



BHSC NEWS

Fall 2014 Meeting October 15, 16 & 17

The Fall 2014 BHSC meetings will take place immediately preceding the AIHA Fall Conference in Washington DC. DOE-HQ Forrestal is graciously hosting and there is no cost associated with attending. Webinar participation will also be available for those not traveling to D.C. Registration instructions will be available soon but please mark your calendars for October 15-17th.

Abstracts are being solicited for our Fall meeting. Presentations length will be approximately 30 minutes and may be given in person or via webinar. We are interested in topics from all fields related to beryllium.

Please submit abstracts by **September 5th**. Notifications of acceptance will be given by **September 18th**.

SharePoint Site Temporarily Unavailable

We are in the process of relocating our SharePoint site to a new server. The site and all files will be unavailable during this transition. Options for relocation are being considered. Please contact Linda Youmans at 803-952-7885 or linda.youmans@srs.gov to provide low-cost suggestions for a hosting site. All members will be notified when the transition is complete. We appreciate your patience as we make this change.

Interested in Membership?

Visit: <https://bhsc.llnl.gov/membership.html>

MEETING LOCATIONS

Locations for the Spring and Fall 2015 meetings are now being solicited.

Locations are typically held at a DOE, DoD, or AWE site.

If you would be interested in hosting a meeting, please contact

Linda Youmans 803-952-7885 linda.youmans@srs.gov

BERYLLIUM HEALTH & SAFETY COMMITTEE

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Conference Call Information:

By phone:

+1-509-373-6464 or 866-645-0958 (Toll free, US only)

Enter conference ID (below) at prompt

ToJoin Lync Meeting (when available)

https://meet.rl.gov/sandy_rock/ZPLVW6RR

Call	Scheduled	Lead	Call ID
Technical Stds	1st Tues	S. Lee	471562
Samp/Analysis	2nd Wed	M. Brisson	42805
Risk Communication	2nd Thurs	S. Rock	580133
Board Call	3rd Tues	D. Fields	56572
Samp/Analysis Tech Iss.	3rd Wed	M. Brisson	507128
Medical/Epidem.	3rd Thur	K. Noonan	96027
Research Needs	4th Wed	M. McCawley	7812673
Meetings/Symposia	4th Thur	L. Youmans	49916

June 2014

**BERYLLIUM HEALTH & SAFETY
COMMITTEE****BHSC EXECUTIVE BOARD MEMBERS**Dan Field,
ChairGeoffrey Braybrooke,
Vice ChairLinda Youmans,
Vice ChairGary Whitney,
Membership Secretary

Recording Secretary,

**Fall Conference 2014**<http://www.aihafallconference.org/Pages/Default.aspx>

The AIHA fall conference 2014 will be October 18-22 in Washington, DC at the Crystal Gateway Marriott in Arlington, Va.

Registration was scheduled to open in June 2014.

The hotel offers a complimentary shuttle to and from Reagan National Airport for guest convenience. With lobby access to the Metro, the Crystal City hotel is a quick ride to all the famed DC attractions.

The BHSC's fall meeting precedes the conference in an effort to reduce travel costs for those attending.

BHSC Dates to Remember—Summer 2014

June 2014						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 Technical Stds Subcom Call	4	5	6	7
AIHce: San Antonio Texas						
8	9	10	11 Samp/ Analysis Subcom Call	12 Risk Com Subcom Call	13	14 Flag Day
15 Father's Day	16	17 BOARD CALL	18 Samp/ Analysis Tech Issues Call	19 Med/Epi Subcom Call	20	21 Summer Solstice
22	23	24	25 Research Needs Subcom Call	26 Meeting/ Symp Subcom Call	27	28
29	30					

Conference calls may be rescheduled or cancelled as necessary. Contact the subcommittee chair/responsible person for the most up-to-date information.

