff on the line.

Chair Kotelchuck: Right. Okay, that sounds good.

Ms. Gogliotti: Now, there is one open issue from the DOE sites matrix for this set, and SC&A had an action item, and I think we can get that one closed if it's okay with everyone.

Chair Kotelchuck: Okay.

(Pause.)

Ms. Gogliotti: Sorry, this is a little slow. Okay, and this issue is from Tab 520.

Chair Kotelchuck: 520. Okay.

Ms. Gogliotti: I'm not sure why that isn't coming up. Oh, I'm sorry. This one is actually Tab 516.

Chair Kotelchuck: Oh, okay.

(Simultaneous speaking.)

Ms. Gogliotti: -- and PNNL case. And here we discussed this issue at the last meeting where we were concerned that NIOSH did not properly account for all missed shallow doses. And we -- at the last meeting we were tasked to reinvestigate the issue and provide a more in-depth analysis of the EE's dosimetry records.

And after we did that review, we believe that NIOSH's assessment of missed dose is actually

correct. It appears that the discrepancy arose from the term non-penetrating dose having multiple meanings.

Non-penetrating, in the historical records, refers to non-penetrating dose, not the non-penetrating reading. And this means that the recorded value in the dosimetry does not have a deep dose component.

The procedures for the assignment of missed dose to the skin described on page 16 of the Hanford external dose TBD refer to non-penetrating as synonymous with the open window reading.

And adding to the confusion, there are statements in the guidance for 1972 through 1974 that instructs dose reconstructors to determine the non-penetrating dose by subtracting the reported penetrating reading from the reported non-penetrating reading.

This guidance led us to interpret the non-penetrating dose as if it included both dose components, when in fact it was only intended to present electrons and low-energy protons.

And we believe, based on this misunderstanding, that the Hanford guidance would benefit from additional clarification to reduce this source of confusion in the future.

Chair Kotelchuck: Okay. I see what you're saying. Thoughts, folks? Sounds like --

Mr. Calhoun: This is Grady. My thought is that this -- is this a finding? Because I guess it probably shouldn't be. I can't see from this if it is. I think from the numbering it might be.

Chair Kotelchuck: Yes. That --

Ms. Gogliotti: We have labeled it as a finding, but I think that it would be appropriate to change to an observation, based on --

(Simultaneous speaking.)

Chair Kotelchuck: Yes, I think so.

Mr. Calhoun: All right, sounds good.

Chair Kotelchuck: Okay. But as an observation, do folks -- what do folks from the Subcommittee, any thoughts about this? Or concerns?

Member Clawson: I feel there should be a little bit better clarification. This is Brad.

Chair Kotelchuck: Right. Which would mean we accept the report and would close on this.

Member Clawson: Correct.

Chair Kotelchuck: Okay. I would agree. How do others feel on this observation now? Any concerns? I know at least one or two folks are not participating, that is, they're -- okay, that sounds fine. Let's -- I think we accept it. Okay.

Ms. Gogliotti: Okay.

Chair Kotelchuck: All right, fine.

Ms. Gogliotti: Great. And there is one more in this set --

Chair Kotelchuck: Mm-hmm.

Ms. Gogliotti: -- that it was -- it's a Type 2 issue technically. However, we discussed it at the last meeting, and we did have an open action item that I think we should just take care of.

Chair Kotelchuck: Which case?

Ms. Gogliotti: It's Tab 520, Observation 1.

Chair Kotelchuck: Okay.

Ms. Gogliotti: And this one we discussed it in detail at the --

(Simultaneous speaking.)

Chair Kotelchuck: Yes.

Ms. Gogliotti: Has to do with review of all non-metabolic organs and tissues when selecting a surrogate organ.

Mr. Siebert: I'm so sorry. This is Scott. Can I just verify that's actually in the AWE set, rather than the DOE set. Correct?

Ms. Gogliotti: Correct. Sorry.

Mr. Siebert: Okay. Sorry, I just --it switched over --

(Simultaneous speaking.)

Mr. Siebert: Okay, thank you.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Okay. And at the last meeting we were tasked to look into if this particular issue that was raised had previously been discussed when we were reviewing the procedures related to this.

Chair Kotelchuck: Mm-hmm.

Ms. Gogliotti: And I had Kathy look into this. Kathy, you're still on the line, right?

Ms. Behling: Yes, I am. I'm on the line. Do you want me to take over from here?

Ms. Gogliotti: Yes, if you don't mind.

Ms. Behling: Okay. I'll make it brief, but I did compile a little memo here that we can forward out, and I apologize for not getting this out earlier. I wasn't sure this was going to be discussed at this meeting.

But, again, it was Tab 520, Observation 1. And we were questioning the assignment of non-metabolic organs and tissues in selecting a surrogate organ for, in this particular case, for the prostate.

And the question was should the urinary bladder be used. And there was some discussion as to it may be more appropriate to use the bladder.

And I was tasked to look at OTIB-5, which is our internal dosimetry organ, external dosimetry organ, and IREP model selection, for now ICD-10, but used to be ICD-9 codes, and also to look at OTIB-60, which is the internal dose reconstruction guidance, and to go back to those reviews and determine was this particular issue ever discussed by the Subcommittee, the Procedure Subcommittee.

And I did go back -- I provide a fairly long memo to identify all of the revisions of OTIB-5 and OTIB-60 that were reviewed by SC&A, what our findings were, just so that you all can agree with my conclusion that we did not discuss this particular case -- or this particular issue previously.

So the short answer is SC&A did not address the issue of whether the surrogate organ selection for internal and external doses to the prostate was appropriate.

And so I think at the previous meeting we thought if that wasn't discussed, it may be something that we want to discuss further, perhaps in the Procedure

Subcommittee meeting, or at an overarching committee-type thing. So that's up to you.

But you can see my memo and see what we did have findings on, but this particular issue was not discussed during previous reviews.

Are there any questions? And I can send out the memo so you can have a better understanding of this if you'd like.

Member Beach: Yeah, I reviewed the memo. I can't seem to find it right now. But is that something we can put into our Procedures Subcommittee to review? Or is it appropriate to go through it? It seems like a Procedures issue.

Ms. Gogliotti: We can transfer it to that committee.

Ms. Behling: Yes. That's what I would suggest.

Member Beach: Yeah, I would agree with that. Dave, are you still there?

Chair Kotelchuck: I'm sorry. I had mute on. There was stuff going on here. I'm sorry.

No, I say we should -- have you heard me before? I think everything I've been saying -- it should go to the Procedures Subcommittee. I don't think there's any question. We're not competent as a subcommittee to consider this. And you agree, Josie. Sorry about that. I had my mute on.

Member Beach: Yes.

Member Clawson: I agree. This is Brad.

Chair Kotelchuck: Yeah, okay. All right, unless there are objections, we will transfer it. I'm listening. Any objections? Concerns? No.

Ms. Behling: One last -- I'm sorry, this is Kathy again. I'm --

Chair Kotelchuck: Sure.

Ms. Behling: I apologize for interrupting. One last question.

Chair Kotelchuck: You did not.

Ms. Behling: Did this memo get sent, or should we send it there after the meeting?

Ms. Gogliotti: It did not get formally get sent. I did load it in the BRS and put a copy in the meeting files for today.

Ms. Behling: Okay.

Ms. Gogliotti: If the Subcommittee wants us to formally send it --

Chair Kotelchuck: Right.

Ms. Gogliotti: -- we can do that.

Ms. Behling: Yes, and I think we should share it with all members of the Procedure Subcommittee. Okay.

Ms. Gogliotti: I think that would be appropriate? I can include this memo also when I send my transfer email.

Ms. Behling: Okay, perfect.

Chair Kotelchuck: There we go.

Ms. Behling: Is that all right with you, Josie?

Member Beach: Yes, that sounds good.

Ms. Behling: Okay, thank you.

Chair Kotelchuck: All right, that's good.

Ms. Gogliotti: Okay.

Chair Kotelchuck: All right, so we are now finished with the Set 25. Right?

Ms. Gogliotti: Correct.

Chair Kotelchuck: All right, nice. Very nice. We had a minimum of disagreement. It went rather quickly, and I'm very glad that we are all in agreement and moved along.

It's not a quarter of twelve, East Coast time. And I wondered if this is now an appropriate time to consider a break for lunch for those of us here, and for breakfast for those of you on the West Coast. What do folks think? Is this appropriate if we -- it's 11:45 -- to take our break now? It's a little earlier. Or do people want to go on with Set 27 for a little while? I await --

Member Clawson: You know, Dave, I'm going to -- tell you up front I'd like to just kind of proceed on for a -- least a little while there.

Chair Kotelchuck: Okay.

Member Clawson: But if you guys are hungry, that's -- I understand fully.

Chair Kotelchuck: Well, I'm not. I'm happy to go either way. What about other people, first on the Subcommittee? Of course, or on NIOSH or SC&A, if there's any --

Member Lockey: Hi. This is Jim Lockey. I'd like to continue if we can.

Chair Kotelchuck: Okay, we have two continues. Let's -- my feeling is that's two, we'll go on. Let's go on now to Set 27. Is that okay? Particularly, Rose, you're okay?

Ms. Gogliotti: Yes, absolutely.

Chair Kotelchuck: Very good.

(Simultaneous speaking.)

Ms. Gogliotti: -- of starting with the Type 2 or the Type 1. Now, there are more Type 1s, which are the narrative results.

Chair Kotelchuck: Yes.

Ms. Gogliotti: However, sometimes if we leave the Type 2s to the end of the day, people get mentally exhausted.

Chair Kotelchuck: You're right. You're right. But since we're going a little extra and we're coming to the end of the morning, let's do Category 1, at least for a little while, until we break for lunch.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay, very good.

Ms. Gogliotti: Give me a second to get that pulled up.

Chair Kotelchuck: Sure.

Ms. Gogliotti: All right, I think it's stuck behind my little tab here. All right.

Chair Kotelchuck: Good?

Ms. Gogliotti: And this is the very first time we have

discussed this set.

Chair Kotelchuck: Correct.

Ms. Gogliotti: If you remember, we just finished the one-on-ones in January, so --

(Simultaneous speaking.)

Ms. Gogliotti: -- have been discussed in that capacity, but that is it. Okay? So the first case is Tab 543, and this case is the Lawrence Berkeley National Lab, GE Vallecitos, and a Lawrence Livermore National Lab case.

Chair Kotelchuck: Okay.

Ms. Gogliotti: And his observation had to do with DOE records showing that the EE worked at GE Vallecitos between 1970 and 1984, and that was not included in the record, based on when the files were received.

NIOSH agreed that there was at least one location in the DOE records indicating that EE worked at GE Vallecitos at least on one particular day.

However, the employment period provided was sufficient to reach a PoC of over 50 percent, and NIOSH saw no need to contact DOL to get the DOL-confirmed or verified employment period adjusted, but NIOSH said that they would have pursued the issue if the claim was under 50 percent.

And then while SC&A does accept that the additional employment would not impact the compensation decision in this case, we're just kind of seeking additional clarification. We interpret what NIOSH said in their response to mean that if the PoC was below 50 percent and there was evidence of additional employment in the EE files, that NIOSH

would notify DOL of evidence so that DOL could reevaluate the employment dates. Is that correct?

Mr. Calhoun: Yeah, this is Grady. That's 100 percent correct.

Ms. Gogliotti: Is that proceduralized? Or is that at the discretion of the dose reconstructor?

Mr. Calhoun: No. We're not allowed to use employment unless it's verified by DOL.

(Simultaneous speaking.)

Ms. Gogliotti: But --

(Simultaneous speaking.)

Ms. Gogliotti: -- evidence, are -- is there a requirement that the dose reconstructor actually forward that information on? Or how is that addressed?

Mr. Siebert: Hey, Grady, I could --

(Simultaneous speaking.)

Mr. Siebert: -- answer that for you.

Mr. Calhoun: Okay.

Mr. Siebert: If you like. This is Scott. Yeah, it's in Procedure 106. There's a note in there that if it makes a difference in being over 50 percent by either -- the bottom line is if we can include it and it's less than 50 percent, even without going to DOL we can include that and move forward.

If it makes a difference going over 50 percent, then we do go back to DOL and ask for information on whether they will reevaluate the employment period.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay.

Ms. Gogliotti: That was actually a Type 2 issue. I'm sorry, I've got my --

(Simultaneous speaking.)

Chair Kotelchuck: Okay, so we're -- we'll close on that.

Ms. Gogliotti: Not a problem.

Chair Kotelchuck: Okay.

Ms. Gogliotti: And the next one is from the same case, Observation 2. And here in this case recycled uranium was not considered, and NIOSH responded or they acknowledged that recycled uranium should have been considered; however, inclusion of recycled uranium would only result in a slight increase to the PoC that was already over 50 percent.

NIOSH did acknowledge that they're in the process of reviewing the methodology for this site and anticipates updating it shortly to include RU where appropriate.

Chair Kotelchuck: Okay.

Ms. Gogliotti: When the update is completed, they said that they would be doing a PER under the normal PER process. So based on that we recommend closure.

Chair Kotelchuck: Sure. Of course. This is pretty standard. Again, if you're over 50 percent, then at that point one can truncate in many different ways the process, as appropriate. So` I would say let's close, unless I hear a concern or objection. Okay,

closed.

