

COMMITTEE ON MEDICAL ASPECTS OF RADIATION IN THE ENVIRONMENT

106th meeting, Tuesday 12th November 2013

Avonmouth House, London

Present *Chairman:* Professor Alex Elliott

Members: Dr John Bithell
 Dr Paul Darragh
 Professor Wil Evans
 Professor Stephanie McKeown
 Professor Munira Kadhim
 Professor Peter Marsden
 Dr Giles Maskell
 Dr Tom Nunan
 Mr Ian Robinson
 Professor Roger Taylor
 Professor Richard Wakeford
 Professor Peter Warwick
 Professor Catharine West

Assessors: DECC
 DH
 DHSSPS-NI
 EA
 FSA
 HSE
 MoD
 NDA
 NHS Scotland - ISD
 PHE
 SEPA
 WG

Secretariat: Mr Steve Ebdon-Jackson (PHE)
 Dr Emma Petty (PHE)
 Ms Kim Stonell (PHE)

Visitors: Dr Jem Rashbass (PHE)
 DIO Representative
 DSTL Representative

COMARE 106

OPENING ANNOUNCEMENTS

The Chairman opened the 106th meeting and advised members of the private nature of the meeting and that papers should remain confidential. Members were asked to declare any interests during the meeting.

News

The Chairman welcomed Professor Catherine West to her first meeting. The Chairman also welcomed the new HSE assessor, the representatives from DIO and DSTL and Dr Jem Rashbass (PHE) to the meeting.

The Chairman advised members that this would be the last meeting for the WG assessor.

Apologies for absence

Apologies were received from Professor Peter Hoskin, Dr Mark Pearce and Dr Brenda Howard. Apologies were also received from assessors for DCLG and SG, and from additional assessors for EA and DH.

The Chairman reminded assessors that substitutes may attend the meeting and should request that departments ensure representatives are present at the meetings to comment on items relevant to them.

ITEM 1 Minutes of the 105th COMARE meeting

1.1 Corrections to the minutes were agreed by the committee.

[ACTION: Secretariat]

ITEM 2 Matters arising

i) COMARE – membership

2.1 The DH assessor introduced Dr Catharine West to the committee and a brief biography was given.

2.2 The Chairman advised members that it is now practice for DH and PHE to pay fees (attendance and reading) via payroll. Travel expenses will still be paid into members' accounts directly. The setting up of the new system was discussed. Members were advised to inform the administrative secretary if they do not receive payment for expenses in a timely fashion.

2.3 Members raised serious concerns about being set up on PHE's payroll, particularly the perception that one is an employee and how this could compromise the independence of the committee. Members were also concerned about potential complications of two tax offices and whether it would be preferable to forgo the attendance allowance than be set up on PHE's payroll or whether the fees could be donated to charity. Members from devolved countries were also confused as PHE is for England.

2.4 Mr Ebdon-Jackson commented on other committees and noted there was an expectation that DH would look at the variance in fees across committees; however the process would still be subject to DH processes. The DH assessor noted members' comments and would report back that a significant number of members have no desire to be set up on PHE's payroll and would indeed prefer not to be paid at all. The Chairman would also raise the issue at the next SAC Chairs meeting.

[ACTION: DH]

[ACTION: The Chairman]

2.5 The Chairman drew members' attention to the recent communication from the secretariat regarding DH's policy on travel that must be adopted by the committee, noting that all travel should be standard or economy class. Members reflected on the efforts they made individually to source the cheapest travel tickets and it would inevitably cost more by using a travel agent. Mr Ebdon-Jackson would clarify the booking arrangements for the next meeting.

[ACTION: Secretariat]

ii) CCRG

2.6 The Chairman reminded members of previous discussions surrounding the future of the Childhood Cancer Research Group (CCRG) and in particular, its database (the National Registry of Childhood Tumours, NRCT). The committee agreed that it would support CCRG in attempting to preserve the database in its entirety. The Chairman previously wrote to the CMO and received assurances. Subsequent conversations took place with Dr Rashbass, who was invited to the meeting to provide the committee with an update on the transfer of the NRCT database.

