

Welch straw man proposal on IOM and DEEOIC actions to take in response.  
9/19/16

Use supplemental information sources for SEM

I believe our subcommittee and the whole committee agrees that other information sources beyond Haz-Map should be used for exposure disease links. **My suggestion is that DEEOIC establish an external committee that would identify a relatively short list of credible data sources.** Once one of these data sources identifies a new disease exposure link it would be added to SEM. The IOM committee had listed some possible sources, and this new external committee could decide which of those would be added to such a list.

**I'm proposing that DEEOIC use sources such as IARC, EPA, NTP and not use primary literature sources as the basis for adding new links to SEM.** Since the criteria for "causation" under the law is based on "caused contributed or aggravated," and since duration and extent of exposure are not included in SEM, the overall system is quite favorable when determining if a specific exposure "caused" the disease. Because of this I think it is quite reasonable to rely on extensive expert reviews by public health and regulatory agencies to create the list of exposure disease linkages. If the full committee accepts this idea, to use these expert sources rather than specific research papers or peer-reviewed systematic reviews, it would not be difficult to identify these other sources that can be added to SEM.

**This new committee would also need to identify the level of certainty required to add a disease exposure link from one of the sources.** For example, IARC designates substances as known, probable and possible human carcinogens. I am not as familiar with how EPA assesses the certainty of the hazard, but such decisions are likely embedded in the EPA, NTP, and ATSDR assessments as well.

In the response from DEEOIC describing what they had done to respond to the IOM report, they mentioned that they have set up a process to attain customized employee specific evaluations of the route and level of exposure through their new contract with Banda International group, in lieu of adding nature and extent of exposure to SEM. We learned in our last board meeting that the industrial hygienist who work for Banda do not talk directly with the claimant, but rather rely on the information in the file. For exposure, that would include SEM and the occupational history questionnaire - in my opinion, neither provides sufficient information to make a determination of causation in complicated cases. **I would propose that we recommend DEEOIC establish a process where the industrial hygienist interviews the claimant directly when, in his or her professional judgment, the information in the file is not sufficient.**

- (2) DEEOIC stated in its response to the IOM that mixture health effects in SEM are now based on studies relating to the whole mixture, and that links between processes and

disease have been added. It's not clear if this is done by a single staff person or by some external review but **I would recommend this new committee also assess whether the resources that will be used to enhance SEM adequately address mixtures and processes. If not, that committee could make recommendations of how to address it.**

(3) DEEOIC asked for assistance in assessment of synergistic effects. I don't have any specific suggestions here