

# Advisory Board on Toxic Substances and Worker Health: Part B lung Conditions Subcommittee

Update  
October 18, 2016

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# Part B Lung Conditions Subcommittee

- Initial Advisory Board Meeting (April 26-8, 2016)
- Subcommittee Teleconferences, Public
  - June 29, 2016
    - Clarify Part B subcommittee charge
    - Define data and information needs
  - September 21, 2016
    - Review initial data analysis
    - Plan for review cases

# Part B Subcommittee: Progress to date

- 1) Clarification goals
- 2) Request to DOL for information
- 3) DOL response
- 4) Analysis data to date (Dr. Dement)**
- 5) Initial review cases
- 5) Initial conclusions / recommendations

## Part B Issues that DOL requested Advisory Board Address

Requests for clarification relating to:

- 1) BS / BeLPT / medical monitoring Be exposed workers
- 2) Diagnostic criteria CBD (pathology, lung function)
- 3) Sarcoidosis vs CBD
- 4) Chronic Silicosis (CS) – B reads
- 5) Complications of disease / treatment

## Part B Subcommittee: Information Needs Identified

- 1) Data on Part B claims process, outcomes and relevant Part E lung cases (BS, CBD, CS, sarcoid pneumoconiosis, Interstitial lung disease (ILD))
- 2) Part B and relevant Part E lung cases to review
- 3) Relevant surveillance, other data from Hanford, US military, other worksites if exists
- 4) Input from patients, providers, others

# Request to DOL for data / info relevant to Part B

5/4/16

## Sub-committee Lung Disease - Part B

### DATA REQUEST (understanding not all may be available)

#### I. Claims Data

*All data preferred both annually and total to-date so can see trends. We recognize annual data may be challenging to obtain, given the many years of claims and the data collected and claims process has likely changed over time, so annual data for the most recent years (eg 3-5 yrs) is the most important annual data.*

Need to define "Annually"= new claim vs re-evaluation of old claim.

#### 1) Chronic Beryllium Disease (CBD) claims submitted under Part B

A) # claims submitted total and annually,

B) if claim accepted, rejected, no decision yet, reason claim rejected, average time process claim - from time submitted until final decision.

C) Worker site, job title for claim

D) If claim submitted by survivor vs employee

E) if claim - more IH info (SEM) was requested AND comparison of claims where more IH info requested vs not (% accepted, time to decision)

F) Comparison of CBD claims that use the pre-1993 vs post-1993 diagnostic criteria for CBD.

(we recognize claim can be filed post-1993 criteria but use pre-1993 criteria).

Same info as above, would start with # Claims for each, % accepted.

#### 2) Beryllium Sensitization (BeS) claims submitted under Part B

Same info as above, absent the pre/post 1993 criteria

Also the number of BeS claims eventually accepted for CBD.

#### 3) Silicosis claims submitted under Part B

Same info as above, absent the pre/post 1993 criteria

Assuming fewer claims - may want to group by several years vs annually.

#### 4) CBD, Silicosis claims submitted under Part E. (Are there any BeS claims submitted under Part E?)

We suspect fewer of these. Same info as above.

#### 5) Chest x-ray B readings

Number of B readings submitted yearly - on new claimants vs those already in program, for what diagnoses (assume mostly silicosis).

How many also have chest CT scan results and pulmonary function testing?

#### 6) Data on Sarcoid / sarcoidosis claims - for Part B and Part E

Same info as above. Are there any under Part B?

#### 7) Data on other non-cancer respiratory conditions - most common diagnoses - eg COPD, Asthma, Interstitial lung disease for Part E and ? Part B. If the only non-cancer respiratory claims under Part B are CBD, BeS and silicosis, then this request relates only to Part E.

Same info as above

#### 8) Data on claims for conditions associated with and/ or complications of Part B lung conditions (CBD, Silicosis) - such as osteoporosis, HTN, pulmonary hypertension, diabetes

Most common associated conditions, % claims accepted.  
Most common claim diagnoses to have associated conditions

#### 9) Same data that has been supplied to EECAP

#### 10) Other information:

1. Examples of "problem cases" - eg denied CBD claims, claims repeat CBD testing, claims that took a long time to resolve, claims where more IH info requested, BeS claims

2. Examples of forms, questionnaires used, communications to physicians, claimants

After the subcommittee reviews the above data, it is anticipated that clarification and/or more data may be requested.

