

Miller, Diane M.

From: Sheryl Burrows [SAB2@nrc.gov]
Sent: Tuesday, December 04, 2001 5:19 PM
To: NIOCINDOCKET@CDC.GOV
Subject: Attached are comments on proposed 42 CFR Part 81.



WordPerfect 6.1

Attached are comments on proposed 42 CFR Part 81.

Comments on DoHHS proposed 42 CFR Part 81, Oct 5 '01

p50971: In the first paragraph under H, it says that the NIOSH-IREP will be reviewed by the Advisory Board on Radiation and Worker Health. Vince notes in the margin, "No. NAS." If he means to suggest that the NAS too review the IREP, fine. But the Board, under the E.O., is to review the guidelines on probable cause, and that would seem to include the IREP.

Also on the same page, Vince does some editing of the rule text, §81.0 and 81.4(a). Seems to me, based on the law, that the proposed texts, not the edits, are right. He also edits 81.4(b), and to this layman, the edits don't seem right. But you'll know best what to do with 81.4(b).

p50968: "HHS note that EEOICPA does not authorize the establishment of new radiation protection standards through the promulgation of these guidelines, and these proposed guidelines would not constitute such new standards."

p50970 -- on effects of low doses:

[Low doses compared to high:] "NIOSH will modify IREP to eliminate an assumption for non-leukemia cancers that low-level acute radiation doses ... cause less risk, per unit of dose, than higher level acute doses. A recent study of the Japanese atomic bomb survivors supports this change."

[A sum of low doses delivered over time, in comparison the sum delivered one time:] "... [T]he IREP risk models do not account for a possible inverse dose rate effect for high-LET radiation exposures. This effect means at any particular dose level, especially higher dose levels, a dose of high LET radiation incurred gradually over time is more likely to cause cancer than the same total dose incurred quickly or at once. A substantial body of research supports this finding ..."

p50969 -- on the meaning of 99 percent confidence: "This means when DVA determines whether the cancer of a veteran was more likely than not caused by radiation, they use the estimate that is 99 percent certain to be greater than the probability that would be calculated if the information on dose and the risk model were perfectly accurate ... This will help minimize the possibility of denying compensation to claimants under EEOICPA for those employees with cancers likely to have been caused by occupational radiation exposures."

p.50970, second column, paragraph 3 -- Will including x-rays resulting from routine medical screening in the overall dose assessment result in an over-compensation/overstated higher probability of causation?

p.50969, first column, last paragraph-- in the second sentence, "credibility limit" should be changed to "confidence limit".

p.50969, first column, comment on last sentence --this may overcompensate workers who shouldn't receive benefits.

P.50970, second column, first paragraph-- How does this compare with BEIR VI?