

Worker Health Protection Program Exhibit at AFL-CIO Trade Show

The annual AFL-CIO Union-Industry show was held in Minneapolis, Minnesota from April 4 through 8, 2002. Hundreds of international and local unions showed off their wares, including PACE International that had a very large booth displaying products ranging from paper to Harley Davidson motorcycles. PACE was proud to include the PACE/Queens College Worker Health Protection Program exhibit in their booth, to educate other union members about the highly successful and largest DOE-funded medical surveillance program in the country. The exhibit gave an overview of the Program and highlighted its unique features, such as worker-to-worker training and education and this bi-annual newsletter. PACE WHPP is also the only DOE medical surveillance programs that uses union members to help run the program. (These programs are usually run by academics.) In fact, union members are the only local face of the Program. Most importantly, the exhibit highlighted the Early Lung Cancer Detection Program mobile unit that houses a low-dose spiral CT scanner. This part of the WHPP offers participants a chance to benefit from a promising new, cutting edge technology for the early detection of lung cancer. Sylvia Kieding, PACE Program Director; Amy Manowitz, Co-ordinator of the WHPP Early Lung Cancer Detection Program (ELCD); and Jenn Stuckey, ELCD Assistant Co-ordinator worked at the booth for the four days the trade show was running.

Written by Amy Manowitz



Sylvia Kieding, PACE WHPP Program Director, helped staff the WHPP display booth at the AFL-CIO Trade Show.

Your WHPP Local Coordinator

Each of the WHPP plants has a PACE member assigned to provide educational workshops, answer questions about the medical screening and guide workers through the workers' compensation process. If you ever need any help, do not hesitate to call:

Plant	Coordinator Telephone Number
Paducah Gaseous Diffusion Plant	Phillip Foley 270-851-3187 (home)
Portsmouth Gaseous Diffusion Plant	Mark Lewis 740-289-0493 (pager)
Oak Ridge Gaseous Diffusion Plant	Tom Moser 865-873-3245 (pager)
INEEL	David Fry 208-522-4422 (home)

PACE/Queens College WHPP Health Watch

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US Senator Voinovich Visits Portsmouth DOL Resource Center



U.S. Senator Voinovich and wife Janet met with workers from the Portsmouth gaseous diffusion plant in May 2002. The meeting allowed local union representatives to specifically address some of the problems they saw in implementing Subtitle D, the state compensation portion of the Energy Employees Occupational Illness Program Act (EEOICPA). Senator Voinovich was presented with a WHPP poster featuring the Early Lung Cancer Detection Program by Mike Parker whose picture is on the poster. Parker's lung cancer was identified and surgically removed at an early stage before it became fatal. Parker thanked Voinovich for his help in getting the WHPP program funded as well as his role in the passage of the EEOICPA. Voinovich commented: *"Of all the things I've done in Congress, this program is the most important thing I was involved in."*

The Portsmouth DOL Resource Center is one of 10 throughout the country set up to assist workers with filing claims under the EEOICPA. To find out the phone number of the closest DOL Resource Center, call your PACE Local Coordinator.

US Senator Bunning from Kentucky Shows Support for the Worker Health Protection Program

The Senate Armed Services Committee, at the behest of Senator Jim Bunning (R-KY), added \$2.5 million to the DOE's Fiscal Year '03 budget request for the Office of Environment Safety and Health. The report states that the "increased \$2.5 million be spent for en-

hanced medical screening of current and former workers at DOE sites including the three gaseous diffusion plants. The committee also recommended that DOE take the steps to ensure that medical screening, including the use of advanced techniques for early lung detection, is made available to the current and former workers. The committee encouraged the DOE to request sufficient funds in the future to conduct the medical screening of all current and former workers who wish to have the screening."

The continuation of the PACE Worker Health Protection Program depends on the support of concerned legislators such as Senator Bunning. PACE is most grateful for his longstanding support of this DOE-funded medical surveillance program.

