

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. .

2. **Redraft/Edit OHQ** – The Occupational Health Questionnaire (OHQ) has been unchanged since the onset of Part E. The Board has evaluated the OHQ previously; however, DEEOIC would ask that the Board provide specific, detailed edits to a draft, reviewing what DOL has proposed for use or recommend a different OHQ tailored to the needs of the program. Ideally the input of the Board would be to direct its effort in producing a revised OHQ in its entirety that the program could implement for use in collecting employee work history and toxic substance exposure characterization information. DEEOIC asks that the Board avoid offering input based on broad conceptual ideas for improvement or incorporation of data collection tools that do not align well to the case adjudication mission of the program.

3. **Conduct a literature review focusing on the health effect of non-cancer toxicological hazards from radiological substances.**

In reviewing some of the radiogenic substances found at DOE, including uranium, plutonium, polonium, thorium and americium, the Site Exposure Matrices only links uranium with the non-cancerous condition of Acute Tubular Necrosis. DEEOIC asks the Committee to conduct research of peer-reviewed, human studies to ascertain whether there are additional non-cancerous diagnoses that the literature links to exposure to radiogenic sources such as uranium, plutonium, and other radionuclides such as americium based upon their toxicological properties. The Board could offer any input on results of its analysis, including any recommendations for additional links for use by DEEOIC as part of an update to SEM or as policy guidance.

4. **Review and Validation of “Alias” health effect listing in SEM**

SEM currently has a listing of “alias” health effect designations.

Click here to find a listed disease by alias.

Health Effect: Chronic renal failure

SCOPE -- Health Effect List: NLM Haz-Map Disease List. No site selected

IDENTIFICATION	Aliases: CRF; Chronic renal insufficiency; Chronic kidney disease, unspecified
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DEEOIC asks the Board to evaluate the current aliases and determine whether it would recommend any modifications/additions. This review could encompass all diagnoses currently in the Site Exposure Matrices for which there are links to toxins.