# Part B Subcommittee: Progress to date

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# DOL has been responsive to requests for data

The report will have the following Case, Part B and Part E specific columns:

- Case ID *(for QC Purposes only)*
- Employee Filed
- Employee Deceased
- Survivor Filed
- Worksite(s) *(will be comma delimited if more than one worksite claimed/verified on case)*
- Job Title(s) *(unique job titles from employment records associated to Worksite(s), will be comma delimited if more than one. If none, leave this blank)*
- Latest CMC Sent Date / IH Referral Sent Date *(either the DMC Sent Date associated to any of the 7 medical conditions or IH Referral Correspondence Sent Date, whichever of these 2 that exists and is the latest date. If none, leave this blank)*

## Part B

- Med Conditions Filed *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions filed on Part B for the case - will be comma delimited if more than one)*
- Med Conditions Approved *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions approved on Part B for the case - will be comma delimited if more than one)*
- Med Conditions Denied *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions denied on Part B for the case - will be comma delimited if more than one)*
- Approved Consequential Med Conditions *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions approved on Part B for the case by Consequential Acceptance - will be comma delimited if more than one)*
- CBD Diagnosis Date *(The earliest CBD medical diagnosis date if CBD Medical condition was filed/approved on the Case for Part B)*
- CBD Approved *(Indicates if Case has CBD Medical Condition Approval on Part B Y/N)*
- BS Diagnosis Date *(The earliest BS medical diagnosis date if BS Medical condition was filed/approved on the Case for Part B)*
- BS Approved *(Indicates if Case has BS Medical Condition Approval on Part B Y/N)*
- CS Diagnosis Date *(The earliest CS medical diagnosis date if CS Medical condition was filed/approved on the Case for Part B)*
- CS Approved *(Indicates if Case has CS Medical Condition Approval on Part B Y/N)*
- Sarcoidosis Diagnosis Date *(The earliest Sarcoidosis medical diagnosis date if Sarcoidosis Medical condition was filed/approved on the Case for Part B)*
- Sarcoidosis Approved *(Indicates if Case has Sarcoidosis Medical Condition Approval on Part B Y/N)*
- COPD Diagnosis Date *(The earliest COPD medical diagnosis date if COPD Medical condition was filed/approved on the Case for Part B)*
- COPD Approved *(Indicates if Case has COPD Medical Condition Approval on Part B Y/N)*
- Asthma Diagnosis Date *(The earliest Asthma medical diagnosis date if Asthma Medical condition was filed/approved on the Case for Part B)*
- Asthma Approved *(Indicates if Case has Asthma Medical Condition Approval on Part B Y/N)*
- Interstitial Lung Disease Diagnosis Date *(The earliest Interstitial Lung Disease medical diagnosis date if Interstitial Lung Disease Medical condition was filed/approved on the Case for Part B)*
- Interstitial Lung Disease Approved *(Indicates if Case has Interstitial Lung Disease Medical Condition Approval on Part B Y/N)*
- First Approval CY *(The Calendar Year of the first Part B Final Decision's release date which contained any of the 7 medical conditions and was approved + the case has at least one of the above medical condition Approval indicators set to Y\*)*
- First Denial CY *(The Calendar Year of the first Part B Final Decision's release date which*

# RT B APPROVAL RATES FOR CASES WITH SINGLE CONDITIONS FILED, 2005-2016

## RT B Approval Rates by Calendar Year

Status_B	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Overall
Approved	135	82	75	43	26	37	39	27	19	12	14	6	1448
Denied	262	171	229	114	78	61	116	79	85	65	51	34	2077
Total	397	253	304	157	104	98	155	106	104	77	65	40	3525
Percent Approved	34.0%	32.4%	24.7%	27.4%	25.0%	37.8%	25.2%	25.5%	18.3%	15.6%	21.5%	15.0%	41.1%

  

