RATING CONSIDERATIONS WITHIN THE HEMATOLOGIC AND LYMPHATIC SYSTEM

(POST-CHALLENGE)

INSTRUCTOR LESSON PLAN

TIME REQUIRED: 2.25 HOURS

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LESSON DESCRIPTION

The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction.

TMS # 4488051

PREREQUISITES Prior to this lesson, the RVSRs should have 18-24 months of rating experience.

TARGET AUDIENCE The target audience for Intermediate or Journey Level RVSRs.

Although this lesson is targeted to teach the Intermediate or Journey Level, RVSRs, it may be taught to other VA personnel as mandatory or refresher type training.

TIME REQUIRED 2.25 hours

MATERIALS/ TRAINING AIDS Lesson materials:

- Rating considerations within the hematologic and lymphatic system (post-challenge) PowerPoint Presentation
- Rating considerations within the hematologic and lymphatic system (post-challenge) Job Aid

TRAINING AREA/TOOLS The following are required to ensure the trainees are able to meet the lesson objectives:

- Classroom or private area suitable for participatory discussions
- Seating, writing materials, and writing surfaces for trainee note taking and participation
- Handouts, which include a practical exercise
- Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials
- Computer with PowerPoint software to present the lesson material

Trainees require access to the following tools:

- VA TMS to complete the assessment

PRE-PLANNING □ Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the

connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session.

- ☐ Become familiar with the content of the trainee handouts and their association to the Lesson Plan.
- ☐ Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson.
- ☐ Ensure that there are copies of all handouts before the training session.
- ☐ When required, reserve the training room.
- ☐ Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed).
- ☐ Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson.
- ☐ This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins.

TRAINING DAY

- ☐ Arrive as early as possible to ensure access to the facility and computers.
- ☐ Become familiar with the location of restrooms and other facilities that the trainees will require.
- ☐ Test the computer and projector to ensure they are working properly.
- ☐ Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly.
- ☐ Make sure that a whiteboard or flip chart and the associated markers are available.
- ☐ The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers.

INTRODUCTION TO RATING CONSIDERATIONS WITHIN THE HEMATOLOGIC AND LYMPHATIC SYSTEM (POST-CHALLENGE)

INSTRUCTOR INTRODUCTION

Complete the following:

- Introduce yourself
- Orient learners to the facilities
- Ensure that all learners have the required handouts

TIME REQUIRED

0.25 hours

PURPOSE OF LESSON

Explain the following:

This lesson is intended to re-emphasize rating considerations within the hematologic and lymphatic system. This lesson will contain discussions and exercises that will allow you to gain a better understanding of hematologic and lymphatic system conditions.

- Hematologic and lymphatic system overview
- Presumptive conditions of the hematologic and lymphatic system
- Review of rating materials

LESSON OBJECTIVES

Discuss the following:

Slide 2

In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.

The RVSR will be able to:

- Define the primary components of the hematologic and lymphatic system
- Identify hematologic and lymphatic conditions associated with presumptive service connection
- Apply the correct evaluation criteria associated with hematologic and lymphatic conditions
- Assign the correct effective date for hematologic and lymphatic presumptive conditions

Explain the following:

Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed.

MOTIVATION

Many disabilities within the hematologic and lymphatic system are subject to presumptive service connection. As an RVSR, you will need to be able to recognize presumptive conditions, as well as apply the correct evaluation and effective date. Failure to do so, may result in an over or underpayment to the Veteran.

STAR ERROR CODE(S)

A2, C2, D1

REFERENCES

Slide 3-4

Explain where these references are located in the workplace.

All M21-1 references are found in the Knowledge Management Portal.

- 38 CFR 3.105(e), Reduction in evaluation - compensation
- 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
- 38 CFR 3.316, Claims based on chronic effects of exposure to mustard gas and Lewisite
- 38 CFR 3.317, Compensation for certain disabilities occurring in Persian Gulf Veterans
- 38 CFR 3.344, Stabilization of disability evaluations
- 38 CFR 3.400, Effective dates – General
- 38 CFR 3.951, Preservation of disability ratings
- 38 CFR 4.14, Avoidance of pyramiding
- 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 III, Subpart iv, 8.D, Reductions in Awards
- 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)
- M21-1, Part IV, Subpart ii, 2.D, Service Connection for Qualifying Disabilities Associated with Service in Southwest Asia

TOPIC 1: HEMATOLOGIC AND LYMPHATIC SYSTEM OVERVIEW

INTRODUCTION

This topic will allow the trainee to become reacquainted with the hematologic and lymphatic system, as well as become familiar with special considerations to consider when evaluating these types of conditions.

TIME REQUIRED

0.25 hours

TOPIC OBJECTIVES

Slide 2 (already discussed)

- Define the primary components of the hematologic and lymphatic system
- Assign the correct effective considerations for hematologic and lymphatic presumptive conditions

Hematologic system overview and major components

Slide 5

Slide 5:

- 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.

Discussion:

The hematologic system, previously referred to as the hemic system, is responsible for delivering oxygen and nutrients to all tissues, removing waste from the blood, and transporting gases, blood cells, immune cells, antibodies, and hormones throughout the body.

This system is comprised of blood cells, platelets, plasma, bone marrow, and spleen.

Blood cells are made in the bone marrow. There are three types of blood cells – red, white, and platelets. Red blood cells, also called erythrocytes, carry oxygen that is inhaled from the lungs, throughout the body, and back to the lungs, where carbon dioxide is exhaled.

White blood cells (WBC), also called leukocytes, are cells of the immune system. There are five main types of white blood cells –

neutrophils, lymphocytes, eosinophils, monocytes, and basophils – whose job it is to protect the body from infection and diseases. Most WBCs are made in the bone marrow, but some are made in glands in the body.

Platelets, also called thrombocytes, are tiny cells that help the body form clots to stop bleeding.

