

Attachment 10 –

Sample letters (results of radiograph interpretation; first reporting no disease, second reporting disease)

JOHN Q DOE
123 MAIN STREET
MORGANTOWN, WV 26508

Dear MR. DOE:

The National Institute for Occupational Safety and Health (NIOSH) in Morgantown, West Virginia, administers the Coal Workers' Health Surveillance Program (CWHSP) which is a congressionally-mandated medical examination surveillance program for monitoring the health of coal miners. The CWHSP was originally authorized under the 1969 Federal Coal Mine Health and Safety Act and is currently authorized under the 1977 Federal Mine Safety and Health Act and its subsequent amendments (the Act). You had a chest examination conducted under the CWHSP on 12/14/2014 at ABC CLINIC. Radiographs taken as part of the CWHSP are classified according to regulations found in the Code of Federal Regulations (42 CFR Part 37).

This letter will only inform you of your chest radiograph findings. If you have already requested it, a copy of this letter has been sent to your doctor. To help you with questions about disability or compensation (Federal Benefits and State Workers' Compensation) or additional medical information, please visit our website -- <http://www.cdc.gov/niosh/topics/surveillance/ords/cwhsp-resources.html>.

As you know, miners who breathe in too much coal mine dust can develop problems in their lungs, sometimes called "Black Lung" disease. The dust can cause scars to form in the lungs. Doctors call this disease "COAL WORKERS' PNEUMOCONIOSIS."

The CWHSP was designed to help you protect your health by early detection of pneumoconiosis with the use of chest radiograph screening. Even though you don't notice any breathing problems, your radiograph may show pneumoconiosis. If you find out that you have pneumoconiosis before it becomes severe, you can take action to control your dust exposure and help prevent serious breathing problems. Under this Program, if you are a coal miner and have evidence of the development of pneumoconiosis, you have the right to work in an area where the concentration of dust is continuously maintained at or below the applicable standard as specified in Title 30, Part 90.100 (Part 90 Transfer Rights).

Each chest radiograph taken as part of the CWHSP is evaluated by doctors who have taken a special course on how to recognize and classify pneumoconiosis on chest radiographs (A Reader) and/or who have passed a test showing that they can accurately classify chest radiographs with pneumoconiosis (B Reader). These doctors look at the radiograph to see if there is a dust disease and how severe it is. Small scars from dust begin as Category 1; over time and with enough dust exposure, they can worsen to Category 2 and then to Category 3. A higher category usually means more of the lung is damaged from these small scars. Miners who have breathed a lot of dust can develop much larger areas of scar tissue in their lungs. These large scars are the most serious form of dust disease, called Complicated Pneumoconiosis. As the large areas of scar tissue increase, Complicated Pneumoconiosis can worsen from Category A to Category B then to Category C. This is called Progressive Massive Fibrosis (PMF).

NIOSH has determined that your recent radiograph shows NO evidence of PNEUMOCONIOSIS.

WHAT DOES THIS MEAN TO YOU? This is good news about your health. Even though you may have been working in a job with exposure to coal mine dust, your recent radiograph does not show evidence of pneumoconiosis.

WHAT SHOULD YOU DO? You should be very careful about your exposure to dust at work. Minimizing your exposure to dust is your best way to reduce your chances of getting pneumoconiosis.

If you smoke, you should quit now! Smoking can also cause severe lung damage and shortness of breath. Together, coal mine dust and smoking cause more lung damage than either one alone.

DOES THIS MEAN YOUR LUNGS ARE NORMAL? Dust can affect your lungs and cause breathing problems in different ways. A chest radiograph will usually show if you have pneumoconiosis and how severe it is. However, a chest radiograph does not detect all types of lung problems, whether they are caused by dust or by smoking. Also, keep in mind that the earliest forms of pneumoconiosis may not always be seen on a chest radiograph. If you think you have a lung problem, you should see a doctor. Your doctor may want to arrange special tests to check for these other lung diseases.

WERE THERE OTHER FINDINGS ON YOUR RADIOGRAPH? The doctors who looked at your radiograph also checked to see if there were other conditions. No other conditions were reported.

Here is more information:

- * To find out about medical care and other matters, you can call a Federal "Black Lung" Clinic in your area.
- * To find out how this radiograph report may affect your rights on the job, contact one of the Mine Safety and Health Administration (MSHA) District Offices.
- * If you have any questions or concerns about the CWHSP, please contact us at the address or telephone number listed above or at our toll-free number (1-888-480-4042).

Sincerely yours,

Eileen Storey, MD, MPH
Chief, Surveillance Branch
Division of Respiratory Disease Studies

Enclosure(s)

JANE Q SMITH
123 MAIN STREET
MORGANTOWN, WV 26508

Dear MS. SMITH:

The National Institute for Occupational Safety and Health (NIOSH) in Morgantown, West Virginia, administers the Coal Workers' Health Surveillance Program (CWHSP) which is a congressionally-mandated medical examination surveillance program for monitoring the health of coal miners. The CWHSP was originally authorized under the 1969 Federal Coal Mine Health and Safety Act and is currently authorized under the 1977 Federal Mine Safety and Health Act and its subsequent amendments (the Act). You had a chest examination conducted under the CWHSP on 12/14/2014 at ABC CLINIC. Radiographs taken as part of the CWHSP are classified according to regulations found in the Code of Federal Regulations (42 CFR Part 37).

