

# APPROACHES FOR ESTIMATING PROBABILITY OF CAUSATION FOR COMPENSATION PURPOSES

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Enhancing the Protection of Workers – Gaps, Challenges and Developments**  
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# Overview

- Background – tasks from earlier conferences
- Probability of causation
- Basic approaches
- Complexities and uncertainties
- Software
- Outlook
  - Application in different compensation frameworks

# Background

- Occupational exposure to ionizing radiation may result in cancer among workers
- Exposure-disease relation not directly observable or deducible
- Countries use different approaches to decide on compensation of workers in case of alleged occupational causation
- 2002 International Conference on Occupational Radiation Protection: guidance needed !
- Working group produced document co-sponsored by ILO, IAEA and WHO (2010)

**APPROACHES TO ATTRIBUTION  
OF DETRIMENTAL HEALTH EFFECTS  
TO OCCUPATIONAL  
IONIZING RADIATION EXPOSURE  
AND THEIR APPLICATION  
IN COMPENSATION PROGRAMMES  
FOR CANCER**

Edited by  
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# Probability of Causation

- A diagnosed disease (say: cancer) cannot unequivocally be attributed to a – specific – cause
  - Did occupational ionizing radiation cause this cancer ?
  - How likely is it that ionizing radiation contributed to the development of this cancer ?
- Approaches needed to assess the causal situation
  - Inference from population data to the individual case
- Epidemiology (science): attribution / etiology
  - Includes different epidemiologic measures
- Jurisdiction: probability of causation
  - Can be estimated by etiologic fraction (also called: assigned share)

not 'excess' cases

cases  
 no IR  
 exposure

$C_0$

$C_1$

$C_2$



cases  
 with IR  
 exposure

$C_0$

$C_1$

$C_2$

$t_0$

$t_1$

excess  
 cases

etiologic fraction =  $C_1 + C_2$

# Basic approaches

- no scientific assessment of causation of individual case possible
- Way out: use of population data
- Answering the question: what happens among a larger group of people with same exposure (and co-factor) conditions as known for the individual case ?
- Use an (ideally) unbiased risk estimate from a comparison of exposed versus unexposed persons
  - Note: this is generally pertaining to excess fraction, not etiologic fraction (see previous slides)

# Principle

Assigned share based on epidemiological estimate of relative risk (or absolute risk)

- $AS = \frac{RR-1}{RR}$
- $AS = \frac{EAR}{B_{canc} + EAR}$

(B = baseline risk for specific cancer, EAR = Excess absolute risk)

for ERR (e.g. using ERR/unit dose from LSS):

- $AS = \frac{ERR}{1 + ERR}$



# Example

- Male leukemia case diagnosed at age 68, single exposure of 100 mSv to bone marrow at age 43
- Application of risk model (BEIR, UNSCEAR...) to the specific situation:
- $ERR = 0.288$
- $AS = \frac{0.288}{1+0.288} = 22.4\%$
- (Missing: uncertainty, e.g. confidence bounds)

# Complexities and uncertainties

“Simple“ estimation straight forward, blending out sources of uncertainty, e.g.

Relating to the case:

- Uncertain dosimetry, disease information,
- information on other factors relevant to risk
- ....

Relating to the models used:

- Shape of dose-response curve
- Use of DDREF, biological effectiveness
- Transport from one population to another
- ....

# Interactive software – Example IREP

Developed under contract with the  
National Institute for Occupational  
Safety and Health (NIOSH)



[User's Guide](#) / [More Information](#) / [Contact NIOSH](#)

## Interactive RadioEpidemiological Program NIOSH-IREP v.5.7.1

### For Estimating Probability of Cancer Causation for Exposures to Radiation

To begin by manually entering required inputs

[click here](#)

To begin by using a NIOSH-provided input file

[click here](#)

To calculate PC from multiple primary cancers

[click here](#)

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NIOSH-IREP was created for use by the Department of Labor for adjudication of claims in accordance with the Energy Employees' Occupational Illness Compensation Program Act of 2000 (EEOICPA). NIOSH-IREP was adapted from the National Institutes of Health's (NIH) Interactive RadioEpidemiological Program (IREP) developed by the National Cancer Institute (NCI) to update the NIH Radioepidemiological Tables of 1985. (The version of IREP developed by NCI is known as NIH-IREP.)

Click [here](#) for details about the modifications made to the current version of NIOSH-IREP and to other recent versions. Comments and suggestions should be communicated directly to [NIOSH](#).

[https://www.niosh-irep.com/irep\\_niosh/](https://www.niosh-irep.com/irep_niosh/)

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## Interactive RadioEpidemiological Program NIOSH-IREP v.5.7.1

### Personal Information

Claimant Name:	<input type="text" value="Peter Tosh"/>
NIOSH ID #:	<input type="text" value="123456"/>
DOL Case No:	<input type="text" value="123-45-6789"/>
DOL District Office:	<input type="text" value="SE"/>
Gender:	<input type="text" value="Male"/>
Birth Year:	<input type="text" value="1945"/>
Year of Diagnosis:	<input type="text" value="2012"/>
Claimant Cancer Diagnoses:	<input type="text" value="Enter Diagnoses"/>
Cancer Model* (ICD-9 code): <a href="#">help</a>	<input type="text" value="Lung (162)"/>
Should alternate cancer model be run?:	<input type="text" value="No"/>
Inputs for Skin and Lung Cancer Only:	<input type="text" value="Enter Data"/>

