DEVELOPING FOR MEDICAL CONDITIONS – CANCER & SILICOSIS
SESSION BACKGROUND INFORMATION

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Developing for Medical Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructional Time</td>
<td>160 minutes</td>
</tr>
</tbody>
</table>
| Session Description      | This session focuses on the how to develop a claim for Special Exposure Cohort (SEC) cancers and non-SEC cancers; the medical documentation required to support cancer as an occupational disease; the NIOSH dose reconstruction process and how to use the NIOSH dose reconstruction data to determine the Probability of Causation (PoC).

This session includes a guided walk through of the NIOSH Interactive Radio Epidemiological Program (IREP) application focusing on the information and how that information should be reviewed.

Developing for silicosis is also addressed. |

<table>
<thead>
<tr>
<th>Instructional Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define SEC</td>
</tr>
<tr>
<td>List the medical requirements for development of an SEC cancer claim</td>
</tr>
<tr>
<td>Explain what is meant by ‘latency’ and how it applies to SEC cancers</td>
</tr>
<tr>
<td>Define non-SEC</td>
</tr>
<tr>
<td>Identify the additional information required for non-SEC skin and lung cancers</td>
</tr>
<tr>
<td>List the steps for processing a non-SEC cancer claim including completion of the NRSD</td>
</tr>
<tr>
<td>Define PoC</td>
</tr>
<tr>
<td>Explain the use of IREP</td>
</tr>
<tr>
<td>Identify when a dose reconstruction rework is required</td>
</tr>
<tr>
<td>List the steps that must be completed in order to request a rework</td>
</tr>
<tr>
<td>Define chronic silicosis</td>
</tr>
<tr>
<td>Describe the eligibility and medical documentation requirements for chronic silicosis for Parts B &amp; E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructor Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>For this session, the following materials are required:</td>
</tr>
<tr>
<td>MedicalConditionsSession.PPT</td>
</tr>
<tr>
<td>IREP Data CD (Instructor must provide a sample IREP Data CD)</td>
</tr>
<tr>
<td>The Instructor must have the following links ready to access before conducting the training session:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For this link:</th>
<th>Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IREP</td>
<td><a href="http://www.cdc.gov/niosh/ocas/ocasirep.html">http://www.cdc.gov/niosh/ocas/ocasirep.html</a></td>
</tr>
</tbody>
</table>
### SESSION BACKGROUND INFORMATION, CONTINUED

| Trainee Handouts | Procedure Manual 2 - 0800  
Developing for Medical Conditions Case Study Materials  
Developing for Medical Conditions Case Study Answer Sheet |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Guide</td>
<td>Developing for Medical Conditions Session</td>
</tr>
<tr>
<td>Case Study</td>
<td>After slide #85, proceed to the case study activity and then continue with the remainder of the presentation.</td>
</tr>
<tr>
<td>IREP Demo</td>
<td>The IREP data CD is used during this demonstration.</td>
</tr>
</tbody>
</table>
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

#1

Developing for Medical Conditions

#2

Claim Categories for Part B

- Cancer:
  - Special Exposure Cohort (SEC)
  - Non-SEC/NIOSH
- Beryllium Sensitivity
- Chronic Beryllium Disease
- Chronic Silicosis
#3 Cancer

#4 Employment Requirements for Cancer

- Exposed to radiation
- Employed by:
  - Department of Energy (DOE)
  - DOE contractor or subcontractor
  - Atomic Weapons Employer
#5

Medical Requirements for Cancer

- Medical narrative
  - Qualified physician
  - Cancer diagnosis
  - Initial date of diagnosis
- All cancers potentially covered
- Initial diagnosis should be after first date of employment

#6

SEC Cancer
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#7

**SEC Employment Requirements**

- Employment criteria (identified by Congress)
  - Gaseous Diffusion Plant
  - Certain nuclear tests
  - New SEC definitions
- Ensure employee was employed for 250 aggregate work days unless employed at Amchitka Island, Alaska (no specified duration)
  - Refer to Bulletin 06-15 for Pacific Proving Ground and Bulletins 06-16 and 10-13 for Nevada Test Site

#8

**Identifying SEC Cases**

- Specified cancers
- Causation presumed
- Secretary of HHS determines whether additional classes of employees will be included in the SEC
- Check claim form to see if SEC box is checked
SEC Cancers

- Primary or secondary:
  - Renal cancer
  - Bone cancer
  - Lung cancer
- All other specified cancers must be primary (see next 4 slides for specified cancers)
- Latency period should be 5 years after first exposure, except leukemia, which is 2 years
  - No latency period for lung, bone or renal cancer

SEC Cancers, continued

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Except...</th>
<th>Onset at least</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukemia</td>
<td>Chronic lymphocytic leukemia (CLL)</td>
<td>2 years after first exposure</td>
</tr>
<tr>
<td>Lung cancer (primary or secondary)</td>
<td>In situ cancer discovered during or after a post-mortem exam (i.e., diagnosed after death)</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Lymphomas</td>
<td>Hodgkin’s</td>
<td>5 years after first exposure</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td></td>
<td>5 years after first exposure</td>
</tr>
</tbody>
</table>
## SEC Cancers, continued