2.7 Dr Rashbass advised members on his role and where the responsibility for the national cancer registration service for England now lies. He described the current registration system and that the historic data from NRCT back to 1985 has been transferred into the registry in its entirety. It was noted that the CCRG dataset is exceptional. The 1985-onward data is only 36% of the total dataset, 64% of the data is historical. The funding for cancer registrations, the expertise retained from CCRG and the continuation of a UK-wide dataset, with data submitted from the devolved authorities were discussed. DH will fund the cancer registration service for registrations going forward and will therefore be able to provide data for England to service the committee. It was thought that the maintenance of the pre-1985 data may not be seen as a priority, if the research is not on the current agenda for DH.

2.8 Dr Bithell addressed the committee with his concerns regarding the continuation of CCRG and the data held in the NRCT. He noted that with the rarity of childhood cancer, several decades of data are required for epidemiological studies. The loss of the expertise of the CCRG staff in handling this data was of particular concern. He requested that the Chairman considered writing to CMO again.

2.9 Members echoed Dr Bithell's comments and acknowledged that data from CCRG has played a very significant role in some of the work of COMARE and also in some important research, for example in the risk from background radiation. It was suggested that the loss of this crucial dataset would result in the loss of the ability for examining those more detailed aspects of radiation induced risk. Members were concerned that the importance of the data held was not fully understood by those making decisions. It was noted that there may also be implications for other databases. Members also pointed out that a lot of the emphasis has been on childhood leukaemia, but the timescales of paediatric solid tumours arising is over a much longer time period and studies therefore require a large dataset, which can also be used to follow changing trends.

2.10 Members discussed the process for collection and submission of data from the devolved authorities and were given reassurances by the relevant assessors. It was confirmed that dialogue had taken place with Scotland, Wales and Northern Ireland, but there is an additional issue in Scotland because of information governance for transferring data out of Scotland, which will need to be addressed.

2.11 With regards to funding, Dr Rashbass pointed out there is a very significant difference between research and service.

2.12 The Chairman questioned why 1985 had been identified as the starting point for the transfer of data. Dr Rashbass pointed to the quality and richness of the historical dataset that was available for them to import. There is no intention currently to go further back than 1985. Dr Bithell was concerned with the extent of the data that had been transferred from 1985 onwards.

2.13 The Chairman questioned further who legally owned the database. Dr Rashbass suggested that the structure and organisation is owned by the University of Oxford, while the data within it is probably under the ownership of the Secretary of State. The Chairman acknowledged that the committee were all agreed in the value of the database. He asked for the DH assessor to consult with Dr Rashbass to establish the legal position, which would have to be understood before going forward.

[ACTION: DH/Dr Rashbass]

2.14 Dr Rashbass suggested that in terms of an argument for the transfer of the historic data (prior to 1985), consideration might be given to, for example, the top five questions that can only be answered with that data – to provide strong argument for the retention of the data. The Chairman would liaise with Dr Bithell and Professor Wakeford to recast the argument in a different light, once the legal position had been established.

[ACTION: The Chairman/Dr Bithell/Professor Wakeford]

iii) **NDA – radiation epidemiology and radiobiology research**

2.15 The Chairman drew members' attention to the Credible Options for managing epidemiology and radiobiology research by the NDA and recited the five options being considered for the management of the NDA's research programme.

2.16 The PHE assessor noted the HPA/PHE involvement with the Westlakes database. The Chairman advised members that two databases were now under guardianship of PHE. He asked members to consider the options and reach a consensus, in order to respond by the deadline of 15th November 2013.

2.17 Members noted that whilst NDA has responsibility across the UK, PHE only covers England. The PHE assessor advised that for radiation PHE covers the UK. Members also questioned to what extent NDA would link in with research being done by others and how a coordinated approach is ensured. Members commented on the importance of independence and noted that PHE has that independence.

2.18 Members discussed the options and agreed that the Chairman should write recommending Option 5, with a caveat for open access and the need to maintain independence.

