

UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER  
HEALTH

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COMBINED MEETING OF THE SUBCOMMITTEE ON MEDICAL ADVICE RE: WEIGHING  
MEDICAL EVIDENCE (AREA#2) AND THE SUBCOMMITTEE ON IH & CMC AND THEIR  
REPORTS (AREA #4)

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SUMMARY MINUTES

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TUESDAY,  
JUNE 27, 2017

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The Advisory Board met telephonically at 11:00 a.m. Eastern  
Time, Victoria A. Cassano and Rosemary K. Sokas, Co-Chairs,  
presiding.

MEMBERS

SCIENTIFIC COMMUNITY:

MARK GRIFFON  
KENNETH Z. SILVER  
GEORGE FRIEDMAN-JIMENEZ  
LESLIE I. BODEN

MEDICAL COMMUNITY:

STEVEN MARKOWITZ  
VICTORIA A. CASSANO, Co-Chair  
ROSEMARY K. SOKAS, Co-Chair

CLAIMANT COMMUNITY:

DURONDA M. POPE  
KIRK D. DOMINA  
GARRY M. WHITLEY  
FAYE VLIEGER

DESIGNATED FEDERAL OFFICIAL:

CARRIE RHOADS

## **Call to order and roll call**

Ms. Rhoads, the DFO for the committee, called the meeting to order at 11:10 am. The board members introduced themselves.

## **Update on board recommendations from DOL**

Ms. Rhoads gave the update. The status of the recommendations is that they are being reviewed by the Secretary. The second set of recommendations is being worked on by DOL staff.

### *Recommendations from the meeting in Oak Ridge*

The first recommendation was to rescind circular 15-06 (the post-1995 occupational toxin exposure guidance) and that recommendation was achieved by circular 17-04. The second recommendation from October was to ensure that the disease exposure language from the IOM report was included in the SEM. The third recommendation was that former DOE workers be hired to administer the occupational history questionnaire. The fourth recommendation was to establish a process to allow the IHS (industrial hygienists) to interview the claimants directly. The fifth recommendation was to post redacted teleconference notes online. The sixth recommendation was to explore the feasibility of having new case files made accessible to the claimant electronically. The seventh was that the DOL reorganize occupational physicians into an office comparable in structure to the office for attorneys to support multiple agencies. The eighth recommendation was that the program make the entire case file available so that industrial hygienists and contract medical consultants (CMCs) can see everything in the file, and support the claims examiners (CEs) in mapping the files.

### *Recommendations from the meeting in Richland*

The first recommendation was a new set of presumptions for asbestos-related diseases. The second recommendation was a presumption for work-related asthma. The third recommendation was presumptions for chronic asbestos pulmonary disease, such that it replace circular 16-02 with an alternative. The fourth recommendation was revisions to the occupational history questionnaire (OHQ): that for each exposure, that the claimants be asked to describe how they were exposed by describing their tasks and frequency; that the list of hazards should include several specific things related to occupational diseases; to add the BTMed list of tasks to the OHQ; that the specific questions about vapor, gas, dust and fumes be added to the occupational history questionnaire as well about exposure frequency and description of tasks; and that the new occupational history questionnaire be tested. The fifth recommendation was that the program enhance its scientific and technical capabilities.

The sixth recommendation was that two borderline beryllium lymphocytic proliferation tests (BeLPT) be considered equal to one positive test, for adjudication purposes under Parts B and E. The seventh recommendation is that DOL provide the board with a quality assessment of 50 CMC evaluations in claim denials. The DOL is working on responses and then, once they have responses, the recommendations will be submitted to the Secretary.

### **Report from Seattle visit**

Co-Chair Cassano said that they had 20 cases to go through in four or five hours. The optical imaging system used by the office worked very well and it was easier than thumbing through a big paper file. Co-Chair Cassano walked through the cases. There needs to be an independent audit of randomly selected claims of the entire claims progression. The IH and CMC need access to the entire claim file. The SEM is not up to date as far as the medical literature goes. The IH must have info on job tasks and exposures. The CMC must have access to exposure information and medical reports to determine the causal aggravation or contributory effects of the exposure. The committees need to keep discussions around presumptions in the back of their minds.

Member Silver suggested that the committees take a look at the DOL's use of the word "significant." There needs to be a consistent interpretation of the word "significant."

Member Vlieger's takeaway from the Seattle visit was that there is no audit of the CMCs' performance and no confidence that any decisions are being made in light of current science. One of her concerns is that chemicals are being looked at in their pure states not their synergistic effects.

Co-Chair Sokas said that it is critical that the CMC and the IH have access to the entire file. There needs to be clarification on the idea of "contribution." The problem from the beginning has been a communication failure between the program itself and the IH and CMC consultants. Co-Chairs Sokas and Cassano will be having a discussion with the agency's medical director and the agency IH to explore communication.

### **Potential merger of working groups**

Co-Chair Sokas reminded everyone what the mission of the committees is. It would be useful to have a working group that had more than one IH on it. Member Boden said this is a good idea to think about. Member Markowitz said that a claims examiner examines more than just the medical evidence. Merging the groups sounded like a fine idea to

Member Markowitz.

Member Vlieger had concerns about the time to review all of the materials with such a large group. Members might be spread too thin.

Member Silver said that it might be a good idea to take the presumptions that have been recommended and see how they would have helped move certain cases forward. Member Markowitz said that this may not be all that practical and the presumptions require that different kinds of evidence need to be collected.

Co-Chair Sokas said that the committees need to come up with a proposal for the full board regarding merging the work groups.

### **Other items**

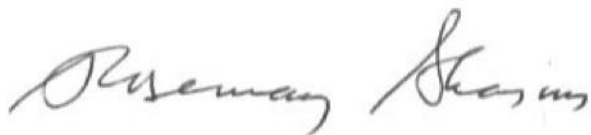
Member Markowitz said that there has been little science on synergistic mixtures and their effects on exposure. The board needs to explore this issue of synergistic effects more closely. Member Friedman-Jimenez said that there isn't enough data to separate out what is happening with multiple chemicals. Maybe the assumption needs to be an "additive effect or greater" unless there is data to show that the effect is antagonistic.

### **Adjournment**

Co-Chair Cassano closed the meeting at 12:25 p.m.

*I hereby certify that, to the best of my knowledge, the foregoing minutes are an accurate summary of the meeting.*

Submitted by:



10/12.17

(date)

Rosemary K. Sokas, MD, MOH, M.Sc  
Chair, Subcommittee on IH & CMC and Their Reports

Victoria A. Cassano, MD, MPHIL, MPH. FACPM, FACOEM  
Chair, Subcommittee on Medical Advice re: Weighing Medical Evidence

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Victoria A. Cassano, MD, MPHIL, MPH. FACPM, FACOEM  
Chair, Subcommittee on Medical Advice re: Weighing Medical Evidence