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Except...</th>
<th>Onset at least</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary cancer of the:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Thyroid</td>
<td></td>
<td>5 years after first exposure</td>
</tr>
<tr>
<td>• Male or female breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Esophagus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pharynx (inc. tonsils)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Small intestine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pancreas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bile ducts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gall bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Salivary gland</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#12

SEC Cancers, continued

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Except...</th>
<th>Onset at least</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary cancer of the:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Urinary bladder (inc. ureter and urethral)</td>
<td></td>
<td>5 years after first exposure</td>
</tr>
<tr>
<td>• Brain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Colon (inc. rectum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ovary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Liver (except if cirrhosis or hepatitis B is indicated)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SEC Cancers, continued

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Except</th>
<th>Onset at least</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Cancer (primary or secondary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Cancer (primary or secondary but NOT other renal conditions)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A copy of Bulletin 03-11 is included in this session of the Participant Guide on pages 9-10.

Review the Bulletin with the trainees.
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

Requirements for all Cancers

- Medical report containing the following:
  - History of the claimed illness
  - Physical examination and its findings
  - The clinical laboratory tests performed and discussion of the results
  - A diagnosis (ICD 9 code if possible) and the date when it was first documented
- Pathology report

ECMS Codes for SEC Cancer

- “SE” (Confirmed as SEC)
  - Entered on the claim screen in the claim status history section of ECMS, with effective date as soon as it is determined the case is in posture for SEC
ECMS Codes for SEC Cancer

If case is realized to be SEC after the recommended decision and FAB reverses to accept, the SE date would be the same as the final decision.

SEC Cancer

- Ensure the SEC description field is completed for any employment claimed at an SEC facility
- Entered on the claim screen

<table>
<thead>
<tr>
<th>SECs (1)</th>
<th>Medical Conditions (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEC Desc</td>
<td>Type ICD9 Cd ICD9 Desc</td>
</tr>
<tr>
<td>IOWA OFDNAL</td>
<td>Y CN 154.0 MAL NEO RECTOSIGMOI</td>
</tr>
</tbody>
</table>
#18 NON-SEC Cancer

- Any potentially radiogenic cancer is covered
- If SEC criteria is not met, the cancer must be causally related to potential radiation exposure “at least as likely as not”-in order to qualify
- Determine the presence of a diagnosed cancer
- A pre-cancerous condition is NOT a cancer
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#20 Processing Non-SEC Cancers
- Review EE1/EE2 to determine what type of condition is being claimed
- Obtain required medical records
- Determine the primary cancers or the secondary cancer, if an unknown primary
- Obtain required employment evidence
- Refer case to NIOSH

#21 Additional Information for Skin Cancer
- Skin cancer
  - Obtain completed ethnicity questionnaire for verified condition of skin cancer
  - Obtain completed ethnicity questionnaire if skin cancer is a potential primary site, for unknown primaries
Additional Information for Lung Cancer

- Lung cancer
  - Obtain completed smoking questionnaire for condition of lung cancer
  - Obtain completed smoking questionnaire if lung cancer is a potential primary site
  - Additional factors impact the PoC of lung cancer

ECMS Codes for Lung and/or Skin Cancer Questionnaires

- “DO” (Developing-other, not medical or employment)
  - No reason code required
  - Entered on the claim screen in the claim status history section of ECMS
  - Effective date is date of the questionnaire
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

National Institute for Occupational Safety & Health (NIOSH)

- Located in Cincinnati, Ohio
- Responsible for collecting & organizing information to allow DEEOIC to make the determination of PoC
- To determine whether the cancer was at least as likely as not caused by ionizing radiation at a covered facility
NIOSH Process

- All Non-SEC cancer claims (and some SEC cancer, with exceptions) sent to NIOSH
- Provide as much employment evidence as possible
- Dose runs from first date of covered employment through date of diagnosis
- Exception for non-radiogenic cancers:
  - Chronic Lymphocytic Leukemia (CLL)
    - A PoC of zero (0%) is assigned

Instructor NOTE

*Explain that non-specified cancers with SEC employment are sent to NIOSH just as specified cancers with no SEC employment are also sent.*
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#27

**Processing Claim for CLL Alone under Part B Only**

- CLL is a covered condition
- Even though it is the only condition claimed, development needs to be completed
- If established, insert copy of June 20, 2002 letter from NIOSH
- Recommend denial (In general, we want to deny Part B & E at the same time, if possible)

#28

**ECMS Codes for CLL**

- “NR” (Received from NIOSH)
  - Reason code “CL”
  - Entered on claim screen in the claim status history section
  - Effective date is date of recommended decision to deny based on CLL
- Enter IREP Version “N/A”
  - Entered on claim screen in the medical conditions section under the IREP Version tab
#29

**CLL Claims with Another Cancer Condition**

- Should be sent to NIOSH
- Prepare NIOSH Referral Summary Document (NRSD)
  - Include CLL as primary site in conjunction with other primary sites

#30

**Refer Case to NIOSH**

- Cases are referred to NIOSH when:
  - Development has been complete
  - Employee has diagnosed primary cancer (other than CLL) or secondary cancer with unknown primary
  - Covered employment is verified
  - Not member of the SEC
- Requires completion of NIOSH Referral Summary Document (NRSD)
- Needs to be reviewed by Senior Claims Examiner
- Send letter to claimant(s) advising their case is being sent to NIOSH and no additional information is needed
NRSD

- Provides:
  - Employee information
  - Survivor information (including whether they are potentially eligible)
  - Other contact information (this should be any authorized representative)

NRSD - Medical Info.