[ACTION: The Chairman]

iv) **Childhood leukaemia and nuclear power stations**

2.19 The Chairman advised members that a meeting was held with French and German colleagues at the start of October to discuss COMARE hosting an international meeting in 2014. There is strong support for such a meeting to go ahead and DH has given approval for this. The meeting will hopefully take place in June 2014 in Glasgow.

2.20 The focus of the meeting would be on childhood leukaemia, but would not be restricted to the links with radiation. Other topic areas which may be considered are background radiation, medical exposures, non-ionising radiation and the handling of records and databases.

- 2.38 The Chairman drew members' attention to the published paper by Dr Bithell, which confirmed the conclusions of COMARE 14. Dr Bithell noted that both ecological and case-control studies showed no significant association for the risk of leukaemia.

ITEM 3 Working Group reports

i) Contaminations Working Group

- 3.1 The Chairman advised members that the 3rd meeting of the CWG was held yesterday afternoon. The meeting included an update on the Sellafield Beach Monitoring Programme and the Dounreay Monitoring Programme.

Dounreay

- 3.2 The Chairman advised that the 18th RIFE report has been released and is available on SEPA's website. The report indicates that the overall radioactive impact of the Dounreay nuclear power complex on the environment continues to diminish.

- 3.3 The SEPA assessor updated the committee on the monitoring programme around Dounreay, which will be continued on a monthly basis. The Chairman reported that there is agreement to stop monitoring of several beaches; however, routine beach monitoring will still be undertaken for beaches farthest to the east and west.

- 3.4 The Chairman further reported that the sub-sea recovery programme has ceased this year. FSA Scotland has been asked to retain the fishing exclusion zone to ensure the parameters remain unchanged. This will be reviewed with the monitoring data in two years.

Sellafield

- 3.5 Professor Warwick declared an interest in the monitoring programme.

- 3.6 The EA assessor provided members with a brief summary of the report circulated to the CWG. The total number of finds is now 1786, in 1600 Ha of beach area surveyed. The reported beach area has reduced from 1694 Ha reported in EA's previous report because of a revision in the method used for calculating beach area coverage. Differences in area coverage reported by Sellafield Limited and Nuvia have been investigated and a revised method is being used by Sellafield Ltd to back-calculate the area coverage totals for all previous monitoring and the resulting increases in find rates. PHE has confirmed the increase in find rates does not change its advice and there is no need for special precautionary actions to limit access to use of the beaches. An issue with the upgrade of the operating system software has resulted in lower find rates than expected for September. Thirty-five samples from the April seabed grab sampling resulted were submitted for further analysis. No particles were recovered during either of the two sub-sea campaigns.

- 3.7 EA agrees that, at present, the current systems for beach monitoring and for seabed sampling for alpha particles are BAT. EA has made five recommendations for improvement to ensure that Sellafield Limited implements BAT effectively and meets best practice.

- 3.8 EA presented a paper to the CWG on a mussel sample from Ravenglass with elevated activity levels. The CWG also discussed three particles isolated from a foul system blockage. The Chairman advised members that the working group asked yesterday that the three particles go for analysis. The CWG also discussed a report from Cumbrians Opposed to Radioactive Environment (CORE), regarding signage indicating the presence of radioactive particles on beaches in west Cumbria. EA had also received the report and shared it with Copeland Borough Council, as any decision to place signage on beaches is the

responsibility of the Local Authority. The Borough Council rejected the need for signage at a full council meeting on 12 September 2013.

- 3.9 The Chairman advised members that the working group yesterday supported the five recommendations made by EA for improvements to BAT. The group also considered the report from CORE and would be responding.

Dalgety Bay

- 3.10 The Chairman advised members that the report on the radium contamination in the area around Dalgety Bay has been submitted to Scottish Government and DH with a request for permission to publish and would be covered under item 4.i.
- 3.11 The SEPA assessor confirmed that the monitoring programme is continuing together with other protective measures, such as signage and demarcations. Outline remediation options have been developed and submitted to SEPA. Local stakeholders will be engaged to discuss the best option. The DIO representative advised that a meeting will be arranged with PHE to further work.

ii) **Authorisation Working Group**

- 3.12 Professor Evans drew members' attention to the responses made since the last meeting. The view of the working group was that the major impact was non-radiological for the decommissioning of Wylfa power station. Professor Evans was not aware of any upcoming applications for authorisation.

