

Item	Discussion and decisions	Action by
1.	<p><u>Introductions</u></p> <p>i. The Chairman reported apologies as indicated.</p>	
2.	<p><u>Minutes of the previous meeting</u></p> <p>i. Some minor errors were noted and the minutes agreed.</p>	
3.	<p><u>Matters arising</u></p> <p><u>Action 20.1: Dr Lewis to liaise with Dr Henderson before sending out a revised version of the report to the Board</u></p> <p>i. Action continuing.</p> <p><u>Action 20.3 : Project Manager to approach proposed 3rd party and set up contract</u></p> <p>i. The Chairman reported that the proposed 3rd party did not wish to act in this capacity. The matter was discussed further at item 4.</p> <p><u>Action 21.1: Professor Coggon to conduct statistical analysis of results at the end of the programme</u></p> <p>i. Ongoing. This issue was discussed further at item 7.</p> <p><u>Action 21.2: Secretary to circulate report to Board for comment.</u></p> <p>i. Action complete.</p> <p><u>Action 21.3: Project manager to provide Dr Busby with a list of participants by clinic attended and permission for research granted or withheld.</u></p> <p>i. Action complete. Professor Coggon to confirm that Dr Busby is content with data provided.</p> <p><u>Action 21.4: Chairman to contact laboratories regarding difference in spiked sample results.</u></p> <p>i. Action complete but awaiting reply. Chairman to chase.</p> <p><u>Action 21.5: Professor Coggon to provide an update to the existing results summary on the DUOB website.</u></p> <p>i. Action complete.</p> <p><u>Action 21.6: Secretary to seek advice from the press office regarding a second publication.</u></p> <p>i. Action complete. DUOB advert was placed in both The Sun and The Daily Mail.</p> <p><u>Action 21.7: Chairman to write to relevant Ministers.</u></p> <p>i. Action complete. Professor Coggon wrote to ministers in MOD and DFID, and subsequently to UNEP, informing them of the test developed by the Board and suggesting that it might be useful in assessing the exposures of Iraqi civilians and veterans.</p>	
4.	<p><u>Testing Programme Update</u></p> <p>i. <u>Announcement:</u> A press release announcing the closing date for applications was issued on 7 November 2006 and was followed by adverts in The Sun and The Daily Mail. Veterans' organisations were also informed of the closing date and asked to promulgate the information to their members. An initial surge of applications confirmed that the message had been received. However, by the New Year, new applications had fallen to levels which justified the Board's decision to close the programme. Since the closing date, nearly 2 months ago, only four further applications had been received, and as a special case, these had been accepted.</p>	

	<p>ii. <u>Current Position:</u></p> <p>The Chairman reported that, at 13 March 2006, 521 applications had been received. 316 results letters had been sent out, 155 samples were still being processed, and a further 50 individuals had decided not to proceed with the test. The satisfaction rates for the testing process remained high.</p> <p>iii. <u>Other issues:</u></p> <p>a. <i>Staff Changes:</i> The Project Manager reported that there had been a change of personnel at Lab A. Concerns about continuity and consistency had been raised with Lab A, and reassurances had been given that the testing programme would not be affected. However, the Board will examine future data from Lab A carefully to ensure that the high quality standards are maintained.</p> <p>b. <i>Sample Disposal:</i> The Board had received a query as to how long urine samples needed to be retained after a results letter had been issued. The Chairman had proposed in correspondence that all spiked samples, and all which had been analysed by one lab only should be kept for the time being. All samples which had resulted in non-standard result letters or any validity queries should also be retained. The remainder of the samples (which constitute the majority) should be retained for 3 months before being destroyed. Members had endorsed this approach.</p> <p>c. <i>Future Timetable:</i> The Project Manager stated that contracts with the three labs had been extended to the end of August 2006 while the contract with the healthcare provider had been extended to the end of September 2006. He believed that this would provide ample time in which to complete analysis of the remaining samples and to report the results. Some concern was expressed about the turnaround time for analysis, especially if there were problems with the final batch of samples, but Mr Williams reported that measures had been taken to increase the rate of throughput at Lab B and that overall the whole process had become more streamlined.</p>	
5.	<p><u>Results to date</u></p> <p>i. The latest consolidated results were for the period up to the end of January 2006, and a summary had been placed on the DUOB website. In essence, there was no detectable DU exposure, but a small number of participants had higher than normal excretion of natural uranium. The findings for spiked samples were in line with the results of the pilot study. Isotope ratios above 142 were being detected as positive by both labs. As expected, the assay at Lab B was proving to be more sensitive, with ratios above 140 being detected as positive, and even those with lower ratios being identified as suspected DU positives. A number of spiked samples were still awaiting analysis.</p>	
6.	<p><u>Retention of Personal Information</u></p> <p>i. <u>Personal Information:</u> The Healthcare Provider currently holds all personal information (including the completed questionnaires) relating to all test participants. It is their normal policy to retain such confidential data for 5 years and the Board were content with this position. However, there was some discussion as to the fate of the data once this period had ended. It was agreed that one year before the end of this storage period, the situation should be reviewed, and that any future decisions about the data should be taken by the MOD in consultation with Veterans' organisations. This recommendation will be documented within the Board's final report and will be made explicit to the Healthcare Provider.</p> <p>ii. <u>Independent 3rd Party:</u> The Chairman reminded the Board that the purpose of an independent 3rd party to hold the data from the testing programme, with clear instructions only to release it to authorised individuals, was in case veterans wished to challenge the information they had been given.</p>	

