1 in, so it's good from that. And I think, in all
2 fairness to NIOSH, they need to review the report
3 and then I think there are some steps that can be
4 taken, you know, relatively soon to at least think
5 of ways that the smoking issue can be addressed.
6 And Russ, if you want to elaborate, you're...
7 **MR. HENSHAW:** I just want to say -- is this
8 on? I can't tell from -- yeah. We have something
9 from NCI. We haven't really had a -- we just got
10 it -- well, Tuesday, I believe -- Monday or
11 Tuesday. We haven't had a chance to really look
12 at it very carefully, so there's a possibility,
13 maybe a probability, we'll need to go back and get
14 some additional data to understand the few pages
15 of information we have so far.
16 **DR. MELIUS:** Epidemiologists always have an
17 odd view of time and so forth -- trouble
18 predicting when something will get done or
19 complete. And it's never complete, always got to
20 have more analysis.
21 The final issue really is related to the
22 first issue, which is the issue of how to address
23 other occupational exposures that might take
24 place, particularly within the DOE sites. And I
25 think that's really part and parcel of the first

1 issue, the occupational cohorts that are being
2 looked at. And so when we get an update from
3 HERB, I think we'll be able to ask more questions
4 about that.
5 The final thing I wanted to just mention is
6 that the update to BEIR is underway and I don't
7 think we're expecting anything very soon on that.
8 But that will clearly have a -- could have a large
9 impact on -- terms of possible changes that might
10 need to be made to IREP or something from the
11 analysis and reporting that's underway there,
12 that's at least a year away, as I recall, maybe
13 even longer before we see that. You remember the
14 --
15 **MR. ELLIOTT:** My understanding from one of
16 the members of the BEIR committee was that the
17 report was due to surface in public last November,
18 and we haven't seen that yet. So I had a call in
19 to Eula Bingham to find out where it's at and what
20 the holdup is, and I haven't got a comment back.
21 But I don't believe it's a year away. I think
22 it's closer than -- than maybe that, that we think
23 -- should be here soon, I hope.
24 **DR. ZIEMER:** Now I believe that report is
25 dependent upon official issuance by RERF of the

1 new risk coefficients. Is that correct?
2 **DR. MELIUS:** I believe so, yeah. That's my
3 understanding.
4 **DR. ZIEMER:** I have heard, unofficially, that
5 those risk coefficients are not likely to change
6 very much. I don't know if any others have heard
7 rumors, and certainly the record shouldn't show
8 that to be definitive in any way, but my
9 understanding is that the changes in the dosimetry
10 -- which goes back to the Japanese dosimetry --
11 have been, for the most part, rather small changes
12 and hence the risk coefficients, though they will
13 change, will not change by great amounts. But it
14 still remains to be seen what the impact will be
15 on -- eventually on IREP and we want to certainly
16 be tracking that.
17 **MR. ELLIOTT:** I certainly agree. That's
18 similar to what I've heard. We were also anxious
19 to see what the report would say, though, about
20 occupational studies and their effect or non-
21 effect on risk --
22 **DR. ZIEMER:** Right.
23 **MR. ELLIOTT:** -- estimates, so I think that's
24 our focus on this report. That's where we want to
25 see it come in.

1 **DR. ZIEMER:** That may be of greater
2 importance, actually, than the coefficients, which
3 may not change very much.
4 Could I also ask, on the smoking issue, once
5 you've digested that information, is there a plan
6 to report -- maybe at the next meeting -- what
7 those findings were? Or what -- what do we expect
8 to get from NCI on the smoking issue?
9 **MR. ELLIOTT:** What we -- what we're talking
10 about in receipt from NCI is basically the Pierce
11 analysis data that was done to support their
12 modifications on smoking and lung cancer. And
13 what Russ alluded to was that we've got four or
14 five pages of really what looks to us like a SAS*
15 printout with no data dictionary and no
16 explanation and no interpretation, and so that's
17 what we're after right now. It would be our
18 intent that we analyze that bit of information and
19 come back to the Board with a proposal on the
20 impact on the NIOSH-IREP cancer risk models for
21 lung cancer and what we should do in that regard,
22 what changes or non-changes should be made. And
23 so we would present that to the Board. Of course
24 we would have that peer-reviewed and vetted and
25 then brought to the -- those comments and the

