Office of Compensation Analysis and Support Technical Information Bulletin	Document Number: OCAS-TIB-003 Effective Date: 4/30/2003 Revision No. 0	
IREP REQUIREMENTS FOR MULTIPLE CANCERS	Page 1 of 3	
Approval: J.W. Neton, Health Science Administrator	<u>2003</u>	Supersedes: None

# RECORD OF ISSUE/REVISIONS

ISSUE AUTHORIZATION DATE	EFFECTIVE DATE	REV. NO.	DESCRIPTION
4/30/2003	4/30/2003	0	New document to establish the requirements for cases involving multiple primary cancers.

## 1.0 <u>Purpose</u>

This Technical Information Bulletin provides a summary of issues associated with multiple primary cancers, and cases in which no primary cancer is provided, including updated dose reconstruction (DR) requirements for various claim scenarios. <u>NOTE</u>: The policies outlined below were mutually agreed to by the Department of Labor (DOL) and the Office of Compensation Analysis and Support (OCAS). DOL is distributing their own version of this information, so please note that DOL staff will be expecting OCAS to adhere to these procedures.

# 2.0 <u>50% Probability of Causation reached with less than the total number of primary cancers</u>

If only one primary cancer (or any number less than the total number of primary cancers) is sufficient to attain the 50% probability of causation, calculate dose and create IREP input files only for the minimum number required to reach compensability. (EXCEPTION: Leukemia – please see Item 3.0.)

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# 3.0 <u>Leukemia (the exception to Item 2.0)</u>

Dose calculations are required for all of the leukemia models used for a claim, and a separate IREP input file must be provided to DOL for each model. (Consult Table 4 in the NIOSH-IREP Technical Documentation to see which leukemia models are required for each primary.) DOL makes the final probability of causation determination based on the leukemia model that yields the highest PC.

#### 4.0 <u>Claims with multiple primary cancers for which probability of causation is less</u> <u>than 50%</u>

If a claim results in a probability of causation of less than 50%, dose must be calculated for every primary cancer. IREP input files must be provided to DOL for all primary cancers.

## 5.0 <u>Secondary cancer(s), unknown primary</u>

Table 7 in the NIOSH-IREP Technical Documentation must be consulted to determine which cancer models to run. If any one of the indicated cancer models results in a PC of 50% or greater, then no additional DRs or IREP runs are necessary; only the IREP input file for the cancer yielding a probability of causation of greater than 50% needs to be provided to DOL. On the other hand, if none of the cancer models result in a probability of causation of greater than 50%, then dose calculations and corresponding IREP runs are required for every indicated cancer model. DOL will then adjudicate the claim based on the cancer model yielding the highest probability of causation.

# 6.0 <u>Multiple IREP Runs</u>

When more than one IREP input is required for the case, check "Yes" in the "Should alt model be run?" Check "No" when only one IREP input is required.

## 7.0 <u>Multiple skin cancers</u>

Each malignant skin neoplasm will be considered as a separate primary cancer unless it is specifically noted as metastatic (secondary.) Thus, for dose calculations, the date of diagnosis and the location (e.g., arm, neck, back) of each site are essential. (Some claims, reportedly, may include as many as 40 or more separate primary skin cancer sites.)

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## 8.0 <u>Multiple cancers in an organ other than the skin</u>

Multiple primary malignancies are possible in other organs, not just skin. If more than one primary cancer is identified for a single organ, dose calculations must be done for each additional primary cancer site in that organ <u>as necessary</u> to determine compensability. (i.e., If compensability is attained with less than the total number of primary sites, there is no need to reconstruct doses for the remaining primary malignancies associated with that organ.)

## 9.0 Multiple IREP Entries

IREP accommodates only 12 entries for the online equation used in multiple primary cancer calculations. For claims with more than 12 primary cancers, DOL will first enter the 12 highest probability of causation values into the equation. In the unlikely event that the 12 highest values fail to produce a combined probability of causation of 50%, DOL will create an Excel spreadsheet, based on the equation, for use in calculating the probability of causation. (Note that for most claims with more than 12 primary cancers, it is anticipated that less than 12 of those cancers will be sufficient to yield a probability of causation of 50% or greater; in those instances, NIOSH will create only the number of IREP input files necessary to reach a probability of causation of 50% or greater.)