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[DRAFT APPROVED BY PROFESSOR COGGON]

MINUTES OF THE NINETEENTH DEPLETED URANIUM OVERSIGHT BOARD MEETING ON FEBRUARY 21ST FEBRUARY 2005

Present:			
Board:	Professor David Coggon	MRC	Chair
	Surg Cdre Nick Baldock	RN	
	Mr Ron Brown	DRPS	
	Dr Chris Busby	LLRC	
	Dr George Etherington	NRPB	
	Dr Gordon Paterson	BRC	
	Dr David Lewis	INM	
	Professor Ian Gilmore	RCP	
	(Charles Williams	*VPU*	*Project Manager)*
	(Dr Kath Wright	*VPU*	*Secretary)*
Observers:	Dr Chris Morgan	VPU DD/DU	
	Wg Cdr John Aitken	DMSD	
Apologies:	Maj Gen (Retd.) R P Craig	RBL	
	Mr Ivor Connolly	NGV&FA	
	Professor Malcolm Hooper	GVA	
	Dr Len Levy	MRC IEH	
	Dr Margaret Spittle	MH	
	Professor Brian Spratt	RS	
Not Present:	Dr Muir Gray	NSC	
	Dr Derek Hall	NGV&FA	
	Dr Gideon Henderson	Oxford University	

Item	Discussion and decisions	Action by
1.	**Introductions** The Chairman introduced the new secretary, Kath Wright, to the Board. Apologies were received from six members as shown.	
2.	**Minutes of the previous meeting** i. The Chairman sought clarification about release of an MOD press statement at the time of the launch of the main DUOB testing programme. The minutes were amended accordingly. ii. A point about radon gas (page 4) was also clarified.	
3.	**Matters arising** Action 15.11: Review of laboratories' quality control arrangements i. This paper had still not been received by the secretary despite having been sent. Dr Lewis agreed to send it again. Action 16.2: Comparison of uranium/creatinine ratios in spot samples with 24 hour uranium excretions in the pilot exercise i. Using a number of scatter plots comparing 24h and spot sample results from both analytical laboratories, the Chairman explained to the Board that overall there was a reasonable correlation between assays on the two types of sample. The correlation was tighter for the results from laboratory "B", as would be expected given their greater precision. It was agreed that it had been a valuable exercise to examine the reliability of spot samples, since it might well have been necessary to use them had demand for the test been very high. ii. Prof Gilmore asked if there would be any reason to expect a difference between 24h and spot samples. The chairman replied that whilst the creatinine level could be used to adjust for dilution, it was suspected that this method was not entirely reliable. In addition, measurements at one of the laboratories would be expected to be more accurate when based on a larger volume of urine. He noted also that demand for the test and therefore the practicality of collecting 24h samples from all participants had not been known at the outset. iii. The Chairman summed up the discussion by suggesting that if there were strong practical reasons in the future to collect spot rather than 24h urine samples, the comparison gave some encouragement that this would be acceptable, although the Board might seek further reassurance of that results were equivalent before making a final commitment. iv. Action 17.2: Documentation of uncertainty estimation methods i. Laboratory "B" had now submitted its detailed uncertainty estimation procedure to the project manager. Dr Lewis agreed to study the paper in detail and report back to the Board. A similar document had been received from laboratory "A". Dr Lewis was happy with their procedures. **Action 19.1: Dr Lewis to review lab "B" uncertainty paper and report back to Board.** Action 18.1: Copies of all public statements and press coverage to be obtained and filed i. Dr Paterson said that he was concerned that the level of awareness of the testing programme across the military was patchy. **Action 19.2: Secretary to collect and file all press reports in order to check the level of coverage that had been achieved.** Action 18.2: Record of September 20th meeting to be sent to all DUOB members	Dr Lewis Dr Lewis Secretary

