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From: vmuse@partners.org
Sent: Saturday, March 12, 2011 10:18 AM
To: NIOSH Docket Office (CDC)
Cc: Chen, Jihong (Jane) (CDC/NIOSH/EID) (CTR)
Subject: 215 - NIOSH Guideline: Application of Digital Radiography for the Detection and Classification of Pneumoconiosis Comments

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Comments

I am a chest radiologist and work at different facilities that all have digital images, but different systems and especially in chest, there are inherent differences in the machines that produce images that look "softer" in one place and look "edge enhanced" at another, so it is easier to overread digital images. Experience will be key in being able to subtract out the differences in technique from true disease, just as the transition was from hard copy to digital in regular practice.

Hopefully the ILO standards will be taken and compared on different systems ie CR/DR/ Fuji/Kodak, etc. We are currently evaluating a new system for our films so we have been comparing films on the same patients at the same time using different systems and it is remarkable how different they look, and how little our group of 12 chest radiologists can agree on a "good" image- something I am sure the group you have has also found.

The document in general seems very straight forward, most of the QA issues will already be in place at most sites.

What I am unclear about is your statement of reader qualifications. Are you now stating you do not need to get B Reader certification for medical screening but only for--"Readers who perform classifications of digital images for NIOSH research and health surveillance programs must have current approval as NIOSH B readers."-- but earlier in the statement "Classification of chest radiographs for medical diagnosis, medical screening and worker monitoring, government programs, and contested proceedings should be performed by physicians who have experience"--so this setting does not need it? I think this section needs clarification.