Status_B	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Overall
Approved	74	90	190	163	108	125	132	98	60	77	94	69	1990
Denied	168	102	109	82	47	48	46	47	31	31	40	26	1447
Total	242	192	299	245	155	173	178	145	91	108	134	95	3437
Percent Approved	30.6%	46.9%	63.5%	66.5%	69.7%	72.3%	74.2%	67.6%	65.9%	71.3%	70.1%	72.6%	57.9%

  

Approved_B	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Overall
Approved	290	259	594	292	233	179	134	159	131	107	98	77	2808
Denied	30	21	44	50	42	29	35	21	20	20	26	8	570
Total	320	280	638	342	275	208	169	180	151	127	124	85	3378
Percent Approved	90.6%	92.5%	93.1%	85.4%	84.7%	86.1%	79.3%	88.3%	86.8%	84.3%	79.0%	90.6%	83.1%

Overall = total claims to date

## OVERALL APPROVALS FOR PART B AND PART E CONDITIONS

### Part B Summary, October 2016 Data

Disease Class	Filed	Approved	Denied	Pending	Percent Approved
COPD	6029	2455	2913	661	45.73%
Obstructive Pulmonary Disease (OPD)	5561	3052	2100	409	59.24%
Chronic Silicosis	4234	2840	866	528	76.63%

### Part E Summary, October 2016 Data

Disease Class	Filed	Approved	Denied	Pending	Percent Approved
COPD	4070	1463	2076	531	41.34%
Obstructive Pulmonary Disease (OPD)	4051	2345	1344	362	63.57%
Chronic Silicosis	3669	2304	933	432	71.18%
Asthma	2303	810	1135	358	41.65%
COPD	7340	2778	2902	1350	48.91%
Interstitial Lung Disease (ILD)	953	230	567	156	28.86%
Sarcoidosis	216	76	109	31	41.08%

**PART E APPROVAL RATES FOR CASES WITH SINGLE CONDITIONS FILED  
2005 - 2016 AND OVERALL**

**Part E Approval Rates by Calendar Year**

<b>Asthma</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Overall</b>
Approved	3	18	43	53	49	35	33	32	46	23	10	55	400
Denied	3	34	62	47	50	53	49	81	63	60	84	56	667
<b>Total</b>	<b>6</b>	<b>52</b>	<b>105</b>	<b>100</b>	<b>99</b>	<b>88</b>	<b>82</b>	<b>113</b>	<b>109</b>	<b>83</b>	<b>94</b>	<b>111</b>	<b>1067</b>
<b>%Approved</b>	<b>50.0%</b>	<b>34.6%</b>	<b>41.0%</b>	<b>53.0%</b>	<b>49.5%</b>	<b>39.8%</b>	<b>40.2%</b>	<b>28.3%</b>	<b>42.2%</b>	<b>27.7%</b>	<b>10.6%</b>	<b>49.5%</b>	<b>37.5%</b>
<b>COPD</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Overall</b>
Approved	31	130	215	272	267	197	140	177	192	111	112	98	1943
Denied	15	86	150	141	158	179	216	230	279	256	246	146	2152
<b>Total</b>	<b>46</b>	<b>216</b>	<b>365</b>	<b>413</b>	<b>425</b>	<b>376</b>	<b>356</b>	<b>407</b>	<b>471</b>	<b>367</b>	<b>358</b>	<b>244</b>	<b>4095</b>
<b>%Approved</b>	<b>67.4%</b>	<b>60.2%</b>	<b>58.9%</b>	<b>65.9%</b>	<b>62.8%</b>	<b>52.4%</b>	<b>39.3%</b>	<b>43.5%</b>	<b>40.8%</b>	<b>30.2%</b>	<b>31.3%</b>	<b>40.2%</b>	<b>47.4%</b>
<b>ILD</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Overall</b>
Approved	14	18	20	13	6	5	5	9	8	6	5	1	110
Denied	4	20	38	24	33	27	19	38	45	16	27	20	321
<b>Total</b>	<b>18</b>	<b>38</b>	<b>58</b>	<b>37</b>	<b>39</b>	<b>32</b>	<b>24</b>	<b>47</b>	<b>53</b>	<b>22</b>	<b>32</b>	<b>21</b>	<b>431</b>
<b>%Approved</b>	<b>77.8%</b>	<b>47.4%</b>	<b>34.5%</b>	<b>35.1%</b>	<b>15.4%</b>	<b>15.6%</b>	<b>20.8%</b>	<b>19.1%</b>	<b>15.1%</b>	<b>27.3%</b>	<b>15.6%</b>	<b>4.8%</b>	<b>25.5%</b>
<b>Sarcoidosis</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Overall</b>
Approved	0	0	0	0	2	0	0	0	1	0	1	0	4
Denied	3	3	5	5	0	2	4	4	9	6	8	8	58
<b>Total</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>6</b>	<b>9</b>	<b>8</b>	<b>62</b>
<b>%Approved</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>10.0%</b>	<b>0.0%</b>	<b>11.1%</b>	<b>0.0%</b>	<b>6.5%</b>

