THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

WORKING GROUP

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

PROCEDURES REVIEW

The verbatim transcript of the Working Group Meeting of the Advisory Board on Radiation and Worker Health held telephonically on Mar. 19, 2008.

STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTERS
404/733-6070

C O N T E N T S

Mar. 19, 2008

OPENING REMARKS DR. CHRISTINE BRANCHE, DFO	6
PURPOSE OF CALL: STATUS REPORT TO THE SECRETARY MS. WANDA MUNN, WORK GROUP CHAIR	9
WORKING GROUP DISCUSSION	10
COURT REPORTER'S CERTIFICATE	46

TRANSCRIPT LEGEND

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

P A R T I C I P A N T S

(By Group, in Alphabetical Order)

BOARD MEMBERS

CHAIR

ZIEMER, Paul L., Ph.D.
Professor Emeritus
School of Health Sciences
Purdue University
Lafayette, Indiana

DESIGNATED FEDERAL OFFICIAL

BRANCHE, Christine, Ph.D.
Principal Associate Director
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Washington, DC

MEMBERSHIP

GIBSON, Michael H.
President
Paper, Allied-Industrial, Chemical, and Energy Union
Local 5-4200
Miamisburg, Ohio

MUNN, Wanda I.
Senior Nuclear Engineer (Retired)
Richland, Washington

IDENTIFIED PARTICIPANTS

BEHLING, KATHY, SC&A
BURGOS, ZAIDA, NIOSH
CASE, DIANE, DOL
ELLIOTT, LARRY, NIOSH
HINNEFELD, STUART, NIOSH
HOMOKI-TITUS, LIZ, HHS
HOWELL, EMILY, HHS
MAURO, JOHN, SC&A
THOMAS, ELYSE, ORAU

P R O C E E D I N G S

MARCH 19, 2008

(2:00 p.m.)

OPENING REMARKS

DR. BRANCHE: This is the Procedures working group meeting of the Advisory Board on Radiation and Worker Health. I'm Christine Branche. I'm the Designated Federal Official and the Principal Associate Director of the National Institute for Occupational Safety and Health.

I'm going to call the names of the Board members, or actually, would the Board members please announce your names?

DR. ZIEMER: Paul Ziemer.

MS. MUNN: Wanda Munn.

DR. BRANCHE: Well, so far we do not have a quorum so we can proceed. Did someone just join the call? A Board member?

(no response)

DR. BRANCHE: NIOSH staff, would you please announce yourselves?

MR. ELLIOTT: This is Larry Elliott, the Director of OCAS.

DR. BRANCHE: I heard Zaida. Was there

anyone else?

MR. HINNEFELD: Did you get me, Stu Hinnefeld, on that?

DR. BRANCHE: No, I think you and Zaida were speaking at the same time, so thank you, Stu. Any other NIOSH staff?

MR. ELLIOTT: This is Larry Elliott. I don't know if I spoke over or under Zaida and Stu, but I'm here as well.

DR. ZIEMER: Yeah, we heard you.

DR. BRANCHE: Thank you. Any other NIOSH staff?

(no response)

DR. BRANCHE: ORAU staff?

MS. THOMAS: Elyse Thomas with O-R-A-U.

DR. BRANCHE: SC&A staff?

DR. MAURO: This is John Mauro.

MS. BEHLING: This is Kathy Behling.

DR. BRANCHE: Other federal agency staff, please identify yourselves.

MS. HOMOKI-TITUS: This is Liz Homoki-Titus with HHS.

MS. HOWELL: This is Emily Howell with HHS.

DR. CASE: Diane Case with DOL.

DR. BRANCHE: Are there any petitioners or

their representatives on the line?

(no response)

DR. BRANCHE: Any workers or their representatives on the line, please?

(no response)

DR. BRANCHE: Are there any members of Congress or their representatives on the line?

(no response)

DR. BRANCHE: Are there any others on the phone who would like to mention their names at this time?

(no response)

DR. BRANCHE: Michael Gibson, have you joined the call yet?

(no response)

DR. BRANCHE: Before I turn it over to Ms. Munn I'd just ask that if you are not speaking on the line to please mute your phone to enhance the quality of our transcription. We do have a court reporter, and it's important that our court reporter be able to catch everyone's spoken word. It actually enhances the quality of all of our being able to hear what's being said.