Written by Sylvia Kieding



Update On Federal Compensation Claims (as of 6/13/02)

Claims filed	29,651
Total number of payments made	3,285
• DOE Workers	1,255 (29%)
• Uranium Miners (RECA)	2,030 (61%)
Amount of compensation paid	\$248 million
Claims with final approval	3,625
Claims tentatively approved	4,253
Claims on the way to NIOSH for dose reconstruction	5,108



Message from Dr. Markowitz, WHPP Project Director

Medical Screening for Lung Cancer: Risks and Benefits

Some DOE workers who have participated in our Early Lung Cancer detection program have expressed concern about possible harm associated with the radiation that they receive as a consequence of undergoing one or more low dose CT scans that we offer as part of our Worker Health Protection Program (WHPP). This is an important question. Indeed, since screening is, in principle, offered to people who are healthy, that is, not symptomatic from the illness that is the object of screening, physicians have a special obligation to “do no harm” in offering any screening program.

The initial low-dose CT scan that is offered to 85% to 95% of WHPP participants gives a dose of 125 mrem for men and about 150 mrem for women. For the two-thirds of our program participants who only receive the initial low dose CAT scan, this amount represents their total radiation exposure. For the one-third of participants with nodules who require follow-up CT scans, each follow-up CT scan provides 20 mrem of radiation per nodule examined. Since most people with nodules have 1 to 3 nodules and undergo 4 additional CT scans (which scan only the nodule(s), not the whole chest) during the 12 month follow-up, the total 12 month radiation dose that individuals with nodules receive is 200

to 400 mrem. We regularly check the CT scanner to make sure that the radiation delivered is no higher than these cited doses.

Now, compare these doses with other procedures or background exposure. A single conventional dose CT scan that is performed for diagnostic purposes, provides an effective dose of 500 mrem. Mammography delivers a dose of a maximum of 300 mrem. Normal average background radiation dose in the U.S. is 360 mrem.

Is the radiation dose of our Early Lung Cancer Detection Program worth it? That is mostly up to you. Lung cancer is the most common and most lethal of all cancers, and the low dose CT scan can detect cancers at an early stage. Are we certain that catching these cancers at an early stage will prevent lung cancer deaths? The answer is not yet known. But this technique is very promising, and the radiation dose that is associated with our CT scan program is well within the range that is considered acceptable for screening purposes (for example, mammography) and for diagnostic purposes (conventional dose CT scan). Consider also that lung cancers detected through a chest X-ray are nearly always too far advanced to allow cure. So you decide.

A Testimonial by Margaret Webb, WHPP Lung Cancer Screening Participant

March 1, 2002

This letter is to say “Thank You”. You have truly saved my life. Let me go back and explain how it happened. To begin, I received an offer from PACE to have a complete physical. After that was completed, PACE offered me a low-dose CT scan of my chest through the WHPP Early Lung Cancer Detection Program (ELCD).

I went to have the low-dose CT scan of my lungs on Dec. 12, 2001. Dr. Miller, the Medical Director of the ELCD Program, sent me a results letter stating that he would like for me to have the CT done again because something showed up on the scan. I contacted Rosa to make an appointment. Since I already had thyroid cancer many years ago, I asked if I could have the follow-up scan done as soon as possible. She talked to her boss, Amy, and they set me up with an appointment two days later. After the repeat CT scan, it was confirmed there was a small nodule in the left upper lung. I received a second letter from Dr. Miller stating that I needed to consult a doctor immediately so I went to my primary care doctor. He then he referred me to Dr. Parrish, a lung specialist, who sent me to have a PET scan done. Based on the PET scan, Dr. Parrish sent me to see Dr. William Hall for a surgery consultation.

On Jan. 21, 2002 — one month after my low-dose CT

scan on the mobile unit – the doctors removed the left upper half of my lung. The nodule was biopsied and it was confirmed that it was malignant.

I am recuperating from surgery and doing well. I just want to say thanks again for detecting my lung cancer in its earliest stages; **I feel assured that you did save my life.**

Thanks,
Margaret Webb

WHPP Success At-A-Glance (as of 5-30-02)	
No. of callers	7,579
No. of exams completed	6,267
No. of workshops completed	218
No. of participants who attended workshops	2,641
If you haven't taken advantage of the WHPP free medical screening exam, you should call 1-888-241-1199, to schedule an appointment. Once you have had your exam and received your results, you may qualify for the WHPP Early Lung Cancer Detection Program. A mobile CT scan unit rotates between the three Gaseous Diffusion Plant union halls approximately every two weeks. The number to call to schedule a CT scan is 1-866-228-7226.	