This letter will only inform you of your chest radiograph findings. If you have already requested it, a copy of this letter has been sent to your doctor. To help you with questions about disability or compensation (Federal Benefits and State Workers' Compensation) or additional medical information, please visit our website -- <http://www.cdc.gov/niosh/topics/surveillance/ords/cwhsp-resources.html>.

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Each chest radiograph taken as part of the CWHSP is evaluated by doctors who have taken a special course on how to recognize and classify pneumoconiosis on chest radiographs (A Reader) and/or who have passed a test showing that they can accurately classify chest radiographs with pneumoconiosis (B Reader). These doctors look at the radiograph to see if there is a dust disease and how severe it is. Small scars from dust begin as Category 1; over time and with enough dust exposure, they can worsen to Category 2 and then to Category 3. A higher category usually means more of the lung is damaged from these small scars. Miners who have breathed a lot of dust can develop much larger areas of scar tissue in their lungs. These large scars are the most serious form of dust disease, called Complicated Pneumoconiosis. As the large areas of scar tissue increase, Complicated Pneumoconiosis can worsen from Category A to Category B then to Category C. This is called Progressive Massive Fibrosis (PMF).

NIOSH has determined that your recent radiograph shows EVIDENCE of CATEGORY B COMPLICATED PNEUMOCONIOSIS.

WHAT DOES THIS MEAN TO YOU? This is a serious warning about your lung health. Over the years that you have been working in dusty jobs, you inhaled a large amount of coal mine dust. You now have

evidence of pneumoconiosis, which means your lungs have been damaged by dust. Some miners with this condition will have a cough or shortness of breath, but others have very few or no symptoms. Unfortunately, there is no cure for the damage that the dust has already done to your lungs. If your disease progresses over time, and with additional dust exposure, you may become so sick that you cannot work or enjoy leisure activities.

WHAT SHOULD YOU DO? It is very important for you to minimize your exposure to dust at work. This offers you the best hope of slowing the progression of the pneumoconiosis.

If you smoke, you should quit now! You already have severe lung damage from coal mine dust. Smoking can also cause severe lung damage and shortness of breath. Together, mine dust and smoking cause more lung damage than either one alone.

Also, I encourage you to give a copy of this letter to your doctor, so that this important information about your health will be in your permanent medical record. Your doctor may want to order other tests to confirm the condition and to determine how much damage has been done to your lungs, if any other complications are present, and if you may benefit from treatment. Although there is no cure for pneumoconiosis, proper supportive care may be able to help you to continue to work and enjoy life. The U.S. Department of Health and Human Services sponsors "Black Lung" clinics which specialize in evaluation and treatment of miners' lung diseases. You may wish to contact one of the "Black Lung" clinics listed on the website referenced above.

DOES THIS RADIOGRAPH REPORT AFFECT YOUR LEGAL RIGHTS? Because your radiograph shows evidence of pneumoconiosis, under Federal law, you have certain legal rights. In a separate letter, you will receive information from the Mine Safety and Health Administration (MSHA) about these rights. I recommend that you contact one of the MSHA offices listed on the website referenced above to find out more about your transfer rights.

Remember, your health is the most valuable asset that you and your family have.

WERE THERE OTHER FINDINGS ON YOUR RADIOGRAPH? The doctors who looked at your radiograph also checked to see if there were other conditions. One of the expert doctors who reviewed your chest radiograph noted that...

...there is a small spot on your lung. Spots like this are often caused by scar tissue from a healed infection, but may sometimes be a tumor (medical term: nodule, nodular density, coin lesion, or nodular lesion).

...a shadow on your chest radiograph may suggest the possibility of a cancer (medical term: cancer, tumor, malignancy, or neoplasm).

...a part of your lung has a pneumonia, infection, or other condition (medical term: infiltrate or pneumonia).

...there may be some enlarged empty spaces in your lung. Some people are born with these, but usually they are caused by tobacco smoking and sometimes by

exposure to dusts or fumes at work (medical term: blebs, bullae, or cyst).

... there is calcium in the large artery that carries blood away from your heart, suggesting you have some hardening of the arteries. This often occurs with age, but at times suggests that there may be blockages in other blood vessels in the body (medical term: atherosclerotic aorta).

...you have had surgery on your chest, and this can still be seen on the radiograph (medical term: post-surgical changes or thoracotomy).

Here is more information:

- * To find out about medical care and other matters, you can call a Federal "Black Lung" Clinic in your area.
- * To find out how this radiograph report may affect your rights on the job, contact one of the Mine Safety and Health Administration (MSHA) District Offices.
- * If you fail to report this letter, you may lose your rights to compensation under state and Federal law. To find out about this, you should call your state worker's compensation program and your Department of Labor Black Lung Program Office.
- * If you have any questions or concerns about the CWHSP, please contact us at the address or telephone number listed above or at our toll-free number (1-888-480-4042).

Sincerely yours,

Eileen Storey, MD, MPH
Chief, Surveillance Branch
Division of Respiratory Disease Studies

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