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The Hematologic and Lymphatic System  
RVSR IWT

Compensation Service

April 2020



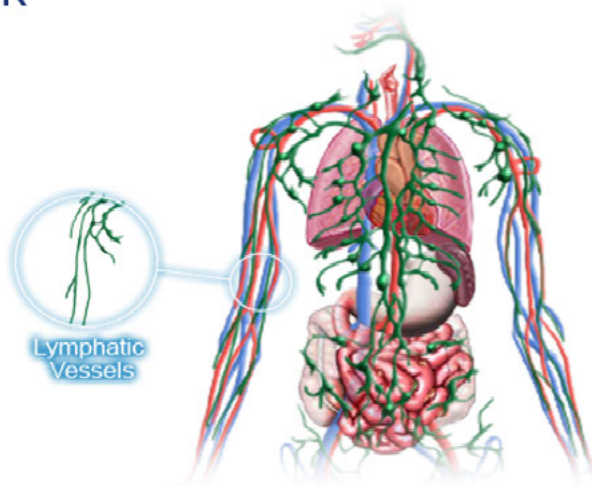
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## Objectives

At the end of this lesson, RVSR trainees will be able to:

- Discuss general rating considerations that involve evaluating hematologic and lymphatic conditions.
- Demonstrate how to prepare a rating decision involving the hematologic and lymphatic system.



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## References

All references can be located in the [Knowledge Management Portal](#):

- Public Law 116-23, Blue Water Navy Vietnam Veterans Act of 2019
- 38 CFR 3.114, Change in law or Department of Veterans Affairs issue
- 38 CFR 3.307, Presumptive service connection for chronic, tropical, or prisoner-of-war related disease, disease associated with exposure to certain herbicide agents, or disease associated with exposure to contaminants in the water supply at Camp Lejeune; wartime and service on or after January 1, 1947
- 38 CFR 3.309, Disease subject to presumptive service connection
- 38 CFR 3.311, Claims based on exposure to ionizing radiation
- 38 CFR 3.313, Claims based on service in Vietnam



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## References

- 38 CFR 3.316, Claims based on chronic effects of exposure to mustard gas and Lewisite
- 38 CFR 3.344, Stabilization of disability evaluations
- 38 CFR 3.951, Preservation of disability ratings
- 38 CFR 4.117, Schedule of ratings - hematologic & lymphatic systems
- M21-1, Part III, Subpart iv, 4.K, Hematologic and lymphatic systems
- M21-1, Part III, Subpart iv, 5.B, Principles of disability evaluation
- M21-1, Part IV, Subpart ii, 1.H.1, Processing of Herbicide Claims
- M21-1, Part IV, Subpart ii, 2.C, Service connection (SC) for disabilities resulting from exposure to environmental hazards or service in the Republic of Vietnam (RVN)



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## Hematologic system overview and major components

### Hematologic

- Previously referred to as “hemic”
- Defined as “of or relating to blood and blood forming organs”
- Function
  - Deliver oxygen and nutrients to all tissues
  - Removes waste
  - Transports gases, blood cells, immune cells, antibodies, and hormones throughout the body
- Diseases can affect production of blood and its components

### Hematologic components

- Red and white blood cells, platelets, plasma, bone marrow, and spleen.



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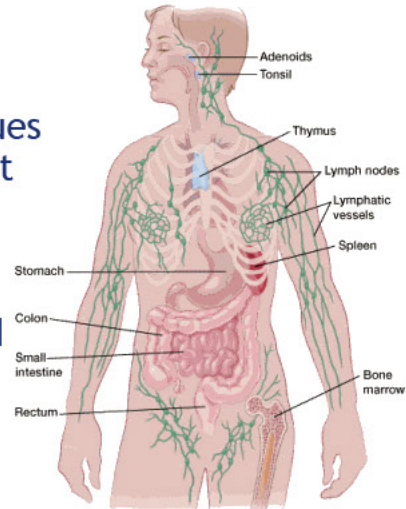
## Lymphatic system overview and major components

### Lymphatic

- Defined as “of or relating to lymph, or its secretion”
- Function
  - Removal of excess fluids from body tissues
  - Absorption of fatty acids and subsequent transport of fat into the circulatory system
  - Production of immune cells
- Diseases can affect immune functions and digestion

### Lymphatic components

- Includes lymph fluid, vessels, nodes, or organs (tonsils, adenoids, spleen, thymus)



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## Hematologic and lymphatic highlights

### Common Conditions

- Anemias
- Leukemias
- Lymphomas
- Multiple myeloma
- Chronic myelogenous leukemia
- AL amyloidosis