2002 3rd Annual WHPP Information Exchange Held in Nashville

WHPP staff from Queens College and PACE met at the PACE International Headquarters in Nashville, TN for the 3rd Annual WHPP Information Exchange, from January 28 –31, 2002.

Attendees included all key PACE members and coordinators from three Gaseous Diffusion Plants and INEEL along with program staff from CBNS Queens College of the City University of New York.

Welcome and introductions were given by Keith Kirchner, Executive Assistant to the PACE International President; David Ortlieb, Health and Safety Director and Principal Investigator; Sylvia Kieding, WHPP Program Director; and Herman Potter, WHPP and DOE grant administrator.

Dr. Steve Markowitz, Project Director at Queens College, kicked off the meeting by outlining eligibility requirements for a low-dose CT scan on the mobile unit (available at all three gaseous diffusion sites); second stressing the need to enroll new participants in the screening program; and concluding with an update of current statistics for selected health conditions such as asbestosis, chronic beryllium disease and hearing impairment.

Coordinators and retirees presented highlights of the year’s site activities.

Jim Ellenberger, PACE Consultant from the PEP Legislative Office went over the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

Paul Renner, Associate Director of the Labor Institute,



Dave Ortlieb, PACE Director of Health and Safety, welcomes the group to the 2002 Annual WHPP Meeting.

an adult education center that develops the informational workbooks and posters for the Project, concluded the second day with an interactive session on workers’ compensation.

The third and fourth days, Mark Griffon, of Creative Pollution Solutions, discussed building site chemical databases and radiation dose reconstruction.

The PACE annual meetings are a forum for Queens College, Mark Griffon, and PACE staff to meet in person to collaborate on ideas to improve the WHPP, this country’s largest DOE-affiliated medical screening program. The dedication of WHPP staff to the program participants was clearly evident and truly impressive.

Written by Lori Bode

Worker Health Protection Program Chest X-ray Abnormality Follow-Up

Since its inception in the summer of 1999, one of the main focal points of the Worker Health Protection Program (WHPP) for DOE Gaseous Diffusion Plant Workers, has been screening for chest and lung abnormalities. Every WHPP participant is offered a chest x-ray and, if eligible, a CT scan of the lungs on the mobile Early Lung Cancer Detection Unit (ELCD). With the potential of significant exposure to airborne particulates and chemicals at the Idaho National Engineering and Environmental Laboratory and the gaseous diffusion plants (K-25/Oak Ridge, Portsmouth, Paducah), the decision to include lung screening and monitoring as a key point of the WHPP medical screening evaluations, was both salient and necessary.

Over 6,000 former and current workers have had initial **chest x-ray screenings** through April 2002. Follow-up recommendations for abnormalities – such as the presence of a mass or spot on the lung (opacity) – are made immediately when noted by the local radiologist or by the WHPP screening office. If a follow-up recommendation is made, patients are strongly urged to contact their personal physician as soon as possible, as the findings may represent a serious condition. The WHPP screening office has been contacting on a regular basis patients with abnormal chest x-rays to see how those patients are doing and to find out what type of follow-up they have had. We then try to contact the doctor who performed the follow-up. Coordination of medical information with workers’ personal physicians has been excellent, and a substantial

amount of information from the follow-up examinations is now available.

Of the 3,602 participants who received physical exam results letters as of July 11, 2001, 331 (9%) were sent letters recommending a follow-up examination with their personal physician due to a chest x-ray abnormality. Of the 331 sent follow-up letters, 287 (87%) had an x-ray finding of either a single or multiple nodules (spot on the lung). Another 44 (13%) had other x-ray findings such as prominent blood vessels.