1 resolution that we provide to those comments
2 brought to the Board, as well.
3 **DR. MELIUS:** And that's my report.
4 **DR. ZIEMER:** Okay. Thank you, Jim. Let's
5 see if there are additional questions relating to
6 the report of the research group.
7 (No responses)
8 It appears that there are not, and there's no
9 specific recommendation beyond these general
10 things that we're looking forward to.
11 **DR. MELIUS:** Correct. Yeah, it's -- I think
12 it's more of an information update at this point
13 in time.
14 **BOARD DISCUSSION/WORKING SESSION**
15 **DR. ZIEMER:** Thank you very much. If you
16 would look at your agenda and make sure that you
17 have the correct version of the agenda -- which I
18 didn't have. But the correct version of the
19 agenda now for our next item -- except for (off
20 microphone) the break, which (Inaudible) since
21 we're a little ahead of schedule -- there's a
22 Board working session for dose reconstruction
23 review process --
24 **THE COURT REPORTER:** His mike's gone.
25 **DR. ZIEMER:** -- is what you should have.

1 Does everyone have that version of the agenda?
2 And the reason I call that to your attention is
3 because the earlier version showed the item as
4 being Sanford Cohen & Associates as the next item,
5 where in fact that has been --
6 **THE COURT REPORTER:** It's in and out.
7 **DR. ZIEMER:** -- that has been scheduled for
8 tomorrow at 9:00, Board discussion/working session
9 on Stanford Cohen & Associates with respect to the
10 Board support for dose reconstructions. So our
11 focus at this moment will be on the dose
12 reconstruction review process. And we had set
13 aside time on this I think from our last meeting
14 to do any follow-up on that item, and I'm trying
15 to recall, Mark -- and I'll ask if you can help me
16 out on this -- where did we stand as far as the
17 working group's recommendations were concerned
18 after the end of the last session? I'll put you
19 on the spot here a little bit.
20 **MR. GRIFFON:** Yeah, I know. I thought this
21 was on the schedule for tomorrow, actually. You
22 know, I'm not sure where we left off. We had a
23 draft procedure for our review process, but beyond
24 that, I don't know where the working group left
25 off or if you...

1 **MR. ELLIOTT:** I, too, am at a little bit of a
2 loss here. I think -- maybe we could recap to --
3 to the point of -- as to where we're at right now.
4 We -- you -- we haven't announced yet, but we have
5 -- you have awarded two of your tasks, and that's
6 what you will be able to talk to Sanford Cohen &
7 Associates tomorrow about. Tasks two and four
8 have been awarded and they can start work under --
9 under those tasks. So you might want to think
10 about those two tasks and whatever questions of
11 clarification you have for your contractor or
12 anticipating what questions they might have of
13 you.
14 The other two tasks, one and three, are --
15 are not awarded. Those are still in the
16 negotiation process. Those are what you're going
17 to discuss in closed session tomorrow, so you're --
18 you're limited in what you can discuss in open
19 session about those. You could discuss -- you
20 know, we've still I think been wrestling with how
21 you're going to come up with your selection of
22 cases in a stratified -- representative or
23 stratified random sample. What are the variables
24 -- we would ask you what are the variables you
25 want to target for your selection of those cases.

1 We have bantered around this idea of a
2 subcommittee or not subcommittee. I think you've
3 come to grips with that. You want the whole Board
4 to be involved, but you might still think about --
5 you know, as you proceed here, do you really -- is
6 that the way you want to go. You know, there's
7 some work here to be done as far as identifying
8 cases for review when that task three is awarded,
9 and assigning who's to review those cases and what
10 that process really looks like.
11 So I mean I'm just trying to throw out ideas
12 for topics for discussion here for this afternoon
13 and perhaps tomorrow. And I'm certainly not --
14 want to lead you in one way or the other here, but
15 these are things that kind of we have questions in
16 our mind about how -- how do -- how do we go about
17 doing these reviews. We're still -- we're still
18 wrestling with what your approach and your process
19 is going to be and how we will attend to making
20 sure that we protect the privacy of individual
21 claimants, how -- what your report is going to
22 look like at the end of your review, you know.
23 We're still awaiting to hear your thoughts on
24 that, so those are just my thoughts off the top of
25 my head.