### Special considerations

- Presumptive service connection
- Non-Hodgkin's lymphoma and herbicide exposure

### Review of rating materials

- Rating schedule
- DBQ
- VBMS-R



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## *Common Hematologic and Lymphatic Conditions*



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## Anemias

Anemia, hypochromic-microcytic and megaloblastic, such as iron-deficiency and pernicious anemia, under DC 7700, was **removed** in rating schedule update on December 9, 2018

Replaced with four new diagnostic codes

- 7720 - Iron deficiency anemia
- 7721 - Folic acid deficiency
- 7722 - Pernicious anemia and Vitamin B12 deficiency anemia
- 7723 - Acquired hemolytic anemia



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## Diagnostic codes 7720 and 7721

### 7720 – Iron deficiency anemia

Requiring intravenous iron infusions 4 or more times per 12-month period	30
Requiring intravenous iron infusions at least 1 time but less than 4 times per 12-month period, or requiring continuous treatment with oral supplementation	10
Asymptomatic or requiring treatment only by dietary modification	0

NOTE: Do not evaluate iron deficiency anemia due to blood loss under this diagnostic code. Evaluate iron deficiency anemia due to blood loss under the criteria for the condition causing the blood loss.

### 7721 – Folic acid deficiency

Requiring continuous treatment with high-dose oral supplementation	10
Asymptomatic or requiring treatment only by dietary modification	0



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## Diagnostic code 7722

### 7722 – Pernicious anemia and Vitamin B12 deficiency anemia

For initial diagnosis requiring transfusion due to severe anemia, or if there are signs or symptoms related to central nervous system impairment, such as encephalopathy, myelopathy, or severe peripheral neuropathy, requiring parenteral B12 therapy	100
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Requiring continuous treatment with Vitamin B12 injections, Vitamin B12 sublingual or high-dose oral tablets, or Vitamin B12 nasal spray or gel	10
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NOTE: A 100 percent evaluation for pernicious anemia and Vitamin B12 deficiency shall be assigned as of the date of the initial diagnosis requiring transfusion due to severe anemia or parenteral B12 therapy and shall continue with a mandatory VA examination six months following hospital discharge or cessation of parenteral B12 therapy. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Thereafter, evaluate at 10 percent and separately evaluate any residual effects of pernicious anemia, such as neurologic involvement causing peripheral neuropathy, myelopathy, dementia, or related gastrointestinal residuals, under the most appropriate diagnostic code.



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## Diagnostic code 7723

### 7723 – Acquired hemolytic anemia

Requiring a bone marrow transplant or continuous intravenous or immunosuppressive therapy (e.g., prednisone, Cytoxan, azathioprine, or rituximab)	100
Requiring immunosuppressive medication 4 or more times per 12-month period	60
Requiring at least 2 but less than 4 courses of immunosuppressive therapy per 12-month period	30
Requiring one course of immunosuppressive therapy per 12-month period	10
Asymptomatic	0

NOTE (1): A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue for six months after hospital discharge with a mandatory VA examination six months following hospital discharge. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.

NOTE (2): Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under diagnostic code 7723.



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## Leukemia

- Diagnostic code 7703 includes all leukemias except chronic myelogenous leukemia
- Leukemia is a malignancy of the blood-forming cells in blood marrow
- Evaluate:
  - 100 percent during active disease or during a treatment phase
    - If reduction is warranted after mandatory review examination, provisions of § 3.105(e) apply
    - Otherwise evaluate residuals under the appropriate diagnostic code(s)
- 0 percent for chronic lymphocytic leukemia or monoclonal B-cell lymphocytosis (MBL), asymptomatic, Rai Stage 0



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## Multiple myeloma, DC 7712

- A malignancy resulting from the proliferation of abnormal plasma cells in the bone marrow.
- Evaluate
  - 100 percent for symptomatic multiple myeloma
    - Mandatory examination required five years after diagnosis of symptomatic multiple myeloma.
    - If reduction is warranted following mandatory review exam, apply provisions of § 3.105(e) and § 3.344(a) and (b).
  - 0 percent for asymptomatic, smoldering, or monoclonal gammopathy of undetermined significance (MGUS)



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## Special consideration for CLL (DC 7703) and multiple myeloma (DC 7712)

- Historically, prior to December 9, 2018
  - Permanent and total (P&T) grants for CLL and multiple myeloma were routinely granted based on diagnosis alone, regardless of stage.
- Following change in the rating schedule on December 9, 2018:
  - Permanent and total (P&T) entitlement for CLL and multiple myeloma are now granted based on a facts-found.
  - If reduction is warranted following mandatory review exam, apply provisions of 38 CFR 3.105(e).
  - Grants of P&T established prior to the rating schedule change for these conditions will be maintained (38 CFR 3.951).



