1 the processes, and if we can -- we feel very
2 comfortable that the exposures are certainly less
3 than this. They assume no filtration at all on
4 these beams and open collimation. We -- there's a
5 pretty -- Ron Cathryn* did a very good job working
6 out the defaults for these X-ray exposures. I
7 think it's pretty solid science.
8 **DR. ZIEMER:** Jim Melius.
9 **DR. MELIUS:** I appreciate the commitment to
10 doing a -- I don't know what to call it, a site
11 profile outreach plan, but I was curious when that
12 will be sort of public. When will we know about
13 it and -- beyond the sites you've -- you've listed
14 there, and I believe, if I understood you
15 correctly, you mentioned doing pre-publication
16 meetings at -- at a number of other sites. But
17 could you sort of fill in a little bit on the time
18 -- time frame, at least when we will know when
19 something's going to happen and what sites you
20 will visit, what ones you'll do public meetings
21 out, to the extent that you can predict that ahead
22 of time?
23 **DR. NETON:** I'm not prepared to address any
24 more than what I discussed with the where we're at
25 with the reach-out program with the individual

1 sites. But we certainly -- I think the plan
2 itself is going to be approved and in place within
3 -- I'll let Larry help me -- a week or two? I
4 mean it's -- it's drafted, it's --
5 **MR. ELLIOTT:** It's very imminent, yes. It'll
6 be on the web site very soon. I think we also
7 have a tentative date for INEEL visitation, too,
8 that wasn't on your slide.
9 **DR. NETON:** There was, yeah.
10 **MR. ELLIOTT:** That's in April, I believe.
11 **DR. NETON:** April. But we will get the plan
12 out there, and then as the schedule is developed
13 we'll make sure that it's out there with the plan
14 so that people know where we are.
15 **DR. MELIUS:** That was what I was specifically
16 asking. I wasn't asking you to give me the plan.
17 **DR. NETON:** Okay.
18 **DR. MELIUS:** Okay?
19 **DR. NETON:** Okay, that's fine.
20 **DR. MELIUS:** Secondly, at the last couple of
21 meetings we've raised the issue of conflict of
22 interest among the people conducting the site
23 profiles under -- under contract. And if I
24 understood correctly from the last meeting, Larry
25 or Jim, somebody was working on a plan to address

1 that and I want -- again, like have an update on
2 that.
3 **DR. NETON:** Again, we heard the comments. We
4 took it very seriously. We've had ORAU go back
5 and take a look at their conflict of interest plan
6 and there is a revised draft out there -- it is
7 being internally reviewed right now -- that,
8 again, we should be able to have out very soon.
9 It's not finalized yet, but there is a plan to
10 address some of the Board's concerns.
11 **DR. MELIUS:** On this one I'm a little bit
12 more concerned about the timetable for that
13 because you seem to be moving so rapidly with
14 these and assigning -- if I understood you
15 correctly, assigning new ones or subcontract,
16 whatever you call it, new ones. And I'm assuming
17 they're being subcontracted under the old plan.
18 We've had several examples of at least what I
19 consider to be very disturbing assignments under
20 the old site profile contracting, and I guess --
21 when you say soon, I guess if you could be a
22 little bit more specific, I might feel more
23 comfortable with it. But you know, if it's going
24 to drag on again, I think -- and we continue to
25 assign under the old rules, I think we're just

1 compounding what's already a serious credibility
2 issue.
3 **DR. NETON:** Yeah. It's difficult for me to
4 predict. I know it's been drafted and it's being
5 internally reviewed. I can't give you a date on
6 that. Dick may want to address the other issue,
7 though, about people who are working --
8 **DR. ZIEMER:** Dick Toohey?
9 **DR. NETON:** -- on the plan.
10 **DR. TOOHEY:** Dick Toohey, ORAU. Let me just
11 comment that subcontractor assignments for the
12 next round are being made under our new proposed
13 rules, so we are assuming OCAS will approve those.
14 So your concern that we're making new assignments
15 based on the old rules is not the case.
16 **DR. ZIEMER:** Thank you. Let's see, Mark, you
17 have a comment?
18 **MR. GRIFFON:** Yeah, just looking at the
19 matrix that you presented, Jim, I had a question.
20 The one dot I didn't see on there was which --
21 which of the DOE site profiles is -- are ready,
22 completely -- all sections completed and ready so
23 that the Advisory Board and their contractor can
24 start --
25 **DR. NETON:** Good question.