- List all primary cancers, including CLL if applicable
- List all secondary cancers with unknown primary
- Provide ICD 9 code to include the 4th digit (lymphoma cases should include 4th and 5th digits)
- Include full date of diagnosis, if possible

<table>
<thead>
<tr>
<th>Medical and Employment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE Covered Cancer Information [for each cancer, list the following information]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary (Metastatic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Description / Type</td>
<td></td>
</tr>
<tr>
<td>Associated ICD-9 Code</td>
<td></td>
</tr>
<tr>
<td>Date of Cancer Diagnosis</td>
<td></td>
</tr>
</tbody>
</table>
NRSD – Secondary Cancers with Unknown Primaries

List all likely primary cancers from NIOSH Chapter in Procedure Manual

<table>
<thead>
<tr>
<th>Secondary Cancer (ICD-9 Code)</th>
<th>ICD-9 Code of Likely Primary Cancers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymph nodes of head, face and neck (196.0)</td>
<td>141, 142 (M), 146 (M), 149 (F), 150 (M), 152, 172, 174 (F), 193 (F)</td>
</tr>
<tr>
<td>Infrathoracic lymph nodes (196.1)</td>
<td>150 (M), 162, 174 (F)</td>
</tr>
<tr>
<td>Intra-abdominal lymph nodes (196.2)</td>
<td>150 (M), 151 (M), 155, 157 (F), 160, 174 (F), 180 (F), 185 (M), 189, 202 (F)</td>
</tr>
<tr>
<td>Lymph nodes of axilla and upper limb (196.3)</td>
<td>162, 170, 174 (F)</td>
</tr>
<tr>
<td>Trigeminal and lower, limb lymph nodes (196.5)</td>
<td>154 (M), 162, 172, 175 (F), 187 (M)</td>
</tr>
<tr>
<td>Intrathoracic lymph nodes (196.6)</td>
<td>153 (M), 154 (F), 162 (M), 180 (F), 182 (F), 185 (M), 188</td>
</tr>
<tr>
<td>Lymph nodes of multiple sites (196.0)</td>
<td>150 (M), 151 (M), 153 (M), 160, 174 (F)</td>
</tr>
<tr>
<td>Lymph nodes, site unspecified (196.6)</td>
<td>150 (M), 151, 153, 160, 172, 174 (F), 185 (M)</td>
</tr>
<tr>
<td>Kang (197.0)</td>
<td>154, 162, 172 (M), 174 (F), 185 (M), 188 (M), 189</td>
</tr>
</tbody>
</table>

NRSD - Other Covered Conditions

Should be completed if employee has SEC cancer and claim is being submitted to NIOSH for non-SEC medical benefits

Other Covered Condition:

<table>
<thead>
<tr>
<th>SEC Cancer Claim, but filing for Non-SEC cancer medical benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
</tr>
<tr>
<td>Other claim for benefits scenario [ ]</td>
</tr>
</tbody>
</table>
NRSD – Verified Employment Period

- Provide all verified employment even though it may be outside covered time period
- If additional sites are verified provide all verified sites

<table>
<thead>
<tr>
<th>Verified Employment Period (List all breaks in employment at the DOE or ARE Facility):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer / Facility Name</td>
</tr>
<tr>
<td>Start Date at the Facility (Full Date if Possible)</td>
</tr>
<tr>
<td>End Date at the Facility (Full Date if Possible)</td>
</tr>
<tr>
<td>Employment Badge Number (If available)</td>
</tr>
<tr>
<td>Dosimetry Badge Number (If available)</td>
</tr>
<tr>
<td>Job Title (Description not required)</td>
</tr>
</tbody>
</table>

Other Info. on NRSD

If lung or skin cancer, complete the NRSD based on the survey completed by the claimant(s)

*Available:
- American Indian or Alaska Native
- Asian or Pacific Islander
- Black
- White-Hispanic
- White-Mexico

If the claim is for skin cancer or a secondary cancer for which skin cancer is a likely primary cancer, list one or more of the following:

- Never smoked
- Former smoker
- Current smoker
  - <10 cig/day (currently)
  - 10-19 cig/day (currently)
  - 20-39 cig/day (currently)
  - >40 cig/day (currently)
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#37

DOL Information on NRSD

- Include your District Office
- CEs name and direct phone number
- Leave “Date Prepared for NIOSH” blank (Senior CE will complete)
- Senior CE will sign in the “Reviewed By” section

DOL Information:

<table>
<thead>
<tr>
<th>District Office</th>
<th>Case Examiner Name</th>
<th>Case Examiner Phone Number</th>
<th>Date Prepared for NIOSH</th>
<th>Reviewed By</th>
</tr>
</thead>
</table>

#38

ECMS Coding For NIOSH

- “NI” (Sent to NIOSH)
  - Entered on claim screen in the claim status history section
  - Effective date is the date the Senior CE/Supervisor signs the NRSD

Claim Status History:

<table>
<thead>
<tr>
<th>Code</th>
<th>Claim Status Desc</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI</td>
<td>SENT TO NIOSH</td>
<td>11/16/2005 2:43:00 PM</td>
</tr>
<tr>
<td>UN</td>
<td>OPENED, UNADJUDICATED</td>
<td>10/13/2005 10:29:05 AM</td>
</tr>
</tbody>
</table>

Effective date is the date the Senior CE/Supervisor signs the NRSD.
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#39 ANRSD

- To submit additional information received while case is at NIOSH
- Complete Amended NIOSH Referral Summary Document (ANRSD) to include the new information

#40 ANRSD Cover Sheet

The purpose of this memo is to forward a copy of the additional evidence received in this case after it was originally sent to NIOSH.