When you're ready to speak then please

unmute your phone. And if you do not have a mute button, then please dial star six to mute your phone and the same star six to unmute your phone. Thank you very much.

Ms. Munn, it's yours.

PURPOSE OF CALL: STATUS REPORT TO THE SECRETARY

MS. MUNN: I think you all have before you the overview and summary results from the first set of 33 procedure reviews that SC&A has put together for us as a starting point for our discussions. What we're attempting to do here is to provide a report which can be forwarded to the Secretary to keep the Secretary aware of the progress that's being made.

We considered this a good time to be looking at this particular set of findings because we have expended, all of us have expended so much effort in the last year. We changed the matrix process into a new archiving capability that we now have. That was a major step forward and the virtual completion of our work with the first set. At least getting it to a point where we know exactly what's outstanding and is not is

considered a milestone I think for all of us.

The real question that I wanted to raise for us today is what the form needs to take if we are going to recommend to the full Board that we submit such a report. As I understand it there's no requirement for us to submit this report. It would, in fact, be specifically an information only for the Secretary, not a recommendation of any sort involved here.

WORKING GROUP DISCUSSION

DR. ZIEMER: I think that's correct.

MS. MUNN: To the best of my knowledge we have not done --

You might remember, Paul. Have we done a status report of this sort prior?

DR. ZIEMER: The only thing that would look somewhat like a status report as opposed to a recommendation on the reports that we have forwarded to the Secretary on the dose reconstruction findings and their resolutions. Those in a sense we would consider required because we are reporting to him on the scientific validity of the dose reconstructions or the quality of the dose

reconstructions.

I would look at this as a supplement to that in a way because the quality of the dose reconstructions also are related to the appropriateness of the procedures that are used to do dose reconstructions; and therefore, I think it's appropriate that we summarize and present the Secretary with this information because it does relate to the scientific quality of the work that's being done.

MS. MUNN: Yeah, that does relate. I consider this personally as not a requisite report but one which prudence would dictate the issues, and this is a good time to do it.

Now the question that rises in my mind is whether this format that's been presented to us is the appropriate one. I have a major concern with it. The concern is not with the content. The concern is with the length.

DR. ZIEMER: I have suggestions on that, Wanda, I'd be pleased to share.

MS. MUNN: Good. Please do.

DR. ZIEMER: Again, this is Ziemer. I want to first acknowledge the work of SC&A. I

think they've done an excellent job in summarizing the efforts of the review and the outcomes, and this is a very helpful starting point. It did occur to me that it has a lot of detail in terms of what we would usually submit to the Secretary; and therefore, what I would suggest is the following or some variation of this:

Number one, I think we need an executive summary which I would say should be about two pages, and I have some suggestions on what should go in that. And that is the main thing probably that the Secretary would see would be a concise summary of what's in this report. We could then append this to that because as you know, for example, our SEC recommendations are one or two pages typically, a petition recommendation. But then we append a lot of backup information for the record. I'm not convinced that the Secretary reads all that, but at least he and his staff have that available as backup.

And I think it's important for the record. So I think if we had a good executive summary, that could constitute the report or

the, what you call the main thing we would give the Secretary. And then this would be appended to it as the details that provide the backup. And if I can further elaborate or shall I stop at this point?

MS. MUNN: Please do. Go right ahead. Although I want it to be known up front that Paul and I have not discussed this separately, but you're saying precisely what I planned to say, Paul, so please continue.

DR. ZIEMER: I took the words right out of your mouth, right?

MS. MUNN: Yes, indeed.

DR. ZIEMER: Here's what I'm suggesting should go in the, or something close to this in an executive summary. First of all I think an introductory paragraph is appropriate in both the report and the executive summary. Then I would say something very close to the summary of the documents reviewed, not necessarily the list in the executive report, but the fact that there were 33 documents reviewed, maybe something along the line of the first paragraph of section one.

Then I think the review criteria

should be summarized. It may be that we should include the seven objectives. Maybe they can be simplified and in executive summary but indicate what the review criteria are. I think that would be important.

Then a summary of the numbers of findings, and I think that should be both by category, well, I think the total findings, something like Table 3, Overview of the Findings. Just the first part of that section would be enough for an executive summary.