1 **MR. GRIFFON:** -- to review --
2 **DR. NETON:** I meant to inform you of that.
3 The Savannah River Site of course has been done
4 for some time, and Hanford is fully complete, as
5 well, at this time. Those are the only two that
6 we have fully completed DOE site profiles on.
7 However, there are a number that have two, three
8 sections done that could be -- could be reviewed,
9 although the total picture is not there. I think
10 I said -- I think there's 24 individual chapters
11 that have been drafted or Technical Basis
12 Documents.
13 **MR. GRIFFON:** And also with the site
14 profiles, I'm just thinking in terms of review,
15 there's a lot of support documentation or
16 references listed. Are those kept in an
17 administrative record for the site profile or are
18 they available electronically --
19 **DR. NETON:** All the documents I've discussed
20 here or any of our site profiles are on our web
21 site. All the ones I mentioned today are out
22 there, available to the public.
23 **MR. GRIFFON:** Maybe I -- the ref-- even the
24 references listed in a site profile, that's what
25 I --

1 **DR. NETON:** Oh, the references in the site
2 profile themselves? They're not included, but
3 most of them -- it'd be difficult -- I mean some
4 of these reference -- some pretty voluminous
5 documents, so it's a -- sort of where do you stop?
6 You reference references of references. I mean --
7 so we -- we do have them and we can make them
8 available to the dose reconstruction contract--
9 the reviewer, if that's where you're heading with
10 that.
11 **MR. ELLIOTT:** The references are not on our
12 web site. As Jim says, they're voluminous and
13 they are available upon request. And we have
14 provided them, in a number of cases, to the public
15 upon request. And certainly your contractor's
16 going to be able to access them as they desire.
17 We have them on a special drive on one of our
18 servers and so they'll have that access.
19 **MR. GRIFFON:** So you have most of that stuff
20 electronically. I'm just -- I'm not saying on the
21 web site. I'm saying available for the review
22 contractor or for --
23 **MR. ELLIOTT:** Yeah.
24 **MR. GRIFFON:** -- the Board so that it'd be
25 easily accessible --

1 **DR. NETON:** We can make it available
2 electronically.
3 **DR. ZIEMER:** Jim Melius.
4 **DR. MELIUS:** Specific question and then a --
5 sort of a follow-up comment. The question first.
6 Last time -- I think we actually -- last two
7 meetings, I believe, I may be wrong -- we've heard
8 from Richard Miller with some concerns about the
9 site profile for Blockson, and I think we've heard
10 sort of his -- his concerns about that, and I
11 believe at the last meeting I requested, maybe
12 somebody else did, that we get briefed on that so
13 we'd have an understanding -- it came up sort of
14 obliquely in some of the question here about sort
15 of natural uranium exposures and so forth. And I
16 guess I'm asking are we going to hear about that?
17 I would at least like to understand what the issue
18 is, if it's a legal issue or if it's a, you know,
19 policy issue that -- request or a technical issue.
20 **DR. NETON:** All I can say on the Blockson
21 issue is that we -- the radon section remains
22 reserved on our web site. It is not completed
23 yet, and we are going -- internally deliberating
24 how to handle radon and Blockson at this point. I
25 can't really say any more than that.

1 **DR. MELIUS:** I know I'm ask-- okay. Well,
2 that's more (off microphone) (Inaudible) -- than I
3 recalled, so that's --
4 **DR. ZIEMER:** At the last meeting I think the
5 issue was discussed to some extent, and had to do
6 with the definition of what was -- what was the
7 site in this case and it involved the radon
8 exposures of a portion of the site. I gather that
9 internally that's still being addressed and
10 reviewed and -- is there any more that can be said
11 today or no?
12 **DR. MELIUS:** I'm not looking for more then,
13 if you can't say it, but -- and I think I've used
14 up my three wishes in terms of scheduling, but if
15 we could -- if it is -- when it's ready and can be
16 presented, I would like to hear it presented.
17 **DR. NETON:** I'd be more than happy to do
18 that.
19 **DR. MELIUS:** And I think that raises a bigger
20 question that comes up with some of these site-
21 wide documents that you're doing that I think we
22 as a Board need to look at. And I think it
23 applies more to this issue of individual dose
24 reconstruction review. But when we did the
25 initial set of dose reconstruction regulations, we