Ms. Gogliotti: Okay, Observation 3 from the same case. Here, the observation was essentially that the incorrect plutonium intake rate was listed in the DR report. They used the correct in the actual assessment. It was just listed incorrectly in the DR report, and NIOSH acknowledged that this was a typographical error. So we recommend closure.

Chair Kotelchuck: Right. Is this not a quality control issue?

Ms. Gogliotti: Yes, I would say that that was a quality control issue.

Chair Kotelchuck: But if it is, would it not be a finding?

Ms. Gogliotti: In this case it didn't impact the actual dose reconstruction. It was just --

Chair Kotelchuck: Pardon?

Ms. Gogliotti: If was more of a typographical -- it didn't impact the actual dose reconstruction, other than the error in the text. Typically, we would only have it a finding if it resulted in a change to the dose that was assigned.

Chair Kotelchuck: Right. You're saying it's only in the report. It's not in the process.

Ms. Gogliotti: Correct.

Chair Kotelchuck: Okay. Then that certainly is an observation. And I would agree, it should be closed. Again, if I hear objection or concern or comment, happily. Otherwise, I'll wait a moment, and then if I don't hear anything, we'll close it. Okay, closed.

Ms. Gogliotti: And the next one is from the same

case. And this is Observation 4. This had to do with there being unmonitored uranium dose was assigned during a period when the EE was monitored. And I think this was perhaps more of a confusion on our part based on the language in the dose reconstruction report.

It wasn't clear to my reviewer at the time that the unmonitored uranium dose was being assigned because it was during the residual period, rather than because it was being assigned, because the DR report doesn't indicate that.

Based on NIOSH's response, we agree that they handled the intakes appropriately, so we do recommend closure.

Chair Kotelchuck: Sure. Again, fairly standard, and that sounds reasonable. I'll wait a moment. Okay, I think I don't hear any -- silence equals consent in this case, so move closed.

Ms. Gogliotti: Okay. The next one, Observation 5, is the same issue but for plutonium.

Chair Kotelchuck: Yes, it certainly is. Same issue. And we'll close it. Again, always subject to comment or question. Okay, closed.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Mm-hmm.

Ms. Gogliotti: And this one is also from the same case, but it's Finding 1. Let me pull this up here. And the finding had to do with the incorrect intake value being used in the OTIB-0054 workbook.

And NIOSH agreed that the incorrect intake was assigned for the years '78 and '79, and the change would slightly increase the dose in a case with the

PoC over 50 percent. So we recommend closure.

Chair Kotelchuck: Yes, okay. Certainly agreed. Anybody have concern or objection? Okay, so we'll close that as well.

Ms. Gogliotti: Okay. The next one is from Tab 534, and that's a Fernald case. And it's Observation 1 and had to do with the current RU guidance would increase dose. So the case was performed correctly using the guidance that was current at the time that the DR was performed.

However, the guidance has since changed, and NIOSH intends to update this case as part of the PER process. So we recommend closure.

Chair Kotelchuck: Okay. Right, so this really was done properly at the time that it was done, and there will be changes, and they will be considered in a future PER. Right?

Ms. Gogliotti: Correct.

Chair Kotelchuck: Okay. Well, that seems straightforward, and I say we should close, unless I hear objection.

Member Clawson: This is Brad. Close.

Chair Kotelchuck: Good. Close. Okay, fine. We're closed on that.

Ms. Gogliotti: Okay.

Chair Kotelchuck: And if ever my Subcommittee members think I'm moving too quickly, slow me down because --

Member Clawson: Dave, you know that if we have something to say, we'll say it. I hope you know that.

Chair Kotelchuck: Well, I guarantee I know you will, Brad. I want to make sure everybody will. Yes.

Member Clawson: Don't ever mess with Loretta. She'll take you --

Chair Kotelchuck: Oh, yes.

(Simultaneous speaking.)

Chair Kotelchuck: Hey, I don't mess with anybody on our Subcommittee. All right, let's go. Let's move on.

Ms. Gogliotti: All right. The next one is Finding 1 from the same case. And this one had to do with Rn-222 intake values, and they were not consistent with the current TBD.

And NIOSH agreed that the dose reconstructor should have used the most recent TBD values. Here, the dose reconstructor used a previous version of the tool to assign intakes, and they should have used updated version which NIOSH, I guess, keeps on a server.

Using the radon values from the current revision would increase the working level month's assignment from .829 to 1.524, and the PoC did increase from 46.69 to 46.93.

And NIOSH reviewed all claims that were conducted by this particular dose reconstructor in the six-month period following the TBD update, just to make sure that this wasn't a reoccurring issue that happened for this dose reconstructor. And they didn't find any other impacted claims.

Chair Kotelchuck: Good.

Ms. Gogliotti: So based on that response, we're

comfortable closing this issue.

Chair Kotelchuck: Good. Good. Okay, that sounds good. Is this finding a quality control issue?

Ms. Gogliotti: Yes.

Chair Kotelchuck: I think it is. I trust, Rose, or someone working with you is keeping track of the QCs as we go along for a future report to the Secretary.

Ms. Gogliotti: Right.

Chair Kotelchuck: Good. Okay, thank you. All right, and I -- okay, we're -- we agree. I agree. I'm waiting if there are other concerns. Any other?

Member Clawson: No, we're good with it. I would like to recommend, though I appreciate NIOSH looking at how they did that, I just want to compliment them on that that they looked at all the claims. But I thought that was very good. I appreciate them letting us know it.

Chair Kotelchuck: Yes, I agree with you. That's very nice. Okay, so we're going to close it, unless -- I'll wait a moment. Okay, we'll close.

Ms. Gogliotti: Okay. The next one is Tab 535, and it's also a Fernald case. And this is Finding 1. And here we identified that there was a diagnostic examination that was included in the medical dose.

And NIOSH agreed that there was a diagnostic examination that was done in '95 that was mistakenly included. The diagnostic x-ray was removed and rerun, and the combined PoC was 20.11 percent, and the combined PoC with the diagnostic x-ray removed was 19.93. So a marginal impact, but it certainly didn't impact the

compensation decision.

Chair Kotelchuck: Right.

Ms. Gogliotti: Other than that, we recommend closure.

Chair Kotelchuck: Okay, sounds good. Now, is this quality control?

Ms. Gogliotti: Yes, you could certainly say that was a quality issue.

Chair Kotelchuck: I think it is. I think it is. Okay, well -- and there's agreement now, and it's settled. So do -- I'll move that we accept closure. Again, I'll wait one second. Okay, closed. All right.

Ms. Gogliotti: And the next one is 536, also a Fernald case, Observation 1. And here similar to one we had earlier, the recycled uranium contaminant levels used by NIOSH are not current.

Chair Kotelchuck: Mm-hmm.

Ms. Gogliotti: And, again, we agree that the case was processed correctly at the time, and NIOSH will update the case as part of the PER process. And therefore we recommend closure.

Chair Kotelchuck: Okay, now -- but this was evaluated properly at the time.

Ms. Gogliotti: Correct.

Chair Kotelchuck: Changes had not been made, so --

Ms. Gogliotti: Yes, which is where this observation --

Chair Kotelchuck: So, pardon me. Why, then, is this

a finding?

Ms. Gogliotti: This is an observation.

Chair Kotelchuck: This is an observation, right. 536.1 becomes 536 Observation 1, right?

Ms. Gogliotti: Yes.

Chair Kotelchuck: Am I looking at the right thing?

Ms. Gogliotti: I believe it is --

(Simultaneous speaking.)

Member Clawson: It is Observation 1. It is Observation 1, Dave.

Chair Kotelchuck: Then I am perhaps off base or out of order. Hold it a second.

Ms. Gogliotti: If you're looking at the spreadsheet, it's important that you use the drop-down menu --

Chair Kotelchuck: I'm looking at BRS right now.

Ms. Gogliotti: -- when you sort.

Chair Kotelchuck: Pardon?

Ms. Gogliotti: You're in the BRS?

Chair Kotelchuck: Yeah.

Ms. Gogliotti: It's possible it was loaded incorrectly. I can verify that.

Chair Kotelchuck: There were -- yeah, no, some of those went for -- okay, thank you. This is -- we are on Observation 1, and we accept. Right?

Fine. So we'll accept Observation 1, and then go on to Finding 1.

Ms. Gogliotti: Correct.

Chair Kotelchuck: Okay. Yeah, they're out of order in the -- I'm going -- I'm --

(Simultaneous speaking.)

Ms. Gogliotti: If you're in the BRS, they're very much out of order from --

Chair Kotelchuck: Yeah, and that's okay. I'll be careful. No problem. It's easy to resolve. I just --

(Simultaneous speaking.)

Ms. Gogliotti: The BRS loads everything alphabetically, which creates problems for us because we don't care about alphabetically. We're concerned with keeping the cases together.

Chair Kotelchuck: Okay. Let's go on to 536.1.

Ms. Gogliotti: The next one is 546, Finding 1, which is an Oak Ridge Diffusion Plant case. You're looking at the Type 2 issues also, Dave.

Chair Kotelchuck: Oh, yes. Okay.

Ms. Gogliotti: Okay. And this finding has to do with addressing all of the bioassay records. We found that NIOSH did not include a total uranium result that was submitted in 2001.

And NIOSH did assign fitted uranium intakes during this time when the positive sample was taken. However, the positive sample would only modestly impact the fitted intake.

NIOSH looked at this, and the addition of the uranium bioassay had a small impact on the fitted dose. However, the missed internal dose was assigned because it resulted in a higher internal

dose, both in the original assessment and the review when they added the sample. Therefore, the omitted bioassay sample did not affect the internal dose assigned. And based on that we recommend closure.

Chair Kotelchuck: Okay. All right, okay. Yes, right. Again, quality control. But I agree, closure. Any concerns, folks? Hearing none, approved.

Ms. Gogliotti: Okay. Same case, Finding number 2. Here, we found that NIOSH did not acknowledge conflicting higher americium-241 bioassay results. We reviewed these bioassay records and discovered there were actually four records relating to a single date of urinalysis for americium. Three of the records were consistent; one was different.

NIOSH used the consistent record, which was -- happened to be lower than the one different. And NIOSH responded that assuming the data that is reported later is more accurate is not necessarily unreasonable, but they do agree that assuming the higher value of the two values is claimant-favorable and the records are not clear.

And acute intake of americium Type M was assessed based on the assumed positive bioassay submitted in 2003. There was no impact to the overall PoC, and that's because the acute intake resulted in a lower annual dose than the already assigned americium missed dose during that period of time. So based on that we recommend closure.

Chair Kotelchuck: All right, sounds good. Any concerns, folks? Quality control, right? Okay, good. So let's close on that.

Ms. Gogliotti: Okay. Same case, Observation 1. Here, the K-25 guidance document included in the EE's files for the British Nuclear Fuels Limited

workers says that that LOD for the period was ten millirem. And this information is not actually in the K-25 external dose TBD. The DR guidance documents are not reviewed formally by the Advisory Board, as I'm sure everyone is aware.

But during our November conference call where we discussed this case, Board members Anderson and Valerio requested that the issues be elevated to an observation to highlight the guidance document's impact on the dose reconstruction.

Chair Kotelchuck: Okay.

Ms. Gogliotti: And NIOSH responded that at the time the claim was performed the British Nuclear Fuels workers had an LOD of ten millirem, as discussed in the guidance document. And this LOD was used to calculate the missed external dose while working at the site.

But then there's an additional SRDB document that states that ten millirem is equal to the minimum reportable dose for neutrons, and they go in here and describe some other SRDB documents and what they state.

And NIOSH said that the issue has been investigated and is going to be incorporated in the next K-25 external dose TBD. And based on that, we recommend closure.

Chair Kotelchuck: Okay, that sounds good. Sounds good to me. Folks, you agree?

Member Clawson: I'm good with it. This is Brad.

Chair Kotelchuck: Okay.

Member Valerio: This is Loretta, Dave. I'm good with it.

Chair Kotelchuck: Good. Good.

Ms. Gogliotti: Okay? The next one is from the same case, Observation 2. There was an incorrect intake date listed in the dose reconstruction report. And NIOSH responded that the tech-99 intake was calculated correctly; however, the intake rate was transcribed incorrectly into the report. This is a typographical error. And so we recommend closing. This is a QA issue.

Chair Kotelchuck: Sure. Good. That sounds good and agreed. Again, object to -- any comment. If not, I hear nothing, we'll close.

Ms. Gogliotti: Okay. The next one is also a K-25 case, Tab 547. And this is Finding 1. And here we identify that NIOSH did not address strontium-90 intakes.

The DOE records showed a urine bioassay submitted by the EE in 1999 with a result that happened to be below the MDA. And the values, of course, are here, but I don't want to disclose any claimant information.

Chair Kotelchuck: Right.

Ms. Gogliotti: And here NIOSH actually did not agree with us. NIOSH indicated that the strontium-90 intake should have been -- or should not have been assessed in this dose reconstruction; however, the reason for the exclusion should have been discussed in the report.

Strontium-90 is not part of the source term at K-25, according to the TBD. They go on to say that during this time period, ORNL processed K-25 employee bioassay samples, and the strontium-90 was likely included as part of the source term for ORNL, and therefore not indicative exposure.

And while we understand their logic, we do question if it's claimant-favorable. It's certainly not outside the realm of reason that the EE may have -- visited the other sites at Oak Ridge, and that would also explain the strontium-90 monitoring.

Chair Kotelchuck: Right. Well, it does sound not outside the realm of reason, though I would -- I do agree that it should have been -- it could have been added, and I suppose it should have been.

I can easily -- it's not part of the source term, so I can easily understand why the dose reconstructor didn't put it in.

But once the issue was raised as a finding, I'm a little concerned why, Scott, in your response you didn't say well, okay, I see why you're doing this, but if we want it to be claimant-favorable, we should add it if it's possible that it's legitimate, even though it was not a source term.

Mr. Siebert: And this is Scott. The response from SC&A came after our initial response. So I didn't --

Chair Kotelchuck: Oh, yes.

(Simultaneous speaking.)

Mr. Siebert: But, I mean, I'm going to say something, but I'll leave it up to Grady as to whether he wants to -- because I'm speaking as a contractor, not as NIOSH.

From my understanding, we -- I've had people go back and look, and we have no indications whatsoever this individual was at X-10 at all.

And I agree that throwing that on top -- I wouldn't call that claimant-favorable --

(Telephonic interference.)

Chair Kotelchuck: All right, we're having a little interference right now. Somebody check, and we'll come back to you, Scott, in a second, when things quiet down. Okay, Scott, continue, please.

Mr. Siebert: Yeah. And this is a discussion of whether it's claimant-favorable, which is making a decision between two options that are equally reasonable, and being overestimating, where we just assume that the person was where we have no indications whatsoever they were.

As far as I know, the CATI never mentioned it, the EE never mentioned it, there's no indication whatsoever the individual was at ORNL at all.

So, I mean, like I said, I'll defer to Grady on this, but from our investigations, I don't think it's necessarily reasonable to make that overestimating assumption like that.

Chair Kotelchuck: Okay. Grady, what would you say? Because --

Mr. Calhoun: I agree with Scott on that one because we have at least a couple of different points where the energy employee or the claimant would have the opportunity to say they worked there.

And if that's not even claimed employment, let alone verified employment, there's no reason to jump to the conclusion that they in fact were there.

Ms. Gogliotti: Except I think that this is a unique set of sites, the Oak Ridge facilities, because they're all somewhat co-located, and going between one and the other might not even register to a claimant as different.

Mr. Calhoun: Yeah, but if they didn't mention it, and it's not verified employment, there would be no reason to include that.

Chair Kotelchuck: Is there any reason that a person could administratively go over to the other part of the site for temporary -- replace somebody on vacation or something like that, and go --

(Simultaneous speaking.)

Chair Kotelchuck: And you wouldn't remember -- pardon? Go ahead.

Member Clawson: They can go all over the place there. It's not that outrageous to be able to do.

(Simultaneous speaking.)

Mr. Calhoun: Then we get into a situation where, okay, well now we have to assume everybody was at all three sites. And then we have to look at -- let's say, for example, the ambient internal dose at X-10 is much higher than other places, so do we assign that to everybody because it's possible that they might have, even though they didn't list it and it's not covered employment? It's just a slippery slope. It's just not a very --

(Simultaneous speaking.)

Member Clawson: I understand exactly what you're saying on that, and this is very (telephonic interference) understanding on this (telephonic interference) a urine bioassay that showed strontium-90. Correct?

Ms. Gogliotti: It was below the MDA, but it was present in their sampling records.

Chair Kotelchuck: Yeah.

Member Clawson: It was present in their sampling records. And I understand what you're saying, Grady. But I just see an issue where we're trolling something like this too.

I've said this from the beginning, because all of these sites are intertwined like a spider web, and we go lots of different places. I realize that we can't -- I understand your position -- I really do. Also, too, when we're showing a sample that's showing this, I think it ought to be taken into consideration. That's just my personal opinion.

Chair Kotelchuck: Mm-hmm. Mm-hmm. I would -- I'm trying to think of a way to make an assessment on this without having to force you to go through every single case.

Mr. Calhoun: Well, we won't go through every single case. I think --

(Simultaneous speaking.)

Mr. Calhoun: I think that -- nor that. But I think that with -- as I think Scott -- I heard Scott say that this response was provided after we provided ours. So we could always go back and look at this specific site and see if there's any more detail, not site, this specific case, and see if there's any more details we can add to the BRS.

Chair Kotelchuck: Could you do that? That would be helpful.

(Simultaneous speaking.)

Mr. Calhoun: Am I correct? Did I hear you correctly, Scott, that this was received after we had our response?

Mr. Siebert: That's correct. And, yeah, we can

definitely do that.

Chair Kotelchuck: I appreciate that. So let's leave this open and take a look and then come back to it the next time.

Member Clawson: And, Dave, this is Brad. I agree with Grady. This -- we ought to look at just this one. I just -- I feel this has got to be on -- you know, I agree 100 percent with what Grady was saying about that, but when we see something like this, I think we ought to evaluate it a little bit more. So I'm in agreement.

Chair Kotelchuck: Good. Good. Okay, and as long as it can be looked at a little bit more. And I also appreciate, Scott, that you looked into it further already between -- you know, after Rose's response, and didn't find anything.

And that was a good procedure, proper procedure. And you'll check it a little bit more and talk to us again the next time we meet when we will come back to this. Okay, folks? Okay, sounds good. All right, so it remains open.

Now are we coming up to a natural breaking point? It's 12:23. Are there a few more to go until 12:30 here, and 9:30 there?

Ms. Gogliotti: We can keep going. We've got plenty more to cover. This would be a reasonable stopping point if we want to take a break. If you want to keep going, that's fine too.

Chair Kotelchuck: Let me ask Subcommittee members first. People want to take a break now or keep going? I'm open to doing as you folks would like.

Member Clawson: I'd like to keep going. But that's

just me.

Member Beach: This is Josie. I'm fine to keep going or take a break. It doesn't matter.

Chair Kotelchuck: I see 551 coming up from Paducah. A whole -- many, many cases for Paducah. So why don't we -- oh no, these are all closed. The next thing is 545 and -- that's it.

Ms. Gogliotti: 545 is next.

Chair Kotelchuck: Yeah, 545. And then 551, there are many, many different pieces to it. So why don't we do 545, and then break.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay.

Ms. Gogliotti: This is a Nevada Test Site, as well as an Amchitka Island nuclear test site case. And this is Observation 1. And this particular one has to do with the tritium dose that was assigned in 1971. NIOSH assigned .002 rems, so very small dose to account for tritium for the one week that the EE spent at the island, and that has to do with the tritium dose that was assigned to the NTS.

And NIOSH agrees that the NTS environmental default intakes do not include tritium, and that tritium was not assigned for the EE's NTS employment.

During the NTS SEC period, NIOSH assigned tritium dose based solely on the available bioassay data for the EE. However, the NTS environmental TBD has just been revised to now include tritium, and they will also be updating the Amchitka Island methodology to reflect that.

Chair Kotelchuck: Okay.

Ms. Gogliotti: So based on that, we recommend closure.

Chair Kotelchuck: Sure. I think that makes sense. This will be updated. And it's good you found it, but it should be updated. Okay, I'm open on that to -- or I should say I'm ready to close on that. I'm open to closing on this. Any concerns or objections?

Member Clawson: This is Brad. I'm good with that. So, yeah, seeing that the Nevada Test Site being updated.

Chair Kotelchuck: Good. Okay. All right, then we'll close. And I think we're almost ready for 551. It's 12:25, so we'll call it 12:30 and -- here on the East Coast. And can we return at 1:30, after a long break? Does that sound okay to people? And of course, an hour -- at the half-hour on the West Coast. That is 9:30 on the West Coast. Sound good folks?

Member Clawson: Sounds good.

Chair Kotelchuck: Okay, everyone. We've accomplished a lot this morning. We're moving right along. See you all at 1:30 or 9:30 and everything in between, on the hours and between for those of us in the middle of the country. Okay, bye-bye.

Member Clawson: See everybody in an hour.

(Whereupon the above-entitled matter went off the record at 12:27 p.m. and resumed at 1:31 p.m.)

Ms. Gogliotti: Did you want to pick up where we left off, Dave?

Chair Kotelchuck: Yes. The case 551, right?

Ms. Gogliotti: 552.

Chair Kotelchuck: 552?

Ms. Gogliotti: Yes.

Chair Kotelchuck: Okay. We didn't do 551, did we?

Ms. Gogliotti: Correct. That's a Type 2 case.

Chair Kotelchuck: Okay.

Ms. Gogliotti: We can certainly do that one now if you want to --

Chair Kotelchuck: Oh no, no, no, you're right. It's absolutely Type 2. I didn't make that distinction in my own personal notes. 552 is fine. And all of our Subcommittee members are on the line?

Member Beach: Dave, it's Josie, I'm back.

Member Lockey: Jim Lockey is back.

Member Valerio: Loretta's back.

Chair Kotelchuck: All right, wonderful. Dave Richardson? Well, we have a quorum and he'll be back in a moment, I am sure. I'm confident. Okay, so I think we can start.

Ms. Gogliotti: Okay, Tab 552 is a Paducah case, and this is Finding 1. Here we identified that there were ineligible examinations assigned as medical dose. There were two X-rays in particular that were listed as occurring at Western Baptist Hospital with off-site addresses. And NIOSH disagreed and thought that they were eligible for inclusion because the guidance document indicates that there were no off-site examinations that occurred at Paducah because

they had X-ray equipment.

While we acknowledge the guidance in OTIB-79 and the TBD, and we agree that there was X-ray equipment on site, we're not disputing that. We also don't think that that precludes the examinations from occurring off-site. However, assigning these examinations as claimant-favorable, if there was some doubt, NIOSH suggested perhaps that they were sent off-site to be read, but they occurred on-site. We have no way of knowing, so especially because these examinations aren't impacting the compensation decision, we recommended closure.

Chair Kotelchuck: Let me ask you, in the past, always when things were done off-site, my understanding was it was not allowed for us to use them as medical dose.

Ms. Gogliotti: Correct.

Chair Kotelchuck: So why is this different? Because we know the --

Ms. Gogliotti: OTIB-79 says that they didn't occur off-site, essentially, even though the reference listed a hospital that's not on-site.

Chair Kotelchuck: Got it, okay. So there's affirmative indication that they were done on-site.

Ms. Gogliotti: Well, there's just no evidence to the contrary.

Chair Kotelchuck: Okay, all right. Right, okay.

Ms. Adams: Excuse me, I have a quick question. Rose, are you showing anything?

Ms. Gogliotti: Oh, I'm so sorry. I forgot to include my screen again. One moment.

Member Clawson: Thanks, Nancy. I thought I was the only one.

Ms. Gogliotti: Now can you see it?

Ms. Adams: I can.

Member Clawson: Yes, now we can.

Member Lockey: Yeah, Rose, you're up.

Chair Kotelchuck: I'm just working off the BRS because it's easier on my machine.

Ms. Gogliotti: My screen looks the same either way, so --

Chair Kotelchuck: Right, okay, good.

Ms. Gogliotti: Okay, if we closed that one, then we're on to the same case, Observation 1.

Chair Kotelchuck: Well, let's see. I wondered what were people thinking on the Subcommittee.

Member Beach: I agree with closing. This is Josie.

Chair Kotelchuck: Okay.

Member Valerio: This is Loretta. I agree with closing.

Chair Kotelchuck: Okay, fine. Now hearing no objections, we close. Good, thank you. All right, closed.

Ms. Gogliotti: Okay. Same case, Observation 1. We identified there was a small TBD error in Table 6-1 of the TBD. NIOSH agreed it was a typographical error. During the next revision of the TBD, they have agreed to correct this, and so we recommend closing it.

Chair Kotelchuck: Okay, all right.

Member Beach: Agreed.

Chair Kotelchuck: Good, sure, that's fine. Hearing no -- close.

Ms. Gogliotti: The next one comes from Tab 553, and this is a Rocky Flats case. Here we identified an error in prorating the 1976 external ambient dose. NIOSH agreed that there was an error that was made in the prorating step, and they have improved the tool to include prorating. That was published in April of last year, but this case was performed before that, so it wouldn't have been caught.

They made that step to prevent these types of errors in the future. The impact of the finding was reviewed. The overall PoC would change from 49.05 to 49.62, so there was no impact on the compensation decision. Therefore, we recommend closing.

Chair Kotelchuck: Right.

Member Beach: Rose, this is Josie. Did you guys go take a look at that tool or just --

Ms. Gogliotti: We did not look at the tool. We can certainly request that from NIOSH, though, and investigate further, if you'd like.

Member Beach: I don't think it's necessary. I was just wondering if you had or not.

Chair Kotelchuck: Right. I mean, as usual, the PoC number is tantalizingly close to 50 percent. However, as always in the past, it is either 50 percent or above or it isn't, and it isn't. So I'm okay with that, with what you report, and would be open to closing it. Any concerns, objections? It is worth

your looking at.

Ms. Gogliotti: This is actually the tool, so I don't have pulled up here exactly what tool they modified. However, it appears that the tool automatically prorates rather than the dose reconstructor manually having to do it, which --

Chair Kotelchuck: Okay, fine. So if it said it was done, then it is done. Then I'm fine. Any concerns or objections? If not, let's close.

Ms. Gogliotti: The next one is from the same case, Rocky Flats, Finding number 2. Here we identified that there were duplicate --

Chair Kotelchuck: By the way, pardon me, before we go on. That was a QC, wasn't it, 553.1? Right? A quality control error?

Ms. Gogliotti: Yes, a QA issue.

Chair Kotelchuck: Yes, okay.

Ms. Gogliotti: I'm having a lot of feedback on the line. I don't know if it's just me.

Chair Kotelchuck: Let me see. Hold one second. I fear that may be mine. I just turned it off and it did quiet down. Let me go off or -- I'll go onto mute and I can get another device while we're talking. Would somebody take over the Chair? Our senior person here in terms of service on the committee is, I'm not sure now with all the new people.

Member Beach: It's Brad. He's been on the longest.

Chair Kotelchuck: Brad, okay. Brad, would you take over while I'm silent? I'm sure I can fix things soon.

Member Clawson: Sounds good. We'll go ahead then.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Sorry, Brad, you're stuck with me.

Member Clawson: You know, you can't win with Josie.

Ms. Gogliotti: Again, Tab 553, Rocky Flats plant. Here we noted that there were duplicate examinations that were omitted from the dose reconstruction. There was a file in the dose reconstruction that listed all of the X-rays that occurred, and it indicated that several years had multiple X-rays that were performed. The TBD at the time, Rev. 2, indicated that examinations did not occur more frequently than annually, and so NIOSH, I guess, technically followed that guidance even though the examinations were clearly documented in the record.

The new rev of the TBD, Rev. 3, which was issued in 2019, removed the statement and dose reconstructors are now free to use examinations more frequently than annually if they occur in the record. Based on the updated TBD, this method would then have to fall under the PER, so this claim theoretically should be reworked.

Member Beach: I would agree with that, because the extra -- he may have had an incident, so they may have taken extra X-rays. If it's not explained, you can't just arbitrarily take him out. So do we know if this is going to be reworked?

Ms. Gogliotti: NIOSH said the claim would be reworked under a future PER.

Member Beach: This is the one that's very close to 50 percent also, correct?

Ms. Gogliotti: 553, yes, it's 49.05.

Member Beach: Yeah, I would be interested in following up on this one.

Mr. Siebert: This is Scott. We've already taken that into account, as we talked about in Finding 1. Finding 1, we mentioned that the PoC went from 49.05 to 49.62. That included this portion, including these duplicate X-rays, as well, not just the first finding. Dealing with both of them together, the impact still did not make that change.

Member Beach: Okay, thanks.

Chair Kotelchuck: Good that you said that.

Member Clawson: I'll turn it over back to Dave now.

Chair Kotelchuck: Yeah, I'm back and I'm better. Okay, so we'll accept that, right? We'll close. Yes?

Ms. Gogliotti: Okay.

Chair Kotelchuck: Good.

Ms. Gogliotti: The next one is a Savannah River case.

Mr. Siebert: I'm sorry. This is Scott. Grady's not on the line, so I just want to ask this question. I wasn't sure if it was appropriate or not. Since we did follow the TBD in place at the time, would this be an observation rather than a finding?

Member Clawson: Good point, Scott.

Ms. Gogliotti: Well, yes and no. You left a -- it was clearly documented. I think that it can be reasonably interpreted as that, so if you wanted to drop it to that, I guess we can't argue that. It's the Subcommittee's prerogative.

Chair Kotelchuck: Actually I'm rethinking. Let me see. There were more -- the exam was more frequent than annually. I think we keep it as a finding. Yeah, because there could be good reason that they had more than one a year. A little bit that depends on the details of the case, but I think there's enough information here I would think that it should've been included.

Mr. Siebert: It's obviously fine. I just wanted to bring it up for Grady. Thank you.

Chair Kotelchuck: Okay, all right, that's fine. Absolutely, and Grady will be back soon, if not later today. We'll listen to his advice and we'll reopen that. Okay, let's go on, but it is closed pending reopening. Do go ahead.

Ms. Gogliotti: Okay, the next one is Tab 555, and it is also a Savannah River case. Observation 1, we just identified a minor conflict in the guidance in the TBD between Section 5.41 and Section E.4.1.2. There were just differing by a year, and NIOSH acknowledged that there was a difference and they're going to correct it. The SRS workbook applied the correction vectors per the initial reference in the TBD, and we just confirmed that, and they will be correcting the discrepancy. So based on that, we recommend closure.

Chair Kotelchuck: Okay, and this seems to be, now going back to the previous issue, this is an observation, because they did things properly. They did the dose reconstruction properly at the time with the data that they had, although it was incorrect data, or needed correcting.

Ms. Gogliotti: Well, in this case it was just a conflict between the advice in one section of the TBD versus another. It was just a difference by one year, a very

modest impact.

Chair Kotelchuck: Yeah. Well, that certainly is not the fault of the people doing the dose reconstruction, though.

Ms. Gogliotti: Correct, which is why it's an observation.

Chair Kotelchuck: I mean, so the directions being given were conflicting. They did what they saw in front of them, you know, as guidance. I would close it, but keep it as an observation. What do others think?

Member Clawson: Are you talking the previous one, Dave, or are you talking this one?

Chair Kotelchuck: 555.1.

Ms. Gogliotti: Observation 1.

Chair Kotelchuck: Oh, now I know, okay, I know, thank you. And by the way, I did not know, I missed that. I was looking at Number 1. This is Observation 1. First, thank you very much, Brad, for taking over. In the transition back, what is your advice on Observation 1? I didn't come back correctly. Why don't you address that?

Member Clawson: I'm good with it. I just wanted to make sure that we were all on the same one.

Chair Kotelchuck: Right, well, you're certainly right. Observation 1, there's no question about that it's an observation. We accept it. Pardon my --

Member Richardson: It's closed. It's closed. Let's move on.

Chair Kotelchuck: Yes.

Ms. Gogliotti: All right.

Chair Kotelchuck: Okay, all right.

Ms. Gogliotti: Observation 3, same case.

Chair Kotelchuck: Mm-hmm.

Ms. Gogliotti: Here we identified the tritium intakes were applied after the cancer diagnosis, and NIOSH agreed for cancer 1, which was diagnosed in February. They assigned tritium dose from an intake that occurred in August. That should not have been assigned.

Chair Kotelchuck: Okay.

Ms. Gogliotti: It doesn't impact compensation, but we identified it. We recommend closure.

Chair Kotelchuck: Okay, sure. On Observation 3, sure. All right, hearing no objection? Closed.

Ms. Gogliotti: Okay, next one is 556, also a Savannah River Case. This is Finding 1, and here we identified that in the year 2016, ambient dose was not assigned. NIOSH agreed that ambient dose should have been assigned in 2016. I guess here the dose reconstructor selected the wrong facility for that one year, and it resulted in no ambient dose being assigned by the workbook. It has a very modest impact on dose and doesn't impact the compensation decision.

Ms. Gogliotti: We recommend closure.

Member Lockey: Jim Lockey, I agree.

Chair Kotelchuck: Folks?

Member Beach: Agreed.

Member Valerio: Agreed.

Member Clawson: Agreed.

Chair Kotelchuck: Good.

Ms. Gogliotti: Okay, same case, Finding 2. We identified that the tritium intake was assigned to the wrong year. NIOSH agrees. Basically it was a typo when they were entering dose into the tritium dose workbook. It was entered as in '91 and really the record was from 1990. Correcting this date in the workbook does increase the dose from 10 millirems to 14 millirems, and thus increases the total internal dose assignment. Again, doesn't impact compensation, so we recommend closing.

Chair Kotelchuck: Okay, sounds good.

Member Beach: Agreed.

Member Clawson: Agreed.

Chair Kotelchuck: All right, closed on that.

Ms. Gogliotti: Okay, the next one is from Tab 558, and also a Savannah River site case. This one is Finding 1. We identified a failure to discuss environmental radioiodine intakes. NIOSH agreed that radioiodine should've been included in the dose reconstruction, at least the discussion of it. The dose to this particular organ from environmental iodine for the entire employment period was less than a millirem, so it clearly didn't impact compensation. Based on that, we recommend closure.

Chair Kotelchuck: All right, correct, agreed. Okay. Any objection, concern? I don't think so. Okay, fine, we're closed. Closed on that.

Ms. Gogliotti: Okay, the next one is from Tab 548, and this is an Oak Ridge National Laboratory case, as well as a Y-12 plant.

Chair Kotelchuck: Wait a minute, that was -- I'm sorry, I missed that. What was the next --

Ms. Gogliotti: It's X-10 and Y-12.

Chair Kotelchuck: Oh yes, 548, okay.

Ms. Gogliotti: And this is Observation 1. Here we identified that NIOSH had used VARSKIN to model some skin doses, and here the VARSKIN files were not provided in the dose reconstruction. VARSKIN has a number of inputs, so when we attempted to reproduce it, we couldn't exactly match it, but we got in the ballpark. Thus, we requested that NIOSH provide the file.

Chair Kotelchuck: Sounds like a reasonable request. It's agreed?

Ms. Gogliotti: NIOSH essentially said that the file used to be in there when the claim was initially done, but when it was revised it was inadvertently removed. We requested that file. Beth sent me an email saying that the file was provided in, I believe, the file transfer portal, but I don't know what that is, so I still don't have access to it. I'm sure we can get that addressed quickly.

Chair Kotelchuck: I think so, but I think as far as the Subcommittee is concerned, this is resolved. I think we can close, folks. Again, unless there's some concern.

Member Lockey: This is Jim Lockey. Did you say transit portal?

Ms. Gogliotti: In the transfer portal, I just don't

know what that is.

Member Lockey: What did you say it was?

Mr. Rutherford: Yeah, the transfer portal is actually a transfer mechanism between ORAU and NIOSH, so typically if they're sending files over to us they can send it through that. Then we can take those files and pass them on or make you aware of where they're supposed to be. Scott, do you have anything additional to add to that?

Mr. Siebert: No, you're right. I used that to get it over to Beth, and I don't know where it went from there. I don't mean to throw Beth under the bus. I just don't know where it went from there.

Mr. Rutherford: Sure, sure. Rose, I can make sure you get that.

Ms. Gogliotti: Okay, great. I'm sure that there's not a problem with it. We just want to verify to complete this one.

Mr. Rutherford: It sort of sounds like a wormhole. Just saying, just saying.

Chair Kotelchuck: All right.

Ms. Gogliotti: Did you want to leave that in progress until we get that file, or do you just want to close it out?

Chair Kotelchuck: No, I think we can close it out. I think that's just a technical thing you can settle between you. But as far as the Subcommittee goes, no, I think we can close.

Member Clawson: I agree.

Member Richardson: You could bring it back to us if the model is not correct, right?

Ms. Gogliotti: Yes, absolutely.

Chair Kotelchuck: Oh, sure, right.

Member Richardson: Okay.

Chair Kotelchuck: All right so we'll close on that one. What is next?

Ms. Gogliotti: It is 559, and that is a Y-12 plant case, and this is Finding 1.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Here we identified some problems with the Recycled Uranium Workbook and the CADW entry, and there were some minor errors. NIOSH agreed things were labeled incorrectly and subsequently entered into the CADW wrong. NIOSH has corrected the workbook and re-ran CAD. The outcome resulted in dose to the skin and thyroid, approximately 25 percent of the previous dose. So it reduced the doses, but the claim was still under 50 percent, so it didn't impact compensation.

Chair Kotelchuck: Right, okay. That's fair enough. I think we can close that, unless I hear somebody to the contrary. I don't, so we'll close.

Ms. Gogliotti: Okay. The next one is 559, Observation 1. This is a Y-12 plant case.

Chair Kotelchuck: Wait a minute, was there not a 559.2? Oh, I'm sorry, no, that was 559.2. Okay.

Ms. Gogliotti: No, that was .1, the next one is .2.

Chair Kotelchuck: All right, then I had it right in the first place. Okay, go ahead, please.

Ms. Gogliotti: Okay. Here we had identified another CAD entry error. It was just a decimal point off

when it was entered for uranium for a certain time period. NIOSH agrees that the value used was not correct, and a minor difference doesn't impact the PoC in a significant way.

Chair Kotelchuck: Okay.

Ms. Gogliotti: We recommend closure.

Chair Kotelchuck: Sure, and it sounds good. Again, quality -- I thought it was QC, quality control.

Ms. Gogliotti: Assurance.

Chair Kotelchuck: Right. You at one point corrected me previously to say QA.

Ms. Gogliotti: That's what they've always been labeled in here.

Chair Kotelchuck: Okay, all right. I don't know where I got the QC -- I know where I got QC from, but maybe it's from somewhere else. Okay, good. Let's go on.

Ms. Gogliotti: Same case, Observation 1. Here we identified that the ambient dose doesn't match the TBD. We have previously discussed this issue, and correct me if I'm remembering this incorrectly, but NIOSH indicated that the original, when the TBD was last revised, guidance was removed inadvertently. So you were supposed to use the guidance in PROC-60, I believe? NIOSH states the DR was completed using a process discussed and closed previously. We're not really questioning that.

Here, our observation is a reference to the actual Y-12 DR guidance document, because the technical way or the correct way that dose reconstructors are supposed to do this is not to use the correct hierarchy of data. So we feel that this should be

documented in the Y-12 DR guidance document. Typically when a change is made to the guidance before the TBD is ready for revision, this gets logged in the DR guidance document until it is propagated forward into the formal document. We didn't identify that that had occurred here.

Chair Kotelchuck: Has it occurred?

Mr. Siebert: Yeah, this is Scott. Just to let you know, we have updated that now. It's in the DR guidance document awaiting going into the TBD. So yes, we did update that for you.

Ms. Gogliotti: And was that new change, Scott, as a result of this? Or did that occur previously and we're just catching up to it now?

Mr. Siebert: No, as a result of this, yeah. We've discussed it before and we had never -- you're right, we never put in the DR guidance document, so we have added it now.

Chair Kotelchuck: Very good. A -- thanks for following up so that we do get this done and it didn't escape somewhere in the process. So glad that it was done, and also glad that this observation was made. So seems to me we should close it, and kudos for good procedures so that we don't lose anything in the administrative stream. Okay, unless I hear, close and we'll go on.

Ms. Gogliotti: All right. Last Type 1 is Tab 560, and this is a Y-12 plant case, Finding 1. This is actually very similar to 559.2 where there was a CAD entry error. Intake was just slightly wrong in the CADW. NIOSH agrees it was a database input error. It was noted and corrected in the tool during the next PER for Y-12. This tool error will be included in the review for the PER. NIOSH did some preliminary calculations and found for the most impacted

organs, this would impact that organ at approximately 3 millirems, so a small impact, and therefore we recommend closure.

Chair Kotelchuck: Okay, sounds reasonable. I'll listen if there's any concern? No? Okay, we'll close on that.

Ms. Gogliotti: All right.

Chair Kotelchuck: Now, well, good, well. Now I don't know what we -- I didn't know that we were necessarily going to talk about the blinds. You certainly sent them to us.

Ms. Gogliotti: On no, we're not to the blinds yet. Don't worry.

Chair Kotelchuck: That's what I thought. Okay, that's what I thought.

Ms. Gogliotti: No, no, no, no. I would need much more time to prepare for that.

Chair Kotelchuck: Oh, that's good, okay, because you sent it along what you had, you know. I can certainly look it over.

Ms. Gogliotti: I just think that it --

Chair Kotelchuck: But I understand completely, no, no. Normally, and now that I remember, you asked me that early on and I said no, no, that's fine. We have just moved along very rapidly today and I'm very pleased.

Ms. Gogliotti: We do have a number of Type 2 issues from the 27th that we --

Chair Kotelchuck: Oh yes, yeah. Do you want to talk about those now? Start on those? Are you ready to do so?

Ms. Gogliotti: Yes, absolutely.

Chair Kotelchuck: Are you and NIOSH? Well, that's fine.

Ms. Gogliotti: I can't speak for NIOSH, I guess.

Mr. Rutherford: Scott, are we ready?

Mr. Siebert: Well, I think it's reasonable to go ahead and go through them, and we can address what we can address since they're relatively new responses. If not, we can push off to the next meeting and do more investigation.

Chair Kotelchuck: Okay, that's absolutely good. So let's go back and look at the Category 2. What would be the first one? I didn't make notes in my own notes about which was 1 and which was 2 because I was going through the BRS.

Ms. Gogliotti: It's 536.1.

Chair Kotelchuck: Okay. Part of it is on my computer screen, what you put up.

Member Beach: What number are we on again? I missed it, sorry.

Ms. Gogliotti: 536.1.

Member Beach: Thank you.

Ms. Gogliotti: Mm-hmm. Can everyone see my screen still? It's in the BRS.

Mr. Rutherford: Yes.

Member Clawson: Yes, I can.

Chair Kotelchuck: I can now. I've got it. Good, thank you.

Ms. Gogliotti: Okay, this case is a Fernald, as well as a Portsmouth case. Here what happened is the EE's DOE records contained a dosimeter result indicating that they were at Battelle Columbus Laboratory in 1983. This file is dated in May of 2018. There is also record of a K-65 silo radon exposure at Fernald. This file was dated in 2017. However, this DR was completed in March of 2016. These files were not available to the initial dose reconstructor. As a result, they were not included in the dose reconstruction.

We couldn't locate any documentation indicating that these new records were evaluated to determine if there was any impact on the case. We also couldn't locate any evidence that Department of Labor was notified, establishing the EE at an additional AWE employer facility outside of the DOL verified employment. This was specifically asked to be elevated to a finding during our Board conference call.

Chair Kotelchuck: Right.

Ms. Gogliotti: With these, Scott, do you want me to go over your response, or do you want to respond yourself? How do you want to do this?

Mr. Siebert: I can do that for you, sure. Give your voice a little bit of a rest.

Ms. Gogliotti: Thank you.

Mr. Siebert: Absolutely, I understand. Yeah, what this comes down to is -- and it was stated exactly correctly. When we did the claim, this information did not exist in our sphere of influence, so we could not take that into account. I understand it's been elevated to a finding by the Subcommittee by request. Once again, I believe Grady wanted us to ask about this being an observation. Because we did

exactly everything correctly based on the information that was in our hands at the time.

Now you kind of asked about the PAD process, and what this gets down to is when we get additional information, PAD stands for the Post-Assessment Dosimetry reviews. That's when we get any information that is new to the claim after the claim has been returned to DOL. This is a perfect example of us dealing with this type of an issue. Additional data came in after the claim was closed out and adjudicated by DOL.

On a periodic basis, we comb through all the data that exists and create a tracking of all the claims that have additional data. As we work through those, we determine if there's an impact based on that new information, and at that point if there is, then we -- I keep saying we. I'm thinking from an ORAU point of view, but basically NIOSH. If there is a difference, NIOSH will contact DOL and ask for the claim to be returned.

In this specific claim, you know, one of the questions was did we deal with the Battelle King Avenue data, because it's not a site that is employment-verified by DOL. As I said, when we originally did this claim, there was no reason to go look for it because it did not exist to us. We didn't know to go to DOL and talk about whether Battelle King Avenue employment was appropriate or not.

This PAD itself actually, we had started reviewing it about the same time as we started responding to these questions. We had gone through the PAD process with this claim and we are dealing with DOL on this specific claim. Basically the PAD process just works that way. As we find additional data, we will go back and look at it. We just didn't have it when we initially did the claim.

Ms. Gogliotti: So when new information comes in, it goes into somewhat of a queue and you look at it in the order it was received for cases, and then it gradually will come up and be reviewed at some point in time, but it's not immediate. Is that correct?

Mr. Siebert: Correct. We generally do, we try to look at the oldest ones first, but it's realistically also resource available, because we still are keeping up with all other claims and everything else that's going on. But generally we try to look at the oldest ones first because we want to get an answer to claimants as quickly as possible if there's an impact.

Ms. Gogliotti: Now if it comes up for review during this PAD process and you determine it's not going to have an impact on the overall compensation decision, so you don't need to go back to DOL to request the case, is that documented somewhere? How would we know that that process had occurred?

Mr. Siebert: Yeah, there's a PAD process. There's a PAD form that's filled out. If we actually have to reassess the claim to determine the impact of the data, all the files, just like a full dose reconstruction, are placed along with that PAD document. As to where it is located on the NIOSH side, I can't state that. I'm sure that the NIOSH folks can probably help you with that at some point. But for this one, yes, you are correct.

If there's no impact, we as NIOSH do not talk to DOL. But if there is an impact, we will request the claim back for assessment so that we can get that information to the claimant in a timely manner. This specific claim, actually you had mentioned the additional Fernald information that gave the idea of

thoron exposure. We actually did look at that already and it does make an impact on this claim, so we have requested the claim back from DOL and we are presently assessing it again.

Chair Kotelchuck: Sounds like the procedure, there's no indication that the procedure is not working, the PAD process. It is in order, right?

Ms. Gogliotti: Is there like, a time frame that you try to handle these by, like within a year of getting the new information? Or it's just whenever it happens to come up?

Mr. Siebert: No, it's based on the amount of resources that we have to work on that unless specifically -- I'm just speaking from an ORAU point of view at that point -- unless directed specifically by NIOSH to focus on anything in particular.

Chair Kotelchuck: But from a Subcommittee point of view, that is not an issue for us, interesting as it might be.

Ms. Gogliotti: Well, it does impact -- we see this all the time where there is newer information in the files than when the case was completed. We obviously can't fault NIOSH for not using information that they didn't have, but I was just curious at what point in time that became a red flag with the information that hadn't been addressed.

Chair Kotelchuck: Yeah, yeah.

Ms. Gogliotti: It sounds like that's not something we should worry about. Is that --

Chair Kotelchuck: I think it's not a Subcommittee issue, I don't think.

Member Clawson: I also feel that should be changed

to an observation.

Chair Kotelchuck: Yeah.

Member Clawson: Because they did everything right that they were expected to do. We've found this in numerous cases. You know, we've always, as committee members on all of these Work Groups and everything else like that, when information comes in, how are we going to address it? How is it going to affect cases that have already been compensated and stuff like that?

This is showing us basically how the process is working. I don't think we can hold NIOSH or ORAU accountable for material that they didn't have.

Chair Kotelchuck: I agree.

Ms. Gogliotti: Did this move to the front of the list because of this finding or was it just a natural happy coincidence?

Mr. Siebert: I believe, I'd have to go look, but if I remember correctly, it happened to be in process when I checked on it. Now I did prioritize -- it was already in process. I did prioritize it getting completed, but it would have gotten completed relatively soon anyway. But I believe it was already in process when I ran across this finding.

Ms. Gogliotti: Okay, that's all --

Chair Kotelchuck: I'm going to suggest that we close this as an observation.

Member Beach: Yeah, and Rose, this is Josie. I'm trying to think back on when Gen and I were discussing this with you. I think that was our concern, if I remember correctly, that it would happen automatically. It sounds like it is. Is that

what you remember from our discussion and why we wanted to push this up to a finding?

Ms. Gogliotti: My recollection is that, combined with the fact that we were concerned that the additional employment could push the PoC up, which elevated this to a more significant issue.

Member Beach: Right.

Chair Kotelchuck: Yeah, yeah.

Member Beach: And making sure that there was something in place that would capture the issue, so okay.

Ms. Gogliotti: Yeah.

Member Beach: Good.

Chair Kotelchuck: Okay, shall we go on?

Ms. Gogliotti: Okay, the next one is 540, Finding 1. This is a Hanford case. With this particular finding --

Member Clawson: Hey Rose, mine hasn't moved and I'm still back there. Is yours updating or am I --

Ms. Gogliotti: Mine is on 540.

Member Clawson: Okay, I'll sign in again and see if it updates.

Ms. Gogliotti: It's hard to know if it froze or if it's a problem on my end or yours. I don't know.

Member Clawson: Oh, you know how it is. Okay, thanks.

Ms. Gogliotti: All right, again, 540, it's a Hanford case, Finding 1. Here there was evidence of a skin contamination in the EE's file. This is noteworthy

because of where the skin cancer was.

Chair Kotelchuck: Oh yes.

Ms. Gogliotti: Here the records show that the skin contamination occurred on the right side of the face, directly in front of the ear, which we believe is pretty much the same location as the skin cancer. And this is not mentioned in the DR report. I'll let Scott handle this.

Mr. Siebert: All right, I guess that mute button is pretty important. Yeah, this comes down to the fact that, as SC&A said, there was a skin cancer that was in front of the ear and there was also -- I'm sorry, a contamination that was in front of the ear and a skin cancer that's on the jawline.

The dose reconstructors looked at the data that's in the file and determined that there was enough separation, ran it past our physician. They agree that there's enough separation from the information that we had that likely the contamination event wasn't impacting the area of the cancer. I understand that SC&A's additional response after ours said that you can't be sure because it says it was splashed and so on.

We looked at it a little closer. Generally, we still agree that there is probably enough separation that there is no impact, that there would be no contamination or, you know, it's not a wide enough area, especially based on the size of a normal GM pancake probe. But, you know, to be on the safe side, we also looked at the impact if we did include it. Not saying that it is accurate to include it or not, but we did just look at the impact to be on the safe side.

It added a very small amount of dose and would make no difference in the PoC overall. I apologize I

didn't get to put all this in the BRS. I've been getting the additional responses together recently. But generally, that's what we're looking at. It was really insignificant for the claim itself, a very small dose.

Chair Kotelchuck: Is this a professional judgment call?

Mr. Siebert: I would tend to say yes.

Ms. Gogliotti: Yes.

Chair Kotelchuck: Yeah, and that, I mean those are there. The question is was that a mistake? I think the answer is, particularly as Scott said, that they checked with medical people about that and rechecked the records, that it seems to me that that should be an observation. It's professional judgment. We have to accept that professionals will come to different conclusions about a particular point and accept it as part of the process. Try and keep it hopefully down to a minimum, and certainly not affecting, you know, compensation.

Ms. Gogliotti: Dave, I agree with you. However, I think one of the shortcomings of this case was it wasn't mentioned, even in the DR report. I'm thinking if I were the claimant and I had this incident in my file where my skin cancer is very close to the location where I had an incident, it would bother me that it wasn't addressed.

Chair Kotelchuck: Well, I would agree with you on that. I mean, even as an observation, it is an appropriate observation that that should be in the record to provide information to the claimant if the claimant wants to reconsider or in some way contest. But we are agreeing to this as an observation, that is, closing it as an observation. What you said is true, but the observation is that it

should have been there. It could be a little more explicit, if you wish to make that change.

I mean, essentially what we're agreeing to is this is a case of professional judgment, but we agree that it should be in the record. I mean, to me, as the Subcommittee, that's what I would say. And that's not there, saying it should be in the record. I would be amenable to closing it, but also to adding something in the BRS to say that closed as an observation, but it is a legitimate observation and we could use an additional line.

I don't know if you can just put that in at this late point.

Ms. Gogliotti: Yeah, I can absolutely change anything in here.

Chair Kotelchuck: Okay. Well, I would say please do it, because that is not there and that is a fair reason to put down something as an observation. Nevertheless, I'd like to close this as an observation. I'd like to ask if other members agree, other Subcommittee members.

Member Lockey: This is Jim Lockey, one question. When SC&A said they did not provide significant evidence to conclude the cancer was far enough away, does that mean they didn't document the procedure they went through? Or do you think that the doodle was close enough to cancer that that in itself does not represent significant evidence?

Ms. Gogliotti: What my reference to was I would have liked to see that in the actual DR report. But when we looked at this, we thought it was kind of a toss-up whether or not it was, because there's this drawing, the pathology report, and then immediately below it there's a different -- something that somewhat contradicts the drawing.

Chair Kotelchuck: Yeah.

Ms. Gogliotti: So there's somewhat of a disconnect there. It's reasonable to say you could go with either one. Apparently this doesn't make a difference in terms of the dose, but I think it was worth noting.

Chair Kotelchuck: But this is also now, once we act on it it's part of the record, is it not?

Ms. Gogliotti: It's part of the Subcommittee's record, but the dose reconstruction report isn't modified as a result of our conversations.

Chair Kotelchuck: Right. But if this were challenged by the claimant this is available to them, right?

Ms. Gogliotti: Well, the claimant wouldn't know necessarily we're even talking about their case because we classify these details. They're not made aware when we do a review.

Chair Kotelchuck: Yeah.

Member Lockey: This is Jim Lockey. I guess what I'm asking is if documentation is provided how NIOSH determined that they thought the doodle was adequate enough to make their conclusions, that's good enough for you? Or are we actually saying in this statement that the benefit of the doubt should've been given to the claimant based on the facts that are currently known. That's what I'm trying to figure out, where you're coming from.

Ms. Gogliotti: Personally I would've given them the benefit of the doubt here because there are so many uncertainties, but that would be my professional judgment. There's also a drawing on the documentation of the skin cancer on the face, or of the incident, so these uncertainties are kind of

compounding.

Member Lockey: How did NIOSH judge it, they just did it based on it's outside the doodle, is that right? Or we don't know?

Mr. Siebert: Yes. We looked at the information that was there and it did not seem to be in the same location as the cancer, so it was not considered as part of a skin contamination event for that cancer.

Member Lockey: All right, so this is where it goes down to a value judgment, professional judgment on either side, right?

Mr. Siebert: Correct. Right.

Chair Kotelchuck: Okay. Close this on observation. Jim, thanks.

Others? Anybody else want to weigh in on this?

Member Clawson: This is Brad. That's fine. Hey, Rose, could I get you to restart your sharing? It says I had a network interruption, and I'm waiting for you to read -- there we go. Okay.

Ms. Gogliotti: I stopped. And restart.

Member Lockey: Brad, that's what happens. You live in Idaho.

Member Clawson: Thanks, Lockey. Appreciate that.

Ms. Gogliotti: Now can you see it, Brad?

Member Clawson: Well, it's still going through its thing, so I'll let you know. Just keep going. You're fine.

Ms. Gogliotti: Are you sure?

Member Clawson: Yep. I'm fine.

Ms. Gogliotti: Okay. Well, the next slide is actually 551. And so if you have your files that I sent you, there's a specific file in there that you can pull up, and that way you can see --

(Simultaneous speaking.)

Ms. Gogliotti: 551. Okay. This is a Paducah case, and this is Finding 1. But it kind of spills over into everything else. So we're just going to talk about Finding 1, but there's implications for the rest of these, as well, for this case.

This case is interesting in that DOL notified the claimant of one set of employment dates that were verified. They notified NIOSH of one set of dates that were verified. There were discrepancies between the dates that were listed to both parties.

This is problematic because the EE was told that specific dates, including the dates that they requested, were covered. However, those dates were not necessarily provided to NIOSH that the same dates were covered. So NIOSH did their dose reconstruction based on the dates that DOL provided. However, the claimant was notified that a different set of dates were being used.

So we understand that NIOSH is bound to using only the dates that DOL verifies. However, there's a clear discrepancy here, and it doesn't appear that anybody noticed it until we did. And we put together kind of a summary of -- let's see -- these issues or the dates in question, just because they are kind of confusing.

Chair Kotelchuck: Yeah. I found it confusing myself reading it over. So if you'll move us through it a little bit. Although, ultimately, does this not have to

go back to DOL? I mean, if there's a discrepancy, we have to go back to DOL. It isn't going to be a Subcommittee decision.

Ms. Gogliotti: Ultimately, yes.

Chair Kotelchuck: You're informing us that there was a discrepancy and that it needs to be looked into, and I assume we will be asked to approve that it be sent back to DOL, right?

Mr. Siebert: This is Scott. This is where I'm not comfortable necessarily answering for Grady.

Bomber, I don't know if you're up to date on this or not. This may --

Mr. Rutherford: No.

Mr. Siebert: -- one we want to wait until Grady is on the phone.

Mr. Rutherford: Yeah. We better do that. And, honestly, I'm not sure if Grady will be back on the phone this afternoon. He got pulled into a JOTG call.

Chair Kotelchuck: I see. Okay. Fair enough. This is important and this is certainly at Grady's level, if you will. So I think we -- is there any --

Ms. Gogliotti: We can certainly come back to this.

Chair Kotelchuck: Maybe while we're talking about it, you can tell us what you have found or -- I don't know.

Okay. Subcommittee members, tell me, should we ask Rose to tell us what she knows or wait until Grady is here, and he can hear that discussion as well and then respond?

Member Clawson: Unfortunately, I think that we

ought to wait for Grady so that we're all on the same page and we can all go together forward with this. I think we better step away from this.

Member Beach: I agree with that.

Chair Kotelchuck: Fair enough.

Ms. Gogliotti: We can certainly do that.

Chair Kotelchuck: Okay. Then we should do that, and we will. And if Grady comes back --

(Simultaneous speaking.)

Chair Kotelchuck: Sorry.

Ms. Gogliotti: If Grady doesn't come back, can we at least decide to notify DOL of the discrepancy? Because this case is --

(Simultaneous speaking.)

Mr. Siebert: That is where I'm saying that Grady is the guy who has to make that decision because I certainly can't and I believe there's information that, probably, we can discuss that determines that DOL does not need to be involved again. But that's a discussion that has to happen with Grady on the line.

Ms. Gogliotti: Okay. I just don't want it to get kicked down another six months to a year because --

(Simultaneous speaking.)

Chair Kotelchuck: Well, unfortunately, I think it may have to be. But hopefully it won't be six months.

Member Clawson: Rose, you know, let me just ask this, Rose. Can you not notify Grady of this, that

we've stepped this off and that he can make a determination on that before we meet as he looks at that?

Mr. Rutherford: Brad, I can do that. I can pass this on to Grady, and we can make sure that if there's additional discussion needed with Rose -- and if he makes that determination, to go ahead and contact DOL. We can let the Subcommittee know ahead of time, but we can discuss this later at the next meeting.

Chair Kotelchuck: That sounds excellent.

Member Clawson: That would be good. Thank you, Bomber. I didn't want to ask to have Josie push you into that position, so I thought I'd help Bomber.

Chair Kotelchuck: Okay. On the record laughter. Anyhow, good, because really, this is not a Subcommittee decision, ultimately. Eventually, that decision is in higher hands, if you will. So yeah.

Member Clawson: You're correct. This is NIOSH's decision, but also, too, as Subcommittee members, we don't want to see this pushed out further. There needs to be an evaluation on this, and Bomber's going to take care of that. So, for me, I'm pretty good with that until we meet again.

Chair Kotelchuck: Okay. Hey, all right. Then I think we have settled what we want to do, and there's something that will happen as a result of this discussion with Grady.

Okay. So let's go on. Can we deal with any of the observations, or really, similarly --

(Simultaneous speaking.)

Chair Kotelchuck: No, similar problems all the way

through on the observation. Aren't there?

Ms. Gogliotti: Yes. We made one finding, and then the observations all kind of tied back to --

Chair Kotelchuck: Yeah, they all -- I see that. I see that. Okay. Then let's go on to the next --

Ms. Gogliotti: Okay.

Chair Kotelchuck: -- open.

Ms. Gogliotti: The next one is Tab 552, and that is --

Mr. Rutherford: Did you say 552?

Ms. Gogliotti: 552, Observation 2.

Mr. Rutherford: Okay.

Ms. Gogliotti: This one is also an interesting one. What happened -- this is a Paducah case. I'm sorry. What happened was the EE had two scans that were done in 1982. And in the record documenting the scan, the medical professional that evaluated the scan said that the lungs looked normal and aerated, but there were detectable changes in minimal nonspecific increased density in the lung.

And the medical examiner suggested that the patient's chest exam be repeated in three months. The scan was completed, and that scan was normal. NIOSH assigned dose to both of the scans, which we agree with. However, we believe that the guidance in OTIB-006 would benefit from a clarification of what constitutes a diagnostic screening examination.

In this instance, the follow-up scan was normal, which indicates that there was a problem with the original scan and the second is reasonably

considered a re-scan. However, based on the current guidance could be easily interpreted to mean that if the second scan had identified a problem, then it was a diagnostic scan and no longer eligible for inclusion.

And our concern is that the results of the scan should not be used to determine whether or not it's eligible for inclusion in the dose reconstruction. And so we think that OTIB-6 would benefit from additional guidance to eliminate this potential problem in the future.

Chair Kotelchuck: Scott?

Mr. Siebert: Well, I mean, we basically said that we followed our procedures, and the answer came out in agreement with the way that SC&A suggested. So this is a really -- as said, it's a very unusual case. I don't necessarily see the reason to update a procedure for a relatively singular point of view, but that's not necessarily my call. That would be up to NIOSH if they directed us to do so.

I feel like I'm pushing all sorts of things on Grady when he's not here. That teaches him. But --

Member Clawson: Hey, Josie does it all the time. Don't worry about it.

Mr. Siebert: But, like I said, we followed the direction. Everybody agrees that the outcome was correct. So I'm open either way, but I don't necessarily see the reasoning for doing it at this point.

Chair Kotelchuck: When you say the outcome is correct, we're not talking about whether the PoC changes, right? We're talking about whether -- so I'm not clear. Did NIOSH use or did ORAU use the -- take into account both scans? You're saying it did?

Mr. Siebert: Both SC&A and we agree that it was done correctly.

Chair Kotelchuck: Good, and that both scans were included?

Mr. Siebert: Yes, sir.

Chair Kotelchuck: Yes. Okay. All right. And they're raising a hypothetical.

Ms. Gogliotti: Yes.

Chair Kotelchuck: Which did not occur.

Ms. Gogliotti: Correct.

Chair Kotelchuck: Well, it is an important and interesting observation on SC&A's part, and indeed it could happen. The question is: is it enough of a concern that we ought to be checking whether this has occurred in other cases? That's what we've done before. Was this a singular case or does it happen often? I'm not sure if it's relatively --

Ms. Gogliotti: It's hard to say. I don't know the frequency in which re-scans occur. We don't see them very frequently in our reviews, but I can't say concretely how often a re-scan occurs.

Chair Kotelchuck: In the past --

Ms. Gogliotti: I just see the re-scan's not included.

Chair Kotelchuck: Yeah. In the past, whenever we had issues like this, we would say, well, did this happen in other cases, or how many? I don't know if that can even be checked out in this case without an excessive amount of effort. And --

Ms. Gogliotti: No. That's not -- it's not possible to look at -- it would --

Chair Kotelchuck: Yeah. Yeah. We'd have to have the X-ray -- somebody to look at the X-rays. Well, you're right. So it seems to me it is an interesting observation.

What do other members of the Subcommittee think about how we should respond to this?

Member Clawson: This is Brad. I understand all sides on it. There's a little hypothetical to it. I think that we've got to deal with what we have on-hand that were done right. It is an observation. It may be something we think of down the road, but I don't think there's anything we can do with it right now.

Chair Kotelchuck: Yeah.

Others?

Member Lockey: I agree. I think it's an observation, and it's a one-off. And if it happens more frequently, we may have to look at it, but I don't think -- it's not going to change the dose in this individual at all, so --

Chair Kotelchuck: Yeah. And, actually, if you will, to look at it would involve medical determination.

Ms. Gogliotti: Well, I think that we're just asking for additional guidance so that if this were to occur again, the dose reconstructor would have concrete guidance that said, yes, these are both eligible for inclusion but not diagnostic.

Chair Kotelchuck: Yeah. How would we incorporate that advice into the record such that if this ever did occur again, the dose reconstructors or ORAU or NIOSH would know what happened and take a little more of a look? I don't know how that would --

Ms. Gogliotti: The only way would be to update the

OTIB.

Chair Kotelchuck: Pardon?

Ms. Gogliotti: The only way would be to update the OTIB, to my knowledge.

Member Clawson: And that's what NIOSH is -- and stop me if I'm wrong, but what you're saying is you don't say it needs this because it's a hypothetical situation. But --

Mr. Siebert: Well, like I said, that's my personal opinion at this point. But we are happy to do whatever Grady asks us to do. So I don't really have a dog in that fight at that point.

Chair Kotelchuck: Right, right.

Member Clawson: Well, it sounds like Bomber's stepping in.

Mr. Rutherford: Yeah. I'm just sitting listening to this.

I mean, how much language are you talking about adding, Rose? And I mean --

Ms. Gogliotti: A couple sentences that clarify that if there's a re-scan that's necessary because the original scan was questionable, that it's no longer -- it's not diagnostic, even if that scan identifies a problem.

Chair Kotelchuck: But that would have to go through the Procedures Committee, correct? Or Subcommittee.

Ms. Gogliotti: No.

Mr. Rutherford: No. I mean, we could make that change ourselves. That's not an issue.

Chair Kotelchuck: Oh, you could?

Mr. Rutherford: Mm-hmm.

Chair Kotelchuck: I mean, if it could be done easily, why not? That would be fine. I don't --

Mr. Rutherford: I mean, the only problem is, honestly -- and this is just -- we've also got to look at resources, and making a change like this would be really easy, but every time we want to make a little change like this, that does take resources and it takes a review. It takes time away.

So, I mean, I can see where adding a couple sentences would be simple, but if we do do it, I don't want to put any pressure on having it done that quickly and have it back in front of the Subcommittee.

Member Beach: Isn't that something, LaVon, that would be noted, and then when that OTIB is reworked, then it would be added at that time? So it wouldn't take special precedence or anything?

Mr. Rutherford: I think so. I would think that's the way we'd handle it.

Scott, I know -- I mean, if you have major concerns with this, go ahead and say it. I don't have a problem with it.

Mr. Siebert: No, it's -- like I said, I don't have a dog in the fight. That's fine with me. I'm making a note right now. Yeah. We can update -- the next time we deal with OTIB-6, we'll do some clarification in there. That's fine with me.

Mr. Rutherford: Okay. That sounds good.

Chair Kotelchuck: That sounds good and not overly

demanding at all. So there's a note in there for the future.

Member Beach: And that can be noted in the BRS, as it's done all the time. Correct?

Ms. Gogliotti: Well, I will document this discussion that NIOSH has agreed to clarify that whenever the next revision is issued. But they would have to update the BRS when that actually occurred. I don't check for that frequently.

Mr. Siebert: Well, here's my question. At that point, would we still keep the -- we wouldn't need to keep this open. We could close it, and you don't necessarily have to circle around on the BRS when it's done.

We've done that many times.

Chair Kotelchuck: Oh, absolutely, we could. We can close this. It's a hypothetical. Right now, it's absolutely hypothetical. It's a concern that we see for the future. So I'm definitely in favor of closing this as an observation and putting a note for OTIB next time it looks at 006.

Member Lockey: I concur with that. Jim Lockey. I concur with that. I think that's a good idea.

Chair Kotelchuck: Okay. Well, I think we're all pretty well in agreement now, aren't we, listening? Any other objection, concern?

Let's do that. Okay. So we'll close this, and it's a good discussion. And we'll go on.

Ms. Gogliotti: Okay. The next one is from Tab 555, which is Savannah River again. And this is Finding number 1.

And the finding essentially highlights that the workbook was used differently than we had previously resolved on the issue. Here, they used the Alternative Radionuclides User Workbook, and I'm sure you know we've discussed this at length in this Committee, most recently at the June 14th, 2016, meeting.

And, there, NIOSH indicated that the radionuclide that had the highest cumulative impact on PoC was selected when there were multiple organs and types. And, specifically, OTIB-60 they said precluded addressing each organ independently.

In this case, however, different radionuclides were applied to different organs, which is a direct contradiction of the process that we were told that they were adhering to. I think what they did was more claimant-favorable, but if that was a change, then it could be a PER-related change.

And I'll turn it over to Scott.

Mr. Siebert: Yeah, that's fine. Yeah. Well, just to address the last one first, it would never be PER because if you use individual radionuclides, it would always be more claimant-favorable than finding the one that is consistent between them because you'd be picking the largest for all specific organs rather than one --

Ms. Gogliotti: Yeah. That's a fair point.

Mr. Siebert: But yeah. We agree that we have discussed this in the past. Dose reconstructors have been told about it, but we did not close the loop on documenting it, and I apologize for that. We have specifically put this in the SRS guidance document.

We've also updated the chooser tool. There is a note very clearly denoted in the tool itself for best

estimate claims how to do it correctly. So we have addressed that from a documentation -- I think the only thing that was outstanding is you had asked to see those, and once again, I gave those to Beth, and I'm not sure where they went for you guys to look at them. But if you can see the Savannah River tools wherever you normally go to review those things, ours is replicated over there.

So the latest DR guidance document that you should be able to see and the latest chooser tool you should be able to see will have that information in it already.

Ms. Gogliotti: We only get access to the file that was used at the time of the dose reconstruction.

Mr. Siebert: Okay.

Chair Kotelchuck: Are we looking at 555.1?

Ms. Gogliotti: Yes. However, it kind of ties in to 555, Observation 1. So there is a little bit of --

Chair Kotelchuck: Yes, it does.

Ms. Gogliotti: -- overlapping conversation.

Chair Kotelchuck: Okay. But in this discussion, why is this a finding?

Ms. Gogliotti: It's a finding because they did something explicitly different than what they said they were doing and did something that the Subcommittee was told was not happening.

Chair Kotelchuck: Okay.

Mr. Siebert: And one thing I'll point out there -- yeah, I understand that. We talked to various other -- we've investigated a little bit to see if there was misunderstanding across the board or if this person

made a mistake, and it was really more the fact that this person did not recall that.

And, once again, it's our bad that we didn't get the documentation in place after we had already discussed it. And, like I said, we're already doing -- we've already done that. OTIB-60 is going to have it in the next revision. We'll talk about that in a minute, I'm sure.

But it was not a systemic issue. It was more of one or two people that had forgotten the direction, and we didn't document it well. So I don't want to say that we were ignoring what we agreed to do. It was more of an individual mistake that they didn't pull out what they could do for a claimant-favorable type of claim, and that's the other thing to point out.

If the claim is under 45 percent, to save time in the additional runs, our dose reconstructors can use different radionuclides for the chooser tool because it's claimant-favorable. It's only when you fall into the best-estimate territory -- and I have a feeling they forgot to do that at that point.

But, like I said, the documentation's been updated, and we're updating OTIB-60, as well.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Okay. And I did misspeak earlier. It was Observation 2, not Observation 1, that relates to this.

Chair Kotelchuck: Okay. Folks, what do we do? There's no question that we close this. The question is close it as what? Do you want to close it as an observation or as a finding? Rose suggested that she wanted to -- she still feels like it should be a finding.

Member Clawson: This is Brad. I agree with Rose.

Chair Kotelchuck: Okay. Others?

Member Beach: Yeah, I agree to leave it as a finding, as well.

Chair Kotelchuck: Okay.

Member Valerio: Dave, this is Loretta. I believe it's a finding, as well.

Chair Kotelchuck: Okay. Well, then we have -- it will be a finding, and that's -- several of us agree. And I'm open to what you guys are suggesting.

Okay. Closed finding. Finding closed. Let's go ahead.

Ms. Gogliotti: Okay. And I definitely alluded to this one a moment ago, but Observation 2. As part of that discussion that we had back at the June 2016 meeting, NIOSH committed to update OTIB-60 to include guidance on the Alternate Radionuclides User Workbook. And it was specifically requested to ensure that DRs are processed consistently because there's no formal guidance on how to use this workbook.

And OTIB-60 was revised in 2018, and that was considered a complete rewrite. However, the guidance did not specifically address this workbook. It did add a statement indicating that OTIB-54 Revision 4, is an exception to the rule that consistent assumptions should be made for multiple cancer solubility types, but there was nothing specifically addressing this type of exposure other than the commitment that they had made to the Subcommittee, and it wasn't addressed.

And I guess Scott said that it's been corrected now,

but I'm curious to know what process is in place to prevent this sort of thing from happening in the future.

Mr. Siebert: Yeah. This is Scott, and that's a very valid question, obviously. And, as I said, dealing with the DR guidance documents and so on, what happened in this case is the author knew about it back in the day, made a note of it, and then when they made that update back in whatever, 2018, they missed it in their notes, which -- like I said, we would have rather catch it than not.

We now have a document control tracking system that is now in place where we can actually go back and make notes on documents so that when they are going to be updated, the author sees the notes so there's reminders of things that need to be addressed.

One of the things I'm doing is going back through some of the last matrices and determining where we've made that -- such as we've made that discussion a couple times today, and I will ensure that it gets put into that document control application so that when -- the next time the author pulls it open to make changes, they will see that note.

Ms. Gogliotti: Okay. So this is a new process, then?

Mr. Siebert: Relatively new. We've been working on it a couple years but making refinements.

Ms. Gogliotti: Okay. I just wanted to make sure that something was preventing this in the future because we don't necessarily go back and check to make sure that every commitment that is made is actually done. And we can certainly start doing that, but that would require more tasking from the Subcommittee.

Mr. Siebert: No, I absolutely agree with this. It's a fair question, and it's not the reason we made that change to the document control application, but I think that will really help.

Chair Kotelchuck: Sounds like it. So it seems now ready to close, and I think I'm open to closing it as an observation unless anybody wants to -- I mean, we had a discussion. It was agreed to be done, and it was in the process. And the process of change was a little bit off.

I would say let's close it as an observation. If there's disagreement or other thoughts -- hearing none, let's close. Okay.

Ms. Gogliotti: Okay. The next one is 555 -- or 557. I'm sorry. And this is also an SRS case, and it is Observation 1. And here we noted that NIOSH applied a correction factor of 1.1 to assigned recorded photon dose.

And this correction factor originates in Section 5.3.5 of SRS TBD. But we questioned what instances actually prompted the inclusion of this uncertainty correction in a dose reconstruction. We have other claims in this set that were SRS that didn't use this, and we were curious why it was used in some cases and not others.

It's not wrong, necessarily, to use it. But we just were seeking additional clarification on what prompted this inclusion here and not in other places. And Scott responded to that.

Is Scott still here?

Mr. Siebert: Oh, I actually muted myself. I'm horrible.

Yeah. I'll cover that. The difference is, when the

factor is applied, it pertains to the specific target organ. In the case where it's in, this uncertainty is not applied based on the information in OTIB-17. There's other assumptions that are in OTIB-17 that made the requirement for using a correction factor inappropriate, I guess, or unneeded.

Chair Kotelchuck: Thank you for that. You're treading carefully, and thank you for that.

Mr. Siebert: So the fact is, if it's a non-skin organ, you will apply it. If it is a skin organ, you do not.

Ms. Gogliotti: Okay. So my interpretation of that is any time there is an SRS overestimating dose reconstruction that doesn't use OTIB-17, the skin and also a handful of things that use OTIB-17 should have an uncertainty correction factor applied. Is that correct?

Mr. Siebert: I'd say if it was being overestimated for this specific portion of it, yes. It's not required to do it that way. It can be done appropriately for a best estimate using actual uncertainties rather than a correction factor.

Either way is fine. If it's going to be estimated specifically for the correction factor, yes, it needs to be applied. But it's not required to be applied as long as -- if it is not applied, actual best estimate assumptions with the uncertainty are applied, once again, other than skin.

Ms. Gogliotti: Okay. So we went back and looked at OTIB-17 in the section that you referenced, and we noted that it doesn't actually address uncertainty multipliers. It references only the distribution that should be assigned in IREP.

And so we're going to recommend that if that's the intended interpretation, that OTIB-17 uncertainty is

so great that there is no need to account for any uncertainty not only in how it's entered in IREP but the actual doses assigned, that OTIB-17 would definitely benefit from that because I don't think that any of us, at least on SC&A's side, knew that that was the intended meaning of OTIB-17's guidance.

Mr. Smith: Yeah, this is Matthew Smith with ORAU team. And that is the intent of the OTIB. The original author, when they wrote in to assign it as a constant, they were meaning to not apply an uncertainty as you would have for other organs like the liver.

And, again, OTIB-17 has a cushion there. The DCFs are rounded up to 1, for example, and for two MeV electrons, the DCF is really 0.5. So that was the reason for applying things as a constant. With that, the tools they're doing as the OTIB recommends it, and the claim was done in the correct manner, too.

Ms. Gogliotti: Well, I think that the OTIB doesn't explicitly say that. And it's great that -- if you're applying it consistently on the back end. But it doesn't say that.

Chair Kotelchuck: Is that something that should have a note, in your opinion?