Plasma is a liquid that holds blood cells in suspension. Plasma accounts for 55 percent of the body's total blood volume.

Bone marrow is the soft fatty substance in the cavities of the bones. It is here where blood cells are produced and stem cells are contained.

Lastly, the spleen is an organ found under the ribcage, above the stomach, in the left upper quadrant of the abdomen. Its function is to filter blood as part of the immune system. The spleen is also considered part of the lymphatic system.

It is difficult to separate out where the hematologic system ends and lymphatic system begins, as many of the functions are interrelated. Because of this, they co-exist in the same section of the rating schedule and are discussed together.

Lymphatic overview and major components

Slide 6

Slide 6:

- 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)

Discussion:

The lymphatic system is a network of tissues and organs that help rid the body of waste/toxins and transports fats, and it is where immune cells are produced. It is comprised of lymph, lymph vessels, lymph nodes, the tonsils and thymus, and the spleen.

Lymph fluid is formed when the interstitial fluid (fluid in the interstices of the all body tissue) is collected through lymph capillaries or vessels.

The vessels transport the waste/toxins, fats, or immune cells throughout the body.

Lymph nodes are glands that are located throughout the body, with the largest groupings found in the neck, armpit, and groin, that filter substances that travel in the lymphatic fluid. Swollen lymph nodes may indicate exposure to bacteria or viruses and can also be a signal of something more severe like an infection or disease.

The tonsils and thymus, though part of the lymphatic system, are typically not evaluated under this section of the rating schedule, so they will not be discussed further.

Special considerations

Slide 7

Slide 7:

- Effective dates
  - Liberalizing legislation may apply for presumptive service connection
  - Otherwise, general effective date rules apply (38 CFR 3.400)
- Interchangeable terms to satisfy the 100 percent rating criteria to certain diagnostic codes (7702, 7704, 7716, 7718, 7719, 7723, 7724, and 7725)
  - Stem cell transplant
  - Bone marrow transplant
  - Bone marrow stem cell transplant
  - Peripheral blood transplant
  - Peripheral blood stem cell transplant

Discussion:

For the most part, general effective date rules apply to hematologic and lymphatic conditions; however, liberalizing legislation will apply to most theories of presumptive service connection. Liberalizing law exists when all eligibility criteria were met the date of the liberalizing law and such eligibility existed continuously from that date to the date of claim or determination in entitlement. In cases of presumption, disabilities may qualify for an earlier effective date under 38 CFR 3.114.

Many of the hematologic conditions, when severe, are treated with stem cell transplants. A stem cell transplant is a procedure used to infuse healthy cells, called stem cells, into the body to replace damaged or diseased bone marrow.

The cells in a stem cell transplant can come from bone marrow or peripheral blood. Therefore, the terms stem cell transplant, bone marrow transplant, bone marrow stem cell transplant, peripheral blood transplant, and peripheral blood stem cell transplant, may be used

interchangeably and all satisfy the criteria for the 100-percent rating criteria.

This interchangeable terminology applies to diagnostic codes 7702, 7704, 7716, 7718, 7719, 7723, 7724, and 7725.

TOPIC 2: PRESUMPTIVE CONDITIONS OF THE HEMATOLOGIC AND LYMPHATIC SYSTEM

INTRODUCTION

This topic will re-introduce some of the common conditions of the hematologic and lymphatic system. All the conditions discussed in this presentation are to be considered presumptive to certain types of exposures.

TIME REQUIRED

1 hour

TOPIC OBJECTIVES

Slide 2 (already discussed)

- Identify conditions associated with presumptive service connection
- Apply the correct evaluation criteria associated with certain hematologic and lymphatic conditions

Leukemia, DC 7703

Slide 8

Slide 8:

- All leukemias, except chronic myelogenous leukemia (CML), are evaluated under this diagnostic code.
- Defined as:
  - Cancer found in blood and bone marrow
- Consider presumptive service connection:
  - Chronic (38 CFR 3.309(a))
  - Radiation (38 CFR 3.309(d), 3.311)
  - Herbicides (38 CFR 3.309(e))
  - Contaminated water at Camp Lejeune (38 CFR 3.309(f))
  - Mustard gas and Lewisite (full-body exposure to nitrogen mustard) (38 CFR 3.316)
- Do not separately evaluate CLL and non-Hodgkin's lymphoma (NHL)

Discussion:

Leukemia is a cancer of the blood and bone marrow and usually involves the white blood cells. There are many types of leukemia, all of which are evaluated under diagnostic code 7703, except chronic myelogenous leukemia (CML).

Leukemia, including many types of leukemia, is a common presumptive condition. Once service requirements are met, it can be considered presumptive as a chronic condition, exposure to radiation, herbicides, contaminated water at Camp Lejeune, and mustard gas. Although some of the presumptive theories are centrally processed, decision makers need to be aware of all possibilities.

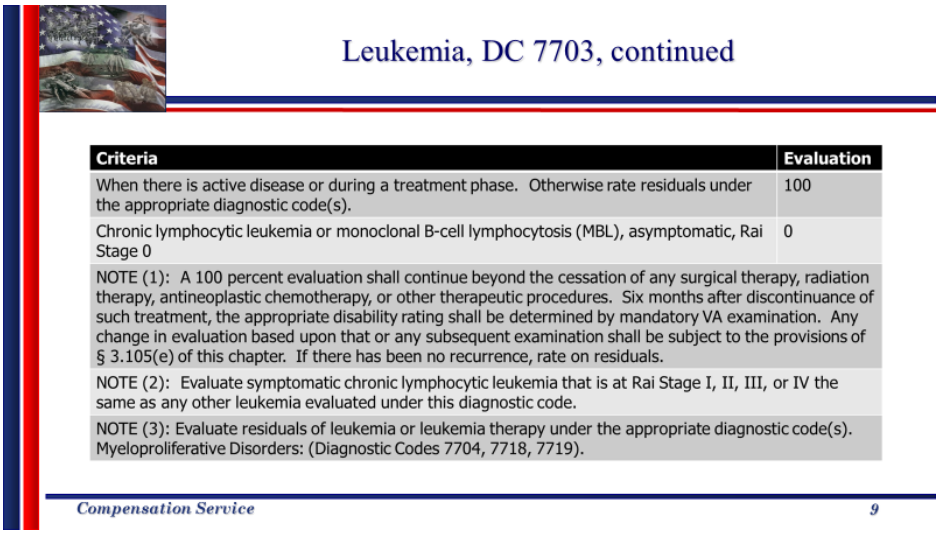
In the event a Veteran is diagnosed with chronic lymphocytic leukemia (CLL) and non-Hodgkin's lymphoma, separate evaluations for each