1 indicated that if there were -- and I may not have
2 the language right, but if there were policy
3 issues or things that would change how NIOSH would
4 do -- conduct dose reconstructions, sort of fill
5 in further details, that there was a process put
6 in place where those would be announced in the
7 *Federal Register* and then reviewed, comments
8 reviewed by the Board, also, or presented to the
9 Board in some way -- and I may have the details of
10 that wrong.
11 I think we also are now entering into this
12 process where we are looking at individual dose
13 reconstructions, and then -- and then in between
14 those two -- and I -- I don't personally see where
15 any of the documents you talked about today
16 represent, you know, a major change. I think
17 they're pretty straightforward technical guidance.
18 But we ought to think about what -- where the line
19 is in some of these places in terms of -- and what
20 is the most efficient way of looking at -- for us
21 to do the individual dose reconstruction reviews
22 in a way that -- I mean do we just do individual
23 dose reconstructions till we run across one of
24 these documents, in which case then it has to be
25 reviewed, or is it more efficient to do it in some

1 other way. And then at what point does -- does
2 the decisions that you're making, the technical
3 decisions sort of reach more of a policy issue
4 that -- that ought to get more -- more complete
5 public review. And whether we do that as part of
6 our discussions or at some later point, but I
7 think it's something -- it'd be better if we could
8 think it through ahead of time rather than having
9 an issue come up where -- if it -- if a large
10 issue comes up through an individual dose
11 reconstruction, I don't think that serves
12 everybody very well 'cause undoubtedly that may
13 have, you know affected a lot of other cases and
14 then if -- if we're debating or having questions
15 about a -- some sort of a technical policy that
16 you've set in terms of dose reconstruction, then -
17 - through an individual -- through a single case,
18 then I think that's not the best approach and most
19 efficient nor the most fair to the claimants. And
20 if we could think about some criteria for that.
21 And also to get a little better idea of where
22 you're going with these types of documents and
23 seeing, you know, what's the spectrum from the
24 original regulations to various kinds of
25 guidelines you develop down to these sort of

1 technical reference documents that are in place,
2 and maybe that would help us decide it. And maybe
3 it's not an issue yet, or maybe it won't be, but I
4 would like to avoid that becoming a major issue.
5 **DR. ZIEMER:** Thank you. And actually these
6 kind of issues cut both ways. I think Dr.
7 Roessler was hinting at it that it's -- it could
8 also be when does an assumption go beyond becoming
9 claimant-friendly to becoming -- ridiculous? Some
10 of the assumptions are -- push the envelope, I
11 think. They're certainly claimant-friendly. They
12 make some assumptions that clearly go well beyond
13 that, I would -- in my mind. It's hard to know --
14 it may be hard to say well, you can't rule out the
15 possibility, for example, that even though work
16 was only done two days a week, that somebody might
17 not have had -- worked longer than that. So it's
18 hard to draw those lines, I realize.
19 But insofar as these kinds of things drive
20 the process, I think you're in essence asking to
21 make sure that the Board is aware of these.
22 Insofar as they represent perhaps a policy change,
23 we need to be on top of that. I think they keep
24 with the policy. It's hard -- it's hard to
25 separate the application of the policy from the

1 assumptions that are built into the policy, I
2 suppose.
3 Okay. Mike?
4 **MR. GIBSON:** But on the other hand, Paul, you
5 know, some of these assumptions are just that,
6 they're assumptions, and it's admittedly a limited
7 document. And so -- on the other hand, there
8 could be a lot of missed dose for people that
9 legitimately deserve it.
10 **DR. ZIEMER:** Yeah, understood, and certainly
11 they are taking worst-case scenarios. And I'm not
12 suggesting at this point that -- that they change
13 that. It's certainly -- has -- in most cases
14 appears to me has been a -- really a worst-case
15 scenario.
16 Other comments before our lunch break?
17 (No responses)
18 Okay, there appear to be none. Thank you
19 again, Jim, for a very informative presentation.
20 We're now ready for the lunch break. We will
21 reconvene at 1:30. Thank you very much.
22 (Whereupon, a luncheon recess was taken.)
23 **RESEARCH ISSUES WORKGROUP REPORT**
24 **DR. ZIEMER:** We're now back in session. Our
25 first topic for the afternoon session is a report