The supplemental evidence does not substantially alter the information already provided in our NIOSH Referral Summary Document (ANRSD).

The supplemental evidence substantially alters the information in our NIOSH Referral Summary Document. Please find attached a copy of the amended ANRSD.
The ANRSD is the same as NRSD except for the title “Amended NIOSH Referral Summary Information”.

<table>
<thead>
<tr>
<th>ANRSD</th>
<th>The Energy Employees Occupational Illness Compensation Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANRSD</td>
<td>Amended NIOSH Referral Summary Information</td>
</tr>
<tr>
<td></td>
<td>- DOE Case Number: [Energy Employee (EE) ID]</td>
</tr>
<tr>
<td></td>
<td>- NIOSH Tracking Number: [ ]</td>
</tr>
<tr>
<td></td>
<td>- Energy Employee:</td>
</tr>
<tr>
<td></td>
<td>- EE Full Name: [First, Middle, Last, Suffix]</td>
</tr>
<tr>
<td></td>
<td>- EE Gender: [M, F, U]</td>
</tr>
<tr>
<td></td>
<td>- Date of Birth: [Month, Day, Year]</td>
</tr>
<tr>
<td></td>
<td>- Date of Death (if applicable): [Month, Day, Year]</td>
</tr>
<tr>
<td></td>
<td>- EE Full Address (if applicable): [Street Address, City, State, Zip]</td>
</tr>
<tr>
<td></td>
<td>- EE Phone Number (if applicable): [Phone Number, Phone Type]</td>
</tr>
</tbody>
</table>
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#42

**Additional ANRSD Process**
- Cover sheet to include:
  - A brief summary outlining the changes being made at the bottom
  - Include the portion of the NRSD that has changed
  - Sent with regular shipment to NIOSH
  - Send letter to claimant advising of changes being sent to NIOSH

#43

**Communications From NIOSH**
- NIOSH will send e-mails requesting clarification of information received
- Respond to NIOSH as soon as possible
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

### Pending vs. Pulling a Case at NIOSH

- Pending is an action taken by NIOSH to alert their staff that there are technical issues that need to be addressed for a specific case.
- Pulling is an action taken by DOL to retrieve a case at NIOSH for further development or other case specific issues.

### NIOSH Pends Case at NIOSH

- **Reference PM 2-900.10**
- NIOSH “pends” a case for technical reasons, i.e. the addition of time to a facility’s covered period; a technical dose reconstruction issue for a facility; or a change to a site profile, based on the identification of additional dose data.
- Does not stop the dose reconstruction process,
- May delay completion of the dose reconstruction.
- Alerts the NIOSH staff that clarification is needed on a specific issue that may affect the dose reconstruction.
- DOL is not necessarily notified of a case placed in pend status for technical reasons or when these issues are resolved.
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

**#46 DOL Pulls a Case from NIOSH**
- Reference PM 2-900.11
- If further development needs to be completed on a case at NIOSH, the case should be pulled from NIOSH
- Pulling a case should go through a Senior CE
- Notify NIOSH (again through Senior CE) when case should be returned, providing updated information (ANRSD)

**#47 NIOSH Process**
- NIOSH receives claim from DOL
- Requests data from DOE
- Conducts interview with claimant
- Sends CATI report to claimant for signature
- Conducts dose reconstruction
- Sends dose reconstruction report to claimant
NIOSH Process, continued

- Does closeout interview
- Sends OCAS 1 form to claimant for signature
  - Indicates claimant has no additional information to add
  - Claim will not proceed without signature
  - NIOSH will notify DOL they are administratively closing their claim
  - If OCAS 1 is not signed, CE will send claimant letter informing the failure to sign and return the OCAS 1 will result in claim being administratively closed in the district office
  - For multiple claimants, only need 1 OCAS 1 to render decision (regardless of acceptance or denial)
- NIOSH sends package to DOL for processing

If the claimant calls and asks why they should sign the OCAS-1 if they don’t agree, help the claimant understand that they may appeal but should sign the form or case will be closed.
ECMS Coding for Administratively Closing Cases at NIOSH

- “NO” (NIOSH Administrative closure)
  - Entered into ECMS on the claim screen in the claim status history section
  - Effective date is the receipt of the letter from NIOSH
- “C2” (Admin closure)
  - Entered into ECMS on the claim screen in the claim status history section to administratively close the case in the district office
  - Effective date is date of letter to claimant advising their claim is closed

<table>
<thead>
<tr>
<th>Claim Status History (1-2)</th>
<th>Claim Status Date</th>
<th>Reason Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>05/10/2009</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>10/11/2009</td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>05/11/2009</td>
<td></td>
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<tr>
<td>EC</td>
<td>05/11/2009</td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>05/11/2009</td>
<td></td>
</tr>
</tbody>
</table>