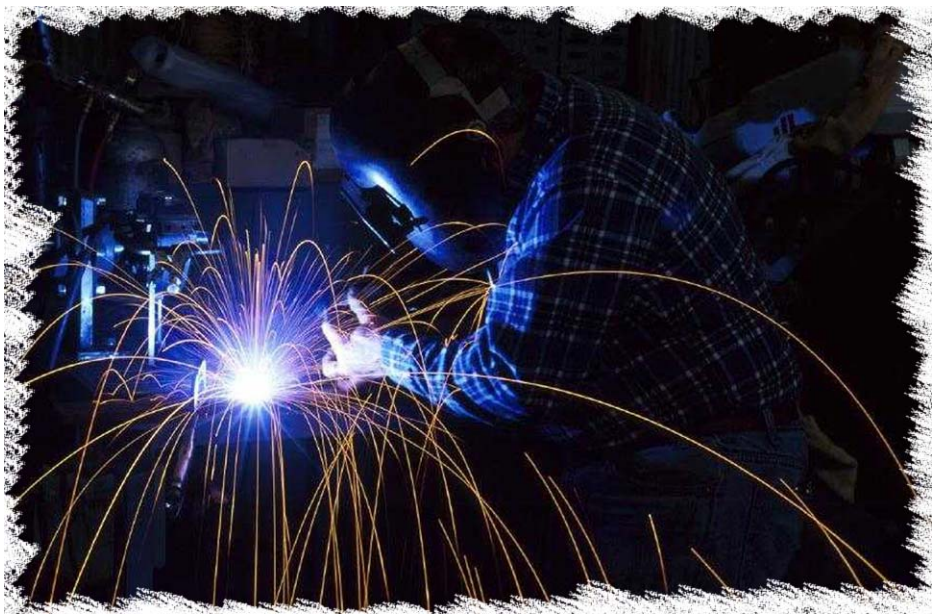
Of the 331 who were advised to follow-up on their abnormal chest x-rays, 92% had contacted their personal physician and/or followed-up with the WHPP Early Lung Cancer Detection Program (ELCD). Of the participants followed so far, a number of lung cancers were found. (These cases were in addition to the lung cancers that were found as a result of CT scans done on the WHPP Mobile Unit.) In addition to the people with confirmed cases of cancer, we have found other lung diseases, such as chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema and asbestosis.

Under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), DOE workers diagnosed with lung cancer may apply for compensation through the federal Department of Labor, with a lump sum of \$150,000 available plus future medical expenses. A state claim may also be filed for lost wages and past medical expenses related to the lung cancer.

Written by Justin Yoo

Work Exposures and Parkinson's Disease

Written by Steven Markowitz, M.D.



A PACE member, now retired, was a life-long welder and has developed Parkinson's disease. He has heard that welding might have caused this illness and wants to know if this is true.

This is a really interesting question. So much effort has been devoted to examining occupational causes of cancer that many other health problems have not received the full attention that they should.

Parkinson's disease (PD) is caused by loss of cells of a very specific area of the brain with a sharp decrease in the presence of one of the main chemicals, dopamine, that is responsible for communication between brain cells. PD is fairly common, especially for a neurologic (nervous system) disease, and occurs in 1 of every 500 people in the United States, usually in middle or older ages. For those unfamiliar with PD, the illness causes a tremor of the hands and legs, a stiffness and slowness of the muscles, and a shuffling walk. Many people with PD remain sharp mentally but some develop significant memory problems. PD progresses but usually slowly. Fortunately, treatment for PD exists to help control symptoms, though no cure is yet available.

Remarkably little is known about what causes PD. It sometimes runs in families, but most people with PD have no family history of the illness. There has been much recent interest in possible occupational and environmental causes. It has been known for over 150 years that chronic exposure to the metal **manganese** causes manganism, a set of symptoms that include the symptoms of PD in addition to emotional problems such as depression and/or over-excitement. Chronic manganese poisoning has occurred in a wide variety of workplaces where manganese dust and fumes appear, including mines, smelters, foundries, and farms where manganese-containing pesticides may be used.

Welders have ample opportunity for exposure to manga-

nese. They may use manganese-coated welding rods and/or burn ferromanganese alloy steel. This opportunity for exposure to manganese certainly can lead to chronic manganese exposure and raises the issue of the risk of Parkinson's disease. A recent study published in the prestigious journal, *Neurology*, studied 15 welders with Parkinson's disease and found that such welding-associated cases did not differ from other people with PD without a known cause except that the welders were younger. This suggests that welding was responsible for the PD.