1 on the research issues workgroup. Dr. Melius has
2 headed up that workgroup. They've had a
3 teleconference meeting recently, and Jim, if
4 you'll bring us up-to-date and...
5 **DR. MELIUS:** The research -- IREP and other
6 scientific issue workgroup, I think is our
7 official title, that had another meeting this
8 week. The meeting was Henry -- Henry Anderson,
9 myself and Russ Henshaw. Leon was caught on an
10 airplane and I believe Paul, you were -- though
11 not an official member of the group, you were
12 going to sit in and you were caught in travel
13 status, also, under that. And then subsequent to
14 that meeting, I had some e-mail correspondence
15 with Larry to -- and with Russ to update some of
16 these issues, and I will refer you to them in a
17 second for -- for some of this.
18 The -- if -- to refresh your memories --
19 'cause I had to refresh mine -- the last report
20 from the IREP and scientific issues workgroup was
21 about a year ago. And we -- at that time we
22 presented a report that included two -- two
23 things. One was a recommendation for a set of
24 procedures for how we would deal with scientific
25 issues that would -- and other change --

1 significant changes to IREP and so forth that
2 would come up and -- this was a policy the Board
3 did adopt. It was a fairly flexible policy,
4 depending on the extent of the change and
5 depending on how NIOSH had worked to come up with
6 a document, but it would involve some sort of a
7 peer review or through a workgroup or a scientific
8 meeting -- there were lots of different avenues.
9 And then a presentation to the Board with all that
10 information in a way that we could then make a
11 endorsement of that change, if -- if appropriate
12 that...
13 At that report a year ago we also presented a
14 number of IREP and other health-related scientific
15 issues that we recommended be something that get
16 priority in terms of being addressed. And we
17 ended up with a list of five issues. We put them
18 into first and second priorities. I don't think
19 their priority is as important for my presentation
20 today, but we had gone through that and as a group
21 adopted those.
22 And so what I will do is direct my report
23 back to you based on that list because it -- that
24 and I'll maybe add another -- couple of other
25 items to it in terms of just updating you.

1 Our first priority was the issue of how to
2 deal with occupational exposures, that these were
3 exposures in the workplace and the fact that a lot
4 of the scientific data that was being used to
5 develop IREP were derived from non-occupational
6 exposures that -- and whether that -- there should
7 be adjustment or something for that, taking --
8 that -- that deals with a number of technical
9 issues, healthy worker effect, some changes in the
10 dose rate and so forth on that.
11 After -- subsequent to our meeting last -- a
12 year ago when we discussed this, we also had an
13 update from NIOSH on where they stand with their
14 studies, and -- 'cause they have underway a number
15 of occupational cohort studies that -- and I think
16 -- at least our discussion after that, although I
17 don't think we ever formally talked about this,
18 was that, you know, there was just a lot of work
19 underway and NIOSH was addressing this issue, but
20 it was more of a longer-term research issue. And
21 I think the only conclusion we'd come or rec--
22 that and my discussions with Larry is that it --
23 at some point we ought to be updated on where
24 NIOSH is with their work, and particularly focused
25 on this issue, and maybe at that time generate

1 some more discussion of to what extent we need to
2 deal with occupational exposures in the context of
3 the IREP model and what would be next steps. And
4 maybe there's nothing that needs to be done even
5 then, but that would be I think the appropriate
6 time for that discussion.
7 Second issue was age at first exposure that
8 we -- we discussed as issue that'd been brought
9 up. And NIOSH has been wrestling with that issue,
10 also, and -- do that, and -- ask you to address
11 this so I don't -- distracted, Larry -- and is
12 think -- thinking of various approaches and let me
13 let Larry address that since he's the one doing
14 it.
15 **MR. ELLIOTT:** This is on age at exposure --
16 **DR. MELIUS:** Age at exposure --
17 **MR. ELLIOTT:** -- workshop, and we are working
18 with the Health Energy-Related Research Branch,
19 HERB, in NIOSH to put together this workshop. We
20 are in deliberation about how to go about that and
21 where we're going to out-source that to -- which
22 contract we would employ that under. Basically
23 the approach that HERB has proposed is that a set
24 of experts would be convened in a workshop
25 setting, and they would use some pre-developed

1 datasets to come up with a standard methodology of
2 analysis for issues surrounding age at exposure
3 and how to go about this.
4 The problem here is that there's a number of
5 approaches that have been used by different
6 epidemiologists, different biostatisticians, on
7 evaluating age at exposure. And there are
8 limitations and there are advantages to each --
9 each of those different approaches. And so using
10 a standardized dataset and gaining consensus
11 across some experts we think makes a lot of sense.
12 That would enable OCAS to use a consensus approach
13 methodology in examining age at exposure. It
14 would also enable the HERB researchers to examine
15 age at exposure within their various study designs
16 using a standardized approach.
17 Time line, I can't give you a time line.
18 We're hoping that we can get this put together and
19 a workshop held this year. We want to -- we have
20 -- in OCAS we have money dedicated to support this
21 for this year. We're working with HERB to see
22 where we can find some additional resources and
23 how we can best go about doing this. But it's our
24 intent to get this on a fast track as quickly as
25 possible because we do believe that it has

