Implications of the Bootstrap Analyses on SRS Co-Exposure Models

NIOSH

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Overview

- Background
- Questions for SRS WG Discussion
- Bootstrap Analysis
- Observations & Implications
- Conclusions

Background & Questions

SRS WG Assumption

Subcontractor construction trade workers (subCTWs) were hired for more hazardous work than DuPont CTWs, and therefore had greater potential for internal exposures.

Generally discussed during the November SRS WG Meetings and the December 2020 ABRWH December 8th Meeting.

Questions for SRS WG Discussion?

- Do subcontractor construction trade workers (subCTWs) exhibit higher internal exposures than DuPont CTWs?
- Should subcontractor construction trade workers (subCTWs) have their own co-exposure model?
- Are the current co-exposure models (CTWs vs. non-CTWs) models acceptable for dose reconstruction purposes?

Bootstrap Analysis



Study Sample (NOCTS Tritium Exposures)

	Strata / Co-exposure Model	# tritium samples	# unique workers
Co-exposure Models	Subcontractor CTWs	12,484	237
	DuPont CTWs	19,993	185
	Combined CTWs	32,477	421*
	nonCTWs	110,602	728
	TOTALS	143,079	1,079*

* Some workers changed strata between 1972-1990. One worker is in both the subCTW and DuPont CTW counts, five workers in both the subCTW and nonCTW counts, and 65 workers in both the DuPont CTW and nonCTW counts.

qq plots to graphically display the results



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Geometric Mean



Standard Normal Quantiles



Geometric Standard Deviation



Standard Normal Quantiles

What is Bootstrapping? Sampling with Replacement

Study Sample (NOCTS Data) $\frac{FOR EXAMPLE}{Tritium Exposures}$ Year = 1986N = 66 CTWsgm = 6.5 mremgsd = 3.17 Randomly sampled 66 values from original 1986 NOCTS Data with replacement
1. gm = 7.8 mrem; gsd = 2.72
2. gm = 6.0 mrem; gsd = 3.15
3. gm = 6.4 mrem; gsd = 2.08
4. .
5. .
10,000. gm = 5.2 mrem; gsd = 3.19

<u>BENEFIT:</u> Estimate statistical parameters for things that have unknown properties. <u>95% Confidence Intervals</u>

1986 CTW co-exposure model with confidence intervals





1986 CTW co-exposure model confidence band



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1986 CTW & sub-CTW co-exposure model confidence band



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1986 CTW, sub-CTW, & DuPont CTW co-exposure model confidence band



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1986 density plots with bootstrap uncertainties



Observations & Implications

Implication 1: Representativeness

80 Number of workers (Annual Doses) DuPont CTW Subcontractor CTW Smaller # subCTWs than 60 DuPont CTWs in the 1970s 40 Larger # subCTWs than DuPont CTWs in the 20 1980s 0 1972 1975 1980 1985 1990 Year

SRS Tritium Results

Implication 2: Stratification leads to increased uncertainty

(1986 CTW model with gm & gsd uncertainties)



Implication 2: Stratification leads to increased uncertainty

(1986 CTW & sub-CTW models with gm & gsd uncertainties)



Implication 2: Stratification leads to increased uncertainty

(1986 CTW, sub-CTW, & DuPont CTW models with gm & gsd uncertainties)



Implication 2: (1986 confidence band and density plots)

Confidence Bands for all CTWs,



Density Plots of the 50th percentile

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Implication 3: Sub-CTWs generally lower than DuPont CTWs Geometric Mean with confidence intervals

Subcontractor CTWs exposures were generally lower than DuPont CTWs between 1972 and 1990.

There is no practical difference between these groups and the current combined-CTW model.



Implication 4: Downward trend in tritium dose

95th percentile with confidence intervals 350 All CTW 95th 300 DuPont CTW 95th subcontractor CTW 95th Iritium Dose (mrem) 250 200 150 100 50 0 1975 1980 1990 1985 Year

Downward trend in tritium doses between 1972 and 1990.

Typical of improved radiological controls and decreased exposure potential over time.

Implication 5: 1980's doses less than 100 mrem

100 mrem is the current monitoring threshold for committed effected dose.

Modern-day workers would not require internal personal monitoring below this level.

Combined CTW model can be used to bound dose estimates for subCTWs.



95th percentile with confidence intervals

Implication 6: Generalized results

The results and observations from this analysis can reasonably be generalized to other radionuclide exposures at SRS and is further supported by the trend observed for type-S plutonium exposures between 1973 and 1987.

Year	DuPont-CTW 50 th % (dpm/d)	sub-CTW 50 th % (dpm/d)	DuPont-CTW 95 th % (dpm/d)	sub-CTW 95 th % (dpm/d)
1973-1978	<u>15.71</u>	6.97	<u>268.7</u>	169.4
1979-1987	<u>26.38</u>	22.65	279.2	<u>326.1</u>

Conclusions

Conclusions (1 of 2)

- Data used to generate these models meet the completeness definition as described in the implementation guide.
- The assumption that subCTWs were hired for more hazardous work than DuPont CTWs, and therefore had greater potential for tritium internal exposure, is not supported based on this analysis.
- SubCTWs, in general, experienced lower tritium doses than DuPont CTWs at 50th and 95th percentiles. (Slides 24 & 25)

Conclusions (2 of 2)

- Significant overlap in the uncertainties implies there is no practical difference between subCTWs and DuPont CTWs.
- Current co-exposure models (CTWs vs. non-CTWs) will produce bounding or representative dose estimates.
- Conducting this type of analysis for plutonium or other internal radionuclides would be very time consuming and difficult due to the complexity of the procedure to estimate intake or dose (e.g., multiple imputation for censored data, Time-Weighted One Person One Statistic, and Integrated Module for Bioassay Analysis intake modeling).

Questions for SRS WG Discussion?

- Do subcontractor construction trade workers (subCTWs) exhibit higher internal exposures than DuPont CTWs? The bootstrap uncertainty analysis of tritium and the intake analysis of plutonium do not support this hypotheses.
- Should subcontractor construction trade workers (subCTWs) have their own co-exposure model? WG Discussion
- Are the current co-exposure models (CTWs. vs. non-CTWs) acceptable for dose reconstruction purposes? WG Discussion

Questions?

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