	i. Complete Action 18.3: Chairman to seek a nomination for independent third party i. After the last meeting the Chairman had written to Professor Hooper and General Craig saying that if they were both agreed on a nomination for an independent 3rd party, it was likely that the Board would accept their nomination. Professor Hooper had suggested a firm of solicitors and the project manager agreed to approach the firm, provided General Craig had no objections. There was some discussion about the impartiality of the firm, but the Chairman felt that this was not a problem as the solicitors would only be tasked to hold the information safely; any request for the data held would be made through the DUOB. **Action19.3: Project manager to seek contact details from Professor Hooper and the view of General Craig before approaching the solicitors.** Action 18.4: Project manager to investigate changing the sample routing arrangements i. The Chairman reported that the first 100 urine samples received in the main programme were being fully analysed by both laboratories. Thereafter, since the remaining capacity of laboratory "A" was twice that of laboratory "B", only half the number of samples received could be analysed in duplicate. The current arrangement was that all samples were sent to laboratory "A", where their volume and density were measured and aliquots withdrawn for analysis or uranium and creatinine. The remainder of each sample, in its original bottle, was then forwarded to the other laboratory. Laboratory "B" carried out a second analysis of uranium isotopes, but did not replicate the more basic measurements. A fully symmetrical arrangement had been considered, but rejected on the advice of laboratory "B", which said that existing arrangements were working well and preferred not to introduce additional complications. The project manager reported that the healthcare administration contractor would determine which samples were analysed in duplicate by issuing sample bottles marked alternately "A" or "C". Those with the "A" suffix would simply be stored when received at the second laboratory in case re-analysis was required later due to ambiguity in a result. Those marked "C" would automatically be re-analysed by the second laboratory. Action 18.7: Footnote on the CERRIE report to be drafted and circulated i. The Board discussed the Veterans and their Medical Advisors paper, focussing on Footnote 3 (Page 6) which related to the CERRIE report and levels of uncertainty. There was some debate about how CERRIE decided upon the level of uncertainty. Dr Busby said that since the CERRIE majority report was produced under constrained conditions, the minority report should also be considered. He suggested that each member of the Board be provided with a hard copy of both the majority and minority reports. The Chairman asked Dr Busby to set out in writing his criticisms of the CERRIE majority report. The Chairman felt that the Board needed clarification about the derivation of the CERRIE uncertainty factors before the paper for veterans was published, and proposed that the chairman of CERRIE be invited to attend the next DUOB meeting. In addition, his assistance with the wording of the footnote would be requested. It was agreed that publication of the paper would be postponed until the statement about the level of uncertainty was agreed. **Action 19.4: Board members to be sent hardcopies of both the majority and minority CERRIE reports (the minority report to be provided by Dr Busby).** **Action 19.5: The Chairman of CERRIE to be invited to the next DUOB meeting** Action 18.8: Dr Lewis to be consulted over the implications of sample acidification i. The Board discussed whether the spiked samples that were now being supplied via the clinics would be easily distinguishable by the testing laboratories as a consequence of their acidification. Dr Lewis advised that it was not immediately apparent that the samples were	Proj. Man Proj. man. Proj. man.

	acidified and laboratories would have to undertake a pH analysis to identify any differences. However, Dr Busby felt that it was important to have mechanisms in place to ensure that those individuals who were distrustful of the DUOB could be reassured. Dr Lewis responded that there was no motivation for either of the laboratories to falsify results, and in any case they had professional standards to maintain. Dr Busby nonetheless felt that since the DU issue had major implications, it must be demonstrated beyond reasonable doubt that the analytical results obtained were trustworthy. ii. Dr Lewis pointed out that if the Quality Assurance (QA) samples were being handled differently; those differences would be detectable through statistical analysis of the raw data as the quality of the data would not be consistent. The decision of the majority of members was to leave the protocol unchanged. <u>Action 18.9: Programme update to be drafted and distributed</u> i. This had been done. It was agreed that the Board would wait for the accumulation of at least the first 50 results before sending out another update. <u>Action 18.10: Anonymous biological monitoring results to be provided to Dr Busby</u> i. This has been done.	
4.	**<u>Update on testing programme contracts</u>** i. Mr Williams reported no major problems. Over 324 applications had so far been approved and passed to the healthcare administration contractor, and they were continuing to be received, at a rate of approximately 5 per week. The first 100 samples would be tested in duplicate (i.e. each sample being tested at both laboratories); thereafter all the samples would be tested at laboratory "A" with every second sample also being tested at laboratory "B". This decision was based on the capacity of the laboratories. Laboratory "B" had been receiving samples more quickly than it could process them, but the consequent backlog would be eliminated by the modified arrangements. ii. The contract with the London clinic was due to expire at the end of April 2005, and the project manager requested guidance from the Board on the action required. The Chairman said that this would depend largely on the level of new applications received from south east England. He asked the project manager to circulate a proposal to Board members for consideration. **<u>Action 19.6: Project manager to circulate a proposal on future clinic arrangements for London area test applicants</u>**	Proj. man.
5.	**<u>Results to date</u>** i. 20 sample analyses had been completed in duplicate, with a further 11 results received from the first laboratory only. A spreadsheet detailing each pair of results had been provided to the Board. One sample analysis by laboratory "B" had shown a $^{238}U/^{235}U$ isotope ratio of 136.5, felt by the lab to be a marginal indication of enriched uranium. However, in the light of the paired result from Laboratory "A", both Dr Lewis and Dr Etherington considered this was not the case. Professor Coggon concurred. It was agreed that there was no evidence of exposure to DU, and that the feedback to the test participant should make no reference to enriched uranium. ii. Dr Busby enquired where the relevant individual lived. It was agreed that their approximate geographical location and reported exposure history (the anonymous section of the questionnaire) would be provided to Dr Busby; but the Chairman made it clear that before Dr Busby made any public reference to this information, he would require formal permission from the Board.	

