

Radiation Exposure Screening & Education Program Clinical Guidelines: Uranium Mine Workers

Uranium Mine Workers Eligibility

A person who operated or otherwise worked for at least one year, or can establish radon exposure equivalent to 40 working level months, in above-ground or underground uranium mines in specified states (AZ, CO, ID, OR, ND, NM, SD, TX, UT, WA, WY) during the period beginning January 1, 1942 and ending December 31, 1971.

Radiation Exposure Compensation Act Eligibility

The following are RECA-Compensable Diseases and Conditions:

- **Primary lung cancer** (including any physiological condition of the lung, trachea or bronchus that is recognized as lung cancer
- Pulmonary fibrosis, fibrosis of the lung
- Silicosis
- Cor pulmonale related to fibrosis of the lung
- Pneumoconiosis

Documentation or Proof of Disease

In addition to providing documentation that establishes a claimant's inclusion in one of the eligibility categories described above, the claimant must also provide proof that they have been diagnosed with at least one of the compensable diseases. The records or documentation required vary according to the condition and the vital status of the person on whose behalf compensation is being sought.

General Information

- All medical documentation, contemporaneous records, and other records or documents submitted by a claimant or eligible surviving beneficiary as proof of disease must be originals, or certified copies of the originals, unless it is impossible to obtain an original or certified copy of the original. If it is impossible for a claimant to provide an original or certified copy of an original, the claimant or eligible surviving beneficiary must provide a written statement with the uncertified copy setting forth the reason why it is impossible to provide an original or a certified copy of an original. All documents submitted by a claimant or eligible surviving beneficiary must have a stamp or other indication of their authenticity.
- If a claimant was diagnosed as having one of the compensable cancers in Arizona, Colorado, Nevada, New Mexico, Utah or Wyoming, the claimant or eligible surviving beneficiary does not need to submit medical documentation of disease at the time the claim is filed (although medical documentation subsequently may be required). Instead, the claimant or eligible surviving beneficiary may submit (with the claim), an *Authorization to Release Medical and Other Information*, valid in the state of diagnosis,

that authorizes the RECA Program to contact the appropriate state cancer or tumor registry. The RECA Program will accept, as proof of medical condition, verification from the state cancer or tumor registry that it possesses medical records or abstracts of medical records that contain a verified diagnosis of one of the specified compensable diseases. If the designated state does not possess medical records or abstracts of medical records that contain a verified diagnosis of one of the specified compensable diseases, the RECA Program will notify the claimant or eligible surviving beneficiary and allow that individual the opportunity to submit the required written medical documentation.

- For the purposes of this Program, the definition of a physician is as follows:
 - A physician who is employed by
 - (a) the Indian Health Service or
 - (b) the Department of Veterans Affairs; or
 - (c) has a documented, ongoing physician/patient relationship with the claimant.

Proof of cancer

Whether the person with cancer is living or deceased, any of the following records may be submitted as proof of the disease:

- Primary cancer of the lung
- pathology report of tissue biopsy or resection, including, but not limited to specimens obtained by any of the following methods:
 - Surgical resection
 - o endoscopic endobronchial or transbronchial biopsy
 - bronchial brushings and washings
 - pleural fluid cytology
 - fine needle aspirate
 - pleural biopsy
 - sputum cytology
 - autopsy report
 - o bronchoscopy report, with or without biopsy
 - one of the following summary medical reports
 - o physician summary report
 - o hospital discharge summary report
 - o radiotherapy summary report
 - o operative report
 - o medical oncology summary or consultation report
 - report of one of the following radiologic studies:
 - computerized tomography (CT) scan
 - magnetic resonance imaging (MRI)
 - X-rays of the chest
 - Chest tomograms
- death certificate, provided that it is signed by a physician at the time of death

Proof of Non-malignant Lung Disease (Pulmonary Fibrosis, Fibrosis of the Lung, Silicosis, or Pneumoconiosis)

If the person with non-malignant lung disease is **deceased**, any of the following forms of medical documentation may be submitted as proof of the condition:

- pathology report of tissue biopsy autopsy report
- if an x-ray exists, the x-ray and interpretive reports of the x-ray by a maximum of two NIOSH certified "B" readers, classifying the existence of disease of category 1/0 or higher according to a 1989 report of the International Labor Office (known as the "ILO"), or subsequent revisions
- if no x-rays exist, an x-ray report
- physician summary report
- hospital discharge summary report
- hospital admitting report
- death certificate, provided that it is signed by a physician at the time of death
- documentation specified below for a living claimant

If the person with non-malignant lung disease is **living**, at a minimum the following medical records must be submitted:

Either

- an arterial blood gas study administered at rest in a sitting position, or an exercise arterial blood gas test.
 - RECA Blood Gas Study Tables (CFR 28 Part 79 Appendix B) at http://ecfr.gpoaccess.gov/cgi/t/text/textidx?c=ecfr&sid=b25eaa26f41bf9cf391c589fbdfc8e36&rgn=div5&view=text&node =28:2.0.1.1.33&idno=28#28:2.0.1.1.33.8.17.7.14

or

• written diagnosis by a physician (see above for the definition of physician)

And ONE of the following:

- a chest x-ray (PA and lateral views) administered in accordance with standard techniques accompanied by interpretive reports of the x-ray by a maximum of two NIOSH certified "B" readers, classifying the existence of disease of category 1/0 or higher according to a 1989 report of the International Labor Office (known as the "ILO"), or subsequent revisions
- high-resolution computed tomography (HRCT) scans including computer assisted tomography (CAT) scans, magnetic resonance imaging (MRI) scans, and positron emission tomography (PET) scans and interpretive reports of such scans
- · pathology reports of tissue biopsies
- pulmonary function tests indicating restrictive lung function and consisting of three reproducible time/volume tracings recording the results of the forced expiratory volume in one second (FEV1) and the forced vital capacity (FVC) administered and reported in accordance with the *Standardization of Spirometry* – 1994 Update by the American Thoracic Society, and reflecting values for FEV1 or FVC that are less than or equal to the lower limit of normal for an individual of the claimant's age, sex, height, and ethnicity.