1 **DR. ZIEMER:** Thank you, Larry. And tomorrow
2 during the official session with SC&A -- that is,
3 during the morning session -- we will have a
4 chance for them to ask questions and for us to ask
5 questions pertaining specifically to task two and
6 four, which have been awarded. That is -- and
7 John Monroe (sic) and Joe Fitzgerald I understand
8 will both be here from SC&A and there will be an
9 opportunity for them to seek clarification on
10 those tasks and for us to ask them questions and
11 discuss those in more detail.
12 Okay. Now Jim and then Wanda.
13 **DR. MELIUS:** Well, one question they might
14 ask us tomorrow is what site profiles do they want
15 us to review, so I think, you know, sort of meaty
16 issue is going to be how do we select those to get
17 them underway -- get those reviews underway, but -
18 - and I was thinking that in a more general sense
19 the way of approaching this is to think -- much as
20 some of the examples Larry just used is to think
21 about what are the different activities that are
22 involved here. How do we as a Board want to
23 handle them. How do we want to select the site
24 profiles, then the individual cases. We've still
25 got work to do on that. How are we going to

1 interact with the contractor. Is that going to be
2 done -- you know, the contractor has questions,
3 who do they call, how do we get clarification on
4 that. There's some issues that I think we have to
5 be -- be careful both from the contracting point
6 of view, but also in terms of the credibility of
7 the process and making sure that's taken care of.
8 And I think we just need to work through those and
9 decide what's the best way to do that and are we
10 going to need a subcommittee to do that, how much
11 guidance do we give the subcommittee, do we do it
12 as a committee -- the whole committee for -- for
13 each of those. And then try to categorize them
14 and come up with a timetable for dealing with
15 them.
16 **DR. ZIEMER:** Okay. Wanda?
17 **MS. MUNN:** I hate to admit this, but I no
18 longer remember what tasks two and four were. I
19 remember what one and three were because -- for
20 obvious reasons, but not having brought previous
21 notes with me, I'm at a loss. Will someone please
22 refresh my memory?
23 **MR. ELLIOTT:** Well, I'll try to do that, and
24 I'm certain that Mark will correct me in any way
25 that I might err here. Task two is to review site

1 profiles, and task four is to develop a database,
2 a data management system for you all. Remember,
3 task four was to design that, develop that, put
4 that into place. And I think that involves, you
5 know, tracking the cases that are assigned, when
6 they were assigned, who's working on them, what
7 the findings were, perhaps even -- you know,
8 database management aspect of -- of how many site
9 profiles have been examined within, you know, task
10 two, as well as under task three where we --
11 you're looking at individual completed dose
12 reconstructions. So you know, I think there's a
13 lot to be talked about under task four. It may
14 seem apparently obvious what has to be done, but I
15 think you need to probably talk through that.
16 **DR. ZIEMER:** Task -- task two more
17 specifically was --
18 **UNIDENTIFIED:** (Off microphone) Paul,
19 (Inaudible) the mike.
20 **DR. ZIEMER:** Sorry. Task two was to prepare
21 a site profile review procedure, not to do site
22 profile reviews.
23 **MR. GRIFFON:** The task was to develop the
24 methodology and also to do the reviews of I think
25 ten to 12 DOE sites and two to four AWEs, so it

1 involved both.

2 **DR. ZIEMER:** Oh, yeah, you're right. You're
3 right. The first step was the procedures, and
4 then ten to 12 DOE sites and two to four AWEs. So
5 it may -- it may be that the actual determination
6 of selecting the sites, we can start to be talking
7 about that, but we have to have a -- we also need
8 to know what the procedure is that the contractor
9 will use, and we've asked them to do that as a
10 first step in the process.