### Exposure Information

Number of Exposures:	<input type="text" value="2"/>
Dose Input Information:	<input type="text" value="Enter Doses"/>
Other Advanced Features:	<input type="text" value="Adv Features"/>

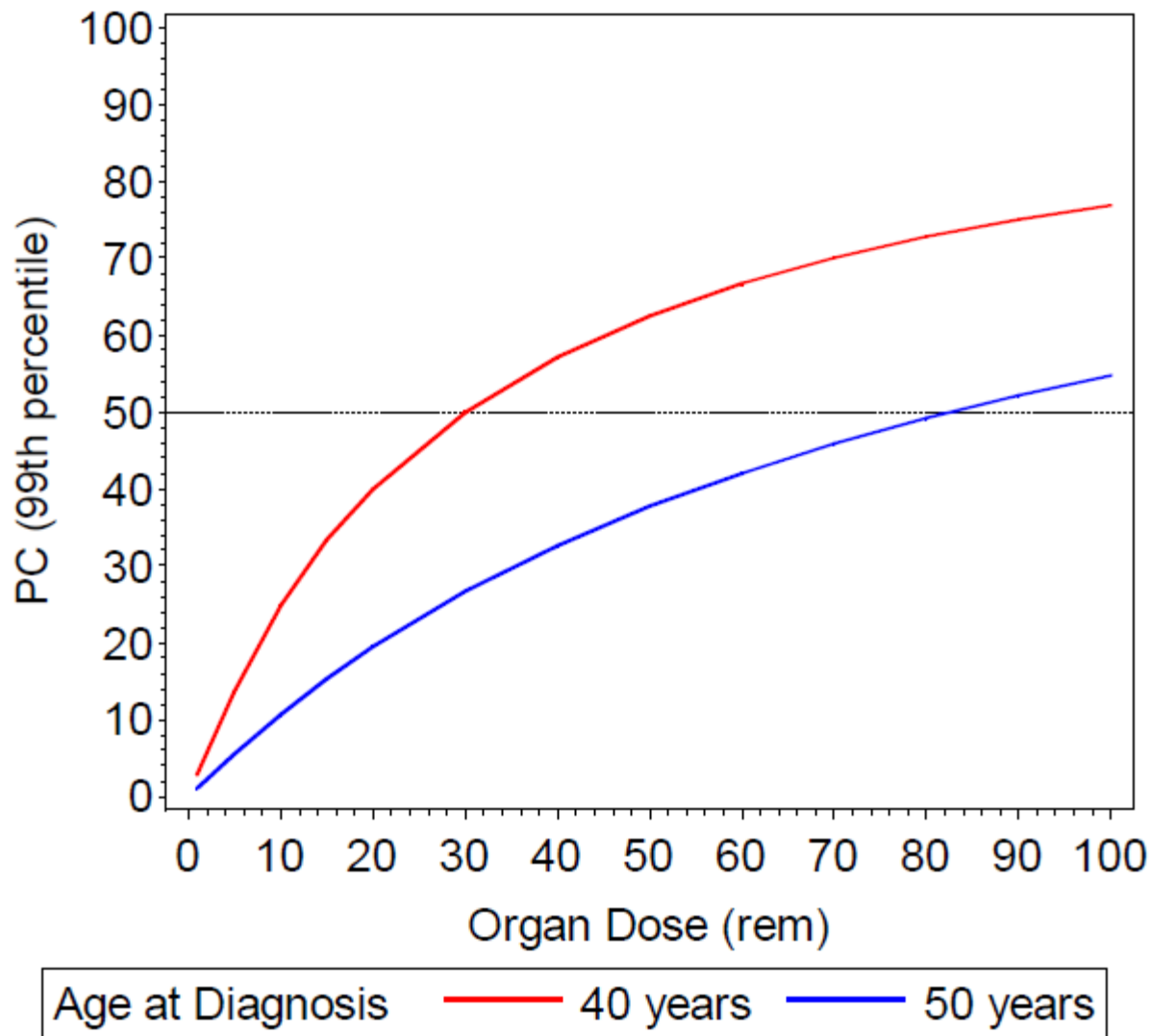
### Use Data Input File

### Calculate Probability of Causation

[About IREP](#)   [View Model Details](#)   [Multiple Primary Cancers](#)   [Restart](#)   [End Session](#)

If you have questions or comments, please contact [NIOSH](#)

# Colon Cancer Model 20 years latency



Inputs: Male, One acute exposure, photons  $E > 250\text{keV}$ , Constant distribution

# Application in Compensation programmes

- US Energy Employees' Occupational Illness Compensation Program Act of 2000:
  - 99<sup>th</sup> percentile  $\geq$  50% PC: claimant eligible for compensation
- UK CSRLD: sliding scale depending on PC value
- Other countries: list-based approach, no PC calculation
- In courts: often the 50% PC (“more likely than not”) used, but differs between countries

# Summary

- Causes of individual cancers unknown
- Estimation of share of cancers caused by specific exposures is possible for populations
- From epidemiology: concept of attributability, closely linked to causal models
- Available software incorporates ways to consider uncertainty in input parameters for PC estimation
- Different uses in compensation schemes and legal systems

# Thank you

[www.bips.uni-bremen.de](http://www.bips.uni-bremen.de)

## Contact

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