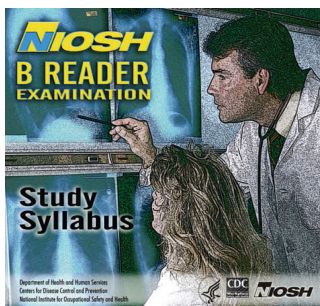


## B Reader Program & Examination

We strongly recommend pre-test preparation for B Reader examination participants to assure familiarity with the ILO Classification System and associated Roentgenographic Interpretation Form. Pre-test preparation is extremely important because anyone who fails the initial examination must wait six months before re-testing. The examination is difficult: only about half of the examinees pass.

Pre-test preparation is currently offered in several formats: (1) a hard-copy NIOSH Self-Study Syllabus; 2) a CD-based NIOSH Self-Study Syllabus for personal computers; and/or 3) attendance at the American College of Radiology (ACR) Symposium on Radiology of the Pneumoconioses.

Both formats of the NIOSH Self-Study Syllabus are available by mail. The CD-based format is free of charge. The hard-copy format consists of 33 pages of text, 80 x-ray films (some with 4 images per film), 51 reading sheets, and answer keys for the 51 sheets. It is available on a first-come, first-served basis one month prior to testing. There is a \$500 deposit required when requesting the hard-copy syllabus. This deposit is returned once the syllabus has been returned to NIOSH. Additionally, the hard-copy format may be used on-site at NIOSH by anyone interested in coming to Morgantown to study prior to taking the examination.



To request either format of the syllabus, call (888) 480-4042 or email [CWHSP@cdc.gov](mailto:CWHSP@cdc.gov).

## ACR Symposium

The American College of Radiology (ACR) Symposium on Radiology of the Pneumoconioses is usually held every 2-3 years. The next Symposium on Radiology of the Pneumoconioses is scheduled for April 24-27, 2009 at the Westfields Marriott, 14750 Conference Center Drive, Chantilly, Virginia 20151.

You can contact the ACR directly for registration information at 800-227-5463, ext. 4040.

## WE NEED YOUR HELP!!

We are very excited about moving forward into the digital age. **However, we need your help!** As a facility that is either currently approved by NIOSH, or that was once approved by NIOSH, we need to hear from you regarding your digital capabilities (or lack thereof). Please contact us at 1-888-480-4042 or via email at [CWHSP@cdc.gov](mailto:CWHSP@cdc.gov).

## DIGITAL IMAGING UPDATE

For some time, we have been eager to update the Coal Workers' Health Surveillance Program to accept digital images. A major problem has been that there was no research showing that ILO classifications done using digital chest images would give similar results as classifications done using older film-based chest radiographs. Recently, this information has started to become available. The proceedings of a workshop on this issue have been posted on the NIOSH website. We are also doing new research to compare classifications of digital and film-based chest radiographs in coal miners who participate in the Enhanced Coal Workers' Health Surveillance Program (see other page). Based on the results of this and other research, as well as consultation with experts in the field, we are working to develop recommendations that would allow digital chest imaging in the recognition and classification of pneumoconiosis. We have also secured a contract with The Informatics Applications Group, Inc., to help us in updating equipment and procedures so the NIOSH pneumoconiosis programs can accept digital chest images. A second contract has been secured with Southeast X-ray, Inc., that includes developing digital ILO standard chest images and public domain software for displaying digital chest images and standards and doing classifications.

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## NIOSH COAL WORKERS' HEALTH SURVEILLANCE PROGRAM

## WHAT'S NEW IN THE CWHSP



## FALL 2008 UPDATE

*"...the first priority and concern of all in the coal or other mining industry must be the health and safety of its most precious resource—the miner..."*