And also we would need a brief description of the review process. Again, that could be condensed out of the body of this report.

And then a summary of the outcomes. Now here in an executive summary I think we just need to point out what was the result of all this, of these findings were. And this was not as clear I don't think in the report itself. But, for example, if we could speak to the extent to which these findings resulted either in updates or revisions of procedures, the extent to which these revisions have impacted on what NIOSH is now doing, and also

-- and this would be along the lines of either improving or revising procedures.

And then I think we need to say something along the lines of whether or not this has resulted in any changes in actual dose reconstructions. Now, I think we will be able to say that in spite of these findings the actual, where there were problems identified with procedures, that in most or nearly all cases even with those concerns and with changes that might have been made, the previous dose reconstructions were nonetheless, I think by-and-large, the decisions would have been the same or pretty much the same. To the extent that we can identify the impact of this process on dose reconstruction I think that's the part that needs to be made more clear.

MS. MUNN: Yeah, I agree that that is a worthwhile --

DR. ZIEMER: In other words what's the impact of doing this.

MS. MUNN: Yeah, and something that I had not really come to grips with. But what I had anticipated is showing a number of the items

that you just listed by expanding Table 4. If we expand Table 4 so that it's including not just the number of findings but an additional column or two, one of which indicates perhaps the number of open items that still remain or the number that may have been transferred into some other procedure or to some other work group for attention would, I think, resolve a number of the questions that would naturally arise from looking at this.

If we did that and included not necessarily a blow-by-blow list of exactly what transpired with each of these, but an overall statement with respect to the general nature of the findings, I think would be very helpful. It has occurred to me that one of the things that we needed to say something about in the earlier part of the executive summary was a statement that's already been made with respect to the significance rating.

But in my mind the significance of these outstanding items is almost as important as the fact that it's an outstanding item, as a matter of fact, more so. Because if it's clear that the items that are currently

outstanding are of relatively low significance as it impacts the overall program are not very especially as it impacts dose reconstruction, then I think we've made the point. It doesn't seem to me that expanding Table 4 with sorting capability that we have now would be that much of a problem.

Would it, John, Kathy?

DR. MAURO: I'll take a stab at that. Before I answer that I'd like to just say something about what Dr. Ziemer mentioned earlier about the (inaudible). I think that's going to be very difficult (inaudible) in the context of the way Dr. Ziemer described.

The way I look at it is we've offered up a number of comments on various procedures. To a certain extent we know that they've been either accepted by NIOSH and changes made. I think it's important to point that out, those that resulted in part or in whole, some revision to the existing procedure. I think that level can be done perhaps working a little bit with NIOSH.

That change though, let's say we do have a change. Then the next level is, well,

if that procedure was changed or will be changed, to talk about its impact, I think that that's going to be very difficult. It very much depends on the case.

MS. MUNN: Now, numerically, I don't know how we could actually pull --

DR. MAURO: No, we could do that.

MS. MUNN: -- pull those numbers out.

DR. MAURO: Unless it triggered a PER. Let me say it this way. If one of the comments, let's say, (inaudible) procedure was of such a nature that it triggered a PER whereby a number of cases were (inaudible) reviewed under the program evaluation, I think that's probably the most we could say.

And, of course, that might be true. That may have happened. Or some of these, I don't know if in particular this set of 33 did trigger or was contributory to a PER. This is something we'd have to probably work pretty closely with NIOSH because it's not apparent --

DR. ZIEMER: Actually, John, if I might comment at this point, I actually wouldn't expect that this would be an SC&A task to

actually assess that particular thing.

DR. MAURO: Okay.

DR. ZIEMER: Because you wouldn't necessarily know all the case, suppose there was a change and Larry and his folks said, you know, we need to go back and do something or review something, I don't think you would necessarily know, number one, what cases they reviewed or what they did. Once an issue is identified and, for example, if NIOSH revised something, then isn't it in their sort of bailiwick to do whatever follow up they feel is necessary that would have resulted from that change? Just like a change in some of the models. They go back and review old cases and so on.

What I'm wondering though is, and maybe we would have to have input from NIOSH on this or maybe we can simply say that NIOSH's normal procedure with these findings is to review their impact as needed or something like that.