NIOSH Dose Reconstruction (DR)

- Typically overestimates or underestimates as stated in the DR report for the purpose of efficiency
- The efficiency process is used to complete the DR more expeditiously
- Overestimates are used for cases likely to result in a PoC <50%
- Underestimates are used for cases likely to result in a PoC ≥ 50%
- Best estimates are used as 50% approached (definitely near and above 45%).
- Partial estimates, e.g., cases that do not meet SEC requirements
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#51

NIOSH DR, continued

- Underestimates are used for cases likely to result in a PoC > 50%
- Detailed dose estimate (best estimate) used in cases where PoC may be slightly higher or lower than 50%

#52

Probability of Causation (PoC)

- The probability that the cancer was caused by radiation exposure during covered employment
- If PoC is equal to or greater than 50%-claim is compensable
- If PoC is less than 50%-claim is non-compensable
Factors Affecting PoC

- Type of cancer
- Gender
- Age at exposure
- Length of exposure
- Age at diagnosis
- Exposure information

Factors NOT Affecting PoC

- Minor changes to employee information
  - Name spelling
  - Address change
  - Typo
- Change in date of diagnosis, if it falls within the same month
**Case Returned to DO**

- **“NR” (Received from NIOSH)**
  - Entered in ECMS on the claim screen in the claim status history section, with the reason code of DR (dose reconstruction received, POC)
  - Effective date is the date the dose reconstruction is date stamped in the District Office

**Other reason codes for NR code**

- **RW** – Reworks of dose reconstruction, no POC
- **CL** – CLL only, no POC
- **ND** – No dose reconstruction possible, SEC
- **PD** – Partial dose reconstruction, SEC
### NW Code

- NIOSH withdrawals
- Used whenever a case is returned from NIOSH and dose reconstruction has not been completed
- Supervisor should send e-mail to NIOSH informing of the need for the withdrawal
- Once acknowledgement is received from NIOSH, Supervisor inputs NW code
- Status effective date = date the notification to pull the case from dose reconstruction was sent to NIOSH

### Examples When to Use NW Code

- Employee died and we are developing for survivors
- Covered time period has changed and employment is no longer covered
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#59

**IREP**

- NIOSH Interactive Radio Epidemiological Program (IREP)
- Used to determine whether the diagnosed cancer was “at least as likely as not” caused by radiation at the employment
- Computer software program to calculate the PoC

#60

**Logging into NIOSH-IREP Site**

- [http://www.cdc.gov/niosh/ocas/ocasirep.html](http://www.cdc.gov/niosh/ocas/ocasirep.html)
- From the CDC NIOSH main page click on the NIOSH-IREP link
Link to IREP must be embedded into this slide PRIOR to the conduct of this session.

Open IREP Input File

From the NIOSH IREP page, click on the button next to “To begin by using a NIOSH provided input file.”
#62

**Upload Saved File Screen**

Select “Browse” for the NIOSH data file to upload and again navigate to the NIOSH CD (D-drive) and its “A_DR Files” folder.

- **Summary**
  - EEOICP has been designed to accept a preformatted input file. When uploaded into NIOSHREP, the input file will populate all input screens and set all system variables.

- **Procedure**
  - Click the "Browse" button to locate the input file on your computer.
  - After the path to the file is shown on this screen, click "Upload File" to complete the process.
  - Note: The file must be in the proper template format to be usable.

#63

**Search for Excel Spreadsheet**

- **Look for the Excel .xls spreadsheet.**
- **(If there are multiple spreadsheets, start with the one with a “1” at the end of its name.)**
- **Double-click to select and open it.**
#64 Upload File

- Hit “Upload File,” and then “Continue” past the next screen that generates, bringing you to the claim’s IREP screen.
- On its lower right side click on “Generate Results” to generate the Probability of Causation figures; the IREP results for the case.
- Print this screen and pin down in the file.

#65 Results of Calculation

- You will see the results of the calculation in a summary table suitable for printing.
- In the Results of NIOSH-IREP Probability of Causation table near the bottom, the percentage in the 99th percentile block is the PoC.
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

NIOSH Report
- In part you will see Adobe .pdf copies of the Dose Reconstruction Report and the OCAS1, and an Internet Explorer screen for the IREP Summary that had been run by NIOSH.
- If there are multiple claimants the CD may (should) have multiple OCAS1 Adobe .pdf documents

Running IREP’s for Multiple Primary Cancers
- If there are multiple primary cancers the CD may have multiple Excel (.xls) spreadsheets. Be sure to print all of them and pin them down in file.
- Run the NIOSH-IREP for the first cancer
- At the bottom of the NIOSH-IREP Summary Report click “New Calculation” and upload the next input file
- Repeat until you have produced NIOSH-IREP Summary Reports for all established cancers
Running IREP’s for Multiple Primary Cancers, continued
- After running and saving the last IREP, scroll to the bottom of that IREP screen and select “Multiple Primary.”
- Show the total number of primary cancers’ IREPs and then click “Update Entry Fields” to generate/open that number of entry fields.
- Input the POC for each cancer, click “Total PC” to calculate the combined POC.
- Print the result and pin down in file.

