

Advisory Board Topics

1. **Parkinsonism, Parkinson's Disease and Manganism**

DEEOIC asks the Board to review the scientific and medical literature pertaining to Parkinsonism, Parkinson's disease and Manganism and for it to provide the DEEOIC with recommendations for updating current DEEOIC procedural guidance on assessing these conditions.

Parkinson's disease and other associated diagnoses, such as Parkinsonism present many challenges under DEEOIC. These challenges include:

- Lack of definitive diagnostic tests and relative high level of misdiagnosis
- Multiple causative factors may be linked to these conditions, including genetic predisposition and environmental factors
- Evolving science and medicine surrounding this topic makes the formation of a consensus viewpoint difficult.

The goal of this effort would be for the Board to provide DEEOIC with a sensible, science & medicine-based policy proposal that DEEOIC claims staff could administer reasonably when evaluating relevant claims. Ideally, such a proposal would include detailed, precise answers to the questions below. DEEOIC could then consider the input of the Board to update program policy, health effect links and presumptions.

- 1) Diagnosis information. What are the appropriate aliases of Parkinson's disease? Should Parkinsonism and/or Manganism be treated the same as Parkinson's disease? What are the criteria for a finding that the diagnosis is appropriate? (For example, many claimants are symptomatic for "the shakes," but what medical evidence allows for the diagnosis of Parkinsonism or other related diagnoses?) Inclusion of ICD-10 codes would be ideal for ascertaining coverage under such policy.
- 2) What toxins are associated with each of the diagnosis? (Any input would require supporting medical health science literature from peer reviewed human studies to support any proffered associations)
- 3) Are there any presumptions that the Board could offer regarding worker exposure to these toxins? For example, if the committee finds the exposure to manganese as a causal connection to Parkinson's disease, are there certain labor categories or work processes that are associated with this exposure?
- 4) Are there any causation presumptions that can be made? For example, when an employee has a diagnosis of X, exposure to Y, for a period of Q years, and a latency period of Z, DEEOIC should accept the claim. .

