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DRAFT APPROVED BY PROFESSOR COGGON

MINUTES OF THE SEVENTEENTH DEPLETED URANIUM OVERSIGHT BOARD MEETING ON SEPTEMBER 6TH 2004

Present:			
Board:	Professor David Coggon	MRC	Chair
	Surg Cdre Nick Baldock	RN	
	Mr Ron Brown	DRPS	
	Dr Chris Busby	LLRC	
	Maj Gen (Retd.) R P Craig	RBL	
	Dr George Etherington	NRPB	
	Dr David Lewis	INM	
	Dr Gordon Paterson	BRC	
	Dr Margaret Spittle	MH	
	Professor Brian Spratt	RS	
	Dr Len Levy	MRC IEH	
	Dr Chris Morgan	*VPU DD/DU*	*Acting Secretary*
	Charles Williams	*VPU*	*Project Manager*
	Wg Cdr John Aitken		
Observers:			
Apologies:	Professor Ian Gilmore	RCP	
	Dan King	*VPU*	*Secretary*

Item	Discussion and decisions	Action by
1.	**Minutes of last meeting** a) There were a number of changes and these were incorporated in the final minutes which have since been posted on the DUOB web site.	
2.	**Matters arising from the last meeting** All actions were complete except: i) Action 15.3: Dr Etherington Dr Etherington said the technical document on dose calculation was in draft and would be available over the next few weeks. ii) Action 15.11: Review of laboratories' Quality Assurance arrangements: Dr Lewis The Quality Control paper had been completed and would be forwarded to the Secretary. iii) Action 16.2; The chairman had agreed to correlate uranium to creatinine ratios for spot samples with estimates of 24 hour urinary excretion for the same subjects. The results from the spot samples were not yet all available, but the action would be completed when they were.	Action 15.11 continuing Action 16.2 continuing
3.	**Progress in pilot testing of veterans** Letters had been sent out to participants with negative results, as agreed at the last meeting. A special letter had been sent out to one borderline case. Mr Williams reported that this individual had since expressed a wish to be tested again as part of the main testing programme. Initial holding letters had been sent to five participants for whom full results had not at first been available. Subsequently, the outstanding results had been reported. They were all negative for DU, although one showed possible evidence of enriched uranium, with a slightly low $^{238}U/^{235}U$ ratio. Dr Busby suggested that it would be helpful in the main testing programme to know from which area of the country those tested came, so that any evidence for enriched uranium in the environment might be looked at. Mr Williams was asked to instruct the healthcare administrator to code their database entries so that the approximate region of residence would be known. One of the laboratories had amended the uncertainty estimates for their results, and the Board agreed that the laboratories should be asked to provide notes on the calculation of uncertainties. More information on blanks was also required.	Action 17.1 Project Manager Action 17.2 Project Manager
4.	**Update on testing programme contracts** Healthcare administrator There had been only one bid for this contract - from Grosvenor Health. Among other things, they had 15 years experience of working for BT and British Rail, providing urine testing. They were familiar with working across the UK, and acquainted with chain of custody issues. They already liaised with many of the hospitals involved in the DUOB Programme. They also had the required resources in terms of nursing and administrative staff. In summary, Grosvenor Health conformed well to all the requirements of the tender. A meeting was now planned with Grosvenor Health in Redditch on 20th September 2004 to bring together parties involved in the main testing programme and discuss detailed working arrangements.	

The circumstances in which Grosvenor Health could report results directly to participants was discussed, and it was agreed that if the $^{238}U/U^{235}$ was less than 142 then a negative letter could be sent out by Grosvenor Health, provided that the analysing laboratory(ies) did not consider there was evidence of either depleted or enriched uranium.

Professor Coggon did not wish to delay the reporting of results to participants unnecessarily. It was agreed that a sub-group of the Board would look at results which were not clearly negative. The sub-group would consist of Dr Busby, Dr Lewis, Dr Henderson and Professor Coggon. Their deliberations would be reported back to the full Board.

Regional Clinics

Mr Williams reported that four hospitals had now been contracted to participate in the main testing programme: St Thomas', London; Glasgow R I; Southmead, Bristol; and University of North Tees, Stockton.. There was a possibility that City Hospital, Belfast would also take part. Otherwise, Northern Ireland participants might be invited to attend the clinic in Glasgow. Mr Williams was also pursuing several other options.

Professor Coggon felt there was now sufficient coverage nationwide to start the programme.

Dr Spittle asked how many people were already on the waiting list for the main testing programme.

Mr Williams said there were 59.

Professor Coggon reminded members of a report by Professor Wessley which had concluded that tens of thousands of applicants might come forward for the main testing programme. However, he felt that such large numbers were unlikely in practice.

Mr Williams asked about the handling of queries from applicants inquiring about the test.

Professor Coggon thought where such questions could not be answered from the web-site, they could be referred to the administrator, and if necessary passed on to the medical advisor or to the DUOB.

Maj General Craig noted that a negative finding did not necessarily mean that an individual had not been exposed to DU. Professor Coggon explained that the preliminary work commissioned by the Board had indicated that the test was capable of detecting exposures to DU in 1991 at levels below those at which most scientists would expect any material effect on health. Professor Spratt amplified that if the intake had been large the individual would still be excreting DU in his urine today.

Dr Busby suggested that an exponential decrease in DU might be a wrong assumption. He speculated that DU could be totally enclosed in biological material and therefore not be excreted.

Professor Coggon said that his statement referred to mainstream medical and scientific opinion, and that he acknowledged that a minority of scientists disagreed.

Medical Advisor

The CV of the nominated candidate had been circulated and this clearly showed he was well qualified for the position.

Mr Busby asked whether in giving advice to participants, the medical advisor would take account of minority scientific views.

Professor Coggon suggested that Dr Busby should contact the medical adviser to discuss his concerns.

Preparation of spiked samples

Mr Williams explained that the SOR was being finalised.

Professor Coggon said that initially one spiked sample would be introduced for approximately every 10 veterans' samples analysed.

Dr Busby cautioned against the practice of disregarding data outliers when interpreting the findings.

	findings. Press Release on Launch of Main Testing Programme In discussion, the press release for launch of the main programme was modified (see Annex A). Professor Spratt would be the deputy to answer press questions if Professor Coggon was not available.	
6.	Normative values preliminary study Mr Williams said that the samples from all 25 subjects (civilian hospital inpatients) were with the laboratories for analysis. Results were expected by the end of the year. Dr Lewis aid that he had looked at timed samples of urine taken over 24 hours. He had observed little diurnal variation in uranium excretion.	
7.	Timescales Contracts with clinics were starting on 1st September (except St Thomas' which started on October 1st); the Grosvenor Health contract had started on 16th August. Laboratory contracts would be extended.	
8.	DU Background and Scientific Issues It was reported that Professor Parrish would be making a presentation at a forthcoming MOD meeting at Tidworth. Dr Busby referred to soil samples from around Newbury which he said had uranium isotopic ratios indicative of enriched uranium. Professor Spratt expressed surprise at this.	
9.	Date of next meeting This was set for 15th November 2004.	
10.	AOB None.	

Distribution:

All members

All observers