	<p>Given that the nominated 3rd party had declined to hold these data on the Board's behalf, the Chairman asked whether it was still what the veterans wanted.</p> <p>After some debate, it was suggested that the RBL might be approached and asked to hold a copy of the data, in addition to copies held by the Healthcare provider (full information) and the MOD (anonymised laboratory data only). The anonymised laboratory results could also be appended to the final report of the Board.</p> <p><u>ACTION 22.1: Professor Hooper to confirm that veterans are content for the RBL to act as the independent 3rd party.</u></p>	Prof Hooper
7.	<p><u>Future of the DUOB:</u></p> <p>i. The Chairman proposed that there should be one more meeting of the DUOB once the outstanding tests were reported back. Prior to this meeting a draft report of the results of the programme and papers detailing how the programme will close will be circulated to the Board. Professor Coggon undertook to put this information together. He also suggested that attention might be drawn to the closure of the programme and the publication of the final report by way of a letter to The Lancet. This course of action was agreed by the Board.</p> <p>ii. There was some debate as to what might be included within the final report. Mr Jones suggested that it be made clear that the Board had notified appropriate authorities of the potential wider applications of the test. Mr Jones also confirmed that the Chairman would write to the Minister about the closure of the programme, and suggested that a copy of the final report be sent to the relevant Veterans Organisations.</p> <p>iii. Mr Williams enquired as to the fate of the DUOB website. It was agreed that the site remain as it is until the programme had closed. At that point, the information would be archived.</p> <p><u>ACTION 22.2: Prof Coggon to draft a final report upon completion of final sample analysis.</u></p>	Chairman
8.	<p><u>Update on BEIR VII by Dr Etherington</u></p> <p>i. <u>IRSN Report</u> There was some debate about this recent report which was published as a response to the ECRR paper on risks from internal sources of ionising radiation. The paper highlighted problems in reconstructing internal doses using available data, and in developing appropriate risk models. The Board felt that the IRSN report acknowledged that the questions raised by the ECRR report were sensible. However, the uncertainty in risk estimates for internal appeared to be in the order of a factor of 3 rather than a factor of 10 or 100.</p>	
9.	<p><u>Any Other Business</u></p> <p>i. <u>Aldermaston Report:</u> The Chairman had previously circulated Dr Busby's recent report and subsequent correspondence with Dan Fahey to the Board. His view was that the report did not impinge upon DUOB activities and Dr Busby, as an independent member of the Board, was entitled to his own opinions.</p> <p>ii. <u>Nottingham Workshop:</u> The Chairman reported that Board members had been invited to attend a forthcoming DU workshop due to take place in Nottingham in June.</p>	
9.	<p><u>Date of Next Meeting:</u></p> <p>The date of the next meeting will be circulated in due course.</p>	

Distribution:
All members
All observers