Genitourinary System (Post Challenge)

Trainee Handout

**Table of Contents**

[Objectives 2](#_Toc441668466)

[References 3](#_Toc441668467)

[Topic 1: Common Considerations of the Genitourinary System 4](#_Toc441668468)

[Topic 2: Rating Prostate Cancer Claims 6](#_Toc441668469)

[Topic 3: Evaluations Under Renal Dysfunctions 7](#_Toc441668470)

[Practical Exercise 8](#_Toc441668471)

Objectives

* Identify genitourinary diagnoses and dysfunctions
* Understand various rules and regulations governing the rating of genitourinary conditions
* Process claims pertaining to prostate cancer
* Assign proper evaluations under 38 CFR 4.115a, Renal Dysfunction
* Rate genitourinary conditions

References

* [38 CFR 3.307 - Presumptive service connection for chronic, tropical or prisoner-of-war related disease, or disease associated with exposure to certain herbicide agents; wartime and service on or after January 1, 1947.](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.309 – Disease subject to presumptive service connection](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.383(a) - Special consideration for paired organs and extremities](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 4.115 – Nephritis](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [38 CFR 4.115a – Ratings of the genitourinary system – dysfunctions](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [38 CFR 4.115b – Ratings of the genitourinary system - diagnoses](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [M21-1, Part III, Subpart iv, Chapter 4, Section I - Conditions of Other Body Systems](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)

Topic 1: Common Considerations of the Genitourinary System

Topic objectives:

* Identify genitourinary diagnoses and dysfunctions
* Understand various rules and regulations governing the rating of genitourinary conditions

The following topic teaching points support the topic objectives:

* Erectile Dysfunction/Loss of Use of a Creative Organ
* NephritisNephtitis vs. Nephropathy
* Calculi of the Kidney, Bladder, or Gallbladder

**Erectile dysfunction and SMC K**

* Use DC 7522 – penis deformity, with loss of erectile power
* Per 38 CFR 4.31 – zero percent evaluations, a non-compensable evaluation may be assigned for DC 7522 when erectile dysfunction is diagnosed in the absence of penile deformity
* Consider entitlement to SMC K, loss of use of a creative organ
	+ This is a factual determination, not automatic
* Remember Note 1 under DC 7913 diabetes mellitus

**Nephritis vs. Nephropathy**

* Nephritis is defined as an inflammatory kidney disease
* Nephropathy is considered damage to, or disease of, the kidney
* 38 CFR 4.115 – nephritis, directs us that “separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities.”
	+ Two exceptions to this
		- If the absence of a kidney is the sole renal disability, or
		- In the event chronic renal disease has progressed to the point where regular dialysis is required
	+ In these circumstances, any coexisting hypertension or heart disease will be separately rated
* Nephropathy is a common complication of diabetes mellitus, type II
* Nephropathy may be evaluated using many of the genitourinary dysfunctions
	+ renal dysfunction, if renal function is affected
	+ voiding dysfunction, if there is incontinence from autonomic nephropathy
	+ urinary tract infection, if there is chronic pyelonephritis, as appropriate
	+ kidney transplant
	+ hemodialysis, or
	+ nephrectomy

**Nephrolithiasis/Ureterolithiasis**

* Lithiasis is defined as the formation of stony concretions (calculi) in the body, most often in the gallbladder or urinary system
* Calculi is any abnormal collection of mineral salts within the body, commonly called a stone
* Calculi is normally considered for service connection on a direct, aggravated, or presumptive basis
	+ 38 CFR 3.309 (a) - Disease subject to presumptive service connection
		- Calculi of the kidney, bladder, or gallbladder
* Evaluate both nephrolithiasis (DC 7508) and ureterolithias (DC 7510) under DC 7509 – hydronephrosis when no recurrent stone formations occur
* With recurrent stone formation, evaluate under DC 7508 or DC 7510 for:
	+ diet therapy
	+ drug therapy, or
	+ invasive or non-invasive procedures more than 2 times per year
* Once service connection is established for calculi, any future stone formation is also considered service connected
* Bilateral stone formation is considered a single disability, with one evaluation assigned

Topic 2: Rating Prostate Cancer Claims

Topic objectives:

* Properly evaluate claims for prostate cancer

The following topic teaching points support the topic objectives:

* Establishing service connection for prostate cancer
* Treatment methods for prostate cancer
* Rating considerations