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## Lymphomas

- Lymphoma is a condition characterized by solid tumor formation in lymphatic glands and/or lymphoid tissues
- Hodgkin's lymphoma, diagnostic code 7709
  - Evaluate 100 percent during active disease or during a treatment phase
    - If a reduction is warranted following mandatory review exam, apply provisions of § 3.105(e).
- Non-Hodgkin's lymphoma, diagnostic code 7715
  - Evaluate 100 percent during active disease, during a treatment phase, or with indolent and non-contiguous phase of low grade NHL
    - If a reduction is warranted following a mandatory review exam completed at two years after discontinuance of treatment, apply provisions of § 3.105(e).



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## Chronic myelogenous leukemia (CML), DC 7719

- Includes chronic myeloid leukemia and chronic granulocytic leukemia
- Only leukemia condition NOT evaluated under diagnostic code 7703, leukemia
- Evaluate at 100, 60, or 30 percent, based on frequency and type of treatment and whether or not the Veteran is in remission



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## CML, DC 7719, continued

### 7719 – Chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia)

Requiring peripheral blood or bone marrow stem cell transplant, or continuous myelosuppressive or immunosuppressive therapy treatment	100
Requiring intermittent myelosuppressive therapy, or molecularly targeted therapy with tyrosine kinase inhibitors, or interferon treatment when not in apparent remission	60
In apparent remission on continuous molecularly targeted therapy with tyrosine kinase inhibitors	30

NOTE (1): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703

NOTE (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105 of this chapter.





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## AL Amyloidosis, DC 7717

- A bone marrow disorder where plasma cells produce abnormal antibody (immunoglobulin) protein that is deposited in and around tissues, nerves, and organs.
- Assign a permanent and total evaluation



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## *Special Considerations for Rating Purposes*



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## Effective Dates

- Rating schedule for the hematologic and lymphatic system changed on December 9, 2018.
  - Liberalizing legislation does not apply to the change in rating schedule
  - Consider general effective date rules (38 CFR § 3.400)
- Consider application of 38 CFR § 3.114 in assigning effective dates for presumptive service connection when warranted.



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## Terminology

- The following terms may be used interchangeably to satisfy the criteria for the 100 percent rating criteria in certain diagnostic codes:
  - Stem cell transplant
  - Bone marrow transplant
  - Bone marrow stem cell transplant
  - Peripheral blood transplant
  - Peripheral blood stem cell transplant
- This terminology applies to diagnostic codes:
  - 7702, 7704, 7716, 7718, 7719, 7723, 7724 and 7725



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## Chronic presumptive disabilities

- Per 38 CFR § 3.309(a), chronic hematologic and lymphatic conditions which may be service connected on a presumptive basis include:
  - Anemia, primary
  - Hodgkin's lymphoma
  - Non-Hodgkin's lymphoma
  - Leukemia (any)
  - Purpura idiopathic, hemorrhagic (DC 7705 "purpura hemorrhagic" is defined as "immune (idiopathic) thrombocytopenia")
- The chronic diseases above are all one-year presumptive diseases per 38 CFR § 3.307(a)(3).



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## Radiation presumptive disabilities

- Per 38 CFR § 3.309(d), radiation related hematologic and lymphatic conditions which may be service connected on a presumptive basis include:
  - Leukemia (other than CLL) Lymphomas (except Hodgkin's lymphoma)
  - Multiple myeloma
- Per 38 CFR § 3.311, ionizing radiation related hematologic and lymphatic conditions which may be service connected on a presumptive basis include:
  - Leukemia (except CLL)
  - Multiple myeloma
  - Lymphomas (other than Hodgkin's lymphoma)
  - Other cancers



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## Herbicide presumptive diseases

- Per 38 CFR § 3.309(e), herbicide related hematologic and lymphatic conditions which may be service connected on a presumptive basis include:
  - All chronic B-cell leukemia [effective August 31, 2010]
  - AL amyloidosis [effective May 7, 2009]
  - Chronic lymphocytic leukemia [effective October 16, 2003]
  - Hodgkin's lymphoma [effective February 3, 1994]
  - Non-Hodgkin's lymphoma [effective February 6, 1991]
  - Multiple myeloma [effective June 9, 1994]
- Consider liberalizing legislation for a potential earlier effective date (38 CFR § 3.114)



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## Contaminated water at Camp Lejeune presumptive diseases

