

Miller, Diane M. (CDC/NIOSH/EID)

From: Weissman, David (CDC/NIOSH/DRDS)
Sent: Thursday, October 12, 2006 11:21 AM
To: Miller, Diane M. (CDC/NIOSH/EID)
Cc: Attfield, Michael D. (CDC/NIOSH/DRDS); Petsonk, Lee (CDC/NIOSH/DRDS); Antao, Vinicius (CDC/NIOSH/DRDS); Wolfe, Anita L. (CDC/NIOSH/DRDS); Burkhart, Joe (CDC/NIOSH/DRDS); Weston, Ainsley (CDC/NIOSH/DRDS)
Subject: American Thoracic Society comments for Chest Radiography docket
Attachments: HEFFNER - Letter to CDC-NIOSH - Weissman - 10-11-6.pdf

Diane,

These comments came today. If they weren't also sent to your office, they should be added to the Chest Radiography docket for consideration. Thanks!

David

From: Jennifer Faatz [mailto:jfaatz@lungusadc.org]
Sent: Thursday, October 12, 2006 10:49 AM
To: Weissman, David (CDC/NIOSH/DRDS)
Cc: Gary Ewart
Subject: ATS Comments

Dr. Weissman

Attached, please find the comments of the American Thoracic Society.

If you have any questions, please contact Gary Ewart, gewart@thoracic.org or 202-785-3355.

Thank you,

Jennifer Faatz

Jennifer Faatz
ATS Government Relations Assistant
1150 18th Street NW, Suite 900
Washington, DC 20036-3816

202-785-3355 x. 243

Be sure to attend ATS * 2006, the 102nd International Conference, May 19-24, San Diego, California, USA

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Carl C. Booberg
Executive Director
American Thoracic Society

Gary Ewart
Director
Government Relations

Fran Du Melle
Director
International Activities

Washington Office
1150 18th Street, N.W.
Suite 902
Washington, D.C. 20036-3816
Phone: (202) 785-3355
Fax: (202) 452-1805
Internet: www.thoracic.org

National Headquarters
61 Broadway
New York, NY 10006-2747
Phone: (212) 315-8600
Fax: (212) 315-6498
Internet: www.thoracic.org

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October 12, 2006

David N. Weissman, MD
CDC/NIOSH,
Division of Respiratory Disease Studies,
Mailstop H-2900, 1095
Willowdale Road, Morgantown, WV 26505

RE: NIOSH WEBSITE ON CHEST RADIOGRAPHY FOR THE
PNEUMOCONIOSES

Dr. Weissman:

On behalf of the members of the American Thoracic Society (ATS), I would like to express our appreciation for the opportunity to comment the NIOSH website on chest radiography for pneumoconiosis. The ATS represents over 13,000 physicians, researchers, and allied health professionals, who are actively engaged in the diagnosis, treatment and research of respiratory disease and critical care medicine. As such, we appreciate NIOSH's efforts to develop useful web-based information on chest radiography.

The ATS offers the following comments:

The NIOSH web site on Chest Radiography is a concise and informative discussion of the ILO radiographic classification system for the pneumoconioses and other occupational lung diseases, and provides a valuable resource for physician training and communication. The web site includes sections on programmatic issues for B-reader certification; ethical considerations for B-readers; issues in classification of chest radiographs including reader variability, accuracy, precision and reader selection; recommended practices for reliable classification of chest radiographs; and references. There are several helpful links to other relevant resources and materials.

In response to initial reviewer comments, the revised web site has strengthened the discussion on methods for obtaining reliable radiographic classification. Particularly helpful is the section on Recommended Best Practices for the three principal settings involving chest radiography for pneumoconioses: (1) worker monitoring and surveillance; (2) epidemiologic research; and (3) contested proceedings. In each of these settings, the web site provides guidelines for reader selection, remuneration, use of multiple readers and summary classifications, blinded classification, quality assurance, and worker and employer notification. Regarding the issue of reader competency, NIOSH has wisely rejected recommendations for audit, decertification or expert panel systems, recognizing that the purpose of the B-reader program is not primarily to support the legal system. The B Reader Code of Ethics is helpful in articulating the framework in which B readers should adhere to professional standards.

In the section titled "Issues in Classification of Chest Radiographs", there is a discussion of blinding readers to knowledge of potential exposures and other information that may increase bias. This section seems to suggest that blinding is always recommended. However, as pointed out in the later section on "Recommended Practices for Reliable Classification", blinding is undesirable in the setting of worker monitoring and surveillance where disease detection should be facilitated. We recommend that the document be revised to reflect this exception and for internal consistency.

Despite the value of this web-based chest radiography resource, it contains only a limited discussion of digital radiography, which has largely supplanted conventional film screen imaging at most large institutions. Digital radiography offers consistent high quality images, ready availability of identical copy images, and slight increase in sensitivity for micronodules when compared with conventional images. The ongoing real-world transition to digital radiographic imaging has made it difficult to utilize the current B reader system in medical surveillance programs and clinical epidemiologic research. ATS urges NIOSH to focus resources urgently to develop recommendations applicable to the use of digital images in the context of the ILO classification system.

Additional comments on web links:

Medical diagnosis: <http://www.cdc.gov/niosh/topics/chestradiography/medical-diagnosis.html>

Under the section on medical diagnosis, we believe that it would be appropriate to acknowledge that pneumoconiosis may be present with a normal or near-normal chest radiograph, and also that radiographic appearances may be nonspecific. CT may be helpful in clarifying such cases.

Contested proceedings: <http://www.cdc.gov/niosh/topics/chestradiography/contested-proceedings.html>

In the section on contested proceedings, the proposal for quality assurance is laudable but will be difficult to implement without a pool of images certified by expert readers- We are not aware that such a pool of images is currently in existence, and the term "expert readers" will require careful definition. Acceptable levels of variation from the test images would need to be defined. Similar considerations apply to the sections on epidemiologic research and worker monitoring and surveillance where the terms "calibrated images" or the even less clear "calibration images" are used.

On behalf of the American Thoracic Society, we appreciate the opportunity to comment on this important web-based resource developed by NIOSH.

Sincerely,

A handwritten signature in black ink, appearing to read "John Heffner". The signature is fluid and cursive, with a large initial "J" and "H".

John Heffner MD
President
American Thoracic Society