

**Department of Veterans Affairs
Veterans' Advisory Committee on Environmental Hazards**

**Minutes of the Meeting
December 3-4, 2007**

Committee Members Present:

Amir H. Soas, M.D., Ph.D., Full Chair
Henry D. Royal, M.D., Scientific Chair
Edward R. Epp, Ph.D.
Nancy L. Oleinick, Ph.D.
Mary Ann Stevenson, M.D. Ph.D.
Ernest T. Takafuji, M.D., M.P.H.

In Attendance from VA:

Bernice Green, VBA, Compensation and Pension Service, Acting Designated
Federal Officer
Ersie Farber-Collins, VBA, Compensation and Pension Service, Designated
Federal Officer
Caryl Kazen, Department of Veterans Affairs, Chief, Library Service
Neil Otchin, M.D., VHA Public Health and Environmental Hazards Office

In Attendance from the Public

Dr. Sarah Comley
Dr. Joseph T. Weam

Absent Committee Members:

George N. Hunt
Carrie W. Nero, Brig. Gen, ANC, USAR (RET), Ph.D.

The meeting was held at the Department of Veterans Affairs (VA) Central Office, 810 Vermont Avenue, Washington, DC 20420.

Dr. Amir H. Soas, Full Chairman, called the meeting to order at 8:10 a.m. on December 3, 2007.

Ms. Farber addressed the need to establish future meetings dates after each meeting and other miscellaneous matters (restrooms, photocopying, etc). She also mentioned that Dr. Carrie Nero would not be present for the meeting as she had a conflict in schedule, Mr. George Hunt is out due to surgery, and Ms. Shannon Middleton has resigned due to acceptance of employment with the VA.

Ms. Farber asked the Committee members for recommendation(s) of potential applicants to replace Ms. Middleton as lay member. She also stated that existing applicants already on file will be considered, and will work very closely with the chairpersons during the appointment/reappointment process.

Dr. Royal continued with the agenda and called on Dr. Neil Otchin to present.

Dr. Otchin, a physician in the Office of Public Health and Environmental Hazards is responsible for providing medical opinions to assist in the adjudication of disability compensation claims due to exposure to radiation; also in other activities relating to radiation including the VA's Ionizing Radiation Registry examination program, the depleted uranium screening and surveillance programs, and emergency preparedness.

Dr. Otchin stated that he brought copies of comments and medical opinions to be distributed to Committee members only because of the concern about identifiable information. Although nothing (no identifiable information) is on that summary, one might be able match up with outside information/people on that list.

Dr. Royal interjected comments regarding the disclosure of confidential information during these meeting sessions when the meeting is open to the public. The Committee is willing to close a portion of the meeting but not a full day. He asked to have this matter resolved by contacting the legal department (Office of the General Counsel) for assistance in this matter.

Dr. Otchin continued with his presentation and stated that the VA continues to use the NIOSH version of the Interactive Radioepidemiological Program (IREP) computer software for most radiation opinions. In general, VA has followed NIOSH guidance as contained in its online health screens, user's guide and technical documentation report with a few differences. For claim involving multiple malignancies and/or other disorders each disease has been considered individually and the NIOSH IREP multiple primary cancers calculator has not been used for medical opinions.

Beginning in late 2006, the Defense Threat Reduction Agency (DTRA) has reported worst-case generic doses for hundreds of skin and prostate cancer claims from atomic veterans. Subsequently, DTRA also has reported worst-case doses for some other types of claims, including cataracts. These new worst-case doses are much higher than the doses that the agency previously reported for these disorders and have resulted in higher percentages of favorable medical opinions for claims from atomic veterans.

During July through October 2007, his office provided radiation medical opinions for almost 300 cases. This is equivalent to an annualized rate of almost 900

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claims per year, which is more than twice the annual rate of about 400 claims per year that were previously received. To aid in meeting the increased caseload,

his office has continued to use screening doses developed by DTRA based on the NIOSH IREP to evaluate some claims. Also, instructions were provided VBA on how to utilize screening doses for prostate and skin cancer. Additional actions to address the increased radiation caseload are also under consideration.

He stated that his office has provided medical opinions on 292 radiation claims from July 3, 2007, through October 31, 2007. Of these 225 claims involved atomic veterans. In addition, there were 63 claims that involved occupationally exposed veterans, such as Navy veterans who worked on nuclear powered ships, nuclear weapons, former military X-ray technicians, and so forth. Also one claim involved medical radiation exposure during military service, and three claims involved environmental exposure stationed in Europe. Overall, his office returned favorable opinions on 56 of the 292 claims or 19 percent.

- Favorable opinions were provided on 55 of the 225 or 24 percent of the claims involving atomic veterans (most of these claims involved skin cancers and/or cataracts),
 - 31 of the 55 claims from had favorable opinions for some claims conditions and unfavorable opinions were also provided for some claimed conditions,
 - One favorable opinion relating to medical exposure [prostate cancer in a veteran who had received X-ray therapy for tonsillitis in service], and
 - No favorable opinions were provided relating to claims with occupational or environmental exposures.