IREP – Enterprise Edition (EE)
- Run for doses where the PoC result is between 45-52%
- Should use this website: http://ww3.niosh-irep.com/irep_niosh_ee/
- Password is DOL1
- Follow same steps for running IREPs
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

Instructor NOTE

Link to IREP EE must be embedded in this slide PRIOR to the conduct of this session.

FAB NIOSH Review

- Review the dose reconstruction report
- Confirm employment information used is correct
- Confirm diagnosis and diagnosis date used is correct
- Run NIOSH-IREP to verify PoC
- Signed copy of FAB IREP run must be included in the file

Instructor NOTE

Emphasize that FAB CE/HRs follow the same procedures for running IREP as the DO. Emphasize that FAB must add a copy of their IREP run to the file to show that they verified the PoC.
Developing for Medical Conditions Session Instructional Content, Continued

**ECMS Codes for PoC Data**

- Enter PoC data from NIOSH-IREP PoC table (99\textsuperscript{th} percentile block)
- Entered on the claim screen in the medical conditions section under the “POC” tab

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Date</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>CN 304-04</td>
<td>CHLON LELJUR s/w PAIN CLL</td>
<td>10/25/1987</td>
<td>10</td>
<td>1987</td>
</tr>
<tr>
<td>CN 188</td>
<td>MALIGNSK INTESTINL INCLUDER</td>
<td>03/15/1987</td>
<td>03</td>
<td>1987</td>
</tr>
<tr>
<td>CN 172-2</td>
<td>MALIGNSK INTESTINAL</td>
<td>06/22/1997</td>
<td>06</td>
<td>1997</td>
</tr>
<tr>
<td>CN 142-D</td>
<td>MALIGNSK INTESTINAL</td>
<td>05/02/1990</td>
<td>05</td>
<td>1990</td>
</tr>
<tr>
<td>CN 172-6</td>
<td>MALIGNSK INTESTINAL</td>
<td>09/30/1993</td>
<td>09</td>
<td>1993</td>
</tr>
</tbody>
</table>

**ECMS Date for IREP Version**

- The version of IREP periodically gets updated and new versions are assigned
- The version is on the IREP summary and should be entered in ECMS on the medical condition (update) screen under the “IREP Version” tab
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#73

Review of the DR

- After running IREP ensure the information in the DR report is accurate
  - Employment periods
  - Cancers with their diagnosis dates and ICD 9 codes
- If any discrepancies are noted – rework should be done
- Reworks may need to be done for Program Evaluation Reports (PERs) – several are forthcoming from NIOSH

#74

NIOSH’s Program Evaluation Report (PER)

- Completed cases with probabilities of causation less than 50% are reviewed as relevant new information becomes available
- The results of these reviews are described in a PER
- Details the effect, if any, of the new information on the completed dose reconstruction
- If it appears that the compensability of a completed dose reconstruction may be effected, NIOSH is committed to working with DOL to reopen & rework the dose reconstruction, as appropriate
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

When Reworks are needed

- Newly provided/identified information verifying a change to:
  - Cancer diagnosis
  - ICD 9 code
  - Diagnosis date (outside calendar year)
  - Employment facilities
  - Employment dates

Example of when Reworks are needed

- Employment:
  - DR report shows verified employment dates from 06/01/54 to 08/01/54 and after reviewing file, we realize employment dates should actually be 06/01/54 to 08/01/64

- Medical:
  - DR report shows 1 skin cancer and after reviewing file, we realize there are actually 2 skin cancers that should have been reported
DR Rework

- Contain new information that was not considered in the original DR
- CE sends rework to Senior CE via e-mail attaching the ANRSD for review, who then sends the rework request to NIOSH Liaison
- Reworks should be sent electronically to the Health Physicist (HP) at National Office (NO) via the District Office NIOSH Liaison

ECMS CODING for DR Rework

- The case is sent to the HP for review to determine whether a rework is required
- “DO” (Development-other (not medical or employment) code should be entered by District Director, or designee, in ECMS, on the claim screen in the claim status history section
- Effective date is the date of the e-mail to the HP
- Reason code of “EHP” (E-mail to Health Physicist)
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#79

**DR Rework Process**

- Rework requests should include:
  - Employee name
  - DOL File Number
  - NIOSH Tracking Number
  - Site(s) and date(s) of employment used in DR
  - Types of cancer(s), ICD-9 code(s), and diagnosis date(s) used in DR
  - PoC based on the information above
  - Changes to the DR (additional cancer, correct diagnosis date, etc.)
  - Ethnicity and smoking history

#80

**Health Physicist Review**

- HP reviews the information provided
- Determines whether rework is required
- If new information would change outcome of the dose, the rework will be referred to NIOSH via e-mail with cc: to district office
- If the information would not change the outcome, the HPs notify, via e-mail, the NIOSH Liaison and CE explaining the rationale
Reworks Steps

- Within 3 days the CE should:
  - E-mail a brief statement to NIOSH Point of Contact indicating the ANRSD and rework letter will be provided in the weekly shipment.
    - Example: A rework is being requested for Smith, 2345, NIOSH #12345. Please watch for the hard copy of the rework that is being sent in the shipment on Wednesday (and provide date).
  - CE prepares and releases a rework notification letter to the claimant(s), places a printed copy in the file, and forwards a printed copy to NIOSH in the weekly referrals with the ANRSD.