- Per 38 CFR § 3.309(f), contaminated water at Camp Lejeune related hematologic and lymphatic conditions which may be service connected on a presumptive basis include:
  - Non-Hodgkin's lymphoma
  - Adult leukemia
  - Multiple myeloma
  - Aplastic anemia and other myelodysplastic syndromes
- Effective date of law for the presumption of service connection based on contaminated water at Camp Lejeune is **March 14, 2017**.
  - Consider liberalizing legislation for a potential earlier effective date (38 CFR § 3.114)



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## Non-Hodgkin's lymphoma (NHL) and 38 CFR 3.313

- 38 CFR § 3.313 does not require herbicide exposure as the basis for a presumptive grant of service connection, as is the case with the presumptive diseases listed at 38 CFR § 3.309(e).
- A Veteran's service in Vietnam, including service in the waters offshore of Vietnam, is the sole requirement for presumptive service connection when non-Hodgkin's lymphoma is diagnosed after service. **[effective October 26, 1990]**
- Refer to M21-1 IV.ii.2.C for a list of subcategories of low, intermediate, or high-grade lymphomas that are manifestations of NHL for which presumption can be extended.
- Consider liberalizing legislation for a potential earlier effective date (38 CFR § 3.114)



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## Scenario 1 (Part I)

A Veteran submits an original claim for service connection for multiple myeloma due to herbicide exposure on March 6, 2020. Review of the Veteran's DD Form 214 shows in-country RVN service in the Army from August 2, 1967 to August 1, 1968. Additionally, the STRs and entire personnel file are of record.

A private medical report reveals the Veteran is undergoing treatment for symptomatic multiple myeloma, which was first diagnosed on September 10, 2019, when labs showed damage to the kidneys as a result of the multiple myeloma.

***What rating action should be taken?***



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## Scenario 1 (Part I) - Discussion

Answer: This case is not ready for a decision. The RVSR should defer a decision, and apply the Blue Water Agent Orange special issue to the contention of multiple myeloma in VBMS. Application of this flash will route the claim to a centralized processing site.

Effective **January 1, 2020**, ROs are not authorized to establish if a Veteran's service qualifies for herbicide exposure. This function is now the sole responsibility of the centralized processing teams.

The evidence-based determination made by the centralized processing team will be formally documented, uploaded to the eFolder, and is binding on all ROs.

***38 CFR 3.309(e), M21-1 IV.ii.1.H. and M21-1 IV.ii.2.C***



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## Scenario 1 (Part II)

The case has been returned to the Regional Office from a Centralized Processing site and now contains a memo confirming herbicide exposure based on in-country RVN service. You have the case in RFD status.

A private medical report reveals the Veteran is undergoing treatment for symptomatic multiple myeloma, which was first diagnosed on September 10, 2019, when labs showed damage to the kidneys as a result of the multiple myeloma. The date of claim is March 6, 2020.

***What rating action should be taken?***



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## Scenario 1 (Part II) - Discussion

Grant presumptive service connection for symptomatic multiple myeloma with an evaluation of 100% effective March 6, 2020 under diagnostic code 7712. Request a mandatory review examination for September 10, 2024.

***38 CFR 3.309(e), 38 CFR 3.400, 38 CFR 4.117 DC 7712***



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## Scenario 2

The Veteran submits a claim for chronic lymphocytic leukemia (CLL) on November 2, 2019. His DD Form 214 shows that he served honorably in the Marine Corps from March 13, 1965, to May 26, 1967.

In-country RVN service is verified by the DD Form 214, and review of the codesheet shows he is already service connected for diabetes mellitus due to herbicide exposure at 20% from May 15, 2009.

In support of his claim, he submits private treatment records that include laboratory tests confirming a diagnosis of CLL on October 14, 2003. Current treatment includes chemotherapy; however, no stop date was provided.

***What rating action should be taken?***



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## Scenario 2 - Discussion

Answer: Grant service connection for CLL with an evaluation of 100 percent effective November 2, 2018, one year prior to the date of claim.

Grant entitlement to Dependents' Educational Assistance (DEA) from the same date.

Since SC has already been granted by reason of conceded exposure to herbicides prior to *Public Law (PL) 116-23, the Blue Water Navy Vietnam Veterans Act of 2019*, there is no need to refer to centralized processing.

***38 CFR 3.309(e), 38 CFR 3.114,  
M21-1 IV.II.2.C. and M21-1 III.iv.4.K.***




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*Review of Rating Material*



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## Review

- Rating schedule, [38 CFR 4.117](#)
- [Disability Benefits Questionnaire](#)
  - Hematologic and lymphatic conditions, including leukemia
- Evaluation Builder in VBMS-R
  - Demo input of hematologic and lymphatic conditions



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