(DC 7703 and 7715) would be considered pyramiding, as they are cancers of the same body system.

Leukemia, DC 7703, continued

Slide 9

Slide 9:



Discussion:
The evaluation criteria for leukemia is based on whether or not there is active disease or if the Veteran is in a treatment phase. Chronic lymphocytic leukemia (CLL) and monoclonal B-cell leukemia vary slightly in evaluation. The basis of evaluation for CLL or monoclonal B-cell leukemia is Rai staging (pronounced “rye”).

Rai staging, developed by Dr Kanti Rai in 1975, is used to determine the stage/prognosis and is based on blood tests and physical examination. There are five stages in Rai staging.

Rai stage 0 is considered low risk and is when there is lymphocytosis (high blood count of lymphocytes), no enlargement of the lymph nodes, spleen, or liver, and near normal red blood cell and platelet counts. A 0 percent is to be assigned when a Veteran with CLL is at Rai stage 0.

Rai stage I is considered intermediate risk and is when there is lymphocytosis plus enlargement of lymph nodes. The spleen and liver are not enlarged and the red blood cell and platelet counts are normal to only slightly low.

Rai stage II is considered intermediate risk and is when there is an enlarged spleen (and possibly enlarged liver), with or without enlarged lymph nodes. The red blood cell and platelet counts are normal or only slightly low.

Rai stage III is considered high-risk and is when there is lymphocytosis plus anemia (to few red blood cells), with or without enlarged lymph nodes, spleen, or liver. Platelet counts are normal.

Lastly, Rai stage IV is considered high-risk and is when there is lymphocytosis plus thrombocytopenia (too few platelets), with or without anemia, enlarged lymph nodes, spleen, or liver.

When CLL and monoclonal B-cell leukemia are at stages I-IV, they are to be evaluated as would any other leukemia under this diagnostic code.

Note 1 indicates that the 100 percent evaluation will continue after the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures, and that six months continues after the cessation of chemotherapy and that six months after discontinuance of this therapy, an examination will be completed and any reduction is subject to the provisions of 38 CFR 3.105(e). If there has been no recurrence, rate on residuals.

Multiple myeloma, DC 7712

Slide 10

Slide 10:

- Defined as:
  - Cancer of the plasma cells (white blood cells that produce antibodies)
- Consider presumptive service connection:
  - Radiation (38 CFR 3.309(d), 3.311)
  - Herbicides (38 CFR 3.309(e))
  - Contaminated water at Camp Lejeune (38 CFR 3.309(f))

Discussion:

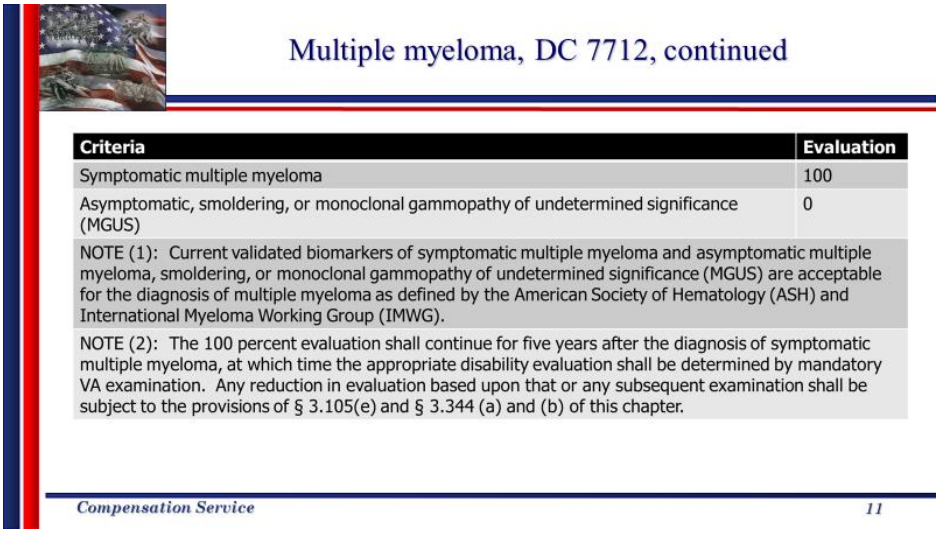
Multiple myeloma is a cancer of the plasma cell. Multiple myeloma causes cancer to accumulate in the bone marrow, where the malignant cells crowd out healthy cells, which leads to low blood counts.

This condition is considered presumptive to radiation, herbicides, and contaminated water at Camp Lejeune.

Multiple myeloma, DC 7712, continued

Slide 11

Slide 11:



Discussion:

Multiple myeloma is to be evaluated at 100 percent when it is symptomatic. Symptomatic multiple myeloma would mean there are abnormal blood cells in the bone marrow, damage to tissue or organs, high calcium level, kidney problems or low levels of red blood cells.

When it is asymptomatic, smoldering, or monoclonal gammopathy of undetermined significance (MGUS) it is to be evaluated at 0 percent.

