

Follow up from the November 2021 Advisory Board meeting:

1. Has the Program received any feedback on claimants accessing and using electronic files of claimants? We have not yet received much feedback.
2. What is the current status of including the IARC Group 2A carcinogens and exposure-disease links in the SEM?

SEM was updated to include a majority of IARCH Group 2a carcinogens. There were two outstanding items that the Board discussed during the meeting and that DEEOIC has now addressed. Item Number 1: DEEOIC added Aldrin & Dieldrin as breast cancer health effects. We also make clear that the health effect is the same for male and female breast cancer. Here is the listing in SEM as it stands now -

Health effect (from Haz-Map Disease List):

Click here to find a listed disease by alias.

Health Effect: Breast cancer

COPE - Health Effect List: Haz-Map Disease List No site selected

ENTIFICATION	Aliases: Female breast cancer, Male breast cancer
TOXIC SUBSTANCES AFFECTING THIS HEALTH EFFECT	<p>Aldrin CAS: 309-00-2 Aliases: Aldress;L Aldrex 30; Aldrosol; Altox; Aldrite; Seedrin; HHDN; Octalene; 1,2,3,4,10,10-Hexachloro-1,4,4a,5,8,8a-hexahydro-1,4,5,8-Dimethanonaphthalene; (1alpha,4alpha,4beta,5alpha,5beta)-1,2,3,4,10,10-hexachloro-1,4,4a,5,8,8a-hexahydro-1,4,5,8-dimethanonaphthalene; (1R,4S,4aS,5S,8R,8aR)-1,2,3,4,10,10-Hexachloro-1,4,4a,5,8,8a-hexahydro-1,4,5,8-dimethanonaphthalene; 1,4,5,8-Dimethanonaphthalene; 1,2,3,4,10,10-hexachloro-1,4,4a,5,8,8a-hexahydro-, endo,exo-, Aldroct; Aldrex 30 E, G; Aldrex 40; Aldrine; Aldron; Algran; Compound 118; ENT 15 949; EPA Pesticide Chemical Code 045101; Hexachlorohexahydro-endo-exo-dimethanonaphthalene; HSDB 199; Kerofin; Laska 118; RCRA waste number P004; RCRA waste no. P004; SD 2794; Soligrin; Tazuzinb; Tipula; 1,4,5,8-Dimethanonaphthalene; 1,2,3,4,10,10-hexachloro-1,4,4a,5,8,8a-hexahydro-, (1alpha,4alpha,4beta,5alpha,5beta)-; Aldrin, liquid; Aldrin, liquid [NA2762] [Poison]; Aldrin, solid; Aldrin, solid [NA2761] [Poison]; NA2761; NA2762; C12H8Cl6</p> <p>Dieldrin CAS: 60-57-1 Aliases: HEOD;LL Aldrin epoxide; Alvit; Alvit 55; Dieldrin; Dielare; Dieldrite; Dielmoth; Dieldrin; Deytox; Hloxol; Insecticide No. 497; Insectack; Kombi-Albertin; Moth Snub D; Octalox; Panoram D-31; Red Shield; SD 3417; Shelltox; Termox; exo-Dieldrin; 2,7,3,6-Dimethanonaphth(2,3-b)oxirene; 3,4,5,6,9,9-hexachloro-1a,2,2a,3,6,6a,7,7a-octahydro-, (1alpha,3beta,2alpha,3beta,6beta,6alpha,7beta,7alpha)-; (1alpha,3beta,2alpha,3beta,6beta,6alpha,7beta,7alpha)-3,4,5,6,9,9-hexachloro-1a,2,2a,3,6,6a,7,7a-octahydro-2,7,3,6-dimethanonaphth(2,3-b)oxirene; (1R,4S,4aS,5R,6R,7S,8S,8aR)-1,2,3,4,10,10-Hexachloro-1,4,4a,5,6,7,8,8a-octahydro-6,7-epoxy-1,4,5,8-dimethanonaphthalene; 1,2,3,4,10,10-Hexachloro-1R,4S,4aS,5R,6R,7S,8S,8aR-octahydro-6,7-epoxy-1,4,5,8-dimethanonaphthalene; 1,2,3,4,10,10-Hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro-endo-1,4-exo-5,8-dimethanonaphthalene; 1,4,5,8-Dimethanonaphthalene; 1,2,3,4,10,10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro-, endo,exo-, 1,8,9,10,11,11-Hexachloro-4,2-exo-epoxy-2,3,7,6-endo-2,1,7,8-exo-tetracyclo[6.2.1.1.3,6,0.2,7]dec-9-ene; Compound 497; endo,exo-3,4,5,6,9,9-Hexachloro-1a,2,2a,3,6,6a,7,7a-octahydro-2,7,3,6-dimethanonaphth(2,3-b)oxirene; EPA Pesticide Chemical Code 045001; Hexachloroepoxyoctahydro-endo,exo-dimethanonaphthalene; HSDB 32; RCRA waste number P037; 1,4,5,8-Dimethanonaphthalene; 1,2,3,4,10,10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro-, endo,exo-, 2,7,3,6-Dimethanonaphth(2,3-b)oxirene; 3,4,5,6,9,9-hexachloro-1a,2,2a,3,6,6a,7,7a-octahydro-, (1aR,2R,2aS,3S,6R,6aR,7aS)rel-, C12H8Cl6O</p>

Item Number 2 - The Board verbally suggested that DEEOIC just add all lymphomas and leukemias as a health effect of Styrene exposure. DEEOIC has taken the following actions:

- Added a Styrene health effect for malignant neoplasm of the lymphoid, hematopoietic and related issue
- For health effect AKA – identify primary lymphoma and leukemia diagnoses (not the subtypes). DEEOIC informed the disease aliases identified using IDC grouping from this reference - <https://icd.who.int/browse10/2019/en#/C81-C96>


Here is the original recommendation of the Board and the question that the Board discussed at the last meeting:

Table 1: Group 2A carcinogens and cancers to be added to the DOL SEM

2A Carcinogen cited by ABTSWH *	Existing Appearance in SEM	Proposed Appearance in SEM	Associated Cancers cited by ABTSWH*	Proposed Disease 1 to be added to SEM	Proposed Disease 2 to be added to SEM	Proposed Disease 3 to be added to SEM

Styrene	Styrene	Styrene (no change)	Lymphohematopoeitic malignancies (stronger and more consistent for AML and T-cell lymphoma)	Lymphohematopoeitic malignancies - Not in SEM or Haz-Map. Question: Are diseases to be limited to AML and T-cell lymphoma. Need recommendation on disease title(s) and which ICD-9/10 Diagnosis Code(s) to apply.	na	na
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Here is how it now appears in the employee version of SEM – which will be updated on the public version after the next freeze -



U.S. Department of Labor
EEOICP Site Exposure Matrices

"David Reinhart" (Cleveland DO) logged in
logout | change password

add to "keeper stack"
view "keeper stack"
print-ready view

Health effect (from Haz-Map Disease List): Malignant neoplasms of lymphoid, hematopoietic and related tissue Select health effect

Click here to find a listed disease by alias.

Health Effect: Malignant neoplasms of lymphoid, hematopoietic and related tissue

SCOPE – Health Effect List: **Haz-Map Disease List** No site selected

IDENTIFICATION	Aliases: Hodgkin lymphoma; Follicular lymphoma; Leukemia of unspecified cell type; Lymphoid leukemia; Malignant immunoproliferative diseases and certain other B-cell lymphomas; Mature T/NK-cell lymphomas; Monocytic leukemia; Multiple myeloma and malignant plasma cell neoplasms; Myeloid leukemia; Non-follicular lymphoma; Other and unspecified malignant neoplasms of lymphoid, haematopoietic and related tissue; Other leukemias of specified cell type; Other specified and unspecified types of non-Hodgkin lymphoma; Other specified types of T/NK-cell lymphoma ; Explanatory Note: This disease entry originated from IARC Group 2a substances and was included after being recommended by the Federal Advisory Board on Toxic Substances and Workers' Health.
TOXIC SUBSTANCES HAVING THIS HEALTH EFFECT	Styrene CAS: 100-42-5 Aliases: Ethenyl benzenes, Benzene, ethenyl-, Phenylethylene; Styrene monomer; Styrene monomer, inhibited; Styrol; Vinyl benzene; Protonated styrene; Chempol 035-5111; Chempol 035-5116; Chempol 035-5118; Chempol 035-5148; Chempol 035-5124; Fiberlay P-18 Finishing Resin; Fiberlay P-18
WORK PROCESSES LINKED TO THIS HEALTH EFFECT	<i>There are no work processes directly linked to the selected disease.</i>

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3. Re: recent changes in the quality review and assessment process within EEOICP, the Board requested its methods and results at the November 2021 meeting. Any update? [See the Quality Assurance Plan goals and results and note that these may not be discussed in public or posted anywhere in a public forum.](#) If the Board has questions, they should be directed to the DFO for the program's response.
4. Ms. Pond noted at the November 2021 Board meeting that the Program is developing a new method for reviewing work of CMCs. What is the current status? [There is a new CMC Contract Assessment Manual, which can be provided to the Board but not discussed publicly.](#) The program can provide updates as assessments are completed using the new methodology in the manual.
5. What is current status of PTS review of three job categories (chemical engineers, industrial health and safety engineers, and mechanical engineers) recommended by the Board for inclusion in the list of jobs with presumptive asbestos exposure in Exhibit 15-4 in the PM 5.1?

We asked Paragon to take a look, and sent their response back to the Board. The Board should be considering [recommendation_response_followup_paragon_asbestos110821.pdf \(dol.gov\)](#)

6. Ms. Pond noted at the November 2021 Board meeting that the Program has operation plan goals regarding time frames for each step of the claims evaluation process. The Board requests 1) the existing written description of those time frames and associated claims processing steps, and 2) the results of the most recent program analysis of its performance in meeting the existing time frames. [See the Quality Assurance Plan goals and results and note that these may not be discussed in public](#) or posted anywhere in a public forum. If the Board has questions, they should be directed to the DFO for the program's response.
7. The Board requests the Program written guidelines, instructions, or description for claims examiners and industrial hygienists (Federal or contractor) to request and perform a telephonic occupational health interview with claimants.

[PM 15.11d:](#)

- d. IH assessment and opinion. The IH reviews the issue framed by the CE and determines whether more information from the case file is required to answer the question, or if the entire case file is needed. This is reserved for the most complex cases and is at the discretion of the IH. The IH role is to anticipate, recognize, and evaluate hazardous conditions in occupational environments, and to opine based upon his/her specialized knowledge. The IH strives to answer the question based upon the information outlined by the CE.

During the evaluation of the CE's IH referral, DEEOIC IH (federal or contractor) staff may determine if it is necessary to obtain clarification from a claimant regarding the circumstance of an employee's work that brought the employee into contact with a particular toxic substance. This could include clarifying the employee's specific occupational roles and responsibilities; proximity to work processes or particular materials; frequency of activity occurrence; knowledge of work with particular materials; or clarifying information provided in referral case evidence. Under this circumstance, the IH will email the designated federal IH Team Lead advising of the need for clarifying information and requesting a telephone call with the claimant. Within the email the IH will identify the claim file number, explain the specific information requested and the justification for the request. Upon review, the federal IH Team Lead will then coordinate with the assigned CE to have a telephone call with the claimant and a federal IH staff person to address the request for information. Upon completion of the call, in addition to the usual ECS call summary, the CE will prepare a Memo to File describing the outcome of additional development, including a detailed narrative of any conversation held with the claimant. Once complete, the CE will forward the memo to the requesting IH for consideration in preparation of the IH referral response.

- (1) IH Memorandum. The IH renders an expert opinion in the form of a memorandum that addresses the issue as specifically as possible. The IH's reply addresses the specific question(s) posed by the CE in the IH Referral. The IH is to employ his or her subject matter expertise to make reasonable findings regarding exposure based upon the unique features of the case under review. The IH is to consider any information obtained from the claimant in a verbal exchange that occurred because the IH requested clarification.

8. At the November 2021 Board meeting, Mr. Vance noted that the program is clarifying the role of the Medical Director/Officer. The Board requests an update on this issue. In the PM, there is a more limited role. We removed the role of evaluation of impairments, and we work with claimant physicians or refer issues to CMCs. Experimental medication issues and transplants remain with the Medical Director.

PM 21.9c:

- c. Upon identification of a deficiency in the application of the AMA's *Guides* by a CMC or an employee's physician, the CE is to initiate development. The purpose of development is to communicate to the rating physician any question(s) regarding the application of the AMA's *Guides* or to provide the physician with an opportunity to consider new evidence. Upon receipt of any response, the CE must weigh whether any clarification overcomes the concerns with the initial impairment rating. For any CMC opinion deemed insufficient after further development, the CE refers the matter to the Policy Branch for a review by the CMC Contract Manager.

If the employee's chosen physician does not respond to further development requests or submits a response to which the CE cannot assign the weight of medical evidence because of an explicit defect in the application of the AMA's *Guides*, the CE is to make a referral for a CMC file review. Upon receipt of the second opinion, the CE is to conduct a comparative analysis of the competing whole-person impairment ratings by the employee's chosen physician and the CMC. The opinion to which the CE assigns the greatest weight will be used to calculate the whole-person impairment benefits awarded. In the event the CE assigns equal weight to the opinions of the employee's physician and CMC, the CE refers the issue to a Referee Specialist for review per established procedure.

PM 29.5f(3):

- (3) DEEOIC Medical Officer Review. Once the MBE has collected the necessary evidence supporting the medical need for an organ transplant or experimental treatment, the MBE forwards all supporting medical information to an MBAU Supervisor for review. The MBAU Supervisor reviews the information for accuracy and completeness, and routes it to the DEEOIC Medical Officer, through the DEEOIC Bill Pay Mailbox. Upon receipt, the Medical Officer reviews the request and returns the case to the MBPU with a memorandum either approving or denying the organ transplant or experimental treatment request. The MBPU will notify the MBE of the referral outcome.
9. Regarding follow-up of public comments, Mr. Chance noted at the November 2021 Board meeting that he would set up a meeting to discuss how the Board might pursue clarification of public comments. Follow-up is requested. In a discussion with Dr. Markowitz, Mr. Chance indicated that there is no provision for a back-and-forth discussion during public comments, but that the Board may consider taking up an issue brought up in public comments and may ask for more information on it in writing,
 10. A public comment at the November 2021 Board meeting referred to a "SEM Library Index." What is it? We don't know what "index" the commenter is referring to.
 11. At the November 2021 Board meeting, the notion of making the materials currently available in the EEOICP Public Reading Room more useful by providing links to facility-specific information was discussed. This would enhance its utility to users who had a particular interest in one or just a few DOE sites (e.g., Portsmouth or INL). The DOE operates the facilities database. We have

total benefits paid by facility and other statistics on the DEEOIC website.

<https://www.dol.gov/agencies/owcp/energy> See Statistics and Public Reading room heading.

12. The Board opined at its November 2021 Board meeting that occupational exposure to aldrin and dieldrin should be causally linked to female and male breast cancer in the SEM. Is there any follow-up? It is complete – see above for #2.
13. The Board opined at its November 2021 Board meeting that occupational exposure to styrene should be causally linked to all types of leukemia and lymphoma in the SEM. Is there any follow-up? See above for the action taken to address this in SEM.
14. The issue arose at the November 2021 Board meeting of DOL's prior receipt of advice from the NCI on classification of various cancer types and subsequent Program evolution in how to classify these cancers. The plan was for Ms. Pond and Mr. Chance to discuss whether this topic was within the Board's purview. Has there been any progress? This may not be in the Board's purview because it is a legal issue.

See the email from John Vance, attached.

See prior response to the Board from 2016 -

https://www.dol.gov/sites/dolgov/files/owcp/energy/regs/compliance/advboard/deeoic_response_10172016.pdf