Reworks Steps, continued

- CE changes the prior NR’s reason code from DR to RW, but leaves the date of the NR unchanged
- CE also ensures that all ECMS entries based on the prior dose reconstruction revert to a pre-dose reconstruction status; medical condition’s status code is “R,” IREP information is blank, eligibility indicator code is “N,” etc.
- CE forwards file to SrCE.
ECMS Coding for Reworks

- “NR” reason code gets changed from “DR” to “RW” (Reworks of dose reconstruction, no POC)
- On claim screen in the claim status history section

<table>
<thead>
<tr>
<th>Claim Status History</th>
<th>Date Status Dt</th>
<th>Reason Code/Purpose Desc</th>
</tr>
</thead>
<tbody>
<tr>
<td>INI SENT TO NODIS</td>
<td>05/18/2008 10:21:55 AM</td>
<td>C</td>
</tr>
<tr>
<td>DO DEVELOPMENT - OTHER POST MEDICAL OR</td>
<td>05/26/2008</td>
<td>EHP Enrollee Health Physician C</td>
</tr>
<tr>
<td>INI RECEIVED FROM NODIS</td>
<td>06/28/2008</td>
<td>RW Reworks of Dose Reconstruction, no POC</td>
</tr>
<tr>
<td>INI SENT TO NODIS</td>
<td>06/12/2008 12:37:30 PM</td>
<td>C</td>
</tr>
<tr>
<td>CR RESPONSE FROM CORPORATION</td>
<td>06/24/2007 10:54:38 AM</td>
<td>C</td>
</tr>
</tbody>
</table>

ECMS Coding for Reworks, continued

- ECMS entries revert to a pre-dose reconstruction status; medical condition’s status code is “R,” IREP information is blank
- On the claim screen in the medical conditions section

<table>
<thead>
<tr>
<th>Medical Conditions (1)</th>
<th>Drug/Drug Type</th>
<th>Date</th>
<th>Med Dose</th>
<th>Status/Status Effect</th>
<th>Elig. End Dt</th>
<th>POC</th>
<th>POC End</th>
<th>IREP End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y DN LUNG/TOUL/PETIT MALIGNANT NOS 04/24/1987 F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y DN MALIGNANT NOS/PLATE            02/18/1986 F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y DN MALIGNANT NOS/PLATE            08/02/1995 F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Developing for Medical Conditions Session

ECMS Coding for Reworks, continued

- SrCE reviews file
- “NI” code is entered into ECMS, dated the same as the CE’s e-mail to NIOSH and rework notification letter to the claimant
- On the claim screen in the claim status history section

<table>
<thead>
<tr>
<th>Claim Status History</th>
<th>Claim Status On</th>
<th>Reason Code</th>
<th>Reason Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS</td>
<td>06/13/2008 10:21:55 AM</td>
<td>EHP</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>08/15/2008 EHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NM</td>
<td>08/19/2008 EHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EN</td>
<td>09/02/2008 EHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO</td>
<td>09/04/2008 EHP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ECMS code for PER Reworks

“NI” (Sent to NIOSH)
- Entered in ECMS on the claim screen in the claim status history section with the reason code “PEP” (Rework based on Program Evaluation Plan/Report)
- Effective date is the date the ANRSD is sent to NIOSH for rework
ECMS Code for PEP Reworks

“NI” (Sent to NIOSH)

- Entered in ECMS on the claim screen in the claim status history section with the reason code “PEP” (Rework based on Program Evaluation Plan)
- Effective date is the date the ANRSD is sent to NIOSH for rework

Notifying Claimant

Copy of letter being sent to claimant advising rework is being done, is sent to NIOSH in weekly shipment
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

Trainee HANDOUT

Distribute the Developing for Medical Conditions Case Study materials to the trainees.

Case Study

The trainees are to review the materials and determine:

Is an SEC cancer being claimed? If YES:
- Does the employment record meet SEC requirements?
- What is the SEC cancer(s) being claimed?
- Does the medical evidence confirm the SEC cancer(s)?
- Can the SEC claim be accepted based on the information provided or is additional information required?
- If additional information is required, how will it be obtained?
- What ECMS coding would be entered?

Is a non-SEC cancer being claimed? If YES:
- Are there any non-SEC conditions to be claimed? If so, is the cancer primary or secondary?
- Is there the requisite employment evidence? If not, what’s missing and how will it be obtained?
- Is there the requisite medical evidence? If not, what’s missing and how will it be obtained?
- If all of the required evidence is provided, complete the NRSD
- What ECMS coding would be entered?

After allowing sufficient time, review the case study outcome eliciting information from the trainees.
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

**Trainee HANDOUT**

Distribute the Developing for Medical Conditions Case Study Answer Sheet to the trainees upon completion of the case study activity.