**PART E APPROVAL RATES FOR CASES WITH SINGLE CONDITIONS FILED  
2005 - 2016 AND OVERALL**

**Part E Approval Rates by Calendar Year**

<b>BD</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Overall</b>
Approved	99	258	97	53	36	14	23	10	8	7	6	1	612
Denied	8	433	334	119	68	44	64	34	35	31	28	19	1245
<b>Total</b>	<b>107</b>	<b>691</b>	<b>431</b>	<b>172</b>	<b>104</b>	<b>58</b>	<b>87</b>	<b>44</b>	<b>43</b>	<b>38</b>	<b>34</b>	<b>20</b>	<b>1857</b>
<b>%Approved</b>	<b>92.5%</b>	<b>37.3%</b>	<b>22.5%</b>	<b>30.8%</b>	<b>34.6%</b>	<b>24.1%</b>	<b>26.4%</b>	<b>22.7%</b>	<b>18.6%</b>	<b>18.4%</b>	<b>17.6%</b>	<b>5.0%</b>	<b>33.0%</b>
<b>MS</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Overall</b>
Approved	17	423	212	154	96	107	122	84	55	66	75	55	1466
Denied	5	239	174	81	55	38	37	34	23	24	32	22	811
<b>Total</b>	<b>22</b>	<b>662</b>	<b>386</b>	<b>235</b>	<b>151</b>	<b>145</b>	<b>159</b>	<b>118</b>	<b>78</b>	<b>90</b>	<b>107</b>	<b>77</b>	<b>2277</b>
<b>%Approved</b>	<b>77.3%</b>	<b>63.9%</b>	<b>54.9%</b>	<b>65.5%</b>	<b>63.6%</b>	<b>73.8%</b>	<b>76.7%</b>	<b>71.2%</b>	<b>70.5%</b>	<b>73.3%</b>	<b>70.1%</b>	<b>71.4%</b>	<b>64.4%</b>
<b>MS</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Overall</b>
Approved	23	289	633	316	199	129	86	120	119	85	83	62	2144
Denied	2	63	142	134	110	60	41	46	23	22	24	19	696
<b>Total</b>	<b>25</b>	<b>352</b>	<b>775</b>	<b>450</b>	<b>309</b>	<b>189</b>	<b>127</b>	<b>166</b>	<b>142</b>	<b>107</b>	<b>107</b>	<b>81</b>	<b>2840</b>
<b>%Approved</b>	<b>92.0%</b>	<b>82.1%</b>	<b>81.7%</b>	<b>70.2%</b>	<b>64.4%</b>	<b>68.3%</b>	<b>67.7%</b>	<b>72.3%</b>	<b>83.8%</b>	<b>79.4%</b>	<b>77.6%</b>	<b>76.5%</b>	<b>75.5%</b>

Overall = Overall = total claims to date

**Part B Denial Reasons by Condition Filed**

<b>CBD</b>		
<b>First Denial Reason Code B</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	138	6.64
Maximum Payable Benefits Met	7	0.34
Medical condition not covered	293	14.11
Medical information insufficient	1247	60.04
Negative Causation Result	305	14.68
Survivor not eligible	87	4.19
<b>BS</b>		
<b>First Denial Reason Code B</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	94	6.50
Medical condition not covered	258	17.83
Medical information insufficient	956	66.07
Negative Causation Result	128	8.85
Survivor not eligible	11	0.76
<b>CS</b>		
<b>First Denial Reason Code B</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	172	30.18
Maximum Payable Benefits Met	17	2.98
Medical condition not covered	158	27.72
Medical information insufficient	159	27.89
Negative Causation Result	40	7.02
Survivor not eligible	24	4.21