Conference Call Instructions:

Call-In Number: 877-401-5229 (US) or
+1-509-376-3622 (outside the US),
Dial specific ID, followed by pound (#) sign:

Tech Stds: 208906
SAS: 1460128
SAS Tech Topic: 4915673
Risk Comm.: 151372
Board: 464562
Med/Epi: 9359017
Research Needs: 2359017
Meetings/Symposia: 6804566

July 2014						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Technical Stds Subcom Call	2	3	4	5
		Canada Day			Independence Day	
6	7	8	9 Samp/ Analysis Subcom Call	10 Risk Com Subcom Call	11	12
13	14 Bastille Day	15 BOARD CALL	16 Samp/ Analysis Tech Issues Call	17 Med/Epi Subcom Call	18	19
20	21	22	23 Research Needs Subcom Call	24 Meeting/ Symp Subcom Call	25	26
27	28	29	30	31		

August 2014						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5 Technical Stds Subcom Call	6	7	8	9
10 Research Needs Subcom Spotlight and Chairman's Report Due (Newsletter)	11	12	13 Samp/ Analysis Subcom Call	14 Risk Com Subcom Call	15	16
17	18	19 BOARD CALL	20 Samp/ Analysis Tech Issues Call	21 Med/Epi Subcom Call	22	23
24	25	26	27 Research Needs Subcom Call	28 Meeting/ Symp Subcom Call	29	30
31						

A time to relook at the informed consent and shared decision making process for the Beryllium Lymphocyte Proliferation Test

Submitted by the Medical and Epidemiology Subcommittee

The principles of ethical conduct for occupational and environmental health (OEH) clinicians have been codified in the professional ethics statements of the American Association of Occupational Health Nurses and the American College of Occupational and Environmental Medicine. These principles include a patient's right of autonomy or of "self-determination". Respect for autonomy drives informed consent and is the basis for shared decision-making (Schwartz, & Meslin, 2007). It is the ethical right of the worker to have all relevant information, and it is the ethical responsibility of the OEH clinician to provide this information (Han, 2013).

In the instance of beryllium medical surveillance, the Beryllium Lymphocyte Proliferation Test (BeLPT) is used to identify whether a worker's immune system has responded to exposure to beryllium. If confirmed, this immune response, which is a non-disease condition, is termed beryllium sensitization (BeS) and indicates that the worker is at increased risk of developing Chronic Beryllium Disease (CBD). The identification of BeS provides an opportunity to intervene by recommending that the worker be limited from future beryllium exposure. Although unproven, this primary prevention is thought to reduce the risk of the development of CBD (Bailey, Thomas, Deubner, Kent, Kreiss, & Schuler, 2010). When identified as BeS, it is industry practice that the worker is also offered a referral to a pulmonary specialist for additional testing.

At first glance, it may appear to be a relatively straightforward decision for the worker to consent to a screening test that offers early detection of a potentially disabling occupational lung disease. An occupational setting, however, creates special challenges for the informed consent process: perceived management or peer pressure, stigmatization and concerns regarding the outcome of medical evaluations, work restriction recommendations, and possible effects on job placement decisions. The influence of the employment context cannot be underestimated. Some workers may presume that the BeLPT is as customary as a full chemistry blood panel, particularly if there is not a specific opportunity to discuss the risks and benefits of testing with an informed clinician.

Discussing the benefits and risks of engaging in BeLPT screening may be uncomfortable for both clinician and patient, given the uncertainties regarding the testing process and the natural history of disease. In addition, the work of Miller (Miller, 2012) quantifies, for the first time, the adverse psycho-social effects of being identified as BeS and CBD. When coupled with this emerging evidence of harm, it may be prudent for workers to carefully consider the benefits and risks of the BeLPT.

Implementing an improved informed consent process in cases such as the BeLPT, when evidence is low and uncertainty is high, requires an ethical framework (McCullough, 2012). Contemporary approaches to informed consent include a shared decision making model that replaces paternalistic, contractual informed consent practices with a process that engages both the clinician and the patient. Consistent with current medical ethics, in such a process an informed clinician presents evidence-based potential benefits and harms, as well as alternatives and uncertainties, to each patient while studying the patient's unique situation and values with an informed clinician (Sheridan, Harris & Woolf, 2004). Based on ethical and disease screening principles, when consenting to the BeLPT, workers should: 1) understand the reliability of the BeLPT for predicting the risk of BeS and CBD, 2) learn what interventions and/or treatments are available, and whether they reduce the risk or improve the prognosis of CBD, and 3) have the opportunity to understand the possible benefits and risks of the identification of BeS and CBD. Providing workers with a specific opportunity to engage in deliberate decision making with a well-informed OEH clinician about the benefits and the known and uncertain risks of BeLPT testing will increase the satisfaction with the process.

BeLPT: Informed consent (continued)

The BeLPT remains a valuable screening tool for asymptomatic beryllium workers. Screening for sensitization is an important primary and secondary prevention strategy, and has yielded population-wide benefits by identifying at-risk work processes and work areas that allow workplace mitigations to be implemented. The OEH clinician is ideally suited to provide enhanced informed consent to asymptomatic workers who are considering participating in the BeLPT screening test.