Other occupational and environmental causes of PD are also being studied. Many studies have shown that agricultural workers have an increased risk of PD, raising the issue of **pesticides** inducing PD. A recent Italian study showed that workers with **hydrocarbon** exposure had increased risk of PD. However, aside from manganese, no specific occupational or environmental agent has been linked to PD.

For a welder with PD, I recommend the following:

- stop any exposure to manganese
- apply for workers' compensation
- ask your neurologist about his/her knowledge about toxic causes of PD.

PD caused by welding would not be treated any differently than PD without a known cause. Making a causal connection between work as a welder and developing PD is principally based on occupational history of exposure. Testing body fluids including blood and urine for manganese is usually not helpful, especially after retirement, since the manganese has long since left the body.

To prevent PD among welders, you should avoid significant exposures to airborne manganese. That means that you should:

- know whether you are welding manganese-containing materials
- ask an industrial hygienist whether your exposure to airborne manganese is significant and
- find a proper way to reduce your exposure.

Cancers Covered by Federal Compensation Legislation

Under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), members of the Special Exposure Cohort (SEC) do not have to go through the dose reconstruction process to have a successful claim. If a SEC worker was exposed to radiation and is filing for one of the covered cancers, the cancer is **presumed** to be work-related. The SEC includes workers who were employed at least 250 day for DOE or its contractors at one of the **DOE gaseous diffusion plants** or workers who were exposed to radiation related to underground nuclear tests at Amchitka, Alaska.

The covered cancers include: bone, leukemia (other than chronic lymphocytic), lung cancer, multiple myeloma, non-Hodgkins lymphoma, primary cancer of the thyroid, male and female breast, esophagus and stomach, pharynx, small intestine and pancreas. Also included are: bile ducts and gall bladder, salivary gland, urinary bladder, brain, kidney, colon, ovary and liver.

Recently, the Department of Labor (DOL) clarified whether certain cancers should be included as covered primary cancers covered under the SEC provisions of the EEOICPA. According to the DOL, *rectal cancer* is considered to be colon cancer; *chondrosarcoma* of the cricoid cartilage of the larynx is considered to be bone cancer; and *cancer of the ureter* is considered to be bladder cancer. This clarification was based on expert medical opinion from the National Cancer Institute.

Members of the SEC group can apply for compensation for cancers other than the ones listed above. However, for those cancers, the National Institute for Occupational Safety and Health (NIOSH) must perform a dose reconstruction of the claimant's radiation dose to determine if the cancer is "more likely than not" caused by employment. For workers who are **not** part of the SEC group, dose reconstruction must be performed **on all cancers** to determine if the cancer is due to employment.

DOE Issues Draft Final Rules For State Comp Claims

Subtitle D of the Energy Employees Occupational Illness Compensation Program Act of 2000 (**EEOICPA**) requires the DOE to provide workers with assistance on state workers' compensation claims for diseases **caused by toxic substances** not covered by the federal Department of Labor claims. (DOL only covers illnesses related to radiation, beryllium, and silica).

Under Subtitle D, DOE is authorized to enter into a Memorandum of Agreement with individual states to outline procedures for assisting workers who are applying for state compensation for illnesses caused by exposure to toxic substances. A physicians panel will review these claims submitted by DOE workers. Once the physician's panel determines that the illness did arise from employment, the law requires DOE to:

- Assist the claimant with filing a claim with the state workers' compensation program
- Direct its contractor not to contest the state workers' compensation claim
- Withhold reimbursement for any of the contractor's costs of contesting a claim

The National Institute for Occupational Safety and Health (NIOSH) selected the physicians for the panel nearly a year ago. The DOE has not yet negotiated any state Memorandum of Agreements nor has it promulgated final rules for the physician's panel. Following are some of the controversial elements of the **draft** final rule of May 8, 2002:

