

NGCBIT MEDICAL DISEASE REQUIREMENTS

The NGCBIT Claims Resolution Procedures (“CRP”) require the submission of the following information to establish a compensable disease:

Medical Criteria

An Injured Party submitting a claim, to meet the Medical Criteria required for an allowed claim, **must**:

- Provide a medical report from a Qualified Physician diagnosing an asbestos-related injury and additional proof, dependent upon the injury alleged, **AND**
- Demonstrate that at least 10 years elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis of an asbestos-related injury, **AND**
- Depending upon the asbestos-related disease alleged, meet the requirements listed for that disease in paragraph a through e below.

Mesothelioma

- Diagnosis by a Qualified Physician referencing pathological findings of a board certified pathologist of a malignant tumor caused or contributed to by exposure to asbestos originating in the mesothelial cells of the pleura, peritoneum or like tissue, **OR**
- A reasonably equivalent clinical diagnosis by a Qualified Physician in the absence of adequate tissue for pathological diagnosis.

Lung Cancer

- Diagnosis by a Qualified Physician of a malignant primary bronchogenic tumor of any cell type caused or contributed to by exposure to asbestos.
- To qualify for compensation under this category, an Injured Party must demonstrate the existence of primary asbestos-related cancer of the lung and provide evidence related to **ONE** of the following criteria:

Demonstration by medical report of the existence of **ONE** of the following:

- Bilateral interstitial lung disease, **OR**
- Unilateral pleural disease (plaques or thickening) of at least ILO Grade B in the absence of any other clinical explanation or bilateral pleural disease (thickening or plaques), **OR**
- Pathological evidence of asbestos; **OR**

Demonstration of at least ten (10) years of exposure to asbestos-containing materials in employment regularly requiring work in the immediate area of visible dust.

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Other Cancer

- Diagnosis by a Qualified Physician of a malignant primary tumor of the colon, larynx, esophagus, pharynx, stomach or rectum caused or contributed to by exposure to asbestos; **AND**
- Demonstration by a clinical or pathological medical report that meets the criteria for Non-Malignant I or Non-Malignant II, that the Injured Party has either a Non-Malignant I or Non-Malignant II disease.

Non-Malignant I

Qualification as a Non-Malignant I allowed claim requires a diagnosis of a Non-Malignant I qualifying disease by a Qualified Physician based on **ONE** of the following:

Asbestosis I-A diagnosis requires **ONE** of the following:

- In the case of a deceased Injured Party, a diagnosis by or referencing a finding of a physician who is board certified in the field of pulmonology or pathology that an asbestos-related disease was a substantial contributing cause of death,
- In the case of either a living or deceased Injured Party, a diagnosis requiring:
 - A certified B-reader report or report from a Qualified Physician of chest x-rays showing small irregular opacities of ILO Grade 2/1 or greater, **AND**
 - Pulmonary function testing that shows evidence of lung capacity of 70% or less based on acceptable measurements of FVC or TLC.

Asbestosis I-B diagnosis requires **ONE** of the following minimum objective criteria:

A certified B-reader report or report from a Qualified Physician of chest x-rays showing small irregular opacities of ILO Grade 1/0; **AND**

Pulmonary function testing that shows **ONE** of the following:

- $FVC < 80\%$ of predicted with $FEV1/FVC \geq 72\%$ (actual value) [65% if ≥ 68 years old]; **OR**
- $TLC < 80\%$ of predicted; **OR**
- $FEV1/FVC \geq 72\%$ (actual value) [65% if ≥ 68 years old] with $DLCO < 76\%$ of predicted, **OR**
- $FVC \leq 80\%$ of predicted with bilateral basilar crackles, in the absence of any other clinical explanation.

A statement by a board-certified pathologist that more than one representative section of lung tissue otherwise uninvolved with any other process (e.g., cancer or emphysema) demonstrates bilateral interstitial fibrosis or a pattern of peribronchiolar or parenchymal scarring in the presence of characteristic asbestos bodies.

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Diffuse Pleural Thickening I requires:

- A certified B-reader report or report from a Qualified Physician of chest x-rays showing small irregular opacities of ILO Grade B-2 or C-1 or higher; **AND**
- Pulmonary function testing that shows **ONE** of the following:
 - FVC < 80% of predicted with FEV1/FVC \geq 72% (actual value) [65% if \geq 68 years old]; **OR**
 - TLC < 80% of predicted.

Non-Malignant II

Qualification as a Non-Malignant II allowed claim requires a diagnosis of a Non-Malignant II qualifying disease by a Qualified Physician based on **ONE** of the following:

- Asbestosis II requires a certified B-reader report or report from a Qualified Physician of chest x-rays showing small irregular opacities of International Labor Organization (“ILO”) Grade 1/0 for an Injured Party who does not meet the pulmonary function testing requirement of Asbestosis I, **OR**
- Pleural Thickening II requires a certified B-reader report or report from a Qualified Physician of chest x-rays of ILO Grade B-2 or C-1 or higher for an Injured Party who does not meet the pulmonary function testing requirement of Pleural Thickening I.

Non-Malignant III

Non-Malignant III claims may only be filed as an ERC.

Qualification as a Non-Malignant III allowed claim requires a diagnosis of a Non-Malignant III qualifying condition by a Qualified Physician based on a certified B-reader report that demonstrates **ONE** of the following:

- Fibrosis III requires a certified B-reader report or report from a Qualified Physician of chest x-rays that demonstrates an asbestos-caused abnormality that is less than International Labor Organization (“ILO”) Grade 1/0; **OR**
- Pleural Changes III requires documentation of bilateral pleural condition (plaques or thickening) diagnosed on the basis of x-ray, Computed Tomography (“CT”) scan, HRCT scan or pathological evidence.