### Radiation Dose Assessments in the NTPR Program

#### VBDR Meeting: March 7-8, 2007 John H. Stiver, MS, CHP SAIC





# **Briefing Outline**

- Radiation Dose Assessment (RDA) Overview
- Hierarchy of Guidance
- Procedural Hierarchy
- NTPR Case Processing Model
- RDA Processing Model
- The Non-Generic RDA
- The Generic RDA (cohort based)
- The Road Ahead

Projected Briefing Time: 30 minutes





#### Purpose

Describe the detailed process for preparing the NTPR RDA Report

#### SOP Status

- Draft form (November 2006)
- Scheduled for completion in the summer of 2007

#### RDA Reports are prepared for:

- Japanese-held prisoners of war or occupation forces located near Hiroshima and Nagasaki
- Atmospheric nuclear test participants (1945 1962) and nonparticipants as requested by DVA

#### In response to requests from:

DVA, individuals, approved parties

# **Hierarchy of Guidance**

#### Code of Federal Regulations

- > 32 CFR 218 (DoD Principal Regulatory Guidance)
- > 38 CFR 3.102 (DVA Benefit of the doubt)
- 38 CFR 3.311 (DVA Non-Presumptive) and 38 CFR 3.309 (DVA Presumptive): Not guidance but have significant influence on the program
- DTRA Policy and Guidance (P&G) Manual
- Quality Plan (Describes Quality Management system)
- Standard Operating Procedures (SOP) Manual



### **Procedural Hierarchy**

- Standard Operating Procedures
  - Detailed work instructions, activity steps, responsibilities, quality control and quality assurance, record management

#### Standard Methods (SMs) Provide:

- Analytical methods, techniques, calculation tools; citations for technical information and scientific basis
- Operation/Shot-Specific Information Appendices (A – C)
  - Detailed data on radiation environments
  - Assumptions
  - Numerical parameters
- Compendium of References (Appendices D-G)

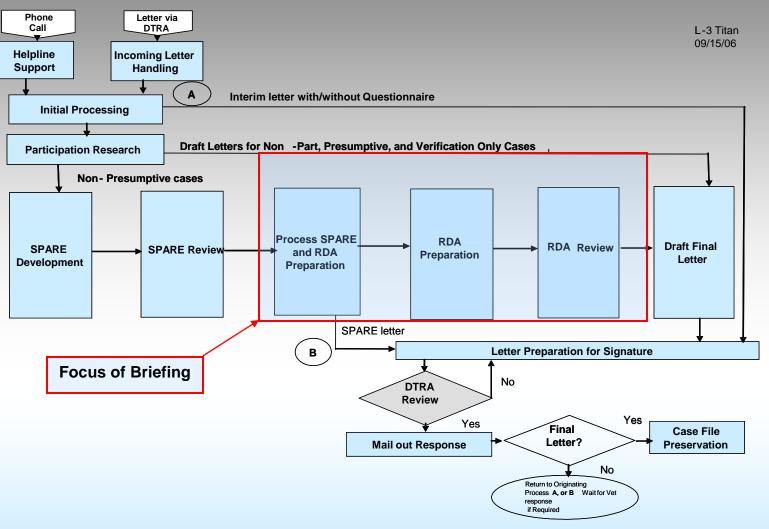


#### Ensure that RDAs:

- Follow a standard process
- Use consistent methodologies with reproducible results
- Provide sufficient information for the DVA to make sound compensation decisions (Key)
- Consider all relevant information, technically sound methods, appropriate assessment of uncertainty
- Produce quality reports: error-free, timely, appropriate level of documentation
- Reflect benefit of the doubt consistent with DTRA policy and guidance, DVA requirements (38 CFR 3.102)



### **NTPR Case Processing Model**



# Case Processing Model

- Scenario of Participation and Radiation Exposure (SPARE)
  - Characterizes the veterans activities in space and time (what they did and when and where they did it)

➢ Veteran reviews and comments

RDA Report Preparation and Review



- RDA Report Definition
- RDA Required For Claims not handled through DTRA's Expedited Processing Methods:
  - Presumptive radiogenic diseases where the claim was filed prior to the disease being designated as presumptive
  - Non-presumptive radiogenic diseases
  - Non-radiogenic diseases
    - competent scientific or medical evidence that claimed condition is radiogenic

RDA Reports are prepared according to:





**Non-Generic RDA** 

- Governed by:
  - SOP RA02, Radiation Dose Assessment for Non-Generic Cases

#### • Requires:

Adapted dose assessment tools, new calculation modules

#### • Tailored to:

- Specific activities, radiation environments
  Organs, anatomical locations (skin/eye)
- Quality Assurance Considerations
- Greater Potential for Exposure





#### Review SPARE and Case File and Confirm Status

- Required information available?
- Identify conflicts, inconsistencies
- > Non-generic status?
- Collect additional information if needed

#### • Requires:

- SPARE (preferably reviewed and signed by the veteran)
- Complete case file





- Identify Exposure Scenario and Define Exposure Pathways
  - >Key step (where you need to get it right!)
  - Characterize radiation environment
    - Initial radiation
    - Residual radiation