**Establishing SC for prostate cancer**

* A diagnosis of prostate cancer must be confirmed by biopsy evidence
	+ Elevated PSA is not sufficient to establish an initial diagnosis
	+ Past medical history cannot be taken as evidence of a diagnosis
* Service connection is normally established on a direct or presumptive basis
* Presumptive service connection can be established through:
	+ 38 CFR 3.309 (a) - Disease subject to presumptive service connection, tumors, malignant, or of the brain or spinal cord or peripheral nerves
	+ 38 CFR 3.309 (e) - Disease associated with exposure to certain herbicide agents
	+ 38 CFR 3.311 - Claims based on exposure to ionizing radiation (claims based on ionizing radiation processed by the Jackson Regional Office)

**Treatment methods for prostate cancer**

* There are six common treatment proticals for prostate cancer:
	+ Watchful waiting
	+ Radical prostatectomy(surgery)
	+ Cryotherapy
	+ Radiation – external or brachytherapy
	+ Hormone suppression therapy
	+ Chemotherapy
* All treatment options have potential side effects
	+ See M21-1 III.iv.4.I.3.g - Rating Considerations for Prostate Cancer

Topic 3: Evaluations Under Renal Dysfunctions

Topic objectives:

* Assign proper evaluations under 38 CFR 4.115a, Renal Dysfunction
* Rate genitourinary conditions

The following topic teaching points support the topic objectives:

* Evaluating renal dysfunction
* Definite decrease in kidney dysfunction

**Evaluating Renal Dysfunction**

* Many of the diagnoses found in 38 CFR 4.115b refer the decision maker to 38 CFR 4.115a
* There are 5 dysfunctions that a genitourinary condition may result in:
	+ Renal
	+ Voiding
	+ Urinary Frequency
	+ Obstructed Voiding, and,
	+ Urinary Tract Infection
* Key factors to consider when using renal dysfunction to evaluate a conditions:
	+ Albumin and casts (simple proteins and shed pliable or fibrous material)
	+ Albuminuria (the constant presence of albumin)
	+ Blood Urea Nitrogen (BUN)
	+ Creatinine
* Be aware the criteria for renal dysfunction includes levels of hypertension under DC 7101
* Assigning of a separate evaluation would be in conflict with 38 CFR 4.14 – Avoidance of Pyramiding and 38 CFR 4.115 – Nephritis

**Definite Decrease in Kidney Dysfunction**

* The rating schedule allows for a 60% evaluation based on definite decrease in kidney function
* Creatinine levels above the lab upper limits, but below the 4 mg% needed for an 80% evaluation, is sufficient to show definite decrease in kidney function
* Do not use BUN levels above lab upper limits and below the 40 mg% for assigning a 60% evaluation
* Please refer to M21-1 III.iv.4.I.3.i - Evaluating Renal Conditions Using BUN

Practical Exercise

Directions: Provide diagnostic code(s), disease entity, and evaluation, if applicable, in your answer.

1. The Veteran served in the Navy from 1965 to 1985. During service, he suffered trauma to the left kidney which developed into chronic nephritis and the kidney was removed. Arteriosclerotic heart disease (ASHD) was diagnosed in 1982, just before the Veteran retired from service. Current VA examination shows a normally functioning right kidney and ASHD with workload of 6 METs.

2. The Veteran is service-connected for pyelonephritis with hypertensive cardiovascular disease. The current hospital report shows chronic renal failure requiring dialysis three times weekly and chronic congestive heart failure with hepatic dysfunction, cardiomegaly and dyspnea on any exertion.

3. The Veteran had nephrosclerosis diagnosed during service, and now has recurring albumin with casts. In addition, he has essential hypertension with blood pressure readings predominately 170/120 plus symptoms of headaches, dizziness, palpitations and undue fatigue, causing him to lose time from work.

4. The Veteran is service connected for diabetes mellitus, type II, presumptively associated to herbicide exposure, since 2005, with diabetic nephropathy separately evaluated at 60% due to definite decrease in kidney function. We receive a new claim for compensation for coronary artery disease on December 15, 2015. The IHD DBQ on March 15, 2016 shows a confirmed diagnosis of CAD diagnosed in 2014, with LVEF of 40%.

5. The Veteran is service connected for diabetic nephropathy as well as prostate cancer. VA exam results indicate voiding dysfunction related to prostate cancer requiring the wearing of absorbent materials which must be changed 2 to 4 times per day. Lab results also indicate creatinine levels of 2.1mg% (upper lab limits 1.4mg%) are directly related to diabetic nephropathy.