<b>Part E Denial Reasons by Condition Filed</b>		
<b>CBD</b>		
<b>First_Denial__Reason_Code_E</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	112	9.00
Maximum Payable Benefits Met	5	0.40
Medical condition not covered	29	2.33
Medical information insufficient	461	37.03
Negative Causation Result	240	19.28
Survivor not eligible	398	31.97
<b>BS</b>		
<b>First_Denial__Reason_Code_E</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	73	9.00
Medical condition not covered	21	2.59
Medical information insufficient	535	65.97
Negative Causation Result	153	18.87
Survivor not eligible	29	3.58
<b>CS</b>		
<b>First_Denial__Reason_Code_E</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	84	12.07
Maximum Payable Benefits Met	9	1.29
Medical condition not covered	15	2.16
Medical information insufficient	130	18.68
Negative Causation Result	227	32.61
Survivor not eligible	231	33.19

**Part E Denial Reasons by Condition Filed**

<b>COPD</b>		
<b>First_Denial__Reason_Code_E</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	158	7.34
Maximum Payable Benefits Met	28	1.30
Medical condition not covered	18	0.84
Medical information insufficient	391	18.17
Negative Causation Result	1443	67.05
Survivor not eligible	113	5.25
<b>ASTHMA</b>		
<b>First_Denial__Reason_Code_E</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	28	4.20
Maximum Payable Benefits Met	2	0.30
Medical condition not covered	9	1.35
Medical information insufficient	180	26.99
Negative Causation Result	439	65.82
Survivor not eligible	9	1.35
<b>INTERSTITIAL LUNG DISEASE (ILD)</b>		
<b>First_Denial__Reason_Code_E</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	15	4.67
Maximum Payable Benefits Met	10	3.12
Medical condition not covered	5	1.56
Medical information insufficient	57	17.76
Negative Causation Result	219	68.22
Survivor not eligible	15	4.67
<b>SARCOIDOSIS</b>		
<b>First_Denial__Reason_Code_E</b>	<b>Frequency</b>	<b>Percent</b>
Employee not covered	3	5.17
Medical condition not covered	5	8.62
Medical information insufficient	15	25.86
Negative Causation Result	33	56.90
Survivor not eligible	2	3.45

# Preliminary Summary DOL Data

## 1) Part B Claims

Recent increase in % CBD claims denied – why?

Most common initial reason deny CBD or BS claim:  
insufficient medical information

Most common reasons deny CS: not eligible or condition  
not covered

## 2) Part E Lung Claims

Total number sarcoid claims small

ILD and Sarcoid: recent increase in % claims denied - why?

Most common initial reason deny:  
negative causation result - justified?

# DOL Data: Questions & Next Steps

## 1) Complexities and limitations of database

- Single vs multiple claims: which one accepted / denied
- Multiple claims over time
- Some terms unclear: “medical information insufficient”

## 2) Next steps

- Review for major inconsistencies
- Assess more recent (past 3-5 yrs vs since 2005) reasons for denial of claims by condition
- Use findings to identify areas to focus future efforts – e.g. conditions with high % claims denied

# Part B Subcommittee: Progress to Date

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- 5) Initial conclusions / recommendations

# Part B and E Lung Disease Claims Cases Provided by DOL

## 1) Beryllium sensitization (BS)

– 10 accepted / 10 denied claims cases

## 2) Chronic beryllium disease

– 10 accepted / 10 denied claims cases

## 3) Chronic Silicosis

– 6 accepted / 4 denied claims cases

## 4) Sarcoidosis

– 5 accepted / 10 denied claims cases

## 5) Pneumoconiosis

- 20 claims cases – mixture B, E accepted and denied claims

Date: \_\_\_\_\_

**REVIEW FORM EEOICPA PART B LUNG CASES**

Case ID (last 4 only): \_\_\_\_\_ Date Birth (year only): \_\_\_\_\_ Main location(State): \_\_\_\_\_ Deceased  Yes  No