1 considerable benefit and merit to compensation, as
2 well as to research.
3 **DR. MELIUS:** And I think, again, that
4 procedurally sort of fits in with the way we
5 talked about approaching these -- these issues and
6 would allow them to come back with a report or,
7 you know, an update for us, and maybe even a
8 recommendation at some point.
9 The third issue was -- we classified as sort
10 of the rare cancer issues, and grouping of
11 different types of cancer. And there's really not
12 much to update on that, other than there is some
13 funding, we believe, in the omnibus spending
14 package that was just passed, I think within the
15 last few days, that would allow some further
16 analysis by NIOSH on the chronic lymphocytic
17 leukemia issue, and maybe help expedite addressing
18 that issue. And I don't know, Larry, if you found
19 anything more out in the last 24 hours about that.
20 I think -- is all you know this huge appropriates
21 for all the agen-- many of the agencies, I can't
22 remember how many are included, has just been
23 passed finally and there's some language issues
24 and so forth. And there's a while for somebody to
25 wade through it and get the language down so you

1 can even look at it.

2 **MR. ELLIOTT:** I haven't seen the language.

3 I've talked with David Utterback -- who's here

4 today -- a little bit about it, so we know it

5 passed. We have to take stock of what it says and

6 how the earmark is couched.

7 Attendant to that, though, Russ Henshaw is

8 working on a listing of -- a frequency, if you

9 will, of the cancers that we have in our claimant

10 -- claim population, looking at various types of

11 cancer -- primaries and -- and what we can say

12 about that, as well, how many -- how many of those

13 truly rare, rare, rare type of cancers do we see

14 and what do we need to do in light of those. So

15 he is coming up with that and we plan to have

16 something to present to the Board in a very short

17 time.

18 **DR. ZIEMER:** Can you tell us a little more

19 about the thrust of the funding? What's the

20 intent there in the bill that you referred to? Is

21 that for studies or --

22 **DR. MELIUS:** That is for studies, yes. My

23 understanding -- at least the language I've seen

24 earlier, and I haven't seen final language, was it

25 would allow -- NIOSH is doing -- well, maybe we

1 should ask --

2 **MR. ELLIOTT:** Maybe Dave Utterback could come

3 up and speak to that. I haven't seen the language

4 myself, but originally we understood it to be

5 dedicated to -- money to be dedicated to CLL,

6 examining CLL.

7 **DR. UTTERBACK:** David Utterback, I'm with

8 NIOSH, Health-related Energy Research Branch, and

9 -- I mean I can't cite the language verbatim, but

10 the way that it does read is that there is $7 and

11 a half million from the amount of money allocated

12 to DOE for public health activities, to be given

13 to NIOSH to investigate, through epidemiology

14 studies and other activities, the relationship

15 between chronic lymphocytic leukemia and

16 radiation.

17 **DR. ZIEMER:** Thank you.

18 **DR. MELIUS:** I would also add -- I was going

19 to put this at the end but Larry raised it -- Russ

20 has been working on a -- I don't know what to call

21 it, but it would be an analysis of the claims

22 information, the claims information database that

23 would allow -- to address issues like frequency of

24 cancers, frequency of sites and so forth. And I

25 think this has been talked about at a previous

1 meeting, but it would allow some better
2 information, particularly in addressing these
3 types of more general issues that would be I think
4 useful not only for the program, but also for the
5 Board in thinking about how to prioritize or
6 address some of these issues in the future. And
7 there's been a lot of progress on that and I
8 think, as Larry said, we'll be hearing about it
9 shortly.
10 The fourth area that was the issue of smoking
11 and how to adjust for smoking -- that, and --
12 actually when I -- when we did this conference
13 call on Tuesday, NIOSH was still waiting from
14 (sic) an analysis to come in from Pierce, and by
15 the time we -- the next day, it had come in -- or
16 had just received the report, if I understand
17 right, and --
18 **MR. ELLIOTT:** It does help to have you apply
19 a little pressure so that we can turn that
20 pressure over and our colleagues at NCI complied,
21 so...
22 **DR. MELIUS:** It was soft pressure. I just
23 asked Russ, well, when do you think it might come
24 in? He said I don't know, I'll check with Larry,
25 and today I got a note from Larry saying it was