1. Contractors are allowed to contest findings of the physicians' panel through the DOE's Office of Hearing and Appeals, thus creating an adversarial process.
2. The draft rule allows contractors to be reimbursed for legal costs of contesting all issues, except disease causation. This includes the extent of the injury, statutes of limitation and last injurious employer.
3. Physicians' panel is required to apply the legal standards of causation and burden of proof for the dozens of states where the claim could be filed, rather than applying a uniform federal standard of causation. If this remains in the rule, the potential for injustice, confusion, and extensive delays is tremendous.
4. Claimants must bring their medical evidence of workplace causation to the physicians' panel. DOE does not provide assistance in developing proof of causation, such as medical or exposure assessment. They will assist with taking occupational history, where necessary if the claimant does not already have one and the Program Office deems one necessary for the claim to be adjudicated fairly.
5. DOE is authorized to reimburse compensation costs where the contractor is "self-insured", but there is no mechanism for the contractor to pay claims if there is a private worker comp insurer, state comp plan, or liability is for a previous contractor, or there is no remaining DOE contractor.

A bipartisan group of members of the House and Senate have pointed out shortcomings in the DOE approach, and groups in Colorado, New Mexico, Tennessee and Ohio have expressed their dissatisfaction to elected representatives. Congress is considering corrective legislation at this time.

Written by Sylvia Kieding

Beverly Cook Sworn in as DOE Assistant Secretary For Environmental Safety and Health



Beverly Cook, a long time veteran of the DOE complex, was sworn in as Assistant Secretary for Environment, Safety and Health in February 2002.

In her new position, Assistant Secretary Cook will be the Secretary of Energy’s principal advisor for worker and public health and safety at DOE sites, including the former nuclear weapons production complex, the national laboratories, and research and testing facilities. She will oversee the Price-Anderson nuclear safety enforcement program, will be responsible for the Former Worker Medical Surveillance Programs including the Worker Health Protection Program (WHPP) and will lead DOE’s efforts to implement its responsibilities under the Energy Employees Occupational Illness Compensation Program Act. (EEOICPA).

Before she became Assistant Secretary for Environment, Safety and Health, Cook was appointed as Manager

of the DOE Idaho Operations Office. During her 2 1/2 years in Idaho, Cook was responsible for the waste cleanup mission at National Engineering and Environmental Laboratory (INEEL) and managing a wide range of research and development programs.

Prior to working in the Idaho Operations Office, Cook spent eight years in the DOE’s Office of Nuclear Energy (NE), from 1991 to 1999. This office is responsible for the development of next-generation and advanced nuclear power plants, disposition of NE’s legacy materials, supporting the country’s nuclear engineering and science education programs and developing several other nuclear technologies, such as space nuclear power and the production and distribution of medical and research isotopes. While working in the Office of NE, Cook held various positions, including Program Director for Space Nuclear Programs, responsible for the fabrication, quality assurance, and nuclear safety of the radioisotope thermoelectric generators that were provided to NASA. In her last year at the DOE NE Office, she was Principal Deputy Director.

A native of Washington, Cook received her B.S. in Metallurgical Engineering from the University in Seattle. We welcome the new Assistant Secretary Cook and look forward to working with her to protect the health and safety of DOE workers.

Written by Sylvia Kieding

WHPP Participants Give Dr. Conyer Vote of Confidence

“If I didn’t already have a personal physician, I would choose Dr. Conyer” commented James Harbison, WHPP retiree representative, former worker at the Paducah gaseous diffusion plant and program participant. “He doesn’t rush anyone, he answers people’s questions, and workers can relate to him”, Harbison explained.

Dr. Bill Conyer, a Paducah, KY native, is one of the local physicians at the Prime Care clinic in Paducah who provides examinations for current and former workers at the Paducah Gaseous Diffusion Plant (GDP) in Paducah, Kentucky. Dr. Conyer began his practice in 1981 at Livingston County Hospital. He spent two years in Hawaii doing emergency room work and outpatient care. In 1990, he moved back to Paducah where he spent six years in the Emergency Room at Lourdes Hospital.

Dr. Conyer enjoys his work with the WHPP. He not only performs the various medical tests, but also addresses any health questions or special needs the patients may have. Dr. Conyer spent the first two years of his WHPP work examining retirees and former workers at the plant. The past year has been a mix of former



and current workers. He feels that the participants have a real spirit of cooperation.