**DOE Employment /Exposure information:**

Source Job / Exposure info:  OHQ  SEM  IH  RECA  Other \_\_\_\_\_

Main work site(s), job(s); approx # years worked; exposure(s) of concern (Be, silica, other): \_\_\_\_\_

Do you agree with DOL exposure conclusions?  Yes  No, Why? \_\_\_\_\_

**Medical Information:**

DOE Med surveillance program?(e.g. ORAU, Denver, Building Trades)  Yes  No  Unknown

Source medical info, conclusions:  Treating physician  CMC  Other \_\_\_\_\_

Physician / CMC appropriate expertise?  Yes  No Unclear: \_\_\_\_\_

**Part B Lung Claims Diagnoses (check all applied for):**

BS  CBD  Silicosis /pneumoconiosis  Sarcoid  Other \_\_\_\_\_

**Additional Part E Claims Diagnoses:**  Sarcoid  COPD  Pneumoconiosis  Other \_\_\_\_\_

Other relevant medical information, other possible DOE-related conditions (e.g. asbestos): \_\_\_\_\_

BeLPT:  Yes  No Lab  NJMC  ORAU Results: \_\_\_\_\_

Chest x-ray B-read:  Yes  No Results: \_\_\_\_\_

Other relevant testing: (Spirometry, Chest CT scan, Pathology): \_\_\_\_\_

**Criteria used: If CBD:**  Pre-1993  Post-1993  Sarcoid presumption  Unclear/other \_\_\_\_\_

**Criteria used if other B or E condition:**  DOL  RECA  Other/unclear: \_\_\_\_\_

**DOL Final B Claim Decision:**  Accepted  Denied  Other: \_\_\_\_\_

**DOL E Claim decision:**  Accepted  Denied  Remand  Other: \_\_\_\_\_

Reason given by DOL for denial:  Insufficient exposure  Lack disease (or documentation of)  No RECA accepted claim  Unclear/other \_\_\_\_\_

**Do you agree with DOL decisions?  Yes  No Why?:**

Patient may/does have the disease  Likely sufficient exposure  Info missing  Other \_\_\_\_\_

Is more information likely to change your conclusion?  Yes  No

If Yes, What info? \_\_\_\_\_ Likely available?  Yes  No

Comments /your conclusions re Claim(s): \_\_\_\_\_

**Other Comments on Claims / Review process / Records:**

If multiple decisions / requests for more information, could the "correct" decision been made earlier?

YES  NO, Explain: \_\_\_\_\_

Appropriate referrals made (CMC, SEM, IH)? (Not needed? Additional?) \_\_\_\_\_

YES  NO, Explain: \_\_\_\_\_

Records provided to us adequate?  Yes  No, Additional records needed: \_\_\_\_\_

Case worthwhile for others to review?  Yes  No, Issue to focus on: \_\_\_\_\_

Any Other Comments: \_\_\_\_\_

**Abbreviations:**

BeLPT - blood beryllium lymphocyte proliferation test  
NJMC - National Jewish Medical Center, Denver CO      ORAU - Oak Ridge Associated Universities, TN  
RECA - Radiation Employees Compensation Act

# Preliminary Review Cases

- Limited information on many of the cases, especially work and exposure information - mainly final decision, some medical records
- Many of the decisions Subcommittee agreed with
- Pneumoconiosis cases – many possible silicosis
- Concerns noted to date:
  - Presumption not used for sarcoidosis /CBD
  - SEM not very helpful → misleading (eg uranium miner aluminum only relevant exposure)
  - SEM used when not needed to make decision – best use of resources ?
  - Some “conservative” interpretations of medical information (not giving worker the benefit of doubt) when uncertainty

## Part B Subcommittee: Conclusions to date

### 1) Sarcoidosis and CBD

Sarcoidosis should be a **presumed condition**. BeLPT is NOT needed for diagnosis (whether pre or post 1993)

### 2) Other specific DOL questions – mostly answered

3) Need for better understanding of recent trends and reasons for denials

### 4) Concerns about use of SEM (esp with COPD, silicosis, ILD).

Part E lung cases (ILD, COPD) warrant more attention

Should SEM be used at all for most pulmonary conditions?

### 5) Chest x-ray ILO vs CT scan

### 6) Limitations RECA noted (e.g. eligibility year)

# Initial responses to DOL Part B specific questions

## Part B Lung Diseases

1. Beryllium Sensitivity Issues –
  1. Consistency of testing results amongst different diagnostic facilities  
*Only NJMC and Oak Ridge doing now. Consistent. More labs not helpful*
  2. Reinterpretation by “normal” test outcomes as abnormal by a consulting physician ?? BeLPT report should not be reinterpreted. Some confusion with only 1 positive BeLPT test. (A positive test is more than 1 positive SI).
  3. New and more relevant science on diagnostic tools for evaluating beryllium sensitivity There isn't (for these purposes)
  4. Definition of beryllium medical monitoring i.e. expected medical regimen for monitoring sensitivity to determine if it has progressed to CBD see ATS Doc - should include questionnaire, PFTs, Chest CT if worse spirometry.
2. Chronic Beryllium Disease
  - a. Pre-1993 CBD

Any three of the following criteria:

    - Characteristic chest radiographic (or computed tomography (CT)) abnormalities.
    - More clear guidance on chest radiographic abnormalities consistent with CBD would be useful. ground glass, bronchial wall thickening, subpleural cysts, thickened interlobular septa.
    - Restrictive or obstructive lung physiology testing or diffusing lung capacity defect.
      - o Pulmonary function test (PFT) is used as diagnostic tool for specific illnesses (i.e. asthma, COPD). Are PFT results within certain ranges consistent with CBD? variable, obstruction, restriction, mixed, low DLCO otherwise normal.
    - Lung pathology consistent with CBD.
      - o In most instances, a physician's statement with medical rationale confirming that pathologic test results are consistent with CBD is sufficient to support claim. Additional guidance on lung pathology findings consistent with CBD would be useful. See below
  - b. Post-1993 CBD Criteria Issues –
    1. Clarification of the diagnostic and interpretive meaning of “characteristic of CBD” to differentiate between CBD and other lung disease  
*See ATS doc - “The morphology of the granuloma may vary from a loosely formed collection of a few epithelioid histiocytes with scattered lymphocytes to a well-formed one. Fibrosis may develop, and foreign-body granulomas are sometimes seen. An interstitial mononuclear cell infiltrate may be found. (lytes, plasma cells)*
    2. Consistent and uniform standard for judging medical evidence for the pre or post 1993 as evidence of a “chronic respiratory disorder”  
*Onset chronic respiratory symptoms Cough SOB - records may no longer be available. Necessitating lung lavages or lung biopsy on critically ill or elderly patients NO*
    3. Obtaining clarity on the specific diagnostic markers required for CBD in the pre or post 1993  
*- diagnostic requirements No other tests available*
    4. Clearer guidance on the relationship between sarcoidosis and CBD  
*If h/o Be exposure, workplace with Be and diagnosis sarcoid, then diagnosis should be CBD, even if negative BeLPT.*
    5. Recommendations or advice relating to conditions that are normal and usual consequential illnesses to CBD  
*Complications most chronic lung diseases similar- chronic steroids, hypoxia, right heart failure. CBD systemic - any sarcoid complications.*
    6. Input or suggestion regarding assessment of negative BeLPT as either false-negative or borderline due to drug interference or other treatment modalities  
*false negatives can occur with blood BeLPT. So if sarcoid, granulo-matous lung disease, diagnosis CBD, even if no BeLPT done or negative.*
3. Chronic silicosis

Issues –

  1. Clear guidance on the certification requirements for B-readers and how that is documented on B-reader test results  
*Forms not signed by docs. There is database can search for B reader. Since films now mostly electronic could hire few B readers to read all of them for consistency.*

# Advisory Board on Toxic Substances and Worker Health: Part B lung Conditions Subcommittee

Update  
October 18, 2016

**QUESTIONS AND COMMENTS WELCOME !!!**