#### Identify significant exposure activities

Temporal and spatial relationship to the radiation environment





- Assess Whole-Body External Dose
  - Basis for skin/eye, internal (surface-deposited sources)
  - >Hierarchy of methods (32 CFR 218)
    - Personal dosimetry (film badge) (SM ED01)
    - Cohort dosimetry
    - Reconstruction
      - Dosimetry unavailable or unreliable (criteria)





- Reconstructed Whole Body Doses
  - Assumptions and numerical parameters
  - Dose estimates (SM ED02, Appendices A-C)

#### Initial gamma, neutron

- **Depends on:** Distance, posture, shielding, atmosphere
- Based on: Technical reports, transport codes

#### Residual gamma

- Depends on: temporal/spatial relationship to radiation environment
- Based on: SPARE, technical reports, measurements, historical records





- Total External and Upper Bound Doses
  - Gamma, neutron (Film badge plus reconstructions)
  - > Upper bound (SM UA01)
    - Identify uncertainties
      - Independent and dependent sources
      - Uncertainty factors (DTRA P&G, NAS 1989)
    - Combine uncertainties to get total uncertainty increment
    - **Upper Bound = mean plus uncertainty increment**



# **Non-Generic RDA**

#### Assess Internal Dose

### 50-year Committed Equivalent Dose (CED) to organs/tissues

#### Published DCFs (32 CFR 218)

Recent ICRP models

✤Surrogates

#### Pathways

Inhalation

- Descending fallout
- Suspended/resuspended contaminants
- Atmospheric cloud

✤Ingestion

Absorption (skin or wound)





Calculate Organ Doses (SM ID01)

Alpha and beta plus gamma separately

Each organ and pathway

- Shot-specific DCFs (FIIDOS)
- Tabulated values simplify calculations
  - ✤Rem (CED)/curie

✤Rem (CED)/rem (FBE)

➤Totals and upper bounds (SM UA01)





- Organ Dose Benefit of Doubt is Ensured by:
  - Full exposure –descending fallout
  - Ingestion peak rate of deposition
  - ➤"Maximum dose" DCFs
  - Inventory depletion radiological decay only
  - High-sided resuspension factors
  - >Uncertainty factor of 10 (RBE, models)





Assess Skin Dose

Beta plus gamma (and neutron)

#### >Expedited processing (DTRA)

All except H&N (and others on case by case basis as determined by DTRA)

#### Principal pathways

- Surface deposited fallout and point sources (SM ED03)
- Dermal contamination (SM ED04)





Gamma Doses to the Skin

Same as whole body gamma

Beta Doses to the Skin

Assumptions and estimates

- ✤Beta to gamma ratios (beta "shine")
- Shielding, posture, geometry
- Anatomical location
- Direct contamination





Skin Dose Calculations

Surface-deposited (SM ED03)
 Dermal contamination (SM ED04)

Totals and Upper Bounds

Each exposure type and skin locationUpper bound (SM UA01)



## **Non-Generic RDA**

- Assess Eye Lens Dose
  - DTRA is considering Expedited Processing for eye lens
  - Beta plus gamma (and neutron)
  - Principal pathways

Surface deposited fallout (SM ED05)

- Same approach as for skin dose
- 3000  $\mu$ m for eye lens vs. 70  $\mu$ m for skin
- Dermal contamination (SM ED04)
  - Eyelid and orbit (ratios of lens to skin dose)
- >Upper bound (SM UA01)





Prepare Draft RDA Report

Dose results, scenario, assumptions

- Internal Quality Reviews
  Technical, CHP, Management
  Tracking form
- Prepare Final RDA Report
- Transmit to Enterprise Manager





- Quality Control and Assurance
  - Calculation tools and templates
  - Internal review
  - External review (not part of DR Team)
  - ≻Audits
  - Official copies retained by Enterprise Manager





- Variant of the Non-Generic RDA
- Cohort Approach

Activity scenario (large # participants)
 Radiation environment (well defined)

- Standardized:
  - Assumptions, tools, templates
- Improved Efficiency
- Comprehensive Documentation





Templates, Tools Available for:
 > Hiroshima and Nagasaki
 > Oceanic test series
 > Nevada Test Site (under development)
 > Observers, Maneuver troops





### Calculation Input

➢Arrival and departure

- Time weighted shielding factor (TWSF)
- Dosimetry (evaluate veracity)
- Periods for reconstruction
- Posture, geometric considerations (skin, eye)
- ➤Target organ(s)





- Generic RDA Report Templates Placeholders for:
  - ➤Target organs, skin cancer locations
  - ➢ Response to veteran's comments (SPARE)
  - ➢Parameters, assumptions
  - ➢ Personal information
- QA/QC and Case Processing same as for Non-Generic RDA





- Finalize SOPs, Standard Methods, Appendices
- Develop Library of Technical Basis Documents
- Complete Templates for NTS Operations
- Identify Additional Categories for Possible Expedited Processing or Generic RDA
- Rigorous Uncertainty Analysis
  - Supplant UB Factors with Probabilistic Uncertainty Analysis (Monte Carlo)