But, Larry, I don't know if you can comment on this, but is there some way that, I think if I'm the Secretary, I want to know

what is the impact of this, and how can we inform him in a way that is helpful. You know, yeah, we have these procedures and it looks like there's a bunch of findings which if someone just looks at this casually, they'd say, wow, they have all these problems with these procedures. So we need to have some way to give him an idea of what the impact of this is.

MS. MUNN: Well, and this is one of the reasons why I think it's so important for us to include something about significance ratings on the summary table that we present because that is a key issue. And it would seem to me that if we are going to be able to put together a summary table that touches on what are the key points, one of those key points would be whether any of these have triggered a PER. We haven't even mentioned PERs.

DR. ZIEMER: On dose reconstructions we do indicate sort of the significance levels of the various findings.

MR. ELLIOTT: This is Larry Elliott. I'll try to answer your question. And certainly I

feel Stu is probably more knowledgeable of all of the procedures that have been reviewed and where, in fact, an impact might have been made that we could identify for you.

I do agree though that the PER trigger is certainly one that would fall out right away if we can point to one or two of those. I'm not sure that we can, and I don't know if Stu has any thoughts or ideas about this, but I would also say that it could be that you send your report transmittal letter to the Secretary and that's a question he asks of us.

DR. ZIEMER: We don't necessarily have to report to the Secretary what the outcome is. We could say something about our assessment of significance.

MR. ELLIOTT: Yes, and it's your report, and it's based upon your efforts and the efforts of SC&A. You know, I hadn't seen it going to include the efforts of NIOSH at this point.

DR. ZIEMER: Right, right.

MR. ELLIOTT: And NIOSH would have to provide in response to the Secretary's specific question in this regard what impact has been made by all of this work.

DR. ZIEMER: Yeah, that would be logical.

MR. ELLIOTT: A reply, but I don't know. Stu, do you have any thoughts?

MR. HINNEFELD: Well, only that it would take a little effort because I think to do this justice, you'd have to go through the findings or the findings matrix for those first 33 and kind of get a, I would have to go through there and get a handle on what the resolutions are, and for the resolutions that changed everything make some judgment or some statement about how far reaching is the ramification of that.

MR. ELLIOTT: Okay, I think it is, does anybody on the phone here know of any PER that was triggered by any of this work? I certainly don't.

MS. MUNN: I don't right off hand.

MR. HINNEFELD: There was a, I don't remember if this triggered the, there was a Savannah River PER. I don't know if it was triggered by this or not or just was, there was one already underway and so this was added to it. And I think this came out of procedure review although it might have come out of a

dose reconstruction review.

DR. BRANCHE: This is Christine Branche. And I've been listening to this discussion. I think the most helpful information to the Secretary, as Dr. Ziemer as you suggested, was to summarize it in such a way that if the Secretary wants to know more, the Secretary can turn to NIOSH. NIOSH would cull from this report as well as its own work to provide the most rich answer to the Secretary.

But I think in order to keep the work in its proper context and not throw so much information at the Secretary that it becomes confusing, and you risk his dismissing it, I think a good summary that could pique his interest would be the best advice I can give you.

MS. MUNN: Thank you, Christine. And I personally would like to see this done in no more than three pages. Two would be my preference, but if we're going to follow my own suggestion and expand Table 4 to include significance ratings and the possibilities of PERs and whether they're opened or closed, then that in itself is going to take a page.

And I don't see how we can get by with less than --

DR. ZIEMER: But that could still be in the body of the report and simply summarized briefly in a few sentences in the executive summary. Some certain percent of the items had this level of significance and many others had another level. It seems to me that, again, we want to keep the so-called executive summary pretty concise and not, I don't even see it as having tables itself.

MS. MUNN: Yeah, I certainly did not see any other table that I would want to appear in the executive summary other than I was thinking in terms of Table 4, but you're absolutely right. It can be expanded.

DR. ZIEMER: Well, Table 4 itself, you know, has all the findings by procedure. I think that's more detail than you need.

MS. MUNN: Probably is.

DR. BRANCHE: This is Christine again, and when you mention impact that actually piqued my interest because I know that the Department, the Secretary as well as his key staff are looking for impact. And again,

impact is how are programs being changed; how is the health of, in this case, radiation workers and claimants, how is their situation being impacted. But text that's rich with information that puts this in its proper context and can still speak to the impact that this effort has had on the overall work of the Board or how it's reflected on the back of the work of NIOSH I think will be most helpful.

MS. MUNN: In that light also it is my feeling that this executive summary should include a brief paragraph about the newly developed system that we've spent so much time on, moving from the original matrix to this one highlighting the fact that this will make it, this current system which has required so much effort from all of us will now allow any individual to be able to track forever the history of each of these findings from literally their first presentation to the final closure.

DR. ZIEMER: That could be included I think in the description of the review process and the resolutions of the findings.

MS. MUNN: Yes, I think we need to be very

clear about that and make sure it gets the level of notice that it needs to get. Because in that description we need to make it clear that this seems to be such an excellent archiving tool that in all probability it will be used by almost, by many of the other functional -- of the subcommittee and other work groups in being able to track their activities. So it's now an enricher.

MS. BEHLING: Excuse me, Wanda. This is Kathy Behling. In this report I did include a Section 3 which just briefly talks about the new matrix. I just want to understand clearly. Do we want to expand possibly on this in the main report plus also put some discussion of this in the executive summary? Is that what I'm hearing?

MS. MUNN: I don't know that Section 3 needs to be expanded particularly in the report. I think you summarized it very well so far. I just wanted to make sure that this particular section got its due in the executive summary as well.

MS. BEHLING: Okay, very good.

MS. MUNN: I didn't want that to get lost

because I think that's very important. We've all spent endless weeks on this, and certainly SC&A has done a fantastic job of working through how we're going to do this and getting it in the electronic form that will make it easy for everyone inside the complex to work with.

MS. BEHLING: Okay, very good. I understand.

DR. MAURO: Wanda, this is John. I'd like to go back to the question you raised a little earlier regarding Table 4 and adding a column or at least the concept, the concept of significance of the findings. I think we have a bit, that may not be doable the way we were able to do it with regard to, let's say, the dose reconstruction reviews where significance of the finding was able to be scored because of the magnitude that finding had on the dose reconstruction. In this case you'll notice that we don't really have a significance. What we really say is the degree.

MS. MUNN: Well, we have a rating.

DR. MAURO: You can say, well, okay, is the procedure claimant favorable in instances

where, you know, we have all these different questions.

MS. MUNN: Yes.

DR. MAURO: And the way we answer it, well, yes, it is to a large degree it does do that or to a large degree it does not do that. But it really talks to the degree to which the procedure is responsive to the question that was raised. Did it do a good job of doing this or did it do a poor job? But the significance of that, when you use the term significance, I hear does this have a high level of importance in regard to how it will affect a dose reconstruction. I don't think this, we really don't address that here.

MS. MUNN: No, we don't, and I understand that we really and truly can't because whether or not the procedure has a particular weakness at the time that it is reviewed doesn't necessarily mean that that would have any effect at all on, any significant effect that would concern us, with respect to dose reconstructions.

It would, however, give us a feel for whether the procedures as they were being

provided had received the kind of scrutiny and processed internally before they were released that we had said that we wanted to see. It wouldn't, I guess we would have to be clear that this would not be, you couldn't draw a direct line from that rating to dose reconstruction impact. That would be inappropriate. But it would give us a feel for whether the procedures as they were coming out of the chute had the kinds of material in them and met the seven criteria that you'd established for it.

I guess I have mixed emotions about, I understand what you're trying to say, but at the same time I'm, it seems to me that that might be of interest certainly to the Procedures working group itself as we go forward.

DR. ZIEMER: Wanda, this is Ziemer again. After listening to John's comment and kind of looking again at the questions that we ask in this review process, I think I tend to agree that any one of these findings by itself it would be very hard to assess the impact of that on, because in a lot of cases you would

have to take a whole group of findings in a given procedure and try to assess that.

I think trying to assess the impact of individual findings is almost impossible. And so what we would have to do I think would be to couch this whole thing in terms of whether or not we think any of the procedures themselves have been (inaudible), but grossly inadequate to the point where they were inappropriate.

I'm exaggerating things here a bit because I'm trying to think off the top of my head how one would approach this. But by-and-large the procedures have served us well. We've found some flaws and shortcomings in some of them. Some of these NIOSH finds and corrects as they go. Others we've identified and found that NIOSH has already gone past that point anyway and so on.

So I'm not sure what we say here other than the review process is a continuous, ongoing one where we're trying to improve how we handle things, try to identify where we're not claimant favorable and that sort of thing. Rating the individual findings I do agree is

going to be extremely difficult if not impossible.

DR. MAURO: I have an idea. When looking at these procedures, many of which I'm familiar with, familiar with what transpired at these meetings and try to capture and summarize it here. But when all is said and done what really happens here is the number of comments and their level of importance on some occasions have triggered the need to make revisions to procedures and that process is implemented or has already been implemented. In other cases it triggered the possibility of other procedures being written.

For example, I'm looking at OTIB-0004. I think OTIB-0004 had to do with AWEs, and I think a lot of the discussion we had on OTIB-0004 actually triggered -- correct me if I'm wrong -- some additional work, for example, the work that was done by Battelle related to AWEs. I think that was sort of like what happens, it's almost like we're building. This is one of the steps in the process that triggers refinement of procedures on some occasions or revisions, clarifications absent

the identification of the ability of new procedures. So it's almost like one of the gears that are part of the overall machinery that affect the continual improvement and the timing of the process.

DR. ZIEMER: Exactly, exactly. You said that well.

MS. MUNN: And in many ways it has also given us the opportunity to combine a number of these individual procedures to some other procedure so that it reduces, it has in some cases reduced the number of reference points that we need to look to in order to complete those reviews.

DR. MAURO: If we were to go down the path of you're talking about what this would trigger, let's say, we were to. We are moving into the area that we talked about earlier, that Christine brought up and Stu, it's more in the purview of NIOSH. Even though I think right now if we were to sit down and go over these with Stu, we'd probably say, yes, we did make some, we are making some changes or did make some changes or, no, we didn't. But still you may want to leave that to the back

end of the process so to speak the way Christine described it.

MS. MUNN: Well, again, we don't want to get to a point where we're confusing the information we're transmitting. We want to keep it as crystal clear as possible. And if we, I can see that the ratings, my suggestion with respect to the ratings is probably not as clear as I was seeing it at the time I was thinking about it. However, that doesn't change the fact that I do believe an additional column showing open, transferred, that kind of information which --

DR. ZIEMER: Now what's happened to the findings, number of them closed, number of them transferred out?

MS. MUNN: Yeah, exactly. If we have that kind of column added to it, then if I were in an administrative position wanting a quick piece of information it would give me a feel for how thoroughly this has been addressed.

MS. BEHLING: This is Kathy Behling. If we did want to go back to the idea of expanding on Table 4 by introducing some of the rating issues, we might be able to do that by

segregating that by these seven objectives because that could also, as you've indicated, in some cases the objective was how clear and concise and straightforward is the procedure. And so if that got a rating of one as opposed to some more technical issue, it's not quite as important. But if we were to rate things and segregate those ratings by under various objectives --

DR. ZIEMER: Well, you have that in Table 3. It's not on a per-finding basis. I mean it's not on a procedure basis, but you have the number of the objective one finding, seven.

MS. MUNN: Yeah, which is a good table.

MS. BEHLING: Yes, but we could do that for each of the individual procedures by expanding Table 4 to add that type of information if you want to --

DR. ZIEMER: That might address what Wanda's talking about and that is show the ultimate resolution of these. How many have closed; how many have been transferred. It's sort of a different question, isn't it?

MS. MUNN: Yeah, I think it is. I think it is. The ratings, if we attempted the

complexity of a rating system, it more than likely would expand this table beyond what I would deem appropriate for this kind of report.

MS. BEHLING: Okay.

MS. MUNN: But certainly open, transferred are even, I guess we don't have a category to show that the procedure was now covered in some other procedure.

DR. ZIEMER: Well, you have the status of these items, whether it's closed or in abeyance or --

MS. MUNN: Yeah.

DR. ZIEMER: Is that what you're talking about?

MS. MUNN: That's what I'm talking about.

DR. ZIEMER: Number closed, number in abeyance, number transferred.

MS. MUNN: And a number of these findings are --

DR. ZIEMER: We haven't got a box for those findings.

MS. MUNN: Yeah.

DR. ZIEMER: In the appendix. That could certainly be done.

MS. BEHLING: Yes, that wouldn't be a problem.

DR. ZIEMER: I was kind of assuming that, am I correct in assuming that everybody's okay with the idea of in addition to the executive summary providing as an appendix the full report?

MS. MUNN: That was my intention when we first started this call.

DR. ZIEMER: And if so, I have a couple of questions (inaudible) and point out that for the tables that deal with findings there are fairly objective (inaudible) be 6.0 like the other tables or 5-0 or 4-0 and so on. Just make that minor change.

Then I have a question on, do we need more than one example of each type? Some of these you've got several ones. Is there any reason why one example wouldn't be sufficient?

Or, John or Kathy, any reason for having multiple examples on certain ones of these? Trying to get a, show the variety of --

MS. BEHLING: I believe actually Steve Marschke had introduced these examples, and I

believe he was just trying to show a variety. But we can certainly narrow it down to one.

DR. ZIEMER: All we're trying to show is an example of what the findings look like and the resolution process, right?

MS. BEHLING: That's correct.

DR. ZIEMER: If that's the case, and, again, it would be (inaudible) with the report itself (inaudible) example of each would be adequate I would think.

MS. MUNN: Yeah, I agree. We probably have more information in the attached tables.

DR. ZIEMER: Those three changes and then the one that Wanda suggested.

MS. BEHLING: We can certainly do that.

MS. MUNN: Shall we give that a try and see if we can -- I'm worried about time here. If this, are we loading you up in terms of available time and what we're asking you to do here? I shouldn't think that the executive summary itself should be too difficult.

MS. BEHLING: When are you hoping to get this, to see this? Before the --

MS. MUNN: Well, that's the decision I'm trying to make right now is whether or not, we

don't want to overload people when we're coming up to a full Board meeting here. I had hoped to be able to discuss this at the Board meeting, but I think that's going to be impossible to do.

DR. ZIEMER: I would see the revisions in the main report itself as being very minor. You're going to delete a few tables in there where we have more than one example. You're going to add a column or two on Table 4 to indicate how many are closed, how many are in abeyance. What's the other?

MS. MUNN: And we're going to do a two-page executive summary factoring in those --

DR. ZIEMER: But I think for the Board meeting, if the Board is willing to accept this report, if the agreement that the, if we don't have it available then with the agreement that there would be a roughly two-page executive summary of this report, that that would be transmitted to the Secretary, I would ask for action.

MS. BEHLING: I believe we can provide that to you before the next Board meeting. Like I said, we'll work on revising this full report

first and then attempt to put together the executive summary. And I guess we should try to have that in your hands by the (inaudible). Is that reasonable?

MS. MUNN: Any time before our teleconference on April 2nd. We have a teleconference set up for 1:00 p.m. eastern time on April the 2nd because we had so many items at our last face-to-face meeting that we're almost ready but not quite. And we wanted to have them cross the Board or easy to report on at the Board meeting and so we set up this additional teleconference.

DR. ZIEMER: Are we only really talking about adding how many columns to Table 4?

MS. MUNN: At least, no more than two. If we do that it depends on how --

DR. ZIEMER: It'd have number of closed items?

MS. MUNN: I don't know whether we even need the number of closed items if we indicate the number that are left open. The arithmetic --

DR. ZIEMER: In a way in number open, number --

MS. MUNN: Transferred.

DR. ZIEMER: How many categories do we have in the, on the form under status? We have in abeyance as a category. We have closed as a category.

DR. MAURO: And transferred.

DR. ZIEMER: Transferred, three?

DR. MAURO: Yeah.

DR. ZIEMER: We have three, so three columns and that's a pretty quick matter of counting, and the last half of Table 4 is all zeros anyway.

MS. MUNN: All zeros anyway.

DR. ZIEMER: So that's about five minutes, right, Kathy?

DR. MAURO: This is John. Let me jump in here. The challenge here I really believe is to capture the sensibility that you communicated to us with that three-page executive summary. I believe that there, in other words, we have to just capture this in a way that resonates with everyone on the phone, Paul and Christine and Wanda.

And I think we have to as quickly as we can since it's only three pages to try to put up a straw man for that executive summary.

I think the mechanics, the appendix of the document we're looking at now by filling in tables is a mechanical process. So I'm not worried about that. We can do that.

I'm more concerned that we're going to capture the sensibility that you communicate to us. And there's only one way to do that is to make a run at it and show it to you. Say, yeah, this is it or, no, we're only halfway home. So I think it's essential that we get into your hands as soon as possible this executive summary to see if we're on the right track.

MS. MUNN: If you can get that to us by the 28th everybody will have had the time to look at it before the teleconference.

DR. ZIEMER: And actually, John, probably we need to add then to the report itself also I would call it a Section 5-0 which is impact of the review process or something, four-zero's overview of the findings.

MS. MUNN: But I don't think that the impact needs to be presented in numerical terms.

DR. ZIEMER: No, don't --

MS. MUNN: Don't attempt to do the

statistical work on it.

DR. ZIEMER: No, no, just a description of what we talked about. How does this affect, John talked about continuous improvement of the process like the --

That concept, John, is really what we're talking about here.

DR. MAURO: That's the theme of Section 5 and how, and so we'll capture that.

DR. ZIEMER: Yeah, yeah, that's just a --

DR. MAURO: I gather that could be --

DR. ZIEMER: -- I think it's just a nice, concise paragraph or two.

DR. MAURO: I could see that being part of the executive summary also.

DR. ZIEMER: Yes, both, both.

MS. MUNN: Yes, absolutely. As a matter of fact it's a key part of the --

DR. ZIEMER: It's sort of why are we doing all this.

MS. MUNN: That's what we want to convey is that the improvement has been significant, and it has had noted impact on those dose reconstructions that we all do.

It sounds like we are --

DR. ZIEMER: I think that description is in, more in general terms, qualitative terms not quantitative terms.

MS. MUNN: Sounds like we're all on the same page with this.

DR. BRANCHE: Wanda, this is Christine. I just wanted to see if Michael Gibson or Mark Griffon had joined the call or Robert Presley even.

MR. GIBSON: Mike Gibson. I'm here.

DR. BRANCHE: Okay, so Michael Gibson did make it.

Okay, Wanda.

MS. MUNN: Good. Do you have any comment, Mike? Did you hear enough of what was going on to be able to follow?

MR. GIBSON: Yes, I was (inaudible).

MS. MUNN: Okay, you're breaking up badly, but I think I'm hearing you say it sounds good.

MS. BEHLING: I guess -- this is Kathy again. The only reason I had suggested the 28th because as I'm looking at my calendar I see next week we have an all day, Tuesday and Wednesday --

MS. MUNN: Yes, you do. And definitely Tuesday with the DR folks. If there's anything that relates, this is our opportunity to put it in front of that group. But I don't think the subcommittee would have anything other than I certainly feel that Mark's presence on this group would be enough to send up a flag if there's anything that needs to overlap between the two. I don't believe that's the case.

All right, then we're all on the same page hopefully. And we will anticipate a new draft from SC&A and the executive summary first draft by the end of the month, the 28th hopefully. And we well see the rest of you or rather hear the rest of you on the afternoon teleconference of April the 2nd.

DR. ZIEMER: Very good.

DR. BRANCHE: Very good.

DR. ZIEMER: Thank you, Wanda.

MS. MUNN: I think we're finished here unless anyone else has any last comments.

MR. HINNEFELD: Wanda, this is Stu Hinnefeld with one completely unrelated comment for accuracy's sake, but this sentence in the

report I think says that both the statute and the rule mandate that the Board conduct a (inaudible) review. I believe that only appears in the statute and not in the dose reconstruction.

MS. MUNN: Okay.

MS. BEHLING: Okay.

MS. MUNN: Do you have that, guys? Change can be done easily. Thank you, Stu, appreciate that. We want to be accurate to the greatest degree that we can be.

Thank you all, appreciate it. We'll be in touch prior to our teleconference. I'm going to be traveling during that teleconference so heaven knows where I will be, but we will convene at 1:00 p.m. eastern, Wednesday, April the 2nd. Thank you very much.

(Whereupon, the working group meeting was adjourned at 3:00 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Mar. 19, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 14th day of Apr., 2008.

_____

STEVEN RAY GREEN, CCR, CVR-CM

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102