

Former Worker Medical Screening Program Surveillance case definitions

Asbestosis without pleural disease:

- a reported history of exposure to asbestos, or job title with a reasonable likelihood of asbestos exposure plus
- a B-reading of standard PA chest film demonstrating bilateral irregular parenchymal opacities (shape and size: s,t,u) with profusion score of 1/0 or greater
- absence of a B-reader notation of findings of unilateral or bilateral pleural thickening consistent with pneumoconiosis
- not likely attributable to another agent known to cause pneumoconiosis

Asbestosis with pleural disease:

- a reported history of exposure to asbestos, or job title with a reasonable likelihood of asbestos exposure plus
- a B-reading of standard PA chest film demonstrating bilateral irregular parenchymal opacities (shape and size: s,t,u) with profusion score of 1/0 or greater
- a B-reader notation of findings of unilateral or bilateral pleural thickening consistent with pneumoconiosis
- not likely attributable to another agent known to cause pneumoconiosis

Asbestos-related pleural disease:

- a reported history of exposure to asbestos, or job title with a reasonable likelihood of asbestos exposure plus
- a B-reader notation of findings of unilateral or bilateral pleural thickening consistent with pneumoconiosis
- absence of a B-reading of standard PA chest film demonstrating bilateral irregular parenchymal opacities (shape and size: s,t,u) with profusion score of 1/0 or greater

Silicosis:

- a reported history of exposure to silica, or job title with a reasonable likelihood of silica exposure plus
- a B-reading of standard PA chest film demonstrating rounded small opacities in both upper lung zones (shape and size: p,q,r) with a profusion score of 1/0 or greater
- not likely attributable to another agent known to cause pneumoconiosis

Mixed dust pneumoconiosis:

- a reported history of exposure to silica and asbestos, or job title with a reasonable likelihood of silica and asbestos exposure plus
- a B-reading of standard PA chest film demonstrating small rounded and irregular (s,t,u) opacities in both lungs with a profusion score of 1/0 or greater

Pneumoconiosis, not otherwise specified:

- a reported history of exposure to an agent known to cause pneumoconiosis, or job title with a reasonable likelihood of such exposure plus
- a B-reading of standard PA chest film demonstrating bilateral irregular parenchymal opacities (any shape and size) with profusion score of 1/0 or greater

Spirometry results:

Report findings based on Hankinson using LLN (based on CARET definition):

- Restrictive: FVC <95% C.I. of predicted, and FEV1/FVC \geq 95% C.I. of predicted
- Obstructive: FVC \geq 95% C.I. of predicted, and FEV1/FVC <95% C.I. of predicted
- Mixed: FVC <95% C.I. of predicted, and FEV1/FVC <95% C.I. of predicted

Noise-induced hearing loss:

Use NIOSH definition of a material hearing impairment. Material hearing impairment is present when both ears have a mean hearing threshold above 25 dB at 1000, 2000, 3000, and 4000 Hz. The mean threshold is calculated separately for each ear and represents the hearing threshold averaged over the 1000, 2000, 3000, and 4000 Hz. Frequencies. Also required is:

- History of occupational noise exposure
- No correction for aging.

Supplemental definition of occupational NIHL, to be reported separately:

Threshold > 25 decibels at 4000 or 6000 Hz in both ears with threshold \leq 25 decibels at 8000 Hz in both ears and not meeting definition above (must have average of the hearing threshold levels \leq 25 dB in each ear using results at 1000, 2000, 3000, and 4000 Hz)