ITEM 4 COMARE publications

i) **COMARE – 15th Report – Radium contamination in the area around Dalgety Bay**

- 4.1 The Chairman advised members a response has not been received yet from Scottish Government and DH regarding the request to publish. Members commended the working group and fully supported the strong recommendations and conclusions in the report.
- 4.2 The MoD assessor commended the committee for a readable report, but raised concerns with some sections of the report, noting that the MoD had no challenge with the science and conclusions of the report. There may be issue with COMARE presenting an apparent definitive version of some sections; however it was noted in discussion that the pertinent sections are referenced to material in the public domain. The MoD assessor advised that the sections of concern may be robustly challenged if any legal action were to be taken regarding the contamination of Dalgety Bay.
- 4.3 Members discussed potential issues regarding the recommendation for a list of sites. It was noted that it is a statutory function of local authorities for conventional contamination and this recommendation may result in duplication. The recommendation for remediation was also discussed. The SEPA assessor commented that remediation can include a wide range of options and that the monitoring programme could be viewed as one form of remediation. The DIO representative questioned the wording of the conclusions regarding monitoring and remediation. The Chairman reminded the committee of the recommendation that, in conjunction with all stakeholders, an evaluation of the means of remediation should be instituted immediately, considering efficacy, practicability and cost.
- 4.4 Members questioned why the MoD had not raised these concerns in advance of the meeting. The representation of the MoD at COMARE meetings was also discussed.

- 4.5 The MoD suggested the removal of certain sections of the report as a way forward. The Chairman advised that the report has been submitted and was therefore out of the committee's hands. If the MoD wished to make amendments, it must write to both Scottish Government and DH. The DH assessor advised that evidence would need to be provided if the MoD requires clarification on any issues.
- 4.6 With regards to the recommendations, The Chairman commented that Government can decline the recommendations.

ii) COMARE – 16th Report – Radiation dose issues relating from the use of CT in the UK

- 4.7 The Chairman advised members that the section of the report dealing with the current HPA dose survey has now been included and the report had been submitted to DH with a request for permission to publish.

ITEM 5 COMARE publications in progress

i) COMARE – 17th Report – Sellafield and Dounreay Review

- 5.1 The Chairman advised members that at the 5th subcommittee meeting it was decided that thyroid cancers would be included in this report, instead of in a separate report as previously proposed. A draft of the report will be provided to the committee at the March 2014 meeting, with an aim for a final version to be presented at the July meeting.

- 5.2 The PHE assessor confirmed the continued representation and input from PHE on the subcommittee.

- 5.3 Members discussed the progress on the outstanding issues with the Sellafield discharge data. The Chairman advised members that there is no progress regarding the schools cohort and the issue is still on-going. Members were informed that the subcommittee agreed that the risk analyses should be extended to 70 years, and to 25 years for younger age groups, for consistency with cancer incidence data.

- 5.5 Dr Bithell advised members that the CCRG paper was close to submission. Professor Wakeford noted that the study on thyroid cancer incidence in the North West has restarted.

ITEM 6 COMARE future work programme

- 6.1 The Chairman advised members that the Sellafield and Dounreay report will now become the 17th report.

- 6.2 The report on interventional radiology will become the 18th report. Volunteers are required for a subcommittee, to start the report in January/February 2014. Members were asked to contact the secretariat if they wished to volunteer for the subgroup. There are no interventional radiologists on the committee, so members were asked for recommendations for an expert to be co-opted onto the subcommittee.

[ACTION: All]

- 6.3 The Chairman noted that non-ionising radiation and ultrasound remain on the work programme.

ITEM 7 Any other business

- 7.1 The Chairman advised members that the DCLG assessor will provide an update on the 2012 consultation on changes to Building Regulations' Approved Document C and the statutory guidance it provides on radon protection in new, extended and altered buildings at the next COMARE meeting.
- 7.2 The Chairman reminded members that the next meeting will take place on Wednesday 19th March 2014 at Skipton House. He closed the meeting at 2.30pm.