

Beryllium Industry Scientific Advisory Committee
352 Elmwood Rd.
Rocky River, OH 44116

Paul Kotin, M.D.
Chairman

Martin Powers
Executive Director

Committee Members:
Dimitrios Trichopoulos, M.D.
Frederick Miller, M.D.
Adrienne Rogers, M.D.
James Lockey, M.D.

December 11, 1998

TO: BISAC Committee
FROM: M. Powers
RE: Draft 2 Minutes of BISAC Meeting on October 1, 1998

Attached is a revised version of the draft minutes of October, 1998.

These are the changes:

Page 2, paragraph 2, line 2, "are" should be "is", and line 6, CAB should be CBD.

Page 3, No. 4, "from" should be "FROMM".

Please replace your first draft with DRAFT 2. Thank you.

NGK-IL-B 07124

DRAFT 2
Minutes of October 1, 1998
BISAC Meeting

The meeting convened at 10:00 a.m. Present, in addition to Committee members, were Dr. David Deubner and Messers. Skoch and Kolanz, Brush Wellman Inc. and Dr. Milton Rossman, University of Pennsylvania Hospital.

Dr. Deubner requested Committee approval to have a photographer present for a short period during the meeting to take a brief film strip, without sound recording, of the Committee's deliberations for use by Brush Wellman in illustrating its various health information efforts. The Committee so agreed.

The Chairman reported on a meeting held by the National Institute for Environmental Health Sciences (NIEHS) with its scientific advisory group which he had been invited to attend and at which he addressed the need for beryllium research. Funding by NIEHS for research on beryllium was endorsed by the group. Dr. Kotin submitted a draft of a letter to Dr. Kenneth Olden, Director of NIEHS, expressing gratitude for the invitation and opportunity to address the group and offering the continuing assistance of BISAC in the evaluation by NIEHS of support funding for Chronic Beryllium Disease research. The Committee drafted the following ~~proposed list of~~ objectives that NIEHS could utilize in its forthcoming Request For Applications which is expected to be issued soon:

1. Animal Model
 - a. Appropriate cellular immunological response to beryllium, and/or
 - b. Appropriate pulmonary pathology and progression.
2. In humans, what is the nature of the immuno response to beryllium?
 - a. Characteristics of the Be hapten.
 - b. Recognition of the hapten.
 - c. Regulation of the response.
 - d. Possible non-specific effects of Be on the immuno response.
3. What are the genetic factors that predispose one to beryllium hypersensitivity or beryllium disease or to both?
4. What are the features of the occupational exposure that contribute to Be sensitivity and/or to CBD?

Dr. Rogers reported on the two animal studies presently being funded by the industry and monitored by BISAC. At Wisconsin, Dr. Meyers has completed the long term listing of mice and expected to have a report available by October. At Purdue, Dr. Suckow, who has transferred to Notre Dame, is still supervising the beryllium work where they are presently testing 6 and 12 month strains. No granulomata have been seen in either group to date.

Dr. Rossman presented a summary of his work to date which confirms Dr. Saltini's observation of an association of GLU 69 on HLA DPBI with CBD and is investigating GLY 86 ASP37 on HLA DRBI. In terms of diagnostic terminology, Dr. Rossman suggested beryllium hypersensitivity to describe a reaction seen in the blood only, beryllium alveolitis as a positive lung reaction but with no discernible damage, and CBD as a positive lung response with either granuloma or other lung damage.

Apparent marketing overreaction in Europe to carcinogenicity concerns has led to reopening the question of the separation of beryllium copper from other beryllium materials when evaluating the possible human carcinogenicity of beryllium. Earlier attempts to explore this aspect at ITRI had met with technical difficulties in producing a respirable aerosol of copper beryllium. Dr. Kotin reported that this problem had apparently been resolved, and, if BISAC were interested in reopening the issue, ITRI had the capability of addressing it. Dr. Deubner and Mr. Kolaniz planned to visit ITRI in early November and would discuss this with Mark Hoover at that time.

Dr. Deubner expressed the belief that the case-study report of Dr. Sanderson of NIOSH would be published shortly, based on his conversations with Dr. Sanderson.

Mr. Kolaniz described his frustration in attempting to reconcile the actions taken by the various elements of ACGIH in relation to the timing of the industry contacts with the agency. Prior to the industry presentation in July, the Committee had apparently already voted to approve the proposed beryllium changes. He had written to ACGIH for an explanation and was awaiting a reply. He reported that the DOE beryllium rulemaking document was imminent. Dr. Seligman of DOE is now serving as a part of the beryllium industry - NIOSH working group and expanding his participation to include a role in BISAC - DOE interface was suggested. Dr. Deubner will explore this possibility.

Dr. Miller reported that the LPT Protocol had been completed and was ready for publication although several issues still needed resolution. These include:

1. Report - e.g., "indeterminate" is ambiguous.
2. Number of points (concentrations X number of days).
3. Repeat testing.

4. Statistics (FROMM method or lab choice).

Drs. Deubner and Rossman described the problems encountered in the operation of the Cleveland Clinic Laboratory and the steps to be taken to correct the problems.

Dr. Deubner summarized the results of the retest of the Tucson plant and described proposed changes in bronchoscopy operation with increased participation by Dr. Rossman.

The next meeting of BISAC was scheduled for January 28 and 29, 1999 in Fort Lauderdale, Florida.

The meeting was adjourned at 3:00 p.m.

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NGK-IL-B 07127

Congressman, p. 8, Sen. C. & HZ

DOE

Hagelton - WC Congressman
↳ later date