Dr. Otchin stated that his office is also responsible for depleted uranium (DU) screening and surveillance programs. As of now, only a few claims have been received, however, based on the number of service personnel deployed during the first Gulf War compared to the number of atomic veterans, and concerns about DU exposure, the number is expected to increase as the veterans become older and are at higher risk for developing malignancies and other diseases. In October 2007, Dr. Otchin participated in a DoD discussion about the need for a consistent, scientifically supportable methodology for estimating organ-specific radiation doses from DU when adjudicating VA claims.

Dr. Otchin also stated that, Mr. Steve Sloan has been appointed as Deputy Director, Environmental Agent Service and new editor of the Ionizing Radiation Review Newsletter. The next issue of the Newsletter is scheduled for release at the beginning of the second quarter of FY 08 (January) and will include information on the multiple myeloma project.

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The floor was opened for questions pertaining to Dr. Otchin's presentation. Members of the Committee and guests participated in the discussion.

Dr. Royal suggested that someone from DTRA come and talk to the Committee about a number of things to include the expedited dose for skin, prostate and cataract. The Committee is also interested in doses to submariners (what the doses were to the population and what the maximally exposed submariners might get exposed to and what the dose would be to that population of submariners). Interjections of other comments to include the following is noted:

- DTRA is only for atomic veterans
- Dose Reconstruction for the DU (Depleted Uranium) veterans are handled like occupational exposure for Army veterans
- The guess is that DU will fall under the jurisdiction of this Committee. It was suggested that this Committee strongly support a need for a study to help adjudicate these claims to provide better guidance, because we will be faced with a myriad of claims of various disabilities (not just cancers, but pulmonary fibrosis and all kinds of other things that could be related to radiation).
- Demography of the military is also an issue, because what you use as your control groups becomes an issue. More women are being deployed.
- The battlefield scenario-servicemen are not afforded showers daily, so even if there were external radiation in terms of dust, it's on their skin and will live with this for a while. These exposures may be more extensive than an ordinary peacetime scenario.
- Shrapnel is another one of these gray zones with uncertainties, are we aware or thinking about shrapnel being related to radiation?
- The Committee is interested in learning more about DU, what the exposures have been, what the military is doing in terms of retaining these records so that 30 and 40 years from now, we will have to something to go on.
- Invite Dr. McDormitt (Director of DU program at the VA Baltimore, she is an occupational health physician from the University of Maryland), and/or Dr. Squibb (consultant to the Capstone study).
- The Committee or a subset of this group may want to consider going to Baltimore to see how the databases are being managed and so forth.
- Dr. Otchin stated that the VA is expanding the DU program to include essentially all forms of shrapnel or non-radiogenic agents and the program is going to be called the "Toxic Embedded Fragment Surveillance Center." DoD also has a program where they are analyzing fatalities to try and improve the protection of service members from injury.

The committee moved on to the discussion of the issue presented by Thomas Pamperin, Deputy Director, Policy and Procedures of the Compensation and Pension Service. During the last meeting we discussed the matter of non-cancer

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effects and what the VA should do in terms of non-cancer effects. To recap, at the August 2007 meeting, the Committee discussed the scientific basis for the

determining the probability of causation for common non-cancer diseases, such as cataracts, and parathyroid adenomas. A Draft response to Mr. Pamperin's inquiry was given the Committee members for overnight review and on the next meeting day, the issue will be readdressed. It was also suggested and

incorporated in the draft letter the difference between non-cancer and non-neoplastic diseases.

Dr. Royal continued and asked Dr. Epp to lead the discussion about relative biological effectiveness of neutrons and a summary of the NCRP report on exposure to radiation in space.

The Committee dedicated the rest of the morning to reviewing the scientific publications (72 articles) as shown in the attachment to the Agenda. The floor was opened for questions and answers after each presentation.

Dr. Royal opened the afternoon session with open forum for members of the public and there was no response. He then continued the review of the scientific publications as shown in the attachment to the agenda.

The planning for the future meeting dates and recommendations of articles was discussed off the record.

The meeting was adjourned at approximately 4:00 p.m. on December 3, 2007.

Dr. Soas reconvened the meeting at approximately 8:22 a.m. on December 4, 2007, with a discussion of the draft response to Mr. Pamperin's letter. The recommended changes to the draft letter were discussed in detail and the revised draft will be electronically sent to each member for further review.

The Committee resumed review of the scientific papers, number 42 as shown in the attachment to these minutes.

Open forum for members of the public, in particular, Dr. Comley for questions or comments. No comments were made and the general chairman was adjourned the meeting.

The meeting was adjourned at approximately 11:40 p.m. on December 4, 2007.