**-Federal Coal Mine Safety and Health Act of 1969, Amended 1977**

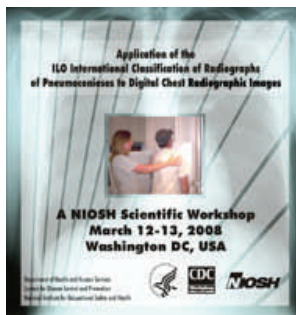


## Digital Radiography

In light of technological advances in radiology, particularly in the area of digital radiology, many B Readers have inquired about the use of digital radiography in the classification of pneumoconioses. Questions have focused on the use of either 'soft copy' images that can be read on a monitor or 'hard copy' digital images that can be printed on film like traditional film-screen radiography. To comply with regulatory requirements under 42CFR Part 37, B Readers must continue to use standard film-screen radiographs when classifying chest radiographs for the Coal Workers' Health Surveillance Program. In addition, the guidelines for use of the ILO International Classification of Radiographs of Pneumoconioses prescribe side-by-side viewing of subject and standard radiographs, and state that the standard films take precedence in defining profusion categories. Thus, until provisions for use of digital images have been specified, readers using the ILO Classification for all purposes should continue to use traditional film screen radiographs and standards.

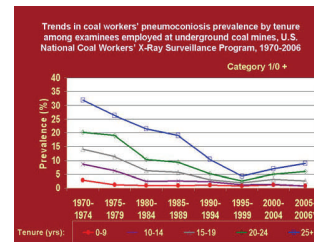
On March 12–13, 2008, we hosted a workshop to address issues in classifying digital chest radiographs of people with pneumoconioses. The international group of scientists in attendance heard from representatives of the ILO, NIOSH, and academia. Expert presenters described current and future issues in digital radiography, especially as they relate to classification. The workshop participants broke into smaller groups to discuss (1) image acquisition, (2) image presentation, and (3) file interchange, and to develop recommendations for advancing digital classification for pneumoconioses.

The proceedings from this workshop are available at the following website: <http://www.cdc.gov/niosh/docs/2008-139/>.



## Black Lung Disease on the Rise

In the last decade, death certificates list coal workers' pneumoconiosis, commonly called black lung disease, as a cause in more than 10,000 deaths. Black lung disease is caused by inhaling coal mine dust. It results in scarring of the lungs, emphysema, shortness of breath, disability, and premature death. The prevalence of black lung disease decreased by about 90% from 1969 to 1995 after the enactment of the Coal Mine Health and Safety Act. Unfortunately, since 1995, the prevalence of black lung among those who have participated in the Coal Workers' Health Surveillance Program and who have been coal miners for more than 20 years has more than doubled. We have seen severe and advanced cases in current underground miners as young as 39. Identification of advanced cases among miners under age 50 is of particular concern, as they were exposed to coal-mine dust in the years after the 1969 federal legislation had mandated disease-prevention measures. An increased risk of pneumoconiosis has been associated with work in certain mining jobs, in smaller mines, in several geographic areas, and among contract miners.



## Faces of Black Lung

To continue to raise awareness of the resurgence of this deadly but entirely preventable disease, we recently released an educational DVD titled [Faces of Black Lung](#). In this DVD two miners with severe cases of black lung disease share their stories in hopes of helping to protect other miners from this devastating disease. The moving personal accounts of two lives forever changed by black lung disease provide an invaluable training tool.

Copies of this DVD may be requested via email to [awolfe@cdc.gov](mailto:awolfe@cdc.gov).



## Hot Spots -

### The Enhanced Coal Workers' Health Surveillance Program



As part of the Coal Workers' Health Surveillance Program, and with the support of the **Mine Safety and Health Administration**, we also operate a mobile health screening program called the **Enhanced Coal Workers' Health Surveillance Program**. The mobile unit travels to coal mining regions around the United States that are considered hot spots for disease. Miners are notified in advance about the specific locations where the mobile unit will be stationed and are encouraged to make appointments to participate in the health screening process.

Many of the hot spot areas have already been visited. The remaining sites to be targeted for fiscal year 2009 include Grant, Brooke, and Marshall counties in West Virginia; Somerset, Greene, Washington, Allegheny, Westmoreland, Armstrong, Indiana, and Cambria counties in Pennsylvania; Garrett county in Maryland; Campbell county in Tennessee; Belmont and Meigs counties in Ohio; and Bell, Union, Webster, and Hopkins counties in Kentucky.

The program, while being focused on disease prevention in individual miners, also provides the opportunity to gather information for ongoing surveillance of black lung. The information is used to monitor trends, identify hot spots, guide prevention, and identify risk factors for the disease.