Asymptomatic, or smoldering multiple myeloma is when the condition is not causing problems. Signs of smoldering multiple myeloma include: a large amount of plasma cells in the bone marrow, high level monoclonal immunoglobulin in the blood, or a high level of light chains in the urine. Blood counts, calcium level, and kidney function would be normal and there is no bone or organ damage and no signs of amyloidosis.

People with this condition do not need treatment right away because the disease can take months to years to become symptomatic multiple myeloma, and in some cases, it may never become active.

MGUS is when abnormal plasma cells make many copies of the same antibody (called a monoclonal protein). However, these cells do not form an actual mass or tumor, nor do they cause the issues normally seen in multiple myeloma. MGUS is found when routine blood tests find a high level of protein in the blood and further testing shows the protein is a monoclonal antibody. A person's health is not normally affected by MGUS.

MGUS is not considered cancer but has been called "pre-malignant" because some people eventually develop other cancers like multiple myeloma, lymphoma, or amyloidosis. Patients with MGUS do not undergo treatment, though they are watched to see if they get a disease that needs treatment.

Since asymptomatic, smoldering multiple myeloma and MGUS are inactive or "pre-malignant," only a 0 percent would be warranted until the condition becomes symptomatic or it develops into another cancer.

Once the condition is symptomatic, a 100 percent evaluation would be warranted for five years, at which time the appropriate evaluation would be determined by a mandatory VA examination. This evaluation would be subject to the provisions of 38 CFR 3.105(e) and 3.344 (a) and (b).

Special considerations for CLL and multiple myeloma

Slide 12

Slide 12:

- The rating schedule for the hematologic and lymphatic system changed December 9, 2018:
  - Permanent and total (P&T) entitlements are no longer routinely granted.
  - If reduction is warranted apply provisions of 38 CFR 3.105(e)
  - P&T grants established prior to the rating schedule change should be maintained (38 CFR 3.951).

Discussion:

The rating schedule for the hematologic and lymphatic system last changed on December 9, 2018. Prior to this change, a permanent 100 percent evaluation for chronic lymphocytic leukemia (CLL) and multiple myeloma was assigned based on diagnosis alone.

This is no longer the case following the rating schedule change. A mandatory review examination is required for these conditions. An examination is to be completed six months after discontinuance of treatment for CLL and five years after the diagnosis of multiple myeloma. Any reduction for either condition is subject to the provisions of 38 CFR 3.105(e); and the reduction multiple myeloma is also subject to the provisions of 38 CFR 3.344(a) and (b).

Grants of a permanent 100 percent evaluation for CLL and multiple myeloma that were established prior to the rating schedule change should be maintained, unless true improvement is shown, as a change in the rating schedule is not a basis for reduction. These evaluations would be protected under 38 CFR 3.951.

Immune thrombocytopenia, DC 7705

Slide 13

Slide 13:

- Immune thrombocytopenia is also known as thrombocytopenia, primary, idiopathic, or immune.
- Bleeding disorder, blood doesn't clot as it should
  - Occurs when immune system attacks platelets
- Consider presumptive service connection:
  - Chronic (38 CFR 3.309(a))

Slide 13 discussion:

Immune thrombocytopenia was previously known in the rating schedule as "thrombocytopenia, primary, idiopathic, or immune," and is defined as a bleeding disorder where the blood does not clot as it should as a result of the immune system attacking platelets.

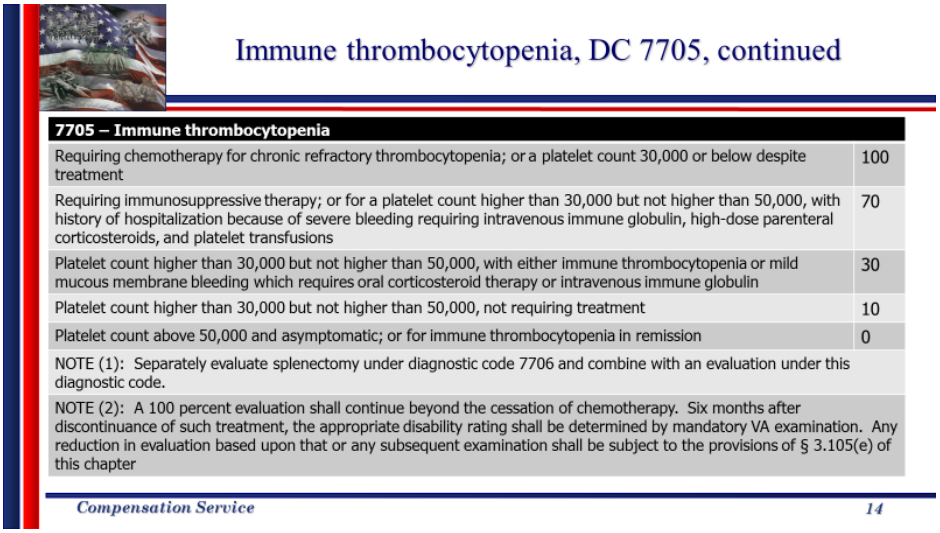
Symptoms of immune thrombocytopenia include easy bruising, bleeding, and pinpoint-sized reddish-purple spots on the lower legs (called purpura). It is diagnosed based upon medical history, physical exam, and test results. Treatment is based on the severity of the condition.

This condition considered a presumptive condition as a chronic condition.

Immune thrombocytopenia, DC 7705, continued

Slide 14

Slide 14:



Discussion:

This condition can be evaluated at 100, 70, 30, 10, or 0 percent. Evaluations are based on treatment and platelet count. To be assigned a 100 percent, the Veteran requires chemotherapy for chronic refractory thrombocytopenia, or the platelet count is below 30,000.

