US Department of Health and Human Services
Centers for Disease Control
National Institute for Occupational Safety and Health
Advisory Board on Radiation and Worker Health
Subcommittee for Dose Reconstruction Reviews
Wednesday, September 29, 2021

The Work Group convened via Videoconference at 10:30 a.m. EDT, David Kotelchuck, Chair, presiding.

Members Present:

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

Also Present:

Rashaun Roberts, Designated Federal Official Dave Allen, DCAS
Bob Barton, SC&A
Kathy Behling, SC&A
Elizabeth Brackett, ORAU Team
Ron Buchanan, SC&A
Grady Calhoun, DCAS
Rose Gogliotti, SC&A
Darin Hekkala, ORAU Team
Jenny Naylor, HHS
LaVon Rutherford, DCAS
Scott Siebert, ORAU Team
Matthew Smith, ORAU TEAM

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Proceedings

(10:30 a.m.)

Welcome and Roll Call

Dr. Roberts: So, welcome to everybody. I'm Rashaun Roberts. I'm the designated federal official for the Advisory Board on Radiation and Worker Health, and this is a meeting of the Board's Subcommittee on Dose Reconstruction Review.

There is an agenda for today. You can find it on the NIOSH website under scheduled meetings for September 2021. So, we can move right into roll call. Since the Subcommittee will be discussing dose reconstruction cases pertaining to specific sites, Subcommittee Members and others do need to acknowledge conflicts of interest and to recuse themselves from the discussion where their conflicts of interest apply. So, as we move through the roll call, please state where you have a conflict of interest.

(Roll call.)

Dr. Roberts: So, thank you and welcome to everybody. I just want to remind everyone because we have had a couple of interruptions already to please mute unless you're speaking. And if you don't have a mute button on your telephone press *6 to mute and *6 to take yourself off mute.

So as I mentioned the agenda for the meeting today can be found on the website under September 2021. Access to other materials was provided to Board Members and to staff prior to the meeting unless of course they had difficulty accessing the files.

So, with that, let's go ahead and get started. And

Dave, I'll turn the meeting over to you at this point.

Chair Kotelchuck: Okay. Welcome, Subcommittee Members and others. Good to meet again and good to have access to data upon which to meet.

Just in terms of organization today, we're starting at 10:30 Eastern Time. I figure we'll go until -- if it's okay, until around 12:30 and then break for lunch. And then come back at 1:30 and then sometime during the next few hours have a brief comfort break during the afternoon.

Member Clawson: Comfort break already?

Chair Kotelchuck: Not yet. Hello, Brad.

Member Clawson: This is Brad. I'm finally on. Sorry.

Review Cases from Set 29

Chair Kotelchuck: Oh, that's fine. Welcome. So, we're ready to go on. And basically we want to review -- I mean, we have many cases from Set 29 to review. We usually start with the type 1 cases, which are relatively easier to resolve, and Rose from SC&A has organized things well for those of us who have access to the data.

I have been using -- in addition to the case files, I've been using her summary slides and would be interested in organizing our discussion now around -- with the order that she has on the PowerPoint. And with that if people are ready then let's go to the type 1 issues, and we would start with Case 563, Observation 1. And Rose, can I give it to you to take over and discuss with folks from ORAU and NIOSH?

Ms. Gogliotti: Absolutely. Actually, I'd just like to start by thanking Lori Marion-Moss. She's been working around the clock to make sure that the Board

and SC&A got access to the NIOSH Edge Computing Platform. Without her hard work we would not be able to meet today. So I just wanted to acknowledge that. She's been great and we really appreciate her help.

Chair Kotelchuck: Great. Thanks.

Ms. Gogliotti: I think everyone -- almost everyone has access to the platform now. Just so everyone is aware we're not back where we started by any means. There's still very limited tools available. We don't have access to a lot of data, and not all of our SC&A team has access yet.

But if anybody has any trouble feel free to reach out to me and I can do everything that I can to help you access things if you haven't already been able to do that.

This is a different format than I think we're used to seeing. As you know the BRS is down and it was just a little bit too overwhelming to try and go through this material without some sort of visual aid. I put everything in a PowerPoint. I know this is different. I tried to do the best I could of summarizing the issue, NIOSH's response as well as our response.

As we go through this I tried to use a pretty standard format. You'll see I broke it in a couple of places based on the actual findings. But there is a reference at the bottom of every slide back to the Excel file that has a bit more information about the case. And from there you can use that information to access all of the NIOSH files as well as SC&A review.

Chair Kotelchuck: Very good.

Ms. Gogliotti: And again, new format so after the meeting I would very much appreciate feedback. This

is a temporary thing but I want to make it as easy as possible for the Board Members. So if you'd like to see something different, or more or less please let me know and we can address it.

Mr. Siebert: I apologize for interrupting. This is Scott Siebert. I'm not showing. Some of our team, the PPT, it does seem to be showing. Others of our team it disappeared from our screen. It says -- there's a note. There's network issues that interrupted the presentation. So I have presently a blank screen.

Member Beach: And ours, mine is still showing. This is Josie.

Chair Kotelchuck: So is mine.

Member Clawson: This is Brad. Mine's showing.

Chair Kotelchuck: I have a suspicion, folks -- Dave. I have a suspicion that we'll be going in and out throughout the day and that individuals will be knocked off, or timed out and take a while to get back on. So I propose that we kind of slog ahead if we can. If there is someone who can deal with something while their screen is blanked out and someone else can take over that would be very good. If they can't we'll skip to the next one and then come back to the one that's in question.

So, would you say -- could we go on to 563, Observation 1? Scott, can you --

Mr. Siebert: I created a matrix for myself and I didn't have any of the other resources that we've been talking about. So I think I should be able to slog ahead.

Chair Kotelchuck: Okay, that would be great. And I also -- we all have notes of different kinds. So, let's

go ahead with the discussion itself. Rose?

Ms. Gogliotti: Okay. Just a reminder, I'm not going to say anything about cancer types or years. That is on the screen for you and we can refrain from using that as much as possible just to prevent any inadvertent data releases.

So the first one is 563, Observation 1. And that's an INL case. This one we said that there were multiple dosimetry readings reported for the same badge exchange periods in this particular EE's files and it made it difficult to determine the exact number of missed doses. And we gave one year as an example.

This particular year the EE had 31 dosimeters and obviously there's 12 months in a year. So three of the monthly dosimeters were positive which would lead us to conclude that there should be nine missed doses or zeroes, but only eight were assigned in this case.

And here NIOSH responded that it's common for multiple dosimeters to be issued in the same time period at INL. When this occurs there's guidance for that. In this particular year NIOSH agreed that one of the zero badges was removed during the determination of badges and the result should have been used.

It also pointed out that observation didn't impact the final compensation decision. So since there's agreement on this particular observation we recommended closure.

Chair Kotelchuck: And in this Case 563, Observation 1, it appears also that NIOSH used a higher LOD over 2 than usual, 0.015 instead of 0.01.

Ms. Gogliotti: They did. This particular one, the LOD

changed midyear for this particular year and they used the higher LOD for the entire year.

Chair Kotelchuck: Aha. Okay.

Ms. Gogliotti: Resulting in a slight overestimate. So it kind of zeroed out.

Chair Kotelchuck: Right, right. Well, it was claimant-favorable, and because the PoC was less than 50 percent. So it's claimant-favorable and that's fine. Okay. Good.

Is there any discussion by Subcommittee Members or others?

Member Clawson: Dave, can you hear me?

Chair Kotelchuck: I certainly can.

Member Clawson: Okay, I'm sorry. My phone's having troubles too. So let me get this right. It was okay to miss one badge zero because they were overestimating anyway. Is that why they were saying that it was okay to miss that one?

Chair Kotelchuck: No, no, it was not okay to miss. It was missed. Right, Rose?

Ms. Gogliotti: I think they believed that it should have been done but it wasn't. But in this particular instance it was mitigated by inadvertently using the higher LOD for the whole year.

Chair Kotelchuck: Yes, it was mitigated. Now the question is there are differences about missed doses all the time, and the question is I don't believe this is a finding. I believe this is an observation, although that can be questioned.

Member Clawson: It's just an observation. I was just

trying to better understand how they justified the missing of that.

Chair Kotelchuck: Yes.

Member Clawson: Just wondering if that is something we normally always do because this zeroes and everything else like that has been issues at a lot of other sites. I was just trying to understand the rationale behind why they were able to say okay, this is acceptable because we did this and this and this.

Chair Kotelchuck: Right. What I said was really not directly related to that statement, but only to say that there were other things -- there were other aspects of the dose reconstruction that were more claimant-favorable than -- that is worth noting.

Member Clawson: Okay. That's what I was trying to understand. Thank you.

Chair Kotelchuck: Okay. So folks, can we recommend closure? Is there any concern? I should say are there -- anybody wants to either speak against closure or ask questions before we close it?

Member Beach: None here, Dave.

Member Clawson: I'm good.

Member Valerio: I'm good.

Chair Kotelchuck: Good, good. Fine. Hearing none then we close it and we go on now to 565 -- excuse me, Observation 1.

Dr. Roberts: I'm sorry, Dave, can I just interject here?

Chair Kotelchuck: Of course.

Dr. Roberts: Since there was a little bit of a rough start with the roll call, and then Josie and Brad came in a little bit late. They missed the reminder about the conflict of interest.

Chair Kotelchuck: Okay.

Dr. Roberts: So, Josie, if we could just circle back. Can you speak to your conflict of interest and also Brad?

Member Beach: Absolutely. I am conflicted at Hanford and I will refrain from any comments on Hanford Site.

Dr. Roberts: Okay.

Member Clawson: This is Brad. I'm conflicted at LANL. Sorry.

Dr. Roberts: Okay, no problem. Thank you so much.

Chair Kotelchuck: Very good. And actually when we go through the slides I should read the name of the facility so that it will remind people who are conflicted. So I will do that for the other slides as we go through. So 565, Observation 1, Hanford.

Ms. Gogliotti: Okay. This particular observation we noted that we couldn't locate the exact information in the DOL files about where this particular cancer was located. You'll see it up there on the screen. Whether it was on the front or the back of the torso does make a difference for medical X-ray doses.

In the PAGE just due to the directionality, your back is going to get a higher dose than the front. And here NIOSH assumed the cancer was located on the front, and we pointed out that we thought it would be more appropriate to assign the higher dose which would increase the medical dose.

And NIOSH responded saying that they agreed that the exact location of the cancer couldn't be identified and lacking that information the higher dose was more claimant-favorable.

When they factored in the total combined PoC using the different results it did not impact the overall compensation decision so there is agreement. Because the additional dose doesn't impact the PoC we recommended closing.

Chair Kotelchuck: Okay. And as I went through given that as we've spent time in the last couple of meetings we've often talked about professional judgment. This is actually an observation I would agree and would be open to closing it, but I would also note that this is a professional judgment that was made.

And Rose, as we are going through I wouldn't mind either myself or other people making note of professional judgments for the future. You're doing professional judgment right now on blinds where we have two independent reviews.

But I think in time we will be going over to the case reviews. Would it be useful to you, or would it -- to make a little note about professional judgment as we go through on a case?

Ms. Gogliotti: We can certainly add that to the things we start tracking. It's not something we've historically tracked with dose reconstruction so it would be starting with this set, but I see no reason that we can't add that.

Chair Kotelchuck: Right. Well, okay. What I'd like to do is I'll tell you what. Put a note in it and I will come back to this question for the entire Subcommittee as to whether we should start doing this. It's not by fiat

by me that we should, but I think it might be worthwhile. So we'll do it today and then we'll come back to the discussion as to whether we really want to start doing this consistently at the end of the meeting.

So it seems to me it's -- you folks recommend closure. I think that makes sense. Are there any concerns about that, or any objections, questions by Subcommittee Members? Hearing none let's recommend and let's close it.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay.

Ms. Gogliotti: The next one is 566, Finding 1. And this is a Mound case. And here we said that NIOSH underestimated the missed neutron dose for certain years of employment. And this comes from -- in the TBD it indicates that a worker could be monitored weekly, biweekly, or quarterly.

This particular EE was monitored quarterly. However, later in the TBD there is values listed for quarterly -- or there's not values listed for quarterly missed dose. There's only weekly and biweekly. So NIOSH used the LOD over 2 value for biweekly because there was no quarterly, but they should have been assigned a higher dose.

And that stems from at Mound they were using nuclear track emulsion type A film dosimeters to measure neutron exposures and there was a correction applied for track etching and fading in response to these low energy neutrons.

And NIOSH responded essentially pointing out the table. And there was not a value for quarterly in the table so they agreed with us on that. For these years

not provided so they used the biweekly. In this case the dose reconstructor did not select the correct LOD value corresponding with the frequency found in the record. Since this claim is already over 50 percent it doesn't change the compensation decision and doesn't impact the claim.

And then they go on to say that this issue is being discussed with the Mount Working Group and the next revision of the TBD will address using neutron/photon ratios during the time period for assessment, and a PER will be issued to address the changes.

Chair Kotelchuck: Well, even though this does not impact the compensation decision because the PoC was above 50 percent I wonder if this -- oh, right, this is a finding. Excuse me. I was thinking it was an observation. 566.1 is a finding. And agreed. And the two parties are agreed on that. Scott, do you have anything you wanted to add?

Mr. Siebert: No. Agreed.

Chair Kotelchuck: Okay. Then it seems to me we should --

Member Beach: So does this get sent over so that the Mound Work Group will make sure to keep track of this? We haven't met for a long time -- this is Josie -- and the only other Site Profile we're waiting for is the external. I just didn't want to lose this.

Chair Kotelchuck: Right, right.

Mr. Siebert: This is Scott. My understanding is that it has already been discussed, this generic issue had already been discussed and the decision to go to N/P ratios rather than these fading factors and so on had already been agreed to which means it would be part

of the next update.

Member Beach: Yes, you're absolutely right. I do remember that. So thanks for clarifying that.

Chair Kotelchuck: Okay.

Member Beach: I agree.

Chair Kotelchuck: Good. Thank you for raising that. Any other questions, concerns? Unless I hear such -- anybody? Hearing none. So we'll close on that. Okay? All right. Fine. Moving right along.

Ms. Gogliotti: The next one is 569.1. And this is the Portsmouth Gaseous Diffusion Plant. And here the finding indicates --

Chair Kotelchuck: Pardon me, but 567.1?

Ms. Gogliotti: That one is actually a type 2 finding. Somehow or another that one got copied and pasted.

Chair Kotelchuck: Oh okay, fine, fine. That makes sense. That does make sense in terms of what I read about it. Okay, good, 569.1, Portsmouth Gaseous Diffusion.

Ms. Gogliotti: Okay. And this finding indicates that NIOSH omitted and reported zero for neutron dose during two years. And NIOSH agrees. These zeroes were accidentally omitted, increases the dose slightly. And actually this claim was returned this year to evaluate a change in the claim information. And NIOSH indicated that it would be completed soon. This was back in May that I got the response so I don't know the status of that currently, but that was the status in May at least. So there is agreement.

It doesn't impact the compensation decision. It was a few millirem dose increase and the case is already

being reevaluated so we do recommend closure.

Chair Kotelchuck: Okay.

Mr. Siebert: And this is Scott. Yes, we did complete that one with additional cancers. And we actually didn't have to go back and address this because it was already over 50 percent dealing with the other cancers as well. So it is fully closed out on our side.

Chair Kotelchuck: Okay. Fine. And then let's see. Okay, so that's a finding. Folks, can we agree to close that?

Member Beach: Agreed.

Member Clawson: This is Brad. I have no problem closing it. Scott, my question to you is you didn't have to do anything to this case, but (audio interference) do to make sure this didn't happen in other cases, or was this just a unique thing that happened? This isn't a site-wide issue, was it?

Mr. Siebert: You're correct, it's not a site-wide issue. It's not a problem with the tool or the direction. It's just the dose reconstructor missed that information when they were working through it.

Member Clawson: Okay. That sounds good. I just wanted to clarify that. I'm good with it, Dave.

Chair Kotelchuck: Okay, good.

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

Chair Kotelchuck: Good. All right. Then hearing either by affirmative or silence we will close it. Okay. And go on.

Ms. Gogliotti: Next one is from the same case. It's Observation 1 of 569. And here the finding was -- or

observation was that uranium dose was not correctly adjusted for the date of diagnosis. Here I think the uranium dose was simply not prorated for one of the cancers. And NIOSH agrees with this observation.

It was a tool issue with the WebCAD. It's since been upgraded, but this case was done slightly before the tool was upgraded.

Chair Kotelchuck: All right. Okay. All right. So the tool has been upgraded. We're really talking about when folks -- I don't know, when it was not adjusted, correctly adjusted for the date of diagnosis. We're talking about a time of less than one month that it was off.

Ms. Gogliotti: No, not necessarily.

Chair Kotelchuck: Really not? I thought it was. Okay. I was looking at it.

Ms. Gogliotti: Oh, actually in this particular case it was, but not necessarily -- it applied to a different case.

Chair Kotelchuck: Oh, surely, surely. The question is to my mind observation or finding. That was really what was behind my looking at that. But we had not made the change in the procedure, and the procedure was correct as of the date it was done. Within a month. Right?

Mr. Siebert: This is Scott. We agree that should have been adjusted. The issue is it wasn't a tool error or anything, it's just the original version up until that time of WebCAD did not automatically do that prorating so the dose reconstructor had to do that individually off the side and they missed it in one of the cancers. So we agree it should have been done for a best estimate case, and just pointing out that

WebCAD was updated so that problem is now -- it won't exist because now it's automated in the tool.

Chair Kotelchuck: Right, right. And my own feeling is it's rather minor and it's not worthy of moving from observation to finding. Because it was not -- it was a really minor error at the time that it was done and therefore not worthy of moving from. And it was changed soon thereafter. So I'd be open -- I would be open to closing it as an observation. Are there any concerns by other Subcommittee Members, or other folks on the line? Staff folks. Any concerns?

Member Valerio: None here Dave. This is Loretta.

Chair Kotelchuck: Okay. Good.

Member Clawson: Brad. I'm good.

Chair Kotelchuck: All right. Then let's close it as an observation. Okay.

Ms. Gogliotti: And the next one is 570, Finding 1. And this is a Lawrence Livermore National Lab case. And in this particular case the dose reconstruction report indicated there were no bioassays. And we located a plutonium and an iodine urine sample in the EE's files.

Here NIOSH agrees these bioassay samples from an EE's visit to another site and acknowledges they should have been mentioned in the dose reconstruction report. They noted that the plutonium sample appeared to be a baseline and the iodine sample would add an insignificant amount of dose.

But the case was over 50 percent so omitting these did not affect the compensation decision. So we have agreement and we recommend closure.

Chair Kotelchuck: Okay.

Member Beach: So why was that iodine dose overlooked? Does anybody know? Was that a tool, or just an error on the dose reconstructor's part?

Mr. Siebert: Sorry, I had to get myself off mute. I believe it was just because it was at the opposite site it may have been overlooked.

Chair Kotelchuck: But once the PoC goes over 50 percent then for efficiency one could simply ignore it.

Mr. Siebert: You're absolutely correct. I forgot the fact that it was over 50 percent. So yes, that's true too.

Ms. Gogliotti: Yes, they can ignore it, but in this case they said there were no bioassays in the report which was incorrect.

Member Beach: Which is why I asked that question because understanding they can ignore it, but in this case it wasn't. So I guess my question is how do you keep that from happening. If it's not an over 50 percent case that might have made a difference potentially.

Chair Kotelchuck: Yes. We would have asked -- I think we would have asked people to redo it. Well --

Ms. Gogliotti: That's kind of human error I would assume is what happened. Sometimes you have to dig through hundreds of pages of records and not unlikely that something gets missed. We don't want it to happen, but I think that that's probably what happened here.

Chair Kotelchuck: Yes, yes. Okay. So, there's a recommendation for closure. Is there any concern or disagreement, Board Members?

Member Beach: None here, Dave.

Chair Kotelchuck: Okay. And --

Member Valerio: None here, Dave.

Chair Kotelchuck: Okay, very good. So we have agreement and we will close this.

Ms. Gogliotti: Okay. The next one is a Savanna River Site case, Tab 572, Observation 1. And the observation indicates that NIOSH assigned a diagnosed cancer, a full year of missed dose. However, the cancer was actually diagnosed midyear.

And it was straightforward. NIOSH agrees with this observation. It doesn't impact the compensation decision. At the time of the dose reconstruction an update was made to the DR consult tool that provides a warning now when the diagnosis is before the end of employment. So there's something in place now to prevent this from happening in future. We're in agreement and we recommend closing.

Chair Kotelchuck: Okay.

Member Beach: I agree.

Chair Kotelchuck: All right.

(Simultaneous speaking.)

Member Valerio: I agree, Dave.

Chair Kotelchuck: Okay, then let's close. I agree as well. Okay, closure on that.

Ms. Gogliotti: Okay. Moving right along. The next one is an Oak Ridge Gaseous Diffusion Plant, so K-25 as well as the Y-12 plant case, Tab 574, Finding 1. In here NIOSH assigned a duplicate occupational medical X-ray to one year. NIOSH agrees. Had no

impact on the compensation decision so we recommend closing.

Chair Kotelchuck: Right, right.

Ms. Gogliotti: Probably a copy and paste error.

Chair Kotelchuck: Sounds like it. And the PoC is greater than 50 percent anyhow which is why -- for those who don't have access to the data when something is over 50 percent one does not have to -- the dose reconstructor does not always have to complete every single thing.

Ms. Gogliotti: Well, in this case it was a duplicate.

Chair Kotelchuck: Yes.

Ms. Gogliotti: Which is the opposite of that.

Chair Kotelchuck: Right, right. Okay. All right. Do we agree? On compensation. Excuse me, on closure.

Member Beach: I agree, Dave.

Chair Kotelchuck: Okay.

Member Valerio: I agree.

Chair Kotelchuck: Me, too. Okay. So it is closed. We have an observation on that same --

Ms. Gogliotti: Correct, Observation 1. Here the dose reconstruction report cites a value from OTIB-6 and that doesn't agree with the value that's in the workbook. And what happened here was the skin doses in the Y-12 workbook are from OTIB-6, but they're from the 2005 version. But the DR report was referencing the current revision at the time which was from 2011.

Chair Kotelchuck: They used 2005.

Ms. Gogliotti: Yes.

Chair Kotelchuck: And should have used 2011.

Ms. Gogliotti: Yes.

Chair Kotelchuck: Yes. Okay. And that's certainly an observation because what was done was done correctly at the time it was done.

Ms. Gogliotti: I think that it was not. I think they should have been using the current revision than using old revision in the workbook.

Chair Kotelchuck: Yes. Okay.

Mr. Siebert: This is Scott. Let me clarify what's going on here. The OTIB-6 which has the values was updated. However, the Y-12 TBD which does not give the actual numbers. It references back to the old version of the OTIB-6 still was referring to the old version. Until we get the TBD updated -- we need to get the documentation updated to use the more recent version of OTIB-6 in the TBD.

So it was following what the TBD says to do, it's just we should not have referenced OTIB-6 at the time until the TBD gets updated.

Chair Kotelchuck: Okay. Good.

Ms. Gogliotti: So to clarify I am understanding that correctly because the TBD references an old version, even though there's a new version available they should have used the old version.

Mr. Siebert: Yes. They need to follow the TBD until the TBD is updated.

Ms. Behling: This is Kathy Behling. There's mention here of the Y-12 workbook. Has that been updated to

the most current TBD 6?

Mr. Siebert: No, because once the TBD is updated then we validate all the numbers and we update the tools and we follow and use those. And then everything is covered under that PER.

Chair Kotelchuck: Right. When the workbook is changed then you go back and look at everybody, every claimant who had some work in that facility.

Mr. Siebert: Or that process, correct.

Chair Kotelchuck: Yes, right, right. Good.

Ms. Gogliotti: And that's not something that would be included in like a DR guidance document to go to the newer version? That surprises me.

Chair Kotelchuck: Scott.

Mr. Siebert: It is not at this point.

Ms. Gogliotti: Isn't that typically where things go?

Mr. Siebert: Well, for a change, yes. Generally that is a true statement, but for change of a different document for a PER process that would be a change in midstream for a different reference. So we would generally want to have the TBD updated so then we could follow the PER process and deal with everything in a logical following manner rather than in the midstream.

Member Clawson: Scott, this is Brad. Then how do you track all these so you know you're not missing something when you change it?

Mr. Siebert: When the Y-12 medical TBD is updated it's noted that the OTIB-6 would be out of date and it would be updated at that point, and then the PER

would follow.

Mr. Barton: This is Bob. I'm a little surprised by this because, I mean, in past discussions when there's been changes in DR methodologies those can happen pretty much immediately. And I didn't think that we waited for official TBD revisions to actually change the way that the calculations run. So I guess I'm a little surprised by this.

Mr. Rutherford: Bob, this is LaVon. It's kind of hard to -- I mean every time that we made changes which we're continuously making changes it's hard to update TBDs and tools as quickly as all the changes are made.

So what we try to do so we don't have claims in flux all the time is to get those revisions together and then we make all of the changes at one time, and then do the PER based on those changes.

(Simultaneous speaking.)

Member Clawson: So that comes back to my question. Where do you put this down that this needs to be changed so that you can track it so that you make sure that when you make these changes that this is done?

Mr. Rutherford: I mean, Scott may have additional information. One thing I would say, that every time you revise the TBD you look at the references that all of the documents that are used in support of that TBD, and you make sure the current reference, current document is referenced within that Technical Basis Document. Scott, do you have anything to add?

Mr. Siebert: Yes. Another step is the fact that we have a document control system that we can make a comment into that, or for something to be looked at,

the next version when the TBD is updated to ensure it's not missed and that's what we'll do with this issue.

Member Clawson: Well, that's where you would put it to make sure that it's not missed.

Mr. Siebert: Correct.

Member Clawson: Okay.

Ms. Gogliotti: Okay.

Chair Kotelchuck: So the one-word answer to how would you keep track, and the answer, one word, is carefully. And folks are trying to be careful about that. It is an administrative -- I wouldn't say nightmare, but it's an administrative problem.

Member Clawson: And I understand that too, Dave. It's just usually when we've been going through this process we have the process in place to make sure because we all understand that we can't do all these updates sometimes right on the moment. And so we always had a tracking system to say this is -- we've got to look at this, we've got to do this when we do this update so that we don't miss anything. That's my only concern.

Chair Kotelchuck: Right, right. And I think folks have demonstrated that it is -- careful attention is paid to that. So could we -- do we want to now have closure on this if things are in order now?

Ms. Gogliotti: I just have one more question.

Chair Kotelchuck: Sure.

Ms. Gogliotti: Are there plans to update the Y-12 medical dose TBD then? Because the --

(Simultaneous speaking.)

Mr. Rutherford: I'm sure that we do plan to update that. I don't have the project plan in front of me to identify where it is on the current project plan, but I'm sure based on that PER -- based on this that it will be if it's not already on the project plan.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay. Very good. So unless I hear objections to closure we will close it. Are there any objections or other concerns?

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

Chair Kotelchuck: Okay.

Member Beach: I'm good also, Dave.

Chair Kotelchuck: Okay, good. All right. We're in agreement and we'll close this observation.

Ms. Gogliotti: Okay. And moving on then the next one is from Tab 575, Finding 1. And this is an Oak Ridge site case, so Y-12, X-10 and K-25. And this one is very straightforward. Neutron dose was not assigned to a positive neutron result. NIOSH agrees that the monitoring result should have been acknowledged in the report. In this case the claim was over 50 percent so it did not impact compensation so we recommend closure.

Chair Kotelchuck: Okay.

Member Clawson: So, I understand --

Chair Kotelchuck: Wait a minute. INL.

Member Clawson: Oh, yes.

Chair Kotelchuck: So, I don't know. I think you may

be --

Ms. Gogliotti: I don't know where this neutron dose was. I don't have pulled up where the EE was working at that time. Sorry.

Chair Kotelchuck: Well, what I have in my notes is that there was left out INL dose in 1959. The person had a brief time at INL, or a visit there. So, however, it is a finding. It could -- although it could be considered an observation in that with the PoC above 51 percent they may -- and the main work sites in the Oak Ridge complex, the person may just have decided not to bother.

Member Beach: So Dave, this is Josie. Is that the case, or do we know why it was missed or how it got missed in this case? Specifically this case.

Chair Kotelchuck: No. I don't believe we do. Is that correct, Rose? Or Scott?

Ms. Gogliotti: We don't know.

(Simultaneous speaking.)

Mr. Siebert: -- or a mistake.

Chair Kotelchuck: Yes. In a sense -- go ahead.

Mr. Siebert: Well, what we're saying is either way it probably should have been documented in the dose reconstruction report that it existed even if we didn't use it. So we agree we should have definitely discussed it.

Chair Kotelchuck: Right. That would normally be called an observation because it's -- once you exceed 50 percent there's no need to go on to complete everything. However, people have to put the -- note something that's left undone in the dose

reconstruction report. And that would make it an observation. And I'm open to considering it an observation because -- just in terms of finding there was not an error. There was something that should have been in the report that was not done.

If this had been a PoC less than 50 percent it would be a finding, there's no question about that.

Member Beach: I guess I'm not clear why because it's over 50 percent and we're not sure why it was missed you would change that to an observation.

Chair Kotelchuck: Well, because -- and Grady has said this before in several of our meetings, that once you go above 50 percent they have to (audio interference) want to be efficient and move along. And sometimes things that could be added and increase the PoC are just not done so that people can go on, and go on to other dose reconstructions.

So it's above 50 percent. Above 50 percent (audio interference) not doing the best estimate. You're not necessarily completing the entire process. You want to report it, and that's an observation. But am I correct, Grady?

Participant: I know Grady's on but he's dealing with something right now. But you are correct.

Chair Kotelchuck: Oh, okay. Fine, Scott.

Participant: You are correct. I mean typically what we would do -- I mean what should happen is as Scott mentioned. We should have acknowledged in the report and we should have said this would be one of our reasons why we've actually underestimated the dose. But we should have identified in there that this existed but it was not necessary to use it. And that's one of the things on our end. Actually during our

HOSPITAL meetings internally for DCAS when we review the dose reconstructions we talk about the importance of acknowledging the other portions of, whether it's the external dose that they left out, or the other things that were left out because of the overestimate. I've heard Grady in the past definitely say that he thought this was an observation as well.

Chair Kotelchuck: Yes. And I feel part of it is that a finding is an error. A finding is far more serious than an observation. I mean, a finding is serious if you will. That is, a mistake was made of some sort. And I think this wasn't necessarily a mistake. It could well have not been particularly given that the person worked primarily over their 30 years in the Oak Ridge facilities. I mean, an INL visit was done in '59. So I mean, I would actually prefer to call it an observation. I think I will suggest that and ask other Subcommittee Members how they feel about changing that from a finding to an observation, or keeping it as a finding. Do I have some opinions? Or leanings?

Member Beach: I'm leaning more keeping it as a finding.

Chair Kotelchuck: Because?

Member Beach: Because (audio interference) how that was actually, if it was a mistake or not at this point.

Chair Kotelchuck: Calling something --

(Simultaneous speaking.)

Member Valerio: -- very difficult to indicate intent versus error.

Chair Kotelchuck: Right. But calling something a

mistake goes down in our records. When we make annual reports or semiannual reports to the Secretary we count findings quite seriously, right?

Member Clawson: Dave, this is Brad. I'm talking Oak Ridge so that's not a problem but here's the thing. You can't intend -- so there's got to be something in there saying that, okay we stopped right here. This is what we're going to do. Other than that you have to take it that this was a mistake.

Chair Kotelchuck: Well --

Member Clawson: I understand and I'm not -- we all make mistakes, and we're trying to make this program the best that we can for this. But the thing is there's got -- there's a lot of these that we go through. We can surmise what we think that they were doing, what they possibly could have been doing, but we really don't know for sure.

Chair Kotelchuck: Well, we don't, but I would say finding we're sure -- to me a finding is far more serious. But I (audio interference) write those reports to the Secretary and findings really count. Let's hear from some other folks.

Member Valerio: Dave, this is Loretta. So, the finding, and I understand that a finding is much more serious than an observation, and I understand that it really doesn't impact this case because the PoC was over 50 percent so basically the dose reconstruction stops and the claim is we assume compensated.

My question is, and I believe that Idaho National Lab used various types of dosimetry records, correct? Or dosimetry, the way they reported they used different dosimeters.

Ms. Gogliotti: Yes.

Member Valerio: So, was this -- and I did read this, and I took notes on all of them, but remind me, was this something that was not forwarded to NIOSH accurately for all the sites? Or was it again, and I believe what I heard was that this was just something that NIOSH didn't catch at the time or didn't document.

Mr. Siebert: This is Scott. As far as I'm aware we had the records as needed.

Chair Kotelchuck: Do you want to take another look at that? Maybe we would just -- should we come back to try to answer that question?

Mr. Siebert: Well, we clearly had the records if the finding was asked in the first place because SC&A asked why we didn't consider it.

Chair Kotelchuck: Okay. Right, right.

Mr. Siebert: And I just can't give you the answer as to whether it was intentionally left out or overlooked. I just can't tell you that question, the answer to that question.

Chair Kotelchuck: Okay.

Member Beach: And Dave, nothing has really changed. It was overlooked. It's a finding. It should in my opinion remain a finding.

Chair Kotelchuck: Okay. All right. I'm still leaning to observation, but that's -- I would say, Loretta -- Jim Lockey, I haven't heard from you?

Member Lockey: I don't have the data in front of me so I'm going to just abstain from it because I can't objectively comment one way or the other. I heard the conversation and I would tend to go your opinion, but again I don't have the data in front of me so I

can't look at it. I'm sorry.

Chair Kotelchuck: I think that's really fair enough. I understand and I think that's a reasonable decision for you to make. So you want to close it out, 2 to 1 finding? And leave it and close it as a finding I think? We polled and there's a difference of opinion, that's fine. So Loretta, unless you'd like to cast a vote one way or the other. You can well abstain.

Member Valerio: Well, I think I'm going to go with the finding, Dave.

Chair Kotelchuck: Okay. So the vote is 3 to 1 for a finding. I propose that we close this. So we are agreed to close this as a finding as it was originally done. Okay.

Ms. Gogliotti: I recommend also indicating that that's a QA issue.

Chair Kotelchuck: Yes.

Ms. Gogliotti: Including reference to it in the report.

Chair Kotelchuck: Okay, sure. Okay, let's go to Finding No. 2.

Ms. Gogliotti: Finding No. 2 is actually a type 2 finding. So the next one is Finding 3 from the same case.

Chair Kotelchuck: Yes, indeed. Okay.

Ms. Gogliotti: And here what happened is the method that was mentioned in the dose reconstruction report did not match what was actually assigned in the case. Here the report said that environmental dose was assigned to this period of time, roughly eight years, the EE's employment -- or I'm sorry, more than eight years.

But they actually used K-25 50th percentile coworker data for roughly eight years and then the remaining of their employment was environmental which took a while for us to figure out what happened. But the larger issue is that the dose -- the method that's used in the dose reconstruction report should match what's discussed in the report.

And NIOSH does acknowledge that incorrect wording appeared in the report, and it should have reflected the actual assignment based on the EE's exposure potential.

They indicated that they believed it appropriate to assign coworker dose to this period of time because the work that the EE was doing had them potentially going into production areas to remove samples, and the EE did have positive external dose during this time period.

Chair Kotelchuck: Okay.

Ms. Gogliotti: So I think this comes down to a professional judgment issue. I think it would have been appropriate to assign environmental doses based on this EE's job title. I don't think it's inappropriate to assign coworker doses either. I think this is a really professional judgment type issue.

Chair Kotelchuck: Right.

Ms. Gogliotti: The PoC is already over 51 percent and the coworker dose is absolutely more claimant-favorable than the environmental. So I recommend closing.

Chair Kotelchuck: Okay. And this could be what we did earlier which is to say that where there was a statement in the dose reconstruction report that was in error, right? There's no question that they did not

describe what was actually done. That would be a finding and there is professional judgment you could use. And I agree with you that's something to take note. But in terms of having made an error in the report we should keep it as a finding.

And you recommend closure. What do other people think? Other Subcommittee Members. Any comments? I hear none.

Member Beach: No, I'm in agreement with that, Dave.

Chair Kotelchuck: Yes. Okay. So --

Member Valerio: I agree.

Chair Kotelchuck: Good, okay. So let's close it as Finding No. 3.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Good.

Ms. Gogliotti: The next one is 577, Observation 1, and it's from a Hanford case. Here we thought that NIOSH appeared to have mistakenly assigned reported shallow dose to one year instead of another year. I think what happened was we didn't see any records corresponding to the first year so we were -- didn't really understand why the dose was being assigned there.

NIOSH responded saying essentially it was an editing error in the Excel spreadsheet and shallow dose was removed from a portion of the spreadsheet but not the entirety of it, resulting in it being erroneously included. It did not actually impact the other year.

Chair Kotelchuck: Because there was no report in the other year, right?

Ms. Gogliotti: The other year did have a report and was assigned dose, I believe. And we did look at this and the revised PoC did increase slightly but it didn't push it over 50 percent so it didn't impact compensation. And we're recommending closure.

Chair Kotelchuck: Yes. Right. Although the issue wasn't pushing it over compensation. I thought I understood it, but I thought that there was nothing in '97. So what you're saying is '97 -- it should have been put into 1998 and --

Ms. Gogliotti: I've been trying not to say years, Dave.

Chair Kotelchuck: Pardon me.

Ms. Gogliotti: I think I've been trying not to say years specifically to avoid --

Chair Kotelchuck: Yes, thank you. Good. But so something was ultimately left out, a missing shallow dose.

Ms. Gogliotti: I think it was mistakenly assigned when it should not have been.

Chair Kotelchuck: Yes.

Mr. Siebert: That's a correct statement. It should not have been in the first year. That's correct.

Chair Kotelchuck: Okay. And wouldn't that make it a finding? I don't think -- the notion that the PoC increased slightly but there's no impact on the final decision is not actually a criterion that we should use as the Subcommittee.

Ms. Gogliotti: I agree. This is kind of a gray area where it's an error, but it's a small error.

Chair Kotelchuck: It is really a small error.

Ms. Gogliotti: If that's something that you want to elevate to a finding we can do that. I think in the one on one observation was decided upon, but it could go either way I think.

Chair Kotelchuck: Yes, I think so and my sense of it was more a finding. What do other people think? It is really minor. But it's a mistake.

Member Clawson: Well, I don't see any criteria in ours that says if it's big or small that makes what it is a finding or not. I do understand this one isn't, but it was still -- let me ask you this. So was this a human error, or was this just a process that was done wrong?

Mr. Siebert: This would be a human error where they made the change. They removed the cycle data for that first year, but did not remove the summary data for the same year. They should have removed both of them. So it carried on through for that first year when it shouldn't have been. So it was a human error.

Chair Kotelchuck: It's a QA error, is it not?

Member Clawson: For me that would be a finding.

Chair Kotelchuck: Yes.

Member Clawson: Not that, you know. I take these serious myself.

Mr. Rutherford: I've got a question. It's LaVon. I realize I've only been coming to the Subcommittee meetings for like the last three or four times. And so I obviously have not seen how things are consistently handled, and whether they're -- and what criteria you guys are using for findings and observations.

For me it would be wonderful if there was some

general criteria that I could think of and look at and say okay, yes, to me this looks like this is a finding. Because over time I don't know how that's going to change. I mean, because if we don't have a clear defined and a criteria on how we're calling things then if this Subcommittee changes with Members, or it changes, it comes down to how a person is feeling that day.

It would be nice, at least I just would like to say it would be nice to have some kind of defined criteria. How have these been handled in the past?

Chair Kotelchuck: Well, I thought that -- and other Members of the Subcommittee should chime in. For me it has always been clearly a finding is a mistake. It can be a human mistake, or it can be a human mistake of not noticing something and not putting it in, or it can be a different kind of -- a QA mistake. But it could be a mistake using the wrong method. But it's a mistake.

An observation says that there was nothing done wrong at the time that the work, that the dose reconstruction was done. So a lot of times the dose reconstruction will be wrong -- will be out of date when it was done, but it was done properly according to the rules at that time.

Mr. Calhoun: There's a key there, Dave. This is Grady Calhoun. I think in my world, my past life a finding is a violation of a procedure usually. Is that what we're thinking?

(Simultaneous speaking.)

Member Clawson: Not exactly.

Chair Kotelchuck: -- violation of a procedure. No, that is always a finding. The question is -- is a quality

assurance error, is that a finding. And my feeling, my understanding is yes, it is a finding. But errors in procedures are definitely findings.

Ms. Gogliotti: I think we decided to call this an observation rather than a finding because it was in favor of the claimant. I think something else must have changed for the revised PoC to increase when they were assigning extra dose and then taking it away.

Mr. Siebert: This is Scott. I can address that. Even if you remove a small amount of dose the PoC can fluctuate upwards slightly just based on the fact that it's Monte Carlo calculations at the endpoint. So that's not surprising. It's unusual. Usually we lockstep those two things in our minds, but for a very small change the PoC can fluctuate upwards slightly or downwards slightly. So that's not really surprising to me.

Chair Kotelchuck: My understanding, Grady, is that except if the PoC is above 50 percent and therefore the best estimate dose reconstruction is not completed, the movement of the PoC as a result of something is not a criterion by which we decide whether a mistake was made or not.

Certainly the mistake in procedure. If there's a mistake in procedure it doesn't matter whether it changes compensation or not. Of course if it changes compensation we'll so note and send it back for revision. But -- which has not happened -- I think it's happened once over the last decade.

But the human error is still an error. And I believe that would be a finding. Those can be eliminated by administrative means, right, by training the dose reconstructors. LaVon, does this help?

Mr. Rutherford: It does help, it does help. I just, you know, it does help.

Member Clawson: LaVon, there's a lot of things else that comes into this. This was not just black and white like this. Because we've been going through this. Remember what the bottom line is -- is that what we're trying to do on this. At the very beginning, you know, you look back 10 years what we have changed because of this Work Group here, and the QA processes that we do, and everything that we're trying to do. We're trying to get this to be the best that it can be.

So when these observations come up there are usually a lot of times, you know, when we have a finding not like this one or whatever they can say this was corrected by changing this and this and this. And we have taken care of the issue. This is what I see as one of the biggest things that we're trying to do on this is to get the best product out that it is.

Because I'm not glad happy to go out there and say findings or not, but if we've missed something and we haven't caught it, you know, a QA error or human error or whatever else it falls towards a finding.

Chair Kotelchuck: Yes.

Mr. Rutherford: I totally agree with you on making the program the best program we can make it, and making sure that we try to find ways of eliminating errors. My only question is really only because I haven't been on this committee for that long or actually been doing this for that long, I just wanted to make sure that we're applying observation and finding as fairly consistent that we could. And that was just it.

Chair Kotelchuck: And we should. And by the way,

that could precisely for 577 observation. In the course of the discussion I believe that they had simply moved a dose from -- moved it up, moved it off by one year. But there actually was -- there was something in 1997 -- sorry, excuse me. I don't want to talk about the years. Pardon me.

I think that we have -- this discussion has indicated that there was a mistake, and that it turned out it had a minor impact. But that's not really of consequence in terms of deciding whether a finding or an observation. This is a finding based on the criterion that a mistake was made. It happens to be a quality assurance mistake, but it was a mistake.

So actually the argument here -- this discussion has led me to believe that the 577 should actually be a finding. A minor finding to be sure, not a major mistake certainly, very small.

Mr. Calhoun: Hey, Dave, this is Grady. I agree with you. I agree that it's a finding. I think it's time to move on.

Chair Kotelchuck: Yes. I'm ready. Are folks open to calling it a finding? And then closing it.

Member Clawson: Yes. This is Brad.

Member Beach: I'm good, Dave.

Chair Kotelchuck: Good. Very good. And thank you, LaVon. Okay. So it is closed. Let's go.

Ms. Gogliotti: Okay. The next one is 579, Observation 1. And this is a Y-12, X-10, and K-25 so the Oak Ridge facilities. And this is very straightforward. NIOSH did not include all the chronic annual dose workbook files for assigning internal dose.

I believe what happened here was usually when the

EE works at these three facilities they look at all three and they assign the highest. Here only the highest was provided in the files that we had available to us.

NIOSH agrees that the additional files demonstrating the lower doses for the other facilities should have been included. And so there's agreement it only relates to the documentation. We recommend closure.

Chair Kotelchuck: Right. This becomes a similar discussion to the one we had on 574.1 in that there was something left out, and but the PoC was greater than 50 percent and therefore it could have been left out inadvertently or it could have been left out because it was not necessary to do.

Ms. Gogliotti: I want to clarify. They did it correctly, they just didn't include all the documentation showing why they chose one versus --

Chair Kotelchuck: So. Okay. Thank you. My notes were in error. Okay, well that would make it certainly an observation. Other people, other Subcommittee Members' thoughts, or other folks on the line?

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

Member Beach: This is Josie. I'm also good with that.

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

Chair Kotelchuck: Okay, so it's closed.

Ms. Gogliotti: Okay. Can I suggest calling that a QA issue also?

Chair Kotelchuck: Yes. Yes.

Ms. Gogliotti: Okay. And moving on the next one is

from Tab 580 and this is Finding 2. And this is an INL case. Here what happened was cesium-134 was used to model dose instead of cesium-137 and IMBA from the whole body count result. And when you're selecting a radionuclide in IMBA it's a dropdown menu and you select the one that you want. And here it looks like maybe somebody just flipped their finger a little bit when they were selecting it and didn't notice. Due to the biological half-life of cesium-134 versus cesium-137 it was a claimant-favorable error. It didn't increase dose excessively. And NIOSH agrees that the wrong isotope was selected.

They recalculated dose and slightly decreased the dose that was assigned in the PoC. So there's agreement, correcting the isotope reduces dose. We recommend closure.

Chair Kotelchuck: That makes sense. There was an error in the choice of the isotope. And it's acknowledged and agreed upon. I would suggest closure on that.

Member Beach: I agree, Dave.

Chair Kotelchuck: Yes.

Member Valerio: I agree, Dave.

Chair Kotelchuck: Okay. So, we'll close it. Thank you. Let's go on.

Ms. Gogliotti: Okay. The next one is from the same case, Observation 1. Again this is an INL case.

Chair Kotelchuck: Okay.

Ms. Gogliotti: And here the assignment of shallow dose for this particular organ which -- particularly complicated, appeared to have an uncertainty correction factor twice. When we did the calculations

we were consistently less than NIOSH's values by a certain amount which led us to believe that the uncertainty correction factor was being applied twice.

However, we didn't have enough information available to us to confirm that that's what happened. NIOSH responded saying the INL tool used to calculate the doses was evaluated and it was discovered that indeed it was being applied twice. Applying it twice does increase the dose so it was claimant-favorable.

This type of issue, this is a kind of unusual cancer and the shallow dose component of it is a small fraction. So the amount of claims that they believe would be impacted are small. It was a claimant-favorable error. They are agreeing to update the tool to correct this.

So there is agreement, the small impact on dose and it was claimant-favorable so we do recommend closure. However, I do have one follow-up question. It sounds like a PER is not necessary for this because it was claimant-favorable and small. Am I understanding that correctly?

Mr. Siebert: That is correct. This is Scott.

Chair Kotelchuck: Okay. But there is agreement. I mean, you had -- SC&A had no basis to decide whether the correction factor was being applied twice. But the discussion with the NIOSH folks indicated that that was probably the case, right?

Ms. Gogliotti: I think they agreed that that's what happened.

Chair Kotelchuck: Okay. So then if they agreed that what's happened then -- and a tool is being developed to correct this that's fine. On the other

hand something was applied twice. There's an error in the procedure. That was not taken care of by the tool. It will be and that's fine, but it seemed to me this was a finding.

Ms. Gogliotti: I would agree with that. I think we didn't have enough concrete evidence at the time that we reviewed the case, but since then --

Chair Kotelchuck: Right.

Ms. Gogliotti: -- that was in fact the problem. I don't think -- I think it's appropriate --

Chair Kotelchuck: Right. And the decision came because you had a chance to speak to the NIOSH folks and there's agreement. So I would like to recommend closing as a finding. How do others feel?

Member Beach: Agreed.

Chair Kotelchuck: Okay. Good. Folks.

Member Valerio: Agreed.

Chair Kotelchuck: All right. We will close it. Let's go on now.

Ms. Gogliotti: Okay. Same case, so Tab 580, Observation 2. Again it's an INL case. Here we just pointed out there were several errors in the dose reconstruction report regarding dates that were identified.

They were done correctly in actual dose reconstruction. We agreed that the correct dates were used when they were being used for modeling, but they were simply incorrect in the actual report.

Chair Kotelchuck: That sounds good. That's a pure observation.

Ms. Gogliotti: NIOSH confirmed that the errors were in the text of the report. It didn't impact the actual doses that were assigned.

(Simultaneous speaking.)

Chair Kotelchuck: Okay. Closure, suggest closure. Any concerns or objections? Hearing none it's closed.

Ms. Gogliotti: Okay. Same case, Observation 3. Again, INL. Here there was an error in the unit conversions for calculating recycled uranium intakes. I think what happened was for the U-234 isotope it was listed as picocuries per day, but it was treated in the calculations like it was deployment per day. This in fact was an error in the calculation. I'm sorry, there's a typo here.

NIOSH agreed that it was an observation. And then they pointed to the best available information, to the table in the TBD. So there is agreement. Correction of the units results in a smaller dose than was actually assigned in the DR report so we recommend closure.

Chair Kotelchuck: Right. Closure as a finding or an observation?

Ms. Gogliotti: I don't think it would be inappropriate to up this to a finding, but that's up to you.

Chair Kotelchuck: Yes. To me that sounds like a finding, something -- there was an error in the procedure. A minor one to be sure. Okay. So, recommend closure as a finding.

Member Beach: Agreed.

Chair Kotelchuck: Okay. Okay. Fine. We'll go ahead and that's done. We can do a few more. It's noon right now and we talked about moving -- keeping on

till close to 12:30. If folks still feel comfortable with that let's go on to the next one. But if anybody would like -- feels like we would prefer to take a lunch break now I'm more than open. It's up to our people.

Member Clawson: Coming in late like I did I think we could just keep going.

Chair Kotelchuck: That sounds good. Let's keep moving on. Two hours is kind of a Zoom maximum, but we can do that. Good. Okay. Let's go on.

Ms. Gogliotti: Okay. 580, Observation 4, so same case. Again, an Idaho case. And this is an observation. We couldn't locate the entries for this particular cancer's IREP input table that corresponded to recycled uranium dose to a certain organ let's call it.

This type of cancer is -- a lot of files are generated. And we had trouble piecing through them. NIOSH specified the file names and pointed us in the right direction. And they indicated that that's where we could find things.

Then they also did a dose comparison in a different file, and then those were consolidated. They pointed us to the line in IREP and we were able to track everything through. So with their additional guidance we were able to follow the calculations through.

Chair Kotelchuck: Very good. Very good. So that's certainly an observation. And you recommend closure. I support that. Do others -- any concerns or questions?

Member Valerio: I agree, Dave.

Chair Kotelchuck: Okay. All right. Let's go ahead and close it.

Ms. Gogliotti: Okay. Next case here, it's from Tab 581, Finding 1. And this is a Fernald case. And here there were two years of uranium intakes that were modeled but not assigned in IREP.

And what happened here is the TBD indicates that recycled uranium up through -- needs to be factored in beginning in a certain year. However, because the intake went into this year NIOSH modeled the recycled uranium component, but it appears that the dose reconstructor just forgot to go back and actually include the earlier non-recycled uranium component.

(Simultaneous speaking.)

Ms. Gogliotti: It was just a few millirem. NIOSH agrees.

Chair Kotelchuck: Yes. Yes. I agree.

Ms. Gogliotti: No impact on compensation.

Chair Kotelchuck: Yes.

Ms. Gogliotti: So we're in agreement and it didn't impact the compensation decision so we recommend closure.

Chair Kotelchuck: Right, right. If I were writing it up I would delete the sentence, "The omission did not impact." There is agreement. SC&A recommends closure as I think is proper. So let's close it. Unless there are concerns or objections. You don't have to remove the omission sentence. I'm just saying in passing that a lot of times we focus on it doesn't change things as if that -- not changing things, I'm very glad that we don't -- the kinds of concerns where it's going to change the compensation decision. But the issue (audio interference) we're reviewing the dose reconstruction, and the question is: is it

properly done or not? And so, that said, that's a little insert by me, but not -- okay. Recommend closure? Agreed?

Member Beach: Agreed, Dave.

Chair Kotelchuck: Okay. Good.

Member Clawson: I agree.

Chair Kotelchuck: Good, good, okay.

Member Valerio: Agree.

Chair Kotelchuck: Excellent. Now let's go to the next one.

Ms. Gogliotti: Okay. Same case, Observation 1. Again it's a Fernald case. Here our observation was that NIOSH assigned thoron distribution was inconsistent with what was recommended in the TBD. The TBD indicates that a constant should be used, but NIOSH used a log normal distribution.

Chair Kotelchuck: Right.

Ms. Gogliotti: And NIOSH responds that the WebCAD tool was correct, and did include this information at the time of diagnosis, but the dose reconstructor in this instance hand entered those points rather than using the default WebCAD values and mistakenly used the wrong distribution.

(Simultaneous speaking.)

Ms. Gogliotti: -- no impact on the compensation decision. I believe log normal distributions tend to be more claimant-favorable than the constant.

Chair Kotelchuck: Yes, yes. But it was -- the tool was not properly used, and the person entered -- the dose

reconstructor entered it personally. But it would -- while a minor error, I think it is an error and to me this should be a finding. Do other people agree?

Member Beach: I agree with that.

Chair Kotelchuck: Yes. The issue is the error and procedure. The issue is not whether it affects the compensation. Of course it's very important if it does, but -- and it's good to hear that it doesn't. It rarely does in anything we do.

Okay. Folks, close as a finding? Last word? Okay. Close as a finding.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Scott and Rose, I guess we're doing a lot of changing of observation, finding, and I know that's an administrative problem for you folks as to what gets labeled what. But I know you know what to do.

Ms. Gogliotti: We just have to update a couple of records. It's not a big deal at all.

Chair Kotelchuck: Okay, well I'm glad, glad to hear that. Let's go.

Ms. Gogliotti: We're happy to make them whatever you'd like.

Chair Kotelchuck: Okay.

Ms. Gogliotti: Okay. And should we call that a QA issue also?

Chair Kotelchuck: Yes indeed. It is.

Ms. Gogliotti: Okay. I'll make sure that that gets labeled as such. Moving on, the next one is from Tab

583 and this is Observation 1. And the EE worked at Lawrence Berkeley National Lab, Los Alamos, and Lawrence Livermore National Laboratories.

And here the observation had to do with it not being clear where the -- in the documentation where the X-ray was performed. Specifically, there were two X-rays in the record from Lawrence Berkeley National Laboratory. One of them was stamped Lawrence Berkeley Lab Medical Services. And that particular one was actually during the time that the EE had due while verified employment at Lawrence Livermore National Laboratory.

And we believe that it would have been more claimant-favorable to apply the occupational medical guidance based on Lawrence Berkeley rather than what was used in this case which was the Lawrence Livermore because it was more claimant-favorable. There was some uncertainty about where it was actually performed.

And NIOSH responded saying essentially that they agree with us it was unclear where the examinations occurred, and it was more claimant-favorable to use the Lawrence Berkeley. A small difference in dose didn't impact the final compensation decision.

Chair Kotelchuck: Right. That certainly fits our observation. There was nothing done wrong. There were three measurements and they were all properly recorded. It was also completely proper to say that it would have been better to use Lawrence Berkeley for all three. It would have been more favorable to the claimant.

That's really a professional judgment, isn't it? But it is an observation that falls in the professional judgment category. But nothing was done wrong. So I agree it's an observation and I suggest we close it.

How do others feel?

Member Beach: I agree and I also agree with the tracking of the professional judgments that you mentioned earlier.

Chair Kotelchuck: Yes.

Member Clawson: I agree.

Chair Kotelchuck: Okay, good.

Member Valerio: Dave, this is Loretta.

Chair Kotelchuck: Yes.

Member Valerio: Because Los Alamos is mentioned here I'm not going to vote on this one.

Chair Kotelchuck: Thank you very much. Right. This is -- as we're going online we can't say to people leave the room, right. Very good. And good. And you're not -- you're conflicted there.

Okay, so this is approved. We now are closing it as an observation.

Ms. Gogliotti: Okay. This one is from Tab 584 and this is Finding 1. It has to do with the Clarksville Modification Center as well as the Pantex Plant. And I want to point out that this one is essentially the same as the next one. It was an apron correction factor of 1.5 was not applied to missed photon dose and the follow-on one is for reported shallow dose. So just keep both of those in mind while we're talking.

Chair Kotelchuck: Right.

Ms. Gogliotti: Okay. And what happened here is the current TBD, so that's the one that is current now,

had specific language that says that all measured and missed dose for everything not covered by an apron should use an apron correction factor.

But the document that was in place at the time didn't have that statement. I think the intent was for it to be implied, but it wasn't explicitly clear in the TBD at the time. It's since been updated.

NIOSH responded, indicated that they verified that it wasn't included and the TBD in place at the time did not directly tell the dose reconstructor to do this. Although it is very clear in the new TBD. But this claim is part of the Pantex PER and all of these TBD changes are going to be addressed in that PER. So we recommend closure.

Chair Kotelchuck: Right. Okay. And that's good. This is a finding. The PoC is at 45 percent. Putting the apron factor on would reduce the exposure to -- wait a second. The badge is on top of the apron. So this would -- this would -- the claim, the PoC if that factor is put in will --

Ms. Gogliotti: Go up.

Chair Kotelchuck: Will go up. Right. And so it is being reevaluated.

Ms. Gogliotti: Yes. So the --

(Simultaneous speaking.)

Ms. Gogliotti: -- wasn't being protected by the apron. I believe the badge is underneath the apron and so if you're not being protected then your doses are -- the TLD isn't capturing the dose from something that wasn't underneath --

Chair Kotelchuck: Yes, yes, yes. Okay, good. No, thank you for clarifying. Okay. So recommend

closure for this finding. Seems pretty clear. And there are the next two, 584.2 and 3 are I believe the same issue.

Member Valerio: Dave?

Chair Kotelchuck: Yes.

Member Valerio: It's Loretta. I'm conflicted out of Pantex.

Chair Kotelchuck: Very good. Thank you.

Ms. Gogliotti: Yes. The next two are the same, I'm sorry. The third one is missed shallow dose.

Chair Kotelchuck: Yes. So anyway I recommend closure for 584.1, .2 and .3 all of which are just the same correction factor, the apron. Okay? Folks agree?

Member Clawson: I'm good with it.

Chair Kotelchuck: Okay.

Member Beach: I agree also, Dave.

Chair Kotelchuck: Okay. Fine. Closed, all three. Now 1, 584.

Ms. Gogliotti: Okay. This is the same case. An observation said that the DR report discussion on offsite exposures was insufficient to interpret. And what happened here is the DR report mentioned offsite dose for one year at Pantex, and Pantex specifically has offsite adjustment factors for certain offsite doses. But that's not what they were referencing, and I think that's what caused the confusion.

Offsite in this instance was being used to refer to a

visit to another facility rather than the Pantex offsite doses. But it was just a little confusing. NIOSH agrees the connection between the offsite doses and the records could have been explained more clearly. So we recommend closure.

Chair Kotelchuck: Right. The procedure was proper. Okay. So recommend closure. Folks agree?

Member Clawson: I'm good with it.

Member Beach: Yes.

Chair Kotelchuck: Okay. Closed. All right.

Ms. Gogliotti: Okay. Same case, Observation 2. Again, Clarksville Modification Center and Pantex. This was an observation. We just pointed out that the current guidance for Clarksville would not include or would not allow internal doses to be assigned in the absence of monitoring data. So essentially the current revision only allows for internal doses to be assigned when there is monitoring data, but it was assigned in this case without. So it was just pointing out that if the case was revised all of that dose would disappear.

And NIOSH agrees that the internal dose at Clarksville would not include this based on the current guidance. The previous method was an overestimate compared to the current practice. So there's agreement. We recommend closure.

Chair Kotelchuck: Right. And this is an update if you will, but everything was done properly according to the rules at the time.

Ms. Gogliotti: Correct.

Chair Kotelchuck: Good.

Ms. Gogliotti: More of an informational purposes only.

Chair Kotelchuck: Right. And that's very good, what observations should be for among other. Okay, recommend closure. Any concerns or objections?

Member Beach: No.

Chair Kotelchuck: Okay. Good.

Member Clawson: I'm good with it.

Chair Kotelchuck: Okay, very good. It will be closed. It is closed. Okay.

Ms. Gogliotti: Okay. This one is a little complicated, but it's from Tab 585, Finding No. 1, and it's a combination of Pantex and Albuquerque Operations Office. And here we pointed out that we believe there was a mischaracterization of the EE's employment at Albuquerque Operations Office.

So what happened is the Department of Labor verified the employee's duty location was in Amarillo, Texas while they were working at the Albuquerque Operations Office. Now, the Albuquerque Operations Office is located in Albuquerque, but Pantex is actually located in Amarillo, Texas.

And in the EE's CATI report they explained their job function which really could only be done at a site that had certain materials that is not present in Albuquerque Operations Office. So it was clear to us that the EE, although they were employed by Albuquerque Operations Office they were actually visiting Pantex Plant for those exposures.

So we felt that it was inappropriate, or certain things had been missed based on the EE's work location.

Chair Kotelchuck: Okay, a finding.

Ms. Gogliotti: NIOSH agreed with us that the EE would likely have received onsite ambient exposure from Pantex based on their work location rather than the Albuquerque Operations Office.

Chair Kotelchuck: Agreed, I agree.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Others, agreement?

Member Beach: Yes, absolutely.

Chair Kotelchuck: Okay.

Member Clawson: Yes.

Chair Kotelchuck: Good. Okay. Closed.

Ms. Gogliotti: Okay. I did have one question here though. It mentions that the SEC limitations were added. It doesn't mention a PER. Is that also in the plans?

Mr. Siebert: Yes, there's a Pantex PER. Correct.

Ms. Gogliotti: Okay. I just wanted to verify. Thank you.

Mr. Siebert: Sure.

Member Clawson: That being said, I'm sorry. LaVon, we talked about this at the last Board meeting. Do we have enough data for Pantex?

Mr. Rutherford: You caught me off guard there.

Member Clawson: Sorry. It just popped into my head. I believe it was -- it wasn't our last meeting, but the one before we talked about Pantex and the updates on that. If you --

(Simultaneous speaking.)

Member Clawson: I'm not going to put you on the spot. If you would just email me just when you find out would you just like a heads up I'd appreciate it.

Mr. Rutherford: No problem. I'll do that as soon as I can after the meeting.

Member Clawson: Okay, sounds good. Thank you.

Chair Kotelchuck: Okay. So, that's good. So we have closure on 585.1.

Ms. Gogliotti: Okay. Same case, Pantex and Albuquerque Operations Office, Finding 3. And here the finding was that missed neutron dose was assigned twice for several years. And NIOSH agrees that this happened. Removing that decreases dose. I think it was a copy and paste error, so we recommend closure.

Chair Kotelchuck: Okay, fine. And since the PoC was under 50 percent decreasing the dose does not -- could not result in a compensation change. But I shouldn't be talking about that, compensation change. Okay, sorry about that. It's getting near lunch time. I'm -- we're wobbling. I'm wobbling. SC&A recommends closure and of course I support that. Questions or concerns?

Member Clawson: I'm good with it.

Chair Kotelchuck: Okay. Good.

Member Beach: Yes, I'm good.

Chair Kotelchuck: Good. Okay. So, closed. All right.

Ms. Gogliotti: Okay. Same case, Finding No. 4. Pantex Plant and Albuquerque Operations Office. And

here the finding has to do with an incorrect MDL being assumed for two years of the EE's employment. NIOSH used an MDL of 100 millirem and they should have been using 50 millirem. So it reduces the dose when you correct for this.

Chair Kotelchuck: Okay. Sure.

Ms. Gogliotti: -- result of the tool not updating.

Chair Kotelchuck: Okay. Okay. So the error is corrected. And I suggest we close. Other folks? Agreed? Closed?

Member Beach: Agree.

Chair Kotelchuck: Okay. Closed, 585.4. 585.4.

Ms. Gogliotti: 585.4 and now this is 585.5. Okay. This finding has to do with the examination years assigned not being consistent between cancers. With one of the cancers two scans were assigned in one year and none in the second year. And in the other two scans were assigned in the second year and none in the first.

But the records indicate they were all in one year is actually correct. NIOSH agrees.

Chair Kotelchuck: That does it really. Right?

Ms. Gogliotti: Yes. So we recommend closure.

Chair Kotelchuck: An error was corrected. Minor.

Ms. Gogliotti: Small difference in PoC, probably not something that would even notice. But it happened nonetheless.

Chair Kotelchuck: Okay, let's close. Again, colleagues, Subcommittee Members.

Member Clawson: I'm good.

Member Beach: Agree.

Chair Kotelchuck: You're all colleagues. Subcommittee Members, we agree we're closed. And maybe 586 I believe has a few --

Ms. Gogliotti: It has four parts.

Chair Kotelchuck: Yes. And we have '89 -- '86 and '89. It is close enough to 12:30 that I think I'd like to call it lunch break. It's 12:25. We get together at 1:30. Would folks be in agreement with that? All of the folks on the line?

Member Beach: I agree.

Member Clawson: Sounds good.

Chair Kotelchuck: Okay. All right. We'll see you all again at 1:30 and we'll take those last two cases, have some time to talk about. I'm not sure if we can do any type 2 or if they're appropriate for discussion now, if we're ready for it. And then possibly a little discussion, professional judgment and we'll finish up. Take it easy. Have a good lunch, folks. Or a good breakfast in some cases. Bye.

(Whereupon, the above-entitled matter went off the record at 12:25 p.m. and resumed at 1:32 p.m.)

Dr. Roberts: Welcome back everybody. Sorry for the disruption. Our court reporter is on so we can proceed. Let me take a quick roll call.

(Roll call.)

Dr. Roberts: Okay, great. All right, everyone is here. And just be reminded if you have a conflict of interest to please recuse. Thanks.

Member Clawson: Hey, Rashaun, and also if you have to go away from your phone don't put it on hold. That's why the music was playing.

Dr. Roberts: Yes, yes. Okay, thank you. Bye-bye.

Member Clawson: Hey, Dave, this is Brad.

Chair Kotelchuck: Yes.

Member Clawson: Before we start into the new ones and stuff like that, I hate to do this but I need to go back to 574, Observation 1. I just need something clarified.

Chair Kotelchuck: Sure. Why don't we do that first, after we finish.

Member Clawson: All right. Rose, can you get back to that? There's something here and it's just kind of eating at me and I'm trying to figure out what actually happened and I just need to be clarified on this.

Chair Kotelchuck: Okay. Let's finish the roll call and then we'll come back to that. Rose will be scrolling while we're waiting.

Member Clawson: Okay, sorry about that, Dave.

Chair Kotelchuck: No, that's okay. Go ahead, Rashaun.

Dr. Roberts: No, I think we're done. Everybody except for Richardson so I think you're good to go.

Chair Kotelchuck: Okay, very good. You're not going to do a staff roll call.

Dr. Roberts: No.

Chair Kotelchuck: Okay, good. Fine. We're ready to

go then. So, folks, could we go back to 574, Observation 1?

Ms. Gogliotti: Can everyone see my screen?

(Simultaneous speaking.)

Chair Kotelchuck: Okay.

Member Clawson: My question is on this it sounds like we've been using an outdated guide document for almost 10 years. Is this correct, or -- because the TBD hasn't been updated. Is this what created this observation? Mr. Siebert: Correct. And we're updating the TBD to reflect that at this time.

Member Clawson: Okay. So, Scott, when you're doing something like -- we've been using -- this is what's bothering me. I'm just going to throw it out there. We've been using an outdated guide document for (audio interference) years. Is that correct?

Mr. Siebert: Yes.

Member Clawson: Holy cow. Okay. Do we have anything in place to help this, or are we just -- are we going to update the TBD and go back all these years and re-look at everything?

Mr. Calhoun: This is Grady. That's typically what we do, but we've got to prioritize the work we do. We typically have more work on our plate than we can get completed. So yes, that is the case and once that TBD is approved then we'll go back and do a PER to address any non-compensable claims and see if the dose goes up and those would be compensated.

Member Clawson: Go ahead, Dave.

Chair Kotelchuck: Grady, is that something you could look at to see if things are out of date? Hold it just

one second, please. Could you check into whether -- what kind of dating the TBDs or what kind of lateness the TBDs are in? I mean, there may be -- that may be one thing --

(Simultaneous speaking.)

Mr. Calhoun: We go over our project plan every week internally and that's on there. We also go over it with ORAU every five to six weeks. So we are painfully aware of where everything is. Sometimes there are side discussions that cause things to get delayed because we've got to get number one done before we get number two done.

Chair Kotelchuck: Sure.

Mr. Calhoun: Unfortunately it's just one of those things we've been dealing with for 20 years really. And we just kind of internally have to prioritize what is going to get us the most bang for the buck as far as getting cases out to claimants.

Chair Kotelchuck: Sure.

Mr. Siebert: This is Scott. Let me also clarify one thing. The reason this didn't get -- I shouldn't say the reason it didn't get changed, but the reason we're still using the out of date version is because the specific numbers are in the Y-12 medical TBD. It doesn't just refer back to OTIB-6, it actually gives the numbers which means there's two competing areas. So, in most cases what we've done more recently is when we update a TBD like this, and I know we're doing it with Y-12, is we will no longer have the actual numbers in the Y-12 medical TBD. It will just refer to OTIB-6 itself. And that way when OTIB-6 gets updated that can just pass right through rather than having to await the TBD to be updated to state that. So that's a little bit of learning on our part over the

years on how to document some of these paths through things. But I hope that puts your mind at least somewhat at ease that we're working through the process and it shouldn't be a continuing issue.

Member Clawson: Scott, this is what I'm looking at. I sit here and I look at all this, 10 years. It makes me feel a little bit better to know that we've actually got the numbers that we're working with in there, but I'm sitting there looking at petitioners that are right on the borderline and this could change. And it just -- 10 years is a long time to wait. I'm glad to hear that we're using those numbers, but I'm just wondering how many before we started using those numbers are still sitting out there that need to be changed, especially the ones that are sitting right on the border.

Because we have several that were 49.75 and stuff like that. I just -- so, my question to the group is do we need to close this, or I think we did close it and I'm just -- I'm --

Chair Kotelchuck: Yes, we did.

Member Clawson: I just want to understand how we are going to know that this has been rectified I guess. I guess, Scott, you're basically telling me that it already has been rectified because you guys are actually using the numbers, correct?

Chair Kotelchuck: I'll let Scott answer and then I'll speak. Scott?

Mr. Siebert: No, we are still using the TBD values in the current TBD. The TBD is in the process of being revised right now to remove those specific values and just to reference the OTIB itself. At that point those numbers are updated and we will in the PER for Y-12 handle any differences between those numbers.

Chair Kotelchuck: And my -- excuse me. One sec. I think this is out of our purview. It is -- I'm glad that Grady was here, and they have a procedure which they follow. And he heard you loud and clear as he hears all of us when we speak.

But I don't think there's anything we as a Subcommittee can do about that. As long as it's being prioritized on a regular basis, and -- but I don't feel as if there's anything we can do here. And so --

Mr. Barton: Dr. Kotelchuck, this is Bob. I might be able to move this thing along a little bit because I'm going to have to admit I was a little confused by the discussion that occurred earlier.

But I think it's important, especially for any members of the public on the line to understand that in this program we're not necessarily beholden to every TBD revision. That is, the dose reconstruction process itself, and correct me if I'm wrong, is a much more fluid situation. To every extent possible the latest and greatest methods are used in dose reconstruction even if the TBD is lower down the list of priorities to be revised.

And I think that needs to be just stated and clarified unless I'm wrong about that. Because I think it was a little confused because it almost sounded like the DR was beholden to the TBD until it gets revised, and I don't think that's necessarily the case, that DRS are much more fluid. When there are changes, for example, in Work Groups about Site Profile issues, even though those issues may not be officially updated in the TBD for several years the methods that are agreed upon are used as soon as is practical. And I think that's the distinction that was maybe muddled or lost in my comments earlier. I think that needs to be clarified.

Chair Kotelchuck: I wonder, Grady, might you answer that? I'm not sure if what Bob -- if what you're saying is correct.

Mr. Calhoun: Typically we follow what's in the TBD. And we don't deviate from that much. Now there may be a workbook that gets updated ahead of time, but I'm going to defer. I'm going to pass the ball to Scott.

(Simultaneous speaking.)

Mr. Barton: -- there's a DR template that gets updated. That's not necessarily published on the website, but it is up to date for the dose reconstructors on what specific steps and values to use. So I think that's where the confusion is on this issue.

Mr. Siebert: Well, we will not update a template in something that is directly in violation of one of -- actual documents such as a TBD. We do have interim ways to deal with it, and looking back since it's been a long time perhaps we should have done this. We can use a DR guidance document to reflect that change if there's other things that are holding up the TBD. In this case the TBD is in process right now so I'm not really sure that that's an appropriate way to do that.

We won't just make changes without clear documentation as to why we're making changes. And that -- actually all that comes out of this Subcommittee in the first place is why we have those type of documents in the first place.

Ms. Gogliotti: I thought the data hierarchy forced the newer procedure to take precedence even for these site-specific issues. Is that not the case?

Mr. Siebert: Not necessarily in a case where -- in this

case you have two specific documents that are clearly giving values for a specific process. In that case the TBD would generally override something else because it's much easier to deal with the PER process in that way for a clean cutoff as to when you need to do your PER changes.

But I think Grady's covered this. It's something that we're making the change right now and we just have to work on it from a prioritization basis.

Mr. Barton: So if we were to have a Y-12 case today are you saying that the older version of OTIB-6 would be used because that's what's cited in the TBD?

Mr. Siebert: Yes.

Chair Kotelchuck: Yes, that's my understanding as well.

Mr. Allen: This is Dave Allen. I want to clarify that statement just real quick. No, the older version of TBD for OTIB-6 would not be used. It's -- the problem is the numbers from the old version are in the current version of the Y-12 medical TBD.

Mr. Siebert: Thanks Dave. That's a better way to state it.

Mr. Allen: So we would be using the current version of the medical TBD and we would not be using OTIB-6. The problem is that that means when we update OTIB-6 we have to update the TBD and that hasn't been done yet.

Ms. Behling: And this is Kathy Behling. To go back to Brad's point how will the Board be made aware that this Y-12 TBD and the workbook have been updated? Is there still a Y-12 Work Group that's active?

And I guess the only other thing, and I had

mentioned the workbook earlier. I have seen in the past I believe that when there are changes that need to be made to the TBD because that's a more time-consuming process sometimes the workbooks are updated and corrected. So that this type of issue is taken care of much sooner. But that doesn't seem to have been the case for this particular -- for the Y-12.

Chair Kotelchuck: Right.

Mr. Siebert: I can address that.

Chair Kotelchuck: Good.

Mr. Siebert: Yes, that has been historically done, and actually was determined that is not a good way to do it because you don't have a reference-able document that's being clearly delineated. And you can't be clear as to where the values came from.

So we will continue to ensure the tools reflect the actual documentation that we have rather than an interim change.

Ms. Behling: Okay. And what about --

(Simultaneous speaking.)

Ms. Gogliotti: -- done consistently for the whole program?

Mr. Siebert: I believe that is correct.

Chair Kotelchuck: Yes, there has to be a consistent procedure. And I will -- I mean, I will say that from the work of this Committee there are often changes that are made in workbooks and things like that rather quickly. But clearly we've identified one, things are lagging. They're working on it.

But if there's concern by Board Members about this I

do think that it becomes a discussion or a Board discussion, not a Subcommittee discussion. I mean Grady is the responsible person for NIOSH and ORAU, and he's given a clear statement. One may feel like no, no, somehow priorities ought to be revised. If so -- or there's further concerns, or additional concerns. I would raise it in terms of a Board meeting but not the Subcommittee. I just don't feel like we're -- we're not a designated Subcommittee to investigate the procedures by which the DRS are done. We're looking at whether the DRS that are done are done correctly.

Member Clawson: Well, and Dave, I understand that. I'm just going to, you know that I'm pretty blatant in what I'm about to say, but holy crap, 10 years? And we know we're using the wrong one.

Here's what I'd ask is Rashaun, maybe at the next Board meeting we could bring this before the Board and it would give NIOSH and ORAU a chance to be able to tell us exactly where we're at on the OTIB and everything else like that. Just looking at it from the outside I'm just going to -- I don't think it's normal. I think this is -- actually I think it's ridiculous. But I don't know what year it was on NIOSH's plate. But I would like to bring this up as you said, Dave, at the next Board meeting, discuss this on a whole. And I'd like SC&A to get the possible ramifications of some of this.

It will also give NIOSH and (audio interference) a chance to be able to let us know exactly where it's at.

Chair Kotelchuck: Update us on the status of various changes that are being worked on.

(Simultaneous speaking.)

Chair Kotelchuck: Go right ahead. Sorry.

Dr. Roberts: Okay. At the end of the meeting there is -- there will be an opportunity to talk about prepping for the next full Board meeting in December. So why don't we, you know, we can certainly circle back around at that point.

Member Clawson: Okay. I just wanted to let the Work Group and NIOSH and SC&A to know what we felt. Because I'll be honest, I'm really having a hard time dealing with this one. So we'll bring this up at the end of the meeting. We'll discuss it from there and then we'll go forward.

Chair Kotelchuck: Okay, very good. As I say I think bringing it before the Board is the appropriate thing. I would like to go on now to go back to 586 unless -- okay. I would like to continue on unless I hear objection.

Member Clawson: Thank you for indulging me and going back.

Chair Kotelchuck: I don't consider it indulging. You're a Board Member and you raised a concern. It's appropriate. It's just the Committee does not have purview in here, and other folks who are here do. Okay, let's go on, 586.

Ms. Gogliotti: Okay. So this one, 586, Finding 1. And the EE was employed at Argonne National Lab East and West as well as INL and Fermi. And this is the four-part one that -- I'm not sure how detailed we want to get into it or not.

The finding has to do with we thought the method of determining the assignment of missed neutron dose was not consistent in this particular case. We had a really difficult time following it to be honest. And we identified four different examples. I'm not saying that they were the only examples, but they were just four

that we pointed out, of things that felt inconsistent when we were looking at this particular finding.

Chair Kotelchuck: And the record documents. If folks go back to the case study and you'll see, there were just all sorts of different methods used for assessing the neutron exposure. And different things were done at different times, and at different sites. Sites got mixed up.

This was a really fairly -- to my mind a serious concern. So this is raised and what is --

Ms. Gogliotti: Are you interested in going into each one? Do you just want a summary?

Chair Kotelchuck: Well, no. The summary to my mind is just fine. I'm just -- I'm saying to people if you go back into the record I think -- I just looked at it a while ago. I think it's page 17 of 586 case study and you'll see in detail. No, I back up your -- I agree with you that it's inconsistent and inappropriate. And this really needs to be looked at, or is there -- NIOSH agrees with this portion of the finding.

Ms. Gogliotti: They agree with some, but not all. And I don't think that we were by any means saying that everything is wrong. We were just pointing to different ways that it felt that these were being addressed.

Chair Kotelchuck: Yes. Is this something that will be -- so is there a commitment for NIOSH to reassess this? This particular. To check on the dose reconstruction again. I don't think it's in a state --

Mr. Siebert: Are you talking about this specific claim, Dr. Kotelchuck?

Chair Kotelchuck: Yes, 586.1.

Mr. Siebert: Yes. Actually we took all those things into account. We're going to talk about some other findings, but we did reply. In Finding No. 3 our reply does include that if we look at all the findings in toto, including .1, there is no change to the PoC. So we did actually reflect that, just in a later finding.

Chair Kotelchuck: Okay, but that -- as I mentioned earlier today I don't believe that the change in the PoC is determinative. The question is whether there are a number of findings found, and then the question is how are they dealt with. And I assume that in these -- that you've redone it correcting what was pointed out in the findings. And I guess actually I take it back.

If we agree we're not passing on this finding, we're approving that it's a finding, and then you're dealing with it, and you'll point out later that it has been dealt with and appropriately. So I'm ready. Right. I'm ready to say that we'd approve. We approve. You agree, both sides agree that it was inconsistent.

Member Beach: Dave, can you let Rose go through it because I don't think she has gone through it yet, has she?

Chair Kotelchuck: Pardon?

Member Beach: Has Rose gone through this one?

Ms. Gogliotti: I have looked at it, yes, but we haven't gone over it in the meeting.

Member Beach: That's what I meant, in the meeting.

Chair Kotelchuck: You know what, my apologies. Rose, I cut you off, did I not? Is that what we're really saying? And if so my apologies.

Ms. Gogliotti: No, I wasn't sure how detailed you

wanted to go to because they are just examples and we weren't seeing -- we just had a hard time following it.

Chair Kotelchuck: I didn't see the examples.

Ms. Gogliotti: So the first example, there were three specific years where we saw zeroes in the record but no missed dose was assigned. And NIOSH clarified that a zero in the neutron column of some of these records is not actually a reliable indication that the EE was being monitored for neutron exposures.

And they did agree to add a clarification in the next TBD. So in these particular years I believe my interpretation -- if this is correct, that this individual was not being actually monitored for neutron because there was a beta gamma dosimeter result, but it wasn't a beta gamma neutron result. Is that correct?

Mr. Siebert: That's correct.

Ms. Gogliotti: So that was the first one. Now the second one had to do with missed dose being assigned in one year without a record, but not in a year with a record. And here NIOSH agrees that one of those years should not have been assigned zeroes, and believes that those should have been removed. And this was again an instance of the gamma beta dosimeter versus the gamma beta neutron.

And then a third example had to do with a similar example with zeroes listed for the EE while they worked in the same location, but they were treated differently. So several years were assigned missed dose, but then an additional year where they were doing the same thing, or at least in the same location was not assigned.

And here NIOSH essentially said the same thing. The badge type doesn't have a BGN or a BGNC to ignore the zero in the neutron column. And they're going to add an explanation in the TBD to that effect. I think some of these zeroes were also -- they intended on removing them.

And then a fourth example was that NIOSH did not assign missed neutron dose to certain years, and the EE did have a beta gamma neutron dosimeter. And so it wasn't really clear to us why those weren't assigned either. And NIOSH agrees with these and will be adding zeroes to those years. And again the clarification.

So I think the takeaway from this is there are a lot of intricacies in assigning missed neutron dose, particularly at this site. And NIOSH is going to add guidance to clarify things to help improve consistency in the future.

Chair Kotelchuck: Right. Okay. Thank you. And my apologies for interrupting and then going on without. SC&A and NIOSH recommend closure on this. It's being taken care of. And I think I accept closure. Do others feel comfortable with that?

Member Beach: I'm comfortable with that. It just goes back to that tracking issue again on that last notation that SC&A made that NIOSH will add additional guidance to clarify.

Chair Kotelchuck: Yes. Yes. Okay. Well, that's what they are committed to in the discussions that were held. Other thoughts, concerns, comments?

Member Valerio: Dave, this is Loretta. I agree with closing it.

Chair Kotelchuck: Yes, okay. Brad?

Member Clawson: I'm conflicted so I haven't been able to talk.

Chair Kotelchuck: Oh, of course you are. Yes, yes.

(Simultaneous speaking.)

Member Clawson: But I do worry about tracking this.

Chair Kotelchuck: Well, but that's -- I'm sorry. I forgot that this was conflicted. So we've all -- somebody. Okay. I think that those of us who can -- and Jim Lockey, I suspect you are probably going to abstain on this. I don't know. Do you have any comments?

Mr. Barton: Dr. Kotelchuck, this is Bob Barton. I wonder if this might be one that we put in abeyance because the finding is essentially pointing to a TBD revision to happen. And so typically, at least in other Work Groups when that happens and it's supposed to be a revision we'll put it in abeyance as in there's an agreed upon path forward, it just hasn't happened quite yet. I wonder if that might be applicable here?

Chair Kotelchuck: I think that might make sense. Would others agree that we could put this one in abeyance?

(Simultaneous speaking.)

Member Clawson: If I wasn't conflicted I sure would say that.

Chair Kotelchuck: Okay, but you are and so you're not. I'm sorry. Why don't we -- we should put this in abeyance. Okay, I agree.

Mr. Siebert: This is Scott. I mean, this is up to Grady to say something if he would like to, but I do not believe that's historically how we've handled this in

the past.

Chair Kotelchuck: I -- looking at my notes.

Ms. Gogliotti: For other Work Groups we generally do that, for procedure revisions and things. We don't typically do it in dose reconstruction because it's a guidance that's not exactly impacting the case, or things won't change. That's not to say we couldn't do it, or start doing it.

It would change some of our metrics on how we report back to the full Board unresolved issues.

Chair Kotelchuck: Right.

Mr. Calhoun: It would leave an awful lot of cases in abeyance.

Chair Kotelchuck: In abeyance. It would, yes.

Mr. Calhoun: And you know that we're going to revisit them anyway once we get the revised TBDs done.

Chair Kotelchuck: Yes. So that's -- there's a commitment by NIOSH to make the changes.

Ms. Gogliotti: I guess I could add another layer to my tracking to say that, and then when procedures are updated and a PER is issued we could see if this case was updated if that's something that you're interested in.

Chair Kotelchuck: Well, I'm trying to think about consistency of procedures. I think I'd opt to stay with closing. And there will -- we will hold in abeyance, but I don't think this.

Member Clawson: Rose, this is Brad. Aren't you saying that you could put another level on there so -- can this coming back. I'm not talking about this

case, I'm talking about all these other cases that possibly could be like this. Are you talking about putting another search bar or reference that we are waiting for this change? I didn't understand quite what you were saying.

Ms. Gogliotti: Oh yes, absolutely. In my tracking metrics I could add an additional column that just said it was waiting on this update, the case was resolved.

Chair Kotelchuck: Yes, but then do we go back to the one we just started this afternoon with? And I think --

Member Clawson: Dave, I think what she's saying is just that this is kind of how we're tracking it so that when we're looking at like if this went to the Work Group, Procedure Work Group or whatever else like that we have a tracking of what it is, what's still needed on that.

And I'm kind of leaning toward that because that helps me understand the flow of where we've gone, plus it takes care of Grady's and those issues of having open ones. This we could close, but under the understanding that we are waiting for this TBD to be changed or whatever.

Mr. Siebert: This is Scott. I want to point out there was an error in the last one which we agree on that we should have assigned neutrons during a specific couple of years. The rest of them which are the clarifications to the TBD, those are exactly that. They're clarifications. It's not changing the way things are done. The TBD is going to be updated to clarify specifically what we already did in this case on how you handle the neutron dose from my understanding.

So all that would happen is you go back to the TBD afterwards and say yes, it now says what they already did in that previous case.

Ms. Gogliotti: I think it's just a way of tracking to make sure that those changes happen. In most cases we don't have any problems with it, but I know we have identified in the past things that inadvertently were missed in documentation updates. And that would help --

(Simultaneous speaking.)

Chair Kotelchuck: Go ahead.

Member Clawson: When you guys do this clarification and stuff like that all Rose is going to do is just go in and this is taken care of at this time. Because you and I both understand that one of the things that's very hard to track a lot of this stuff. I sometimes feel like I forget some of it and where we're at on it.

This way we'd be able to close it, and this way when it does get updated we'd be able to say this was taken care of on this date.

(Simultaneous speaking.)

Mr. Siebert: -- anything. And I agree with that from a tracking point of view. The only reason I mentioned this is because it was also mentioned that it was -- whether it was handled down the road in a PER acceptably. Such as this claim would not come up in a PER probably because clarifications are exactly what was already done in the claim. So I just wanted to make sure we weren't going too far down the road looking for things. But from a tracking mechanism I can agree with that. That makes sense.

Chair Kotelchuck: Yes. But I don't think -- we won't

call it holding in abeyance. We'll call it clearance and Rose will keep. Because I don't want to have to -- I mean, in abeyance means it comes back to this Subcommittee.

Member Clawson: Correct. I'm looking at more from tracking and being able to have a point A to B and everything else like that, especially for the Board. Just like what we got into dose reconstruction. The dose reconstructor understands what he's done, but he never put it in his paperwork that this is why I did this which I know that you guys have done now. In newer cases we're seeing we did this because of this. I stopped at this point because we were already over 50 PoC. And that's what I am trying to create in our Work Group is that we have mechanisms to be able to track.

Chair Kotelchuck: I would say that I would be open to clearance with tracking on this. But I would like to think further about this procedure and consider whether we want to consistently do this in the future. And I'm not sure it is a good idea. But I would certainly say let's check if this has been raised in this case, and then -- but we may want to discuss at some point in the future whether -- and think more about it, and discuss sometime in the future whether we want to do this consistently. And what is the consistency that we want to do.

Member Clawson: Right.

Chair Kotelchuck: Okay. So clearance with tracking by Rose.

Ms. Gogliotti: Okay.

Chair Kotelchuck: All right. Fine. Okay, let's go on.

Ms. Gogliotti: Okay. Same case, which is, as a

reminder, Argonne National Lab East and West, as well as INL and Fermi. And here there was a statement in the dose reconstruction report that said that the zeroes were being assigned as electrons because it was claimant-favorable which is not claimant-favorable, or it's certainly not the most claimant-favorable option. And NIOSH agrees with this finding.

Chair Kotelchuck: Right. This sounds like an observation. I mean, and professional judgment was used.

Ms. Gogliotti: This was a wrong -- an error. I don't think that any NIOSH dose reconstructor, and I say this because I have faith in them, would think that that was claimant-favorable. I think this was just an error.

Chair Kotelchuck: Others comments?

Mr. Siebert: This is Scott. I would agree with that.

Member Beach: Yes, I was going to say I would agree with that also.

Chair Kotelchuck: Okay. Then I think we're in agreement that this is -- both NIOSH and SC&A are in agreement and we should close it.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Okay. Good. Let's go on.

Ms. Gogliotti: The next one, same case. Finding No. 3. And this says that NIOSH should not assign dose for this year X-ray examination. And NIOSH agrees with this finding. And then they went on to say that all the changes that impacted this case showed this as well as the past several that we've been discussing were evaluated and it didn't change the PoC.

Chair Kotelchuck: Yes, okay. All right. Sounds good. Do we agree, folks? Subcommittee Members? Sounds like we agree so let's close it. Now we have one more I believe. Observation 1.

Ms. Gogliotti: Okay. Here the method described in the DR report is not consistent with NIOSH's actual missed dose calculations. And this related to a neutron-photon ratio that was an artifact that was left in that probably shouldn't have been left in. NIOSH said that it should have been removed and this change does not affect the dose.

Chair Kotelchuck: Right. Okay.

Ms. Gogliotti: I think this one said that a neutron-photon ratio was used when that was a related case.

Chair Kotelchuck: Okay. Other comments? Folks? Do I hear further comments?

Member Beach: No, Dave.

Chair Kotelchuck: Okay. Very good. Then we'll close it.

Ms. Gogliotti: Okay.

Chair Kotelchuck: Now, 589 I believe is the next one.

Ms. Gogliotti: Yes, 589.1. This is a Batelle Laboratories - King Avenue Facility. Okay. This one is a little confusing. It has to do with the last or the next one as well. Here the dose reconstruction report referenced the Hanford TBD rev 4 when rev 3 was used. And the rev 4 versions are double that. So we were under the impression that neutron dose was being underestimated.

At the time there was no guidance for the Batelle Lab King Avenue Facility for this and so NIOSH was using

the Hanford guidance because it was close to the values that they suspected should have been at King Laboratory, or King Avenue.

Really -- Scott, you're going to have to jump in here. I'm having trouble with my words.

Mr. Siebert: Well, basically, yes. For the way you do a best estimate Monte Carlo calculation back in the days this was done. And we all have to remember this claim was done in 2010. So you need the parameters to put into the Monte Carlo calculations. And for Batelle King Avenue there were no specific parameters to use for that facility yet.

So what the dose reconstructor did was to find a location that had parameters that are very close to that which has to be Hanford prior to the change. So they used the Hanford which was at the time correct. They used those values in the Monte Carlo calculation to get as close as they could as a reasonable representation of what was being done at Batelle King Avenue.

So it's not that we were actually using Hanford information, but the Hanford information itself. We weren't referring to Hanford saying this is just like Hanford. We're saying the parameters were familiar and close enough to the parameters at Batelle for this specific issue to use those Hanford numbers. So that's what was done.

We've actually looked at this one and because there's additional information that's come in since then we've done a PAD, a post assessment dosimetry look at it, and it still turns out to be the same with the actual parameters done under those these days. We didn't have to fake it, or we didn't have to estimate it. That's probably a better way to put that. We didn't have to estimate it. So the answer is still going to be

the same. Did that help you a little bit?

Ms. Gogliotti: Yes, thank you. That was much better than what I was going to say.

Mr. Siebert: I can't imagine. This isn't complicated at all.

Chair Kotelchuck: In a way what you're saying though is it was appropriate at the time that it was done.

Ms. Gogliotti: Yes. I think that we were unclear on why they were doing that. And with that additional clarification it makes a lot more sense. And when we adjust for the current guidance things are comparable or claimant-favorable. So it didn't really impact anything.

Chair Kotelchuck: It does sound a bit like an observation.

Mr. Barton: This is Bob. Wait a second. Unless I'm reading this incorrectly the DR referenced revision 4 of the Hanford TBD but didn't use revision 4 values. They used the outdated revision 3 values. Is that not correct? I mean, I understand now there's a specific Site Profile for this place, but at the time they referenced revision 4 but didn't use revision 4, and it sounds like that should have been used instead of revision 3 of the Hanford TBD -- go ahead, Rose, I'm sorry.

Ms. Gogliotti: Yes, that is correct, but I think that they were trying to use revision 3. And I bet some kind of QA procedure said you're using an old outdated revision and updated it without realizing there was a reason they were using the old one. Is that correct, Scott?

Mr. Siebert: Yes, that's a reasonable assumption as to what happened at that time.

Chair Kotelchuck: That they did use 04.

Mr. Siebert: Right. No, they used 03 and they meant to reference 03. It's just one of the QA things ironically enough that we have is to use -- make sure we're using the most recent version. And I believe the reference was updated at that time rather than asking the question are we really using the outdated reference and is that appropriate.

Ms. Gogliotti: And in this case it probably would have been good to indicate why these decisions were being made in the report. And that was maybe a shortcoming also of this particular --

Chair Kotelchuck: Okay.

Mr. Siebert: Correct. But I think that's all a documentation issue rather than -- it was done correctly, just it was not documented as well as it probably should have been.

Chair Kotelchuck: Right. Which is what we -- sounds like an observation. Although I'm perfectly -- look, it's settled and I'm certainly comfortable with closing it. If anybody else wants to move it to a reference. But there were enough problems that maybe we should just say it's a finding and leave it at that. Anybody? Subcommittee Members? Well, then let's leave --

Member Clawson: Now that I'm off mute I'm okay with that, Dave.

Chair Kotelchuck: Yes, okay.

Member Clawson: And I'm okay with Scott's word change that he used too.

Chair Kotelchuck: All right. Let's close it as a finding. Okay? All right. Good, thanks. Closed.

Ms. Gogliotti: And actually this one is the same. It's just a different --

(Simultaneous speaking.)

Chair Kotelchuck: Sure.

Ms. Gogliotti: I would recommend closing this one as well.

Chair Kotelchuck: Yes. To close. Really it's the same issue. Okay, 589, Observation 1.

Ms. Gogliotti: Okay. So this one when we're using the term coworker we mean coworker which is different than normal coworkers, so I just want to point this out before I get into this. And this was a coworker with the same job title that they were using to help where records might have been missing at the time.

And it was one year that neither the EE nor the coworker were monitored. NIOSH did not assign (audio interference) or measured dose to that year. And we believe it would have been claimant-favorable because records were missing or absent possibly to assign the surrounding dose basically. So to assign the year before or the year after to represent this EE's work exposure during this particular year.

And NIOSH agreed and said it would be preferable to use the actual claimant's surrounding data. And it has no impact on the compensation decision. So based on that we recommend closure.

Chair Kotelchuck: Okay. Issues? Anybody?

Member Clawson: I'm good, Dave.

Chair Kotelchuck: Okay. Let's close it.

Ms. Gogliotti: Okay. Same case, Observation 2. Here the case files did not contain documents (audio interference) of the ambient dose calculations that were performed. I'm having a lot of feedback on the line. I don't know if it's just me.

Chair Kotelchuck: I am having some too, yes.

Dr. Roberts: If everyone can make sure they're on mute. Press *6 if you don't have a mute button.

Ms. Gogliotti: Okay.

Mr. Barton: Rose, you were scrambled there for a second but I think you're clear now.

Ms. Gogliotti: So at the time that this case was done Batelle did not have ambient dose guidelines. So a default procedure was used and we weren't able to track exactly what was going on there, and there were no files for us to follow to see exactly how that ambient dose was assigned.

And NIOSH responded that the spreadsheet should have been generated and included to indicate which sites were used in order to recreate these doses. Since then there is now ambient dose guidance for this particular site and that's contained in the current TBD and it's a lower dose than what was assigned to the claimant.

Chair Kotelchuck: Okay. And it's appropriately an observation because in the case report they just didn't say. They just said this is what we did and they didn't give documentation.

Ms. Gogliotti: I think there was not enough information to clearly follow what was done. I would say that. It's unusual to not have the case files

include a file for ambient dose calculations of some kind or another. So that was unusual with this case.

Chair Kotelchuck: Yes. And so this is an observation. I would agree with closure. Comments, concerns? Sounds like we're ready to close it. Okay. Let us close it.

Ms. Gogliotti: Okay. That was the end of the type 1 issues.

Chair Kotelchuck: All right. Congratulations. Really, really. I'm not joking. It's very nice to get back to operations. Thank you and thank Laurie also on our behalf. In fact I'll email her later and thank her for getting things done.

So now I -- how about now that we start type 2 issues. The question is are we ready to discuss type 2 issues? I believe not, is that correct?

Ms. Gogliotti: SC&A is ready to discuss it. NIOSH has only had our responses for a little over a week so whether or not they are comfortable --

(Simultaneous speaking.)

Ms. Gogliotti: -- not ready or we could go on if people are too burnt out which I fully understand we could just skip ahead to the professional judgment and then come back to these at the next meeting. That's also fine.

Chair Kotelchuck: I -- go ahead.

Mr. Siebert: This is Scott. We prepped for it so I think we can probably go through them. If there's something that we have to put off we can let you know that there wasn't enough time. We're prepared to at least discuss them.

Chair Kotelchuck: Well, okay. Now, I will admit I don't know if I'm prepared as one person on the Subcommittee. Other Subcommittee Members? Look, I figured we would just finish up the type 1's today. What do other people feel? I think I might hold it off till the next time till we get ready on our end. Do other Subcommittee Members feel as I do?

Member Beach: Yes, Dave, I think I feel the same way. This not having access to the material at the same time that we're discussing them is difficult too. I've read them all.

Chair Kotelchuck: Yes. So Scott, I'm happy to know that you folks are ready. I think we're not quite ready as Subcommittee.

Mr. Siebert: Happy to do whatever you need so that's great.

Chair Kotelchuck: All right, well that's good. And you guys are on top of things and that's appreciated. But I think we'll do that. We'll start and do the type 2's next time. And we can talk a little bit right now about professional judgment although maybe before we begin that, Rose, you spoke with me earlier today, just before the meeting today about asking folks how helpful the PowerPoint slides were. And you'd like to get some feedback on that. And I'll just start off by saying they were very helpful in navigating us through. And my feeling is as long as we are not able to meet in person and don't have -- and/or do not have clear access to all the data your PowerPoints were very helpful and helped move the meeting along with dispatch. How about other people? What are you -- how did you find?

Member Clawson: This is Brad. I feel exactly the same. She's done a wonderful job on it. It helped things, it helped it be a little bit clearer for me.

Chair Kotelchuck: Right.

Member Beach: Well that and having the presentation with the cases that we could go back and pull those up too, I found that to be helpful as well.

Chair Kotelchuck: Yes, yes.

Member Beach: The hardest part for me is during a meeting I tend to go back and forth between the slides, and not being able to do that because they're in -- and maybe I could if I didn't try while we were on this website.

Chair Kotelchuck: I feel the same way. I feel the same way.

Member Beach: Yes (audio interference) take better notes on each individual's issue. So anyway, yes. But thanks, Rose. That's not a reflection on you at all. That was very helpful.

Ms. Gogliotti: Good, thank you. And if anybody thinks of anything they'd like to see in there that wasn't there, or things you'd like me to condense let me know what I can do for the next meeting.

You should be able to pull things up in the Edge Computing Platform. It might slow things down for you and it wouldn't surprise me if it crashed things. And there's also some time limitations. But in theory you should be able to pull them up, but in practice I don't know.

Mr. Rutherford: This is LaVon. I had mine up. It does slow things down a little bit and you've got to watch timing out, but I had my stuff out.

Member Beach: Okay, thanks. I didn't try that, so.

Chair Kotelchuck: I had several times wanted to look back at the cases and the case files, but I was afraid to for fear that I would lose what I had. I just barely have been able to get on and review what we have. So Rose, if there's a way that you might send us an email about how to jog back and forth between the cases and the material that you have without losing them. I'm not sure.

I suppose -- I mean, I can get off -- if I get off the slide then I go over to the set 29 share which we have and I can look at the case files and then come back. But I don't think I know how to toggle between them.

Ms. Gogliotti: At the top of the screen when you're in the environment you have an option to go back to your home screen or stay in the environment. And then when you're in your home screen you just click on the icon on the bottom of the screen. It should allow you to do that I believe.

Member Beach: Yes, I'm doing that right now and it absolutely is letting me.

Chair Kotelchuck: That little line down at the bottom.

Member Beach: I just went into the Edge and just typed in the website and I'm able to get in so that I could have went back and forth.

Chair Kotelchuck: Oh, okay, fine. Then I will learn how to do it too.

Member Beach: I was hesitant as you were to try it.

Discussion on Professional Judgment in Response to 4/14/21 SDRR Report to Board

Chair Kotelchuck: Right, right. For me it's still a fragile system. Okay. Well then that's done. Let's talk just a little about professional judgment. I did note

at the beginning right now the professional judgment we're doing on blinds, right? The blinds (audio interference) and Rose put together an Excel sheet which I showed at the last meeting I believe, or the previous of what we're doing.

The problem with using blinds to assess professional judgment is that we go through blinds. If we only go through six for every set then it's going to take a long time before we have enough data to be useful.

And I wondered whether when we're going through the regular cases for review as we did today whether it might be helpful to look for professional judgments, particularly for things that are observations. Many observations have nothing to do with professional judgment, but some do. And I remember looking up some earlier at lunch time.

There was -- like the 583 choice of examination site for medical X-rays, choice of skin cancer location on shoulder. Those observations in fact involve professional judgment. And I wondered -- and Rose of course, whether folks and Rose and others think that this would be a worthwhile thing to try to gather professional judgments out of the regular case reviews, case file reviews. What do people think?

Ms. Gogliotti: My concern with this is that sometimes we look at a professional judgment in a DR while we're doing a review and it's clear to us that it was a professional judgment and that it was acceptable so we don't document it there.

Chair Kotelchuck: Right, right.

Ms. Gogliotti: It's only when we think that something feels more questionable that we bring it forward. So I feel like you would be missing.

Chair Kotelchuck: Oh there's no question that if we were to, for example, use observations as a trigger that we would only be getting some professional judgments, not comprehensive. On the other hand the question to my mind is that we're gathering information so slowly that maybe it's something to consider.

Maybe I leave this in abeyance. It's a thought. And people might want to think about it, and think whether gathering information that's not comprehensive but essentially anecdotal I guess would help us at all.

Mr. Calhoun: This is Grady. I just kind of wonder what the ultimate goal would be. You know, you get to a point where you say oh, there's too much professional judgment. I mean what's the goal?

Chair Kotelchuck: Well, the goal is to try -- if there are professional judgments in some area, consistent professional judgments, can we transfer this from the professional judgment onto a mandate, a TBD or a -- so that we cut down the amount we could have this done through the computer and through commands to the dose reconstructor such that we would be doing fewer professional judgments than we do currently.

Ms. Gogliotti: (Audio interference) the issue is professional judgment. I don't think that we would need health physicists to be doing these if there wasn't a fair amount of professional judgment. I think the concern is more that making consistent judgments when applicable. For instance, the case on the torso.

Chair Kotelchuck: Excuse me?

Ms. Gogliotti: The X-ray case that we talked about at

the beginning of the day when there's uncertainty selecting the higher one. That's an easy fix. But I don't think that we should be aiming to get rid of --

Chair Kotelchuck: Yes, that's not going to give us anything -- you're saying consistent.

Member Beach: No, and Dave, this is Josie. I think we originally wanted to track them just so we could see where they were being used, how they were being used, and then like Rose said a consistency. Not necessarily we're going to change anything, but it gives us a better idea than always thinking oh, it's professional judgment, it must be wrong. Anyway, that was just my take on it. It was just kind of to try to get a handle on all of them.

Chair Kotelchuck: To me that's --

Member Beach: We're not changing anything potentially, but just giving us more information.

Chair Kotelchuck: But it's a little loose in such that what advantage are we gaining for the process is ultimately what Grady was asking a moment ago. What advantage is there to the system to look for --

Member Beach: Well, you don't know until you see what you have and we don't really know. And we have a Work Group that's not the Subcommittee, but the Methods Work Group that discussed and had a report on the professional judgment and we have never done anything with it so it almost seems like we might want to shift it over there.

Chair Kotelchuck: Well, I'll tell you, maybe we should have a meeting of the Methods Subcommittee. But I would say this. It was the report too that was commissioned by Jim Melius that started this whole thing off, and saying that professional judgments are

an area we should look into. So we started to track it through the blinds.

Would folks, would some of you who are in the Subcommittee are also on the Methods Subcommittee --

Member Beach: I am, Dave.

Chair Kotelchuck: Yes, okay. Maybe we should meet and talk about this.

Member Beach: I think we should. We have that report we never discussed. But I also think we should continue tracking them in this forum also until we decide what we're going to do.

Chair Kotelchuck: You mean with the blinds.

Member Beach: Yes.

Chair Kotelchuck: So we're tracking them with the blinds. Okay. That sounds like a good idea and maybe that is an appropriate place to begin. Also there are some folks who are not on the Subcommittee who will be part of the Methods. And Paul I believe, some others. I'll talk with Rashaun about setting up a meeting. We haven't met in two years. We haven't met since Jim's death actually.

Member Beach: Right.

Chair Kotelchuck: And so we'll move ahead on that. That seems to me that will get us moving in this area of professional judgment. Meanwhile we'll stick with what we're doing and not adopt anything with respect to the case reviews.

Rose, you can scratch out professional judgments from this meeting which you have a few I think we noted.

Ms. Gogliotti: Well, I'll leave them in the column when you --

Chair Kotelchuck: Okay.

Ms. Gogliotti: And if we want to do something with them later we can. Otherwise it's just as easy to delete them.

Chair Kotelchuck: Very good.

Member Beach: Thanks. I was going to suggest that also, to not delete them, so thank you for that.

Chair Kotelchuck: Okay. Good. Well, I think it's time now folks to set a date for our next meeting. And talk then about set 29 type 2 cases.

Ms. Gogliotti: Dave, the other thing I think that we need to discuss. SC&A has delivered three of the six blind cases from set 30. We're kind of in a holding pattern on based on some of the tools that we lost access to.

Chair Kotelchuck: Right.

Ms. Gogliotti: We have gained access to some of the tools, not all of the tools, and my whole team does not have access yet. When we gain access, when everyone gains access I'll be able to better assess if those three can move forward or if we still need to wait on other tools.

Chair Kotelchuck: Okay. Let's say if we were to suggest a meeting time coming from this -- for our next meeting would we have enough materials on the type 2 -- Set 29, type 2 cases to have an entire meeting without the blinds? Just in case we don't have access to them.

Ms. Gogliotti: It would be a significantly shorter

meeting than we typically have, but I don't think there's anything wrong with having a shorter meeting. I know other Work Groups have shorter meetings all the time. We're just known to having long meetings.

Chair Kotelchuck: Right.

Ms. Gogliotti: But we can certainly discuss the three that are submitted.

(Simultaneous speaking.)

Ms. Gogliotti: -- a new set of non-blind cases where we don't necessarily need access to the tools if that's something you want to discuss. I don't know.

Chair Kotelchuck: You know what, we need to make progress and we finally have access to data which we have today. And I'm certainly open to saying let's schedule another meeting with whatever type 2 cases we have and the blinds if we can. And if we're forced to a shortened meeting we'll do that. I'm open to that. Other Subcommittee Members?

Mr. Calhoun: This is Grady. Is it safe to say that Laurie or somebody knows what you would like to have access to as far as tools go?

Ms. Gogliotti: I would have to officially clarify with her. She probably knows, but just to make sure.

Mr. Calhoun: Okay. I just want to make sure that if there's something we can get to you we do.

(Simultaneous speaking.)

Ms. Gogliotti: Definitely getting the rest of my team access would really be helpful.

Mr. Calhoun: Okay. Yes, just go through Laurie. She's

a great go-to person on this. So I just want to make sure that I'm doing everything I can for you guys.

Chair Kotelchuck: Oh, thank you. Okay, great. Now we have an Advisory Board meeting December 8 and 9. We need at least two months to announce a meeting. So we could meet in December or maybe early January. My January calendar is pretty open.

Member Clawson: I'd go with January. December is too --

Chair Kotelchuck: Yes, yes. So how about -- what day of the week, Rashaun? The Tuesday, Wednesday, Thursday usually are meeting days.

Dr. Roberts: Right. And how about instead of pushing it at the beginning of January maybe push it a little bit further into January.

Chair Kotelchuck: You're right, because we're getting into the year again after the holidays.

Dr. Roberts: Right, exactly.

Chair Kotelchuck: How about the 13th of January, 18th, 19th, 20th.

Dr. Roberts: Yes. How about 18th, 19th, 20th. How does that sound?

Chair Kotelchuck: Those sound good. I'm free on all those dates, 18th, 19th, 20th of January. Tuesday, Wednesday, Thursday.

Dr. Roberts: Although I don't want to miss the federal holiday.

Chair Kotelchuck: The federal holiday, the 17th is Martin Luther King Day. So 18th, 19th, 20th would fit. Then there's President's Day I believe the week

after. But we'll be okay. Those are all on Mondays.

Member Beach: Tuesdays are not great for me. Wednesdays, Thursdays are much better for me.

Chair Kotelchuck: Okay. How about Other people? Wednesday, Thursday?

Member Valerio: I can do any day. As long as I have enough notice, Dave, I'm good.

Member Clawson: I'll tell you the 19th would be good. Wednesday.

Chair Kotelchuck: Sounds good. Why don't we then choose Wednesday the 19th is our first choice, and if there's any problem that develops with other folks like Dave Richardson or Other people at NIOSH or SC&A the backup will be Thursday the 20th. Okay? Okay. Good. So.

Dr. Roberts: And then for clarification, Dave, I just wanted to ask about your agenda item on the December meeting. And kind of what that would look like. I got that you wanted to open up a discussion of some of the things we've talked about today, but how do you want to do that agenda item?

Chair Kotelchuck: Let me think about it. I wasn't -- I didn't know that today's meeting would open up an agenda item. But let's us talk. Maybe it would be appropriate.

Dr. Roberts: Okay. We do have the October teleconference as well. I just thought that since it came up we would circle back around. But we can certainly talk in the interim and then revisit in the teleconference next month.

Chair Kotelchuck: Right. I just haven't had a chance to think forward. I wanted to make sure that the

meeting today went well as it has and I'm pleased with that. So anyway, the 18th/19th. Excuse me, the 19th/20th. I haven't put it down yet. Okay. All right.

Folks, I think we're finished for the day and I thank all of you.

Member Clawson: Dave, this is Brad. I just have one thing. Just so we can discuss it at the next Board call or whatever else like that. One of the things is I want to look further down the future because we've kind of hit a roadblock on these and I guess my question is to SC&A. Do we need to be working on this next set to be able to get something rolling out to you guys to be able to keep this process going?

Chair Kotelchuck: Good question.

Ms. Gogliotti: Yes. We generally get six months with a set, and then it takes an additional two months or so to get through all of our one on one calls and reissue them based on one on one comments. So the longer we wait the longer it pushes when we'll be able to discuss the next --

Chair Kotelchuck: Well, call on us to make -- thank you very much, Brad. Call on us to make choices of the next set.

(Simultaneous speaking.)

Member Clawson: We need to be working on that.

Chair Kotelchuck: Right, and I also recognize -- I recognize that consultants don't get paid until they have work that we give them. And then when that work is completed the government case and their whatever was agreed upon. So they do need materials. Anything we can do to help.

Ms. Gogliotti: I wonder if it would be beneficial to the

Subcommittee if I put together some graphics or some tables showing you the cases that we've reviewed so far to maybe identify areas that might be good to target with the next set. Is that something that you would find beneficial?

Member Beach: Absolutely.

Member Clawson: Rose, I think that is a marvelous idea.

Chair Kotelchuck: Sure.

Member Clawson: I think that is really good. Because things have changed over the years. We were targeting certain areas at the very beginning, and I think it's a good opportunity to go back and look at what we've been doing.

Chair Kotelchuck: Right, right.

Member Clawson: I think that would be great.

Chair Kotelchuck: Right. Also if it helps too we could do six blinds. Not necessarily in one meeting but we might. Normally we do three, we review them, and then we do another three and we review them. But if it helps you folks move things along we're flexible.

Member Clawson: Also too Dave from the Board standpoint too we don't hit a big lull either. We need to keep these going and so forth. I really (audio interference) Rose. I think that would be a great idea. I know it would really help Rashaun out too and the rest of us.

Ms. Gogliotti: Great. I can certainly do that. If I can request NIOSH, in the past they have put together this great Excel file, I think it was probably downloaded from a database that said how many cases NIOSH has processed at each site, and some

just basic information about the things that they have done so we can compare our things to. That would be helpful. I don't know if you still have access to that with the pause.

Mr. Calhoun: Right now we do not. We don't have access to any of our statistics at all. I may be able to get ORAU to run that, but if you tell me what you want, or if you specifically requested this through Beth or somebody we'll see if we can get that done.

Ms. Gogliotti: I can send you an example of a previous one you sent me and we can go from there.

Mr. Calhoun: It may take a while, but right now we don't have access to any of our databases.

Chair Kotelchuck: Comprehensive data I suspect is hard to come by as opposed to little tranches that we can use as we did today for our meeting. That's the only thing.

Ms. Gogliotti: We'll do the best we can.

Chair Kotelchuck: Pardon?

Ms. Gogliotti: We'll do the best we can with what's available currently.

Chair Kotelchuck: Absolutely. So and then just you'll speak with Grady and also keep Rashaun and me informed.

Ms. Gogliotti: Sounds good.

Adjourn

Chair Kotelchuck: Okay, folks, until our next meeting next year we -- I think it's time to finish today. Any other concerns?

Member Beach: No, no. Thank you.

Chair Kotelchuck: Do I hear a motion to conclude?

Member Clawson: I move that we adjourn.

Chair Kotelchuck: Okay. So moved.

Member Beach: I second that.

Chair Kotelchuck: All right. Very good. Thank you all. Have a good rest of the day.

(Whereupon, the above-entitled matter went off the record at 2:55 p.m.)