Ms. Gogliotti: And I know that this particular issue is impacting SRS, but other sites like Pantex have different correction factors that are for uncertainty that are also multiples. And it would impact those sites as well. And is the uncertainty in OTIB-17 great enough to account for all the uncertainty, or are there exceptions?

Mr. Smith: Yeah. The OTIB is meant to apply to skin cancers from any site.

Ms. Gogliotti: Yes.

Chair Kotelchuck: So what's the recommendation on this?

Ms. Gogliotti: From SC&A's perspective, I believe that OTIB-17 needs updated guidance to clearly state this because it is not clear at all that this is what's being done, from a consistency standpoint.

Chair Kotelchuck: Again, could that be handled by a note, such that OTIB-17 should be -- this should be put in when? In the future? Or perhaps if you're saying that it's impacting other sites, is that something that we should be sending to the Procedures Subcommittee?

Ms. Gogliotti: I don't necessarily think it warrants sending it to the Procedures Subcommittee unless the Procedures Subcommittee wanted to investigate that OTIB-17 is sufficiently conservative, that it accounts for any uncertainties at the sites that it's being applied to, which is most sites.

Mr. Smith: I believe that that review has already been done in the past. I know that OTIB-17 has been reviewed --

(Simultaneous speaking.)

Ms. Gogliotti: We have reviewed OTIB-17, but I don't think the SC&A or the Board was aware of the full application of this as it applied to uncertainty.

Mr. Smith: Well, it's clearly stated that the dose is to be treated as a constant, and the reason for that is because of the inherent claimant-favorable assumptions made in the OTIB itself.

Ms. Gogliotti: Yes, it does say that. However, it does not address dose multipliers, such as the

uncertainty multiplier that's being applied in this instance.

Chair Kotelchuck: Subcommittee members, what do you think? What do you think we should do? Clearly, close it, right? But SC&A is suggesting that this be dealt with further, and the question is are we going to recommend that that be done, or are we going to just approve and move on?

Member Beach: Well, has NIOSH agreed to put a note in for OTIB-17, or did I miss that as part of the discussion?

Chair Kotelchuck: I don't think they want to. I think --

Mr. Siebert: This is --

Mr. Smith: Well, let me be clear. I'm not speaking for NIOSH. I'm just providing the --

Chair Kotelchuck: Yeah. I understand that.

(Simultaneous speaking.)

Mr. Smith: -- on the document.

Mr. Siebert: This is Scott. I was going to say the exact same thing, and I don't think we necessarily have the right players on the phone to make that commitment. Poor Grady, once again.

Mr. Smith: I know. You guys have really loaded him up here.

Chair Kotelchuck: Right, right.

Mr. Siebert: But we can't -- I know Matt and I can't make any commitments without NIOSH.

Chair Kotelchuck: So I think -- if I may, why don't

we simply have a note? You'll tell Grady. It's perfectly okay for us to close this here now in the Subcommittee. And if there is a decision, Grady can make a decision as to whether he wants to follow up. And it's in his ball -- it's in his bailiwick.

So I'd simply move to close and ask you, Scott, to mention this to Grady if you would.

Member Clawson: How about having Bomber mention it to him --

Mr. Rutherford: Yeah. I've got it written down.

Member Clawson: But I would like some feedback on what Grady's decision is on this. But we can close it. I have no problem.

Ms. Gogliotti: Well, if it's going to come back up, it needs to remain in progress. Otherwise, it drops off the --

Member Beach: That's what I was going to suggest is leave it in progress. It doesn't hurt one way or the other. It's a simple matter to close it to the next meeting if everybody's satisfied with what Grady says.

Chair Kotelchuck: All right. You're right. If it has to come back to us, then it's open. And I'll buy that.

Member Beach: Or in progress, as Rose suggested.

Chair Kotelchuck: Right. Good. All right, and that will give us a chance to look at it again and hear what Grady is thinking.

Ms. Gogliotti: Okay. And then, actually, the next one, 558, Observation 1, is identical. So we'll just leave these both in progress and --

Chair Kotelchuck: Okay.

Ms. Gogliotti: -- revisit them when Grady is present.

Chair Kotelchuck: Good. Better check with him. Hope that he'll be here for the next meeting. He was here this morning. I'm sure -- he normally is attending our meetings. So let the record show that I'm not saying he hasn't been going to meetings.

Ms. Gogliotti: He just dropped off for the Type 2 findings, the hard ones.

Chair Kotelchuck: Which is when he often gets called upon. Anyway, be that as it may, seriously, we'll leave that in progress. Where do we go next? It's a little after 3:00, by the way. Normally, if we're in the afternoon, we do take a ten minute break or so, just a comfort break.

Ms. Gogliotti: Dave?

Chair Kotelchuck: Yes?

Ms. Gogliotti: I'll make it easy on you. That was the last one.

Chair Kotelchuck: Oh, hey. This is nice and easy. All right.

Ms. Gogliotti: I will point out that at the last meeting, we were tasked to do kind of a dummy matrix on -- for the blind cases as a way that the Board could track any time where SC&A was flagging a consistency issue or a place where consistency issues could occur in a case. And we did provide that in the meeting materials if you want to discuss that, and it's on the agenda. Otherwise, you can just be aware of it, and Board members can peruse it on their own time.

Chair Kotelchuck: Yeah. I don't think so. I mean, when we discuss the blinds, let's be able to discuss

the blinds. I don't recall the consistency matrix. I certainly recall the reports on individual --

Ms. Gogliotti: It's new. You asked us to put something together as a means of potentially tracking --

Chair Kotelchuck: Yeah.

(Simultaneous speaking.)

Ms. Gogliotti: I was just letting you know it's there. We don't have to discuss it today, but I know that that was important to Josie, so I wanted to make sure that everyone was aware that it was done.

Chair Kotelchuck: Okay. Yeah. Okay. Thanks for saying -- I would say we will -- I expect at the next meeting we will be discussing the blinds, right?

Ms. Gogliotti: Yes. Mm-hmm.

Chair Kotelchuck: For Set 28. And I noticed five -- what is it, three of the six are completed by both parties --

Ms. Gogliotti: No, all of the 28 set are complete. It was just submitted to you last month, I believe.

Chair Kotelchuck: Yes. You did. Okay. Good. Why don't we talk about -- then I think we should simply talk about the next meeting and close. And we will be talking about the blinds. Are there further issues to be talked about or further sets or parts of further -- we have a few things hanging over from Set 25.

Ms. Gogliotti: There are a few items in Set 25 in AWE Type 2 that we do need to discuss, as well as the issues from Set 27 that we need Grady for. And then there's a few carryover issues from previous sets that I think are ready to be discussed now by

the Board that we could also put on the agenda.

Chair Kotelchuck: Okay. That sounds like a full meeting. So carryovers, blinds, and my feeling is that we -- now, normally, a Subcommittee meeting will take a few months, right?

Ms. Gogliotti: To schedule? Yes.

Chair Kotelchuck: Yes. And that will -- I wonder, is Rashaun on the phone at this point?

Dr. Roberts: Yes, I'm here.

Chair Kotelchuck: Okay, great. Yeah, normally, Ted kind of takes over and talks to us about what kind of times are available. And we often sketch in roughly when we're looking to.

Dr. Roberts: I see. Well, for this Subcommittee to meet, I do need to put in the FRN package, and we need at least two months of a lead time to do that.

What I was thinking is that we could target something like October, November, if that sounds good to the Committee members.

Chair Kotelchuck: That does. The last that I remember Ted speaking to us about was saying that -- and maybe that was due to the virus delays, but I thought he was saying that at this point, we had moved from two months' to three months' notice needed to get it into the Federal Register.

And so it would certainly be good if we could do October, but we may have to be in early November, I would -- later in October, early in November, something like that.

Dr. Roberts: Yeah. That sounds good. It's probably good to give ourselves a little bit of padding. You're

right. So I would -- yeah, late October, early November sounds good.

Chair Kotelchuck: Right, right. Something like the week of the 19th of October or the 26th, or the first week in November. Do we want to rough some dates in right now as a Committee while we're all here? Or, of course, you can check about what are possibilities, and then we could do it over the internet.

Dr. Roberts: Well, if people have a sense of when they may not be available in that timeframe, it might be good to talk about that now if people have their calendars. Otherwise, we can just handle it online.

Chair Kotelchuck: Well, actually, I think we often have our calendars out. So we're talking about the week of October 19th, even though we don't meet on Mondays typically. But October 19th, week of 26th, and the week of November 2nd. And that keeps us pretty well away from Thanksgiving, which is the other limitation.

Member Beach: If we go for Wednesday again, I'm available on any of those three dates you mentioned, Dave.

Chair Kotelchuck: Oh, that's good. Okay. Wednesday's a good time, midweek. How about that? 21st, 28th, or 4th? How's Wednesday for other folks from the Subcommittee and from the staff folks?

Member Lockey: Jim Lockey. Thursday --

(Simultaneous speaking.)

Chair Kotelchuck: Pardon?

Member Lockey: Go ahead, Brad.

Member Clawson: I was just going to say Wednesdays usually work the best for me there, but I'm leaning more towards the November timeframe because I've got a lot of other Work Groups that are coming up in September and October. So --

Chair Kotelchuck: Okay. Well, that sounds reasonable. So -- but Wednesday is a reasonably good day. So all right.

Any other suggestions or --

Member Lockey: Yeah. Jim Lockey. The first two Wednesdays in November are good for me.

Chair Kotelchuck: Oh, good. Okay.

Member Beach: The 11th is a holiday, so we should skip that one.

Chair Kotelchuck: Okay. If I may -- what kind of holiday? Veterans Day. Oh yes. Okay. Sure. Well, 4th seems pretty good for a lot of people. What about a backup if not the 4th? We often pick a second date, second day, like the 3rd or the 5th as backup for in November.

Member Beach: I'm good on the 5th, not the 3rd.

Mr. Siebert: I apologize. This is Scott. I just want to speak up for Grady since he's not here. I don't know his schedule, so it may be wise to pick a backup that's not necessarily right next to the 4th in case he can't make it and he's out of town. Just a thought.

Chair Kotelchuck: Yes. Well --

Member Lockey: How about the first Wednesday and the third Wednesday in November?

Ms. Gogliotti: From SC&A's perspective --

Chair Kotelchuck: The third Wednesday in November starts getting close to Thanksgiving. Well, it's still a week before Thanksgiving. 4th or 18th. How does that sound, folks?

Member Beach: Rose, you were trying to speak up?

Ms. Gogliotti: Yes.

Chair Kotelchuck: I'm sorry.

Ms. Gogliotti: Our next DR case set is due to you immediately following Thanksgiving, and my team would really like to be done before Thanksgiving. So if we start having the meeting too close to that, it could create complications on our end.

Chair Kotelchuck: Yeah. I'm wondering whether we might not look into -- since the 11th is Veterans Day, maybe Tuesday or Thursday of that second week.

Member Beach: Dave, how about the 28th, October 28th, and then the backup as the 4th?

Chair Kotelchuck: Well, let's see. October 28th, huh? That would certainly work for me, but a couple of folks said that they were preferring November. There were a few people here earlier in the discussion -- did we not hear -- well, let's affirmatively -- the 28th, does that sound good to people or is that a problem?

Member Lockey: Jim Lockey here. I can work with that.

Chair Kotelchuck: Okay. Others?

Member Valerio: This is Loretta. I can work with that.

Chair Kotelchuck: Okay. So that's pretty good, the 28th or the 4th, taking the 4th as our first choice.

Member Valerio: Do we have --

(Simultaneous speaking.)

Member Valerio: I'm sorry. This is Loretta still. On my calendar, I have a Board teleconference on that same day. We might double check that.

Member Beach: It's the 27th I have.

Member Valerio: Is it the 27th?

Member Beach: Yeah, Tuesday the 27th.

Chair Kotelchuck: Yes, that's what I have. Yeah, the 27th.

Member Valerio: Okay. Then I've got the wrong date.

Chair Kotelchuck: Sounds like we're kind of honing in on the 28th or the 4th, or the 4th to back up 28th.

Is that okay, Rose?

Ms. Gogliotti: Yes, that's fine.

Chair Kotelchuck: All right. So --

Dr. Roberts: And I had a quick question. So does the time of day -- does that feel pretty good, about 10:30 Eastern? Is that okay for people?

Chair Kotelchuck: Right. That's 7:30 West Coast time.

Member Beach: That works.

Chair Kotelchuck: Yeah. Yeah, that's pretty

traditional at this point.

Dr. Roberts: Okay.

Chair Kotelchuck: We used to do it at 10:00, and mercy was asked. So it's 10:30.

Dr. Roberts: Okay. Great. Great.

Adjourn

Chair Kotelchuck: Sounds good. I think we're pretty well settling things, and I think we've had a very good, productive meeting. It's so nice to be back to normal, to have our conference calls for our Subcommittee like normal people again and like a normal Board. So all right.

Dr. Roberts: Well, you did a great job, Dave. Thank you.

Chair Kotelchuck: Well, thank you.

Anyhow, folks, so we are, I think, completed now. Okay? All right. Bye-bye, and thanks to all.

(Whereupon, the above-entitled matter went off the record at 3:18 p.m.)