11 **MR. GRIFFON:** I was just going to say, I
12 wondered if we have a copy of the procedure for
13 processing individual dose reconstruction reviews,
14 the one that we voted on and approved. I have it
15 on the computer here, but I don't have a hard
16 copy. The reason I say that is a lot of the
17 bullets right at the front end of this procedure -
18 - maybe we didn't flesh out everything, but we at
19 least identified several of these issues that
20 Larry and Jim have brought up that maybe we just
21 need to run through again and clarify how it's
22 really going to work now that we know a little
23 more of what the contractor's proposed, et cetera.

24 **MR. ELLIOTT:** I don't know if Cori brought
25 that particular document along for reference, but

1 we can certainly I think get it printed if we can
2 get it off your laptop.
3 We could put it up on the screen. Let me
4 find Cori and we'll see if...
5 (Pause)
6 **DR. MELIUS:** While we're asking for what
7 information's available, that -- I don't know if
8 Martha or somebody has with them the award for
9 tasks two and four that would lay out the
10 timetable we -- 'cause -- gave the contractor
11 because I think -- we're going to have to know
12 that timetable on those tasks in order to sort of
13 figure out meeting schedules and how -- when
14 they're going to get feedback and so forth, so...
15 **MS. DIMUZIO:** I don't -- I have them upstairs
16 in the room, so I'll go upstairs and get a copy of
17 that and I can bring it down.
18 **DR. MELIUS:** You actually make copies for the
19 Board?
20 **MS. DIMUZIO:** Yeah. Yeah.
21 **DR. MELIUS:** Would it be best to take a short
22 break or something, get some of this stuff copied?
23 **DR. ZIEMER:** Yeah, let's -- let's take ten.
24 Uh-huh, that's fine.
25 (Whereupon, a recess was taken.)

1 **DR. ZIEMER:** I have a technical instruction
2 for the Board and for myself. We've been
3 instructed that when you're holding down the push
4 button on your mike, be sure to hold it in the
5 center or push it in the center and hold that
6 steadily. Don't rock to the right or to the left
7 'cause it cuts the mike in and out.
8 Now Cori is distributing the document that
9 came from the working group on procedure for
10 processing individual dose reconstruction reviews.
11 Task two, which we had been talking about, on site
12 profiles -- task two has as a first item, prepare
13 a site profile review procedure, and that's a
14 deliverable one month after the authorization to
15 proceed. So we're -- we're actually two weeks
16 into that, aren't we, John?
17 **DR. MAURO:** One day.
18 **DR. ZIEMER:** Oh, you didn't get your
19 authorization as fast as I thought you --
20 **DR. MAURO:** Just got the authorization
21 yesterday.
22 **DR. ZIEMER:** Okay. I was thinking you'd be
23 ready to report on the -- just kidding.
24 Okay, he's -- but the clock is ticking on
25 that one.

1 The issue of selection -- well, there will be
2 an issue we want to talk about with regard to
3 that. That procedure will be ready in one month.
4 Then we have the issue of who then looks and
5 reviews and approves that procedure and how the
6 Board wishes to do that. Then the selection of
7 the sites to be reviewed, and it may be that the
8 Board would like to identify some criteria. I
9 mean we have a number of sites -- we saw the
10 matrix earlier today -- that are close to being
11 ready for review. Some are already completed.
12 But given that list, even after it's all
13 completed, how do we decide which ones to review.
14 And you might want to identify some criteria. For
15 example, one criteria might be a site that has
16 generated a large number of dose reconstruction
17 cases. Or we might say let's look at the top five
18 sites as a kickoff, or something like that, in
19 terms of cases. So think about criteria of that
20 sort that we could use so that selection of the
21 site is not just based on gut feeling -- I like
22 one site better than another -- but some sort of
23 objective criteria on which to make those
24 decisions.
25 Now let's open the floor -- Jim, your flag is