	Action 19.7: Geographical and questionnaire data to be supplied to Dr Busby iii. The Chairman felt that anonymised aggregate test results should be made public in due course. At least 50 results were required for this, and it would be helpful to categorise them as coming from Gulf war, Balkans, and non-military groups. Prof Coggon agreed to prepare a draft report and to write to the Minister for Veterans about it when appropriate.	Proj. man.
6.	**Civilian normative values preliminary study** i. The Board discussed the preliminary results received from the normative values contractor, which were all based on analytical data from laboratory "A". In general, these showed that spot urine samples would be sufficiently reliable for use in a full nationwide study if required. The contractor would be submitting a full report shortly. ii. The point was made that the lack of any indication so far of DU exposure reduced the need for a national urinary uranium survey. Dr Busby felt that it was important to look at a larger population before drawing any generalised conclusions, and that it was inappropriate to use the veterans' results as an argument for not expanding the normative study. The Chairman maintained that the programme so far indicated that exposure to DU was an unusual occurrence, and if there were significant background exposures to DU this would have shown up. iii. The Board agreed to defer any further action on the normative study. Dr Paterson pointed out that if positive results from the retrospective testing began to appear, the matter could be reconsidered.	
7.	**Future Planning** i. After an initial surge of interest when the testing programme was launched, uptake of the test had fallen to a low and reasonably steady rate. The current programme contracts were set to run until the late summer or autumn of 2005 (with the exception of the London clinic contract, discussed above). The Board needed to decide whether the programme should be extended further. It was felt that whilst it was still too early to do so, in due course a closing date for new applications would have to be set. Once a date was agreed, it should be well publicised and sufficient time allowed for fresh applications to be submitted and processed. Prof Gilmore pointed out that a timetable for closure would almost certainly generate an upsurge in the number of tests. The capacity of the laboratories would need to be considered when deciding upon an end date. ii. Dr Paterson felt that with the current low level of interest and uptake there would be no justification in re-letting the contracts. However, he was interested in how easy it might be to undertake the occasional new test if required. Mr Brown replied that it depended on how well the analytical equipment was maintained, adding that the problem was really one of administration rather than sample analysis. iii. The Chairman proposed that an announcement be made in June and combined with reporting of the aggregate results up to that point. A press release should also be issued. It was decided to review this issue at the next meeting with a view to drafting a statement.	
8.	**Date of Next meeting** i. It was agreed that the next meeting would be held in the latter part of June 2005. **Action 19.8: The secretary was asked to canvass members for their availability.**	Secretary
9.	**Any Other Business**	

	i. There was some discussion about the conduct of Board members. It was agreed that as independent individuals, members were free to speak publicly about matters relating to DU, but that they should be careful not to appear to be speaking on behalf of the Board. Nor should they report details of discussions at Board meetings beyond what had been officially reported in the agreed minutes. The only person authorised to speak publicly on behalf of the Board was the Chairman (or his nominated deputy). ii. A lack of active representation at Board meetings from the veterans' community was of growing concern. iii. A letter had been received from Professor Wessely regarding difficulties in recruiting suitable test volunteers for his study of possible DU exposure among military personnel deployed to Iraq. The Board agreed that Professor Wessely's team should concentrate its effort particularly on recruitment of volunteers from among clean-up and medical personnel. **Action 19.9: Prof Wessely to be advised to prioritise recruitment of test volunteers from specialist sub-groups** iv. Dr Busby suggested that while measurement of DU in uranium was useful, there might be value in making other measurements in a sample of individuals to support the urine data e.g. autopsy analysis of lymph nodes. The Chairman felt that the logistics of such testing would be highly complex and difficult to implement. However, it was agreed to consider this option as a recommendation within Professor Coggon's forthcoming report to the Minister.	Proj. man.

Distribution:
All members
All observers