---

**SHOW PPT**

#90

Death Certificates

---

**SHOW PPT**

#91
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

### #90

**Death Certificates, continued**

- Affidavits should be collected from the claimant(s) providing an approximate date of diagnosis (at least month and year)
- If death certificate indicates autopsy was performed- obtain copy of autopsy

---

### #91

**Death Certificates**

- Death certificate may be used for medical evidence only if:
  - Documentation is received indicating medical records are not available
  - The death certificate is signed by a physician
## DEVELEOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

### #92

#### Death Certificates, continued

- Affidavits should be collected from the claimant(s) providing an approximate date of diagnosis (at least month and year)
- If death certificate indicates autopsy was performed—obtain copy of autopsy

### #93

#### Chronic Silicosis
#94

**Chronic Silicosis**

- Respiratory disease that results from the inhalation of airborne crystalline silica dust
- The dust particles can, over time, cause scar tissue formations in the lungs
- If EE1 or EE2 claims chronic silicosis, it must be developed

#95

**Symptoms of Silicosis**

- Common symptoms:
  - Shortness of breath
  - Cough
  - Fatigue
  - Susceptibility to infection
  - Other symptoms
- Treated with anti-inflammatory meds
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#96

Requirements of Chronic Silicosis for Part B

- Initial exposure to silica dust preceded the onset of silicosis by at least 10 years
- A written diagnosis of silicosis is made by a medical doctor and accompanied by one of the statutory requirements

#97

Statutory Requirements

- Written medical narrative from qualified physician to include:
  - Diagnosis of chronic silicosis
  - Date of initial onset
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

**Statutory Requirements, continued**

- And one of the following:
  - Chest radiograph
    - Interpreted by an individual certified by NIOSH as a B reader, classifying the existence of pneumoconiosis of category 1/0 or higher
  - Results from a computer assisted tomograph or other imaging technique that are consistent with silicosis
  - Lung biopsy findings consistent with silicosis

---

**Chest Radiograph**

To be consistent with silicosis, a granuloma must be of profusion 1/0 or greater

<table>
<thead>
<tr>
<th>Least profuse</th>
<th>0/-</th>
<th>0/0</th>
<th>0/1</th>
<th>Note: Grey areas meet criterion for chronic silicosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>2.2</td>
<td>2.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>3.3</td>
<td>3.4</td>
<td></td>
<td>most profuse</td>
</tr>
</tbody>
</table>
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#100 Criteria for Eligibility

- Employed as DOE employee or DOE contractor employee
- Present for at least 250 work days during the mining of tunnels at DOE facility (Nevada or Alaska) for tests related to atomic weapons

#101 NIOSH B-Readers

- Radiologists specially trained to read chest x-rays to determine the shape, size and profusion of granulomas and other abnormalities
- Certified by NIOSH
B-Readers, continued

- For diagnosis of chronic silicosis, the report must show that the physician making the diagnosis is a B-reader
  - This could be at the top of the chart
  - Or at the bottom of the chart
  - Should indicate “B-Reader”

---

Negative (Normal) for Chronic Silicosis

<table>
<thead>
<tr>
<th>RD</th>
<th>Date of X-Ray</th>
<th>1. B. Film Quality</th>
<th>1.C. Film Entirely Negative?</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Jan 1998</td>
<td>2 3 5</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2.A. Any Parenchymal Abnormalities Consistent with Pneumonitis?

2.B. SMALL OPACITIES

2.C. LARGE OPACITIES

3.A. Any Pleural Abnormalities Consistent with Pneumonitis?

3.B. Pleural Thickening

3.C. Pleural Thickening, Chest Wall
#104 Positive (Abnormal) for Chronic Silicosis

<table>
<thead>
<tr>
<th>1.A. Date of X-Ray</th>
<th>1.B. Film Quality</th>
<th>1.C. Film Entirely Negative?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/9/1997</td>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2.A. Any Parenchymal Abnormalities Consistent with Pneumoconiosis?

2.B. SMALL OPACITIES

2.C. LARGE OPACITIES

3.A. Any Pleural Abnormalities Consistent with Pneumoconiosis?

3.B. Pleural Thickening

3.C. Pleural Thickening ... Chest Wall

#105 Computer-Aided Tomography (CAT Scans)

- Reports are not standardized
- Look at the phrases in the CAT scan report finding, should mention chronic silicosis
- Mention of fibrosis or pneumoconiosis needs to show it is consistent with chronic silicosis
**Lung Biopsies**

- Pathology report should reference silicosis
- If pneumoconiosis is mentioned it should state it is consistent with silicosis

---

**Silicosis - Part E Employment Requirements**

- Employed as a DOE contractor or subcontractor employee at a DOE facility or at a Section 5 RECA facility where silica is known to have been present
- Latency Period: Initial exposure to silica dust preceded the onset of silicosis by at least 10 years
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

#108

Silicosis - Part E Medical Requirements

- Part E requires claimant provide medical doctor’s written diagnosis of chronic silicosis.
- Diagnosis must also indicate date of initial onset.
- Where no diagnosis exists, but the required employment element is met and evidence of lung disease presented, CE requests additional medical evidence from either the claimant or from a DMC.
- CE evaluates the DMC opinion and the evidence of file to make a factual determination as to causation.

#109

Acute/Accelerated/Complicated Silicosis

- Extreme nature, function or duration of exposure can trigger various forms of silicosis.
- CE must determine if individual’s occupation entailed such exposure that the disease manifested in an acute, accelerated, or complicated form due to such exposure.
- Not covered under Part B, but are potentially covered under Part E based upon the CE’s review of the totality of the evidence.
- Employment and Exposure Evidence.
  - CE obtains evidence of employment and exposure from various sources. DOJ verifies employment for Section 5 RECA claimants.
  - CE obtains other evidence from DAR records, DOE FWP records, SEM, employment records, and the claimant when developing to establish employment and exposure regarding silicosis.
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT, CONTINUED

Questions