A 70 percent evaluation is warranted when the condition requires immunosuppressive therapy, or for platelet count is higher than 30,000 but not higher than 50,000 with a history of hospitalization because of severe bleeding requiring intravenous immune globulin, high-dose parenteral corticosteroids, and platelet transfusions.

A 30 percent evaluation is warranted when the platelet count is higher than 30,000, but not higher than 50,000, with either mild thrombocytopenia or mild mucous membrane bleeding which requires oral corticosteroid therapy or intravenous immune globulin.

A 10 percent evaluation is assigned when the platelet count is higher than 30,000 but not higher than 50,000, not requiring treatment.

Lastly, a noncompensable evaluation is assigned when the platelet count is above 50,000 and symptomatic, or for immune thrombocytopenia in remission.

There are two notes for this diagnostic code. Note 1 states separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under this diagnostic code. And note 2 indicates that the 100 percent evaluation continues after the cessation of chemotherapy and that six months after discontinuance of this therapy, an examination will

be completed and any reduction is subject to the provisions of 38 CFR 3.105(e).

Hodgkin's lymphoma, DC 7709

Slide 15

Slide 15:

- Defined as:
  - Cancer of the lymphatic system that starts in the lymphocytes
  - Presence of Reed-Sternberg cell on biopsy
- Assign 100 percent with active disease or during treatment phase
  - Provisions of 38 CFR 3.105(e) apply six months following the cessation of surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures
  - Thereafter, evaluate based on residuals under the appropriate diagnostic code
- Consider presumptive service connection:
  - Chronic (38 CFR 3.309(a))
  - Herbicides (38 CFR 3.309(e))

Discussion:

Hodgkin's lymphoma, previously referred to as Hodgkin's disease, is a cancer of the lymphatic system that begins in the lymphocytes. It is considered Hodgkin's lymphoma where the Reed-Sternberg cell is present on biopsy.

During active disease or during a treatment phase, a 100 percent evaluation is to be assigned.

The 100 percent evaluation continues after the cessation of surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures and that six months after discontinuance of this therapy, an examination will be completed and any reduction is subject to the provisions of 38 CFR 3.105(e). Thereafter, evaluate based on residuals under the appropriate diagnostic code.

Presumptive service connection may be granted for Hodgkin's lymphoma as a chronic disease or as a result of herbicide exposure.

Non-Hodgkin's lymphoma, DC 7715

Slide 16

Slide 16:

- More common than Hodgkin's lymphoma
- Defined as:
  - Cancer of the lymphatic system, that starts in the lymphocytes
  - Absence of Reed-Sternberg cell on biopsy
- Consider presumptive service connection:
  - Chronic (38 CFR 3.309(a))
  - Radiation (38 CFR 3.309(d), 3.311)

- Herbicides (38 CFR 3.309(e))
- Contaminated water at Camp Lejeune (38 CFR 3.309 (f))
- Vietnam service (38 CFR 3.313)

➢ Do not separately evaluate NHL and chronic lymphocytic leukemia (CLL)

Discussion:
Non-Hodgkin's lymphoma is a cancer of the lymphatic system that begins in the lymphocytes.

This condition is to be considered a presumptive condition on the following bases – chronic disease, radiation, herbicide exposure, contaminated water at Camp Lejeune, and service in Vietnam.

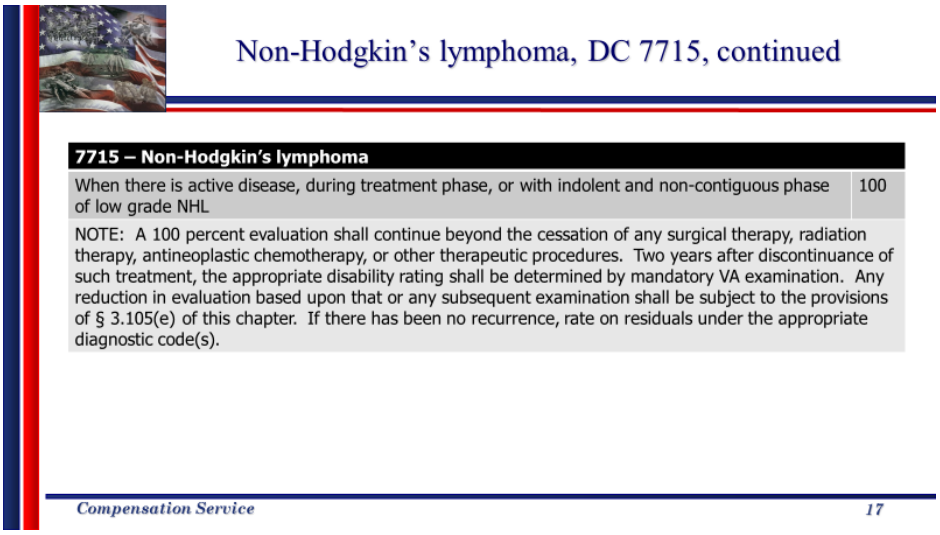
Under 38 CFR 3.313, service in Vietnam includes the waters offshore, or service in other locations if the conditions of service involved duty or visitation in Vietnam.

In the event a Veteran is diagnosed with non-Hodgkin's lymphoma and CLL, separate evaluations for each (DC 7715 and 7703) would be considered pyramiding, as they are cancers of the same body system.

Non-Hodgkin's lymphoma, DC 7715, continued

Slide 17

Slide 17:



Discussion:
A 100 percent evaluation is assigned when there is active disease, during treatment phase, or with indolent and non-contiguous phase of low grade NHL.

The 100 percent evaluation continues after the cessation of surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures and then **two years** after discontinuance of this therapy, an examination will be completed and any reduction is subject

to the provisions of 38 CFR 3.105(e). Thereafter, evaluate based on residuals under the appropriate diagnostic code.

It is important to note that the review examination will be completed two years after cessation of treatment, whereas other cancers are typically examined six months after discontinuance of treatment.

Aplastic anemia, DC 7716

Slide 18

Slide 18:

- Considered a bone marrow failure
  - Bone marrow stops producing enough blood cells
- Symptoms – depend on type of blood cell deficiency
- Consider presumptive service connection
  - Contaminated water at Camp Lejeune (38 CFR 3.309(f))

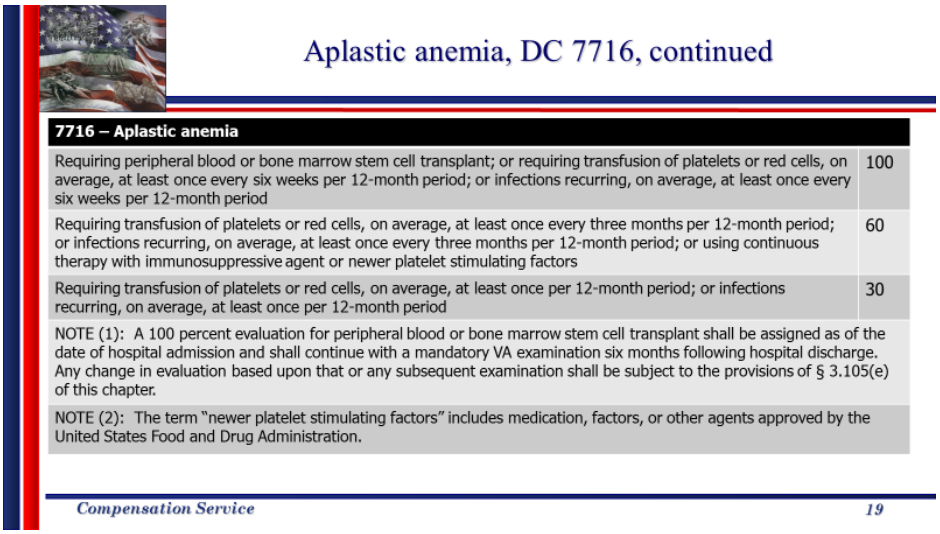
Discussion:
Aplastic anemia is considered a bone marrow failure where the bone marrow stops producing enough blood cells. Symptoms of this condition are dependent upon the type of blood cell deficiency and treatment is dependent upon the severity of the condition.

This condition is considered a presumptive condition for contaminated water at Camp Lejeune.

Aplastic anemia, DC 7716, continued

Slide 19

Slide 19:



Discussion:
An evaluation of 100, 60, or 30 percent can be assigned based upon the frequency of transfusions or infections, or use of continuous therapy. A 100 percent can also be assigned when the condition requires peripheral blood or bone marrow stem cell transplant.

Two notes are associated with this condition. Note 1 indicates that the 100 percent evaluation would be assigned from the date of hospital

admission for peripheral blood or bone marrow stem cell transplant and continue till a VA examination is completed six months after hospital discharge. Any reduction would be subject to the provisions of 38 CFR 3.105(e).

And note 2 identifies what the term "newer platelet stimulating factors" includes, which is associated with the 60 percent evaluation.

AL Amyloidosis, DC 7717

Slide 20

Slide 20:

- Considered a bone marrow disorder
  - Plasma cells produce abnormal antibody (immunoglobulin) protein that is deposited in and around tissues, nerves, and organs
- Assign a permanent and total evaluation
- Consider presumptive service connection
  - Herbicides (38 CFR 3.309(e))

Discussion:
AL (amyloid light chain) Amyloidosis is when the plasma cells produce abnormal antibodies (immunoglobulin) protein that is deposited in and around tissues, nerves, and organs.

This condition is to be assigned a permanent and total evaluation. Entitlement to Chapter 35, Dependents Educational Assistance should also be granted.

Presumptive service connection should be considered for Veterans exposed to herbicides.

Anemias

Slide 21

Slide 21:

- Previously evaluated under diagnostic code (DC) 7700
- Types of primary anemias:
  - Iron deficiency anemia, DC 7720
  - Folic acid deficiency, DC 7721
  - Pernicious anemia and Vitamin B_{12} anemia, DC 7722
  - Acquired hemolytic anemia, DC 7723
- Consider presumptive service connection:
  - Chronic (38 CFR 3.309(a))
- Consider as a complication of malaria (38 CFR 3.317(c))

Discussion:
Prior to the rating schedule change on December 9, 2018, there was only one diagnostic code for anemia (excluding aplastic anemia and sickle cell anemia). Anemia, hypochromic-microcytic and megaloblastic, such as iron-deficiency and pernicious anemia was evaluated under diagnostic code 7700. On December 9, 2018, that DC was deleted and replaced with four new diagnostic codes:

- Iron deficiency anemia, DC 7720
- Folic acid deficiency, DC 7721
- Pernicious anemia and Vitamin B_{12} anemia, DC 7722
- Acquired hemolytic anemia, DC 7723

Anemia is classified as a red blood cell condition. It can be caused by either a decrease in production of red blood cells, or an increase in loss or destruction of red blood cells.

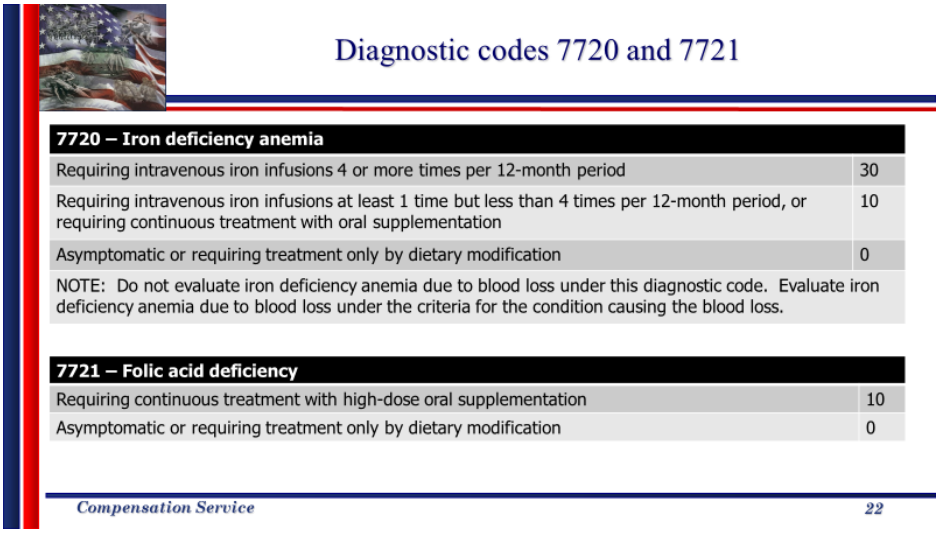
Consider presumptive service connection for these diagnostic codes as a chronic disease.

Consider anemia an associated condition of hematologic manifestations for a Veteran who served in Southwest Asia or Afghanistan and had malaria; particularly when they have had falciparum malaria and splenic rupture after vivax malaria.

Diagnostic codes 7720 and 7721

Slide 22

Slide 22:



Discussion:
Iron-deficiency anemia is characterized as too few red blood cells from lack of iron in the body. It can be evaluated at 30, 10, or 0 percent under diagnostic code 7720. The evaluation can be based on the number of intravenous iron infusions over a 12-month period, the requirement for continuous treatment with oral supplementation, or dietary modification.

It is important to note that iron deficiency anemia due to blood loss should not be evaluated under this diagnostic code, but rather under the condition causing the blood loss.

Folic acid deficiency is evaluated under diagnostic code 7721. Folic acid (folate) is a form of vitamin B that plays an important role in cell

growth (red blood cells), metabolism, and in pregnancy. A 10 or 0 percent evaluation can be assigned based on type of treatment (continuous high-dose oral supplementation or dietary modification).

Diagnostic code 7722

Slide 23

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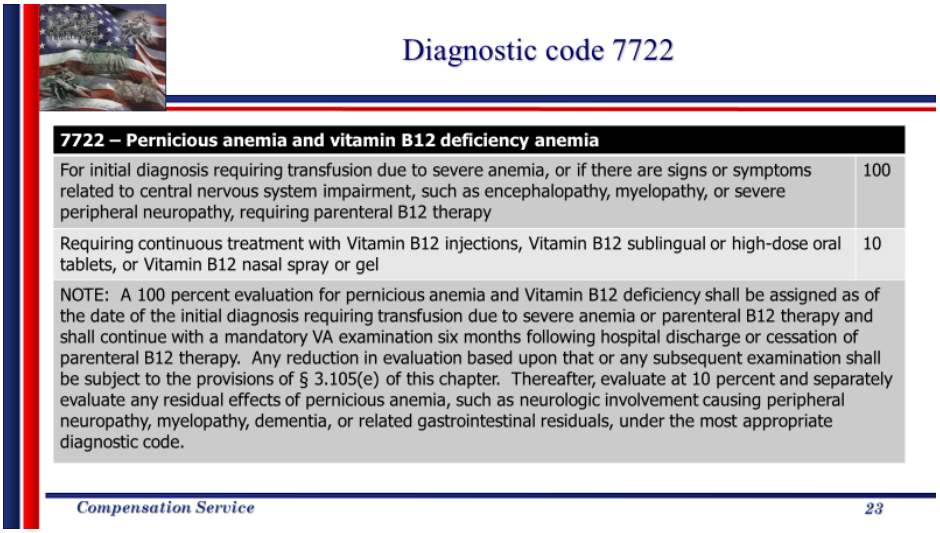


Discussion:
Pernicious anemia and vitamin B12 deficiency anemia is evaluated at 100 or 10 percent under diagnostic code 7722. A deficiency in vitamin B12 may lead to a reduction in healthy red blood cells. Vitamin B12 is required for proper red blood cell formation, neurological function, and DNA synthesis.

The most severe form of vitamin B12 deficiency is pernicious anemia. It occurs when the body cannot absorb enough vitamin B12 because of a lack of intrinsic factor (a protein that helps with the absorption of the vitamin in the intestines).

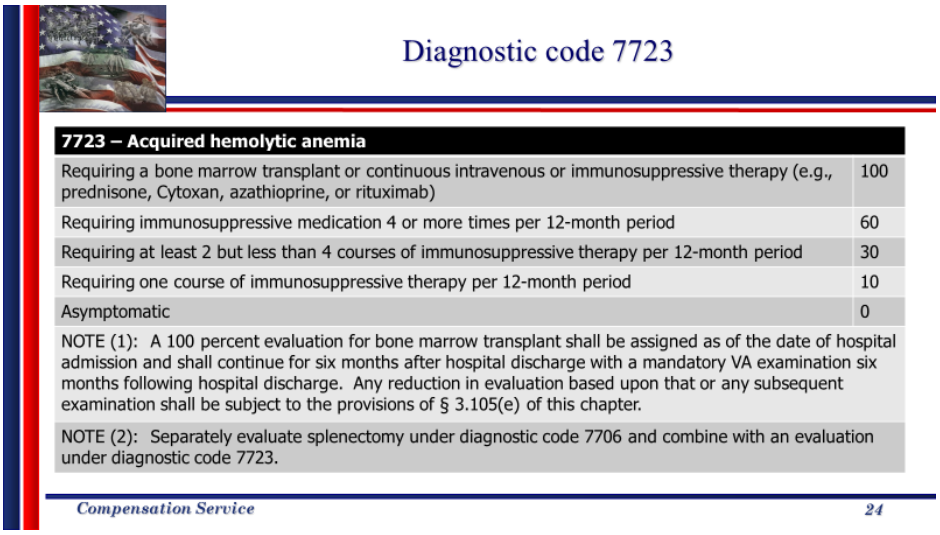
An evaluation of 100 percent is assigned following the initial diagnosis requiring transfusion due to severe anemia, or if there are signs or symptoms related to central nervous system impairment that requires parenteral B12 therapy. The 100 percent evaluation is to continue for six months following hospital discharge or cessation of parenteral B12 therapy, at which time an examination would be completed. Any reduction is subject to the provisions of 38 CFR 3.105(e). Thereafter, the condition is to be evaluated at 10 percent and any residual effects are to be separately evaluated under the most appropriate diagnostic code.

A 10 percent evaluation is assigned when the condition requires continuous treatment with vitamin B12 injections, sublingual or high-dose oral tablets, or nasal spray or gel.

Diagnostic code 7723

Slide 24

Slide 24:



Discussion:

Acquired hemolytic anemia is evaluated at 100, 60, 30, 10 or 0 percent under diagnostic code 7723. Acquired hemolytic anemia is a deficiency in red blood cells caused by high rates of red blood cell destruction.

A 100 percent evaluation is assigned when the condition requires a bone marrow transplant or continuous intravenous or immunosuppressive therapy. The 100 percent evaluation based on bone marrow transplant is assigned for six months following hospital discharge, at which time an examination is completed. Any reduction is subject to the provisions of 38 CFR 3.105(e).

The remaining evaluations, 60, 30, and 10, are assigned based on the number of courses of immunosuppressive therapy over a 12-month period. A noncompensable evaluation is assigned when the condition is asymptomatic.

In the event the Veteran had a splenectomy that is evaluated under diagnostic code 7706, the conditions are to be evaluated separately and combined.

Myelodysplastic syndromes, DC 7725

Slide 25

Slide 25:

- Considered a bone marrow failure
  - Bone marrow cells do not develop into mature blood cells
- Cause is usually unknown
- Can progress into leukemia
  - When progression to leukemia occurs, evaluate as leukemia under DC 7703

- Consider presumptive service connection
  - Contaminated water at Camp Lejeune (38 CFR 3.309(f))

Discussion:
Myelodysplastic syndromes are considered a bone marrow failure where the bone marrow cells do not develop into mature blood cells. The cause is typically unknown.

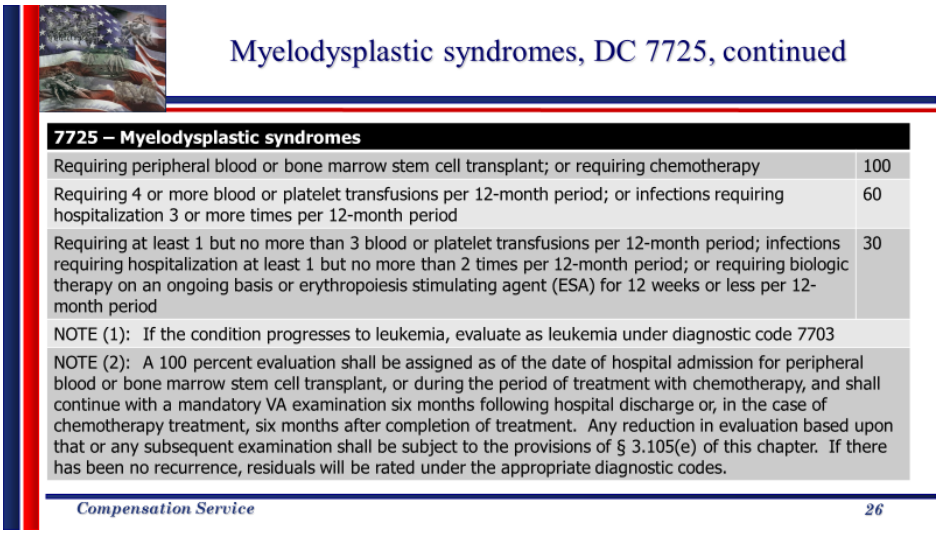
The condition can progress into leukemia, at which time the condition should be evaluated under diagnostic code 7703.

Presumptive service connection is to be considered when the Veteran has been exposed to contaminated water at Camp Lejeune.

Myelodysplastic syndromes, DC 7725, continued

Slide 26

Slide 26:



Discussion:
This condition is to be evaluated at 100, 60, or 30 percent. A 100 percent is assigned when the condition requires peripheral blood or bone marrow stem cell transplant, or when it requires chemotherapy.

The 100 percent evaluation continues for six months following hospital discharge from the peripheral blood or bone marrow stem cell transplant, or six months following the completion of chemotherapy, at which time an examination will be completed. Any reduction will be subject to the provisions of 38 CFR 3.105(e). If there has been no recurrence, residuals will be rated under the appropriate diagnostic code.

A 60 or 30 percent evaluation is assigned based upon the number of blood or platelet transfusions per 12-month period, or the number of infections requiring hospitalization over a 12-month period, or the

requirement of biologic therapy on an ongoing basis for 12 weeks or less per 12-month period.

TOPIC 3: REVIEW OF RATING MATERIALS

INTRODUCTION

This topic will allow the student to become reacquainted with materials utilized in evaluating hematologic and lymphatic conditions.

TIME REQUIRED

0.5 hours

Review of Rating Materials

Slide 27

Instructor – at this time, please demonstrate or review the following:

- Disability Benefits Questionnaire
  - Hematologic and lymphatic conditions, including leukemia
- Evaluation Builder in VBMS-R
  - Demo input of hematologic and lymphatic conditions

REGIONAL OFFICE SPECIFIC TOPICS

At this time add any information pertaining to:

- