Office of Compensation Analysis and Support Program Evaluation Plan	Document Number: OCAS-PEP-009 Effective Date: 12/8/2006 Revision No. 0
Evaluation of the Change in Target Organs for Dose Reconstruction Involving Lymphoma	**Page 1 of 3**
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ISSUE AUTHORIZATION DATE	EFFECTIVE DATE	REV. NO.	DESCRIPTION
12/8/2006	12/8/2006	0	This document provides a plan to evaluate the change in target organ selection for previously completed dose reconstruction involving lymphomas.

1.0 Description

In February, 2006, OCAS determined that the internal and external dosimetry target organs used for several forms of lymphoma should be changed. The detailed rationale for this decision is described in OCAS-TIB-012. The change resulted from a detailed investigation by OCAS of the etiology of lymphoma.

2.0 Preliminary Issue Evaluation

The issuance of OCAS-TIB-012 changed the internal target organ for most forms of non-Hodgkin's lymphoma and some other forms of lymphoma (primarily in the 200 – 202 ICD series) from the highest non-metabolic organ (HNMO) or remainder to the thoracic lymph nodes (LN(TH)). The calculated internal doses in these cases are almost invariably higher, resulting in a higher probability of causation.

In addition, the external target organ was changed from bone marrow to various other organs (stomach, spleen, thyroid, lung, bladder, etc.), for most forms of lymphoma, as described in OCAS-TIB-012. Because the organ-specific dose conversion factors

(DCFs) are lower for red bone marrow than for most other organs, this change also results in an increase in organ dose, and the resulting probability of causation.

3.0 Plan for Resolution or Corrective Action

Guidance on target organ selection for lymphoma is given in two documents: (1) OCAS-TIB-012, and (2) ORAUT-OTIB-005. OCAS-TIB-012 Rev. 0 was issued on August 15, 2005. Subsequent to issuance of that revision, further changes were made to the lymphoma target organs, and these changes were reflected in Rev. 1, issued on February 10, 2006. At the same time, ORAUT-OTIB-005 Rev. 2 PC-1 was issued to reflect the target organ selection as directed by OCAS-TIB-012 Rev. 1. All lymphoma dose reconstructions completed after approximately February 10, 2006 use the current target organ selections.

A query of the NOCTS database was conducted to identify previously completed lymphoma claims with a probability of causation <50% which could be affected by this change. That query identified 528 such claims, and the ORAU Team is in the process of re-evaluating each of them to determine the potential impact on compensability. Because the rework of these cases is a time consuming effort, the completion of this evaluation is expected to last several months. For those claims where the change in target organs has been found to result in an increase in the probability of causation to greater than or equal to 50%, NIOSH is returning these claims, as they are identified, to the Department of Labor for rework. Upon the completion of the evaluation of all 528 claims, a program evaluation report will be issued that describes the results of this investigation.

Upon completion of the PER, a notation will be added to the analysis record of each of the 528 evaluated claims indicating that the claim has been evaluated and reporting the effect, if any, upon PC as a result of the change in target organ. Each notation will include the following form, appropriately annotated relevant to the effect on the claim:

NIOSH has determined that the application of the PER referenced above to this dose reconstruction would be to:

☐ Increase the probability of causation at the 99th percentile from <50% to ≥50%, therefore the claim has been reworked.

☐ Increase the probability of causation at the 99th percentile, but the resulting probability of causation would still be <50%, therefore no change is warranted at this time. Should this dose reconstruction be re-opened in the future, this change will be applied.

☐ Decrease the probability of causation at the 99th percentile. Since this dose reconstruction currently has a probability of causation less than 50%, no change is warranted at this time. Should this dose reconstruction be re-opened in the future, this change will be applied.

4.0 References

1) National Institute for Occupational Safety and Health, Office of Compensation Analysis and Support, *External Dose Reconstruction Implementation Guideline*, OCAS-TIB-012, Rev 1, (February, 10, 2006).

2) ORAU Team, Technical Information Bulletin: IMBA Organ, External Dosimetry Organ, and IREP Model Selection by ICD-9 Code, ORAUT-OTIB-0005 Rev 02 PC-1 (02/10/2006).