Dr. Conyer lives with his wife Barbara Jean, a registered nurse. She teaches Pharmacology at Paducah Community College. They have three daughters, Elizabeth, 17; Christina, 12; and Angela, 11. We at Paducah consider ourselves fortunate to have Dr. Bill Conyer; he is an important part of our Worker Health Protection Program.

Written by Phillip Foley, PACE Local Coordinator

A Message of Thanks from Mark Lewis

My name is Mark Lewis. I am the local coordinator of the PACE Worker Health Protection Program at Portsmouth. I am also a janitor at the United States Enrichment Corporation (USEC). I worked for years as a Firefighter/E.M.T. at the Portsmouth Gaseous Diffusion Plant. I would still be there today were it not for a heart attack and bypass operation at age 34.

While working at the Portsmouth Gaseous Diffusion Plant, I was fascinated how something that I could not see, hear, smell or touch could be so powerful, but I had respect for the radiation and its dangers. After several years, I became an Occupational Health and Safety Education Coordinator (OSHEC), which means I am qualified to train workers in the plant. It was not until I became a trainer that I discovered there was more than one enemy. I found that I was also working with and exposed to unknown chemicals that could severely affect my health, making my job of educating workers even more important than I already knew it to be.

I have the utmost respect for the Cold War Veterans across this great nation of ours. The combined efforts of retirees meeting in risk mapping sessions and the focus groups during the needs assessment phase of the PACE Worker Health Protection Program (WHPP), provided the foundation for



Mark Lewis speaking with WHPP participants at the Portsmouth local union hall.

WHPP. The collective memory of the past Cold War veterans was invaluable, as little or no records exist in most cases. The sessions also helped fertilize the grass roots movement that later resulted in the passage of the Energy Employees Compensation Program Act of 2000 (EEOICPA).

It has been an honor and a privilege to work as a worker-investigator with the generation who fought for our country to keep us free. I now know from experience the fighting spirit and sense of justice the greatest generation has and why you are called the GREATEST. I will stand fast on the ground you have gained and I THANK YOU !!!

WHPP Early Lung Cancer Detection (ELCD) Program Update

The PACE Worker Health Protection Program continues to offer low-dose screening CT scans on the mobile unit that travels between the three gaseous diffusion plant union halls. Interest in the program remains strong and by April 30, 2002 (1 ½ years after the program started) over 3,000 WHPP participants had at least one CT scan done. About one third of these participants were invited back for one or more repeat scans, bringing the total number of scans through the end of April 2002 to 4, 660.

What do we mean by early detection?

Lung cancer is a life-threatening disease because it often spreads before it can be found by conventional medical exams. Early detection means finding the lung cancer in the early stages when surgical removal is most successful — before symptoms appear and before it has spread to the lymph nodes or other organs.

Unfortunately, few lung cancers are currently found at an early stage. In fact, only 15% (15 out of every 100) of lung cancers are found in early stages. Low-dose computerized tomography (CT) promises to change this and may save many lives. Studies have shown that low-dose spiral CT scans find more cancers than standard x-rays and a greater percentage that are in the early stages. (See letter in this issue from Margaret Webb, a participant who was diagnosed with early lung cancer.)

The low-dose spiral CT is a painless, quick procedure that uses less radiation than a standard CT and yet is sensitive



enough to detect abnormalities that are too small to be seen on a chest x-ray. Given the increased risk for many DOE workers, PACE is pleased to be able to offer this early lung cancer detection test.

Who is eligible to participate in the WHPP Early Lung Cancer Detection Program?

The program targets gaseous diffusion plant workers with the greatest risk of developing lung cancer based on age, smoking history, and occupational exposure. If you are interested in participating in the program (and have already been through the WHPP medical screening program) call the toll-free number: 1-866-228-7226. The Early Lung Cancer Detection Program staff will review your chart and set up an appointment if you are eligible. There is no cost to WHPP participants for the CT scans done on the mobile unit.

Note: Low-dose CT screening does not detect all lung cancers and does not eliminate the possibility that lung cancer may appear in the future.

Written by Amy Manowitz