To learn more about contemporary approaches to informed consent when clinical evidence is low please see the Agency for Healthcare Research and Quality website and view the presentation by Laurence B. McCullough, PhD, entitled: “Differing Levels of Clinical Evidence: Exploring Communication Challenges in Shared Decision making. Supporting Shared Decisions When Clinical Evidence is Low”. <http://www.effectivehealthcare.ahrq.gov/index.cfm/who-is-involved-in-the-effective-health-care-program1/about-the-eisenberg-center/eisenberg-conference-series-2011/>

References

- Bailey, R.L., Thomas, C.A., Deubner, D.C., Kent, M.S., Kreiss, K., & Schuler, C. R. (2010). Evaluation of a Preventive Program to Reduce Sensitization at a Beryllium Metal, Oxide and Alloy Production Plant. *JOEM*, doi 10.1097/jom.0b013r3181d6c338.
- Han, P. K. J. (2013). Conceptual, Methodological, and Ethical Problems in Communicating Uncertainty in Clinical Evidence. *Med Care Res Rev*. doi: 10.1177/1077558712459361.
- McCullough, L.B. (2012). The Professional Medical Ethics Model of Decision Making Under Conditions of Clinical Uncertainty. *Med Care Res Rev*. doi: 10.1177/1077558712461952.
- Miller, J.R. (2012). The Psychosocial Effects of Beryllium Sensitization and Chronic Beryllium Disease. PhD Dissertation. University of Tennessee, Knoxville. Retrieved Sept 1, 2013, at http://trace.tennessee.edu/utk_graddiss/1544.
- Schwartz, P.H., & Meslin, E.M. (2007). The Ethics of Information: Absolute Risk Reduction and Patient Understanding of Screening. *J Gen Intern Med*, 23(6):867-70 doi:10.1007/s11606-008-0616-y.
- Sheridan, S.L. Harris, R.P., & Woolf, S.H. (2004). Shared Decision Making About Screening and Chemoprevention. A Suggested Approach from the US Preventive Services Task Force. *Am J Prev Med*, doi:10.1016/j.amepre.2003.09.011.

Summary of Webinar: Investigating Variations in Be-LPT Results in the National Supplemental Screening Program (NSSP): An exploratory Analysis

ORAU—Dr. Donna Cragle, Presentation from April 17, 2014 at BHSC webinar

Under the NSSP, The Dept. of Energy offers free customized medical screenings to former energy workers who may have been exposed to hazardous substances on the job site. This database may shed some light on a reoccurring problem.

There are instances where uninterpretable BeLPTs seem to repeat in individuals, making it difficult to determine health conditions related to beryllium exposure. Analysis of the information in the NSSP database allowed a comparison between “other” health conditions and BeLPT test results. The data seemed to indicate an association with some medical conditions and the uninterpretable BeLPT.

The full presentation can be found at:

https://bhsc.llnl.gov/04_2014_meeting.html

Subcommittee Spotlight

Each quarter, we “shine the spotlight” on a subcommittee in the BHSC. The newsletter is currently featuring, “Medical and Epidemiology”, chaired by Kathleen Noonan, R.N., M.P.H. This subcommittee serves as a forum for discussion among occupational health personnel, epidemiologists, and other persons interested in understanding the health effects of beryllium. Discussion topics include beryllium sensitization, chronic beryllium disease, relationship of health effects to beryllium exposure, Be LPT screening, and actions to be taken to prevent disease in sensitized personnel. If interested in being a part of this subcommittee, Ms. Noonan can be reached by referencing the table “BHSC Contract Information”.

Based on the schedule below, a subcommittee is selected for the quarterly “spotlight”. The subcommittee contributes an article(s) that may include updates from meetings/calls, substantive work being done by the group, and/or articles related to the purpose of that subcommittee. Individuals or subcommittees are encouraged to submit more than one article or more often than due dates indicate. Submit all articles to Tania Reynolds, editor, at reynolt@msn.com. Suggestions for content are not limited to subcommittees. WE WELCOME YOUR INPUT!

Subcommittee	Report Due	Publish Date
BHSC Board / Chair’s Report	2/10, 5/10, 8/10, 11/10	Q1, Q2, Q3, Q4
Medical and Epidemiology	10-May	Q2
Risk Communication	10-Aug	Q3
Sampling/Analysis and Research Needs	10-Nov	Q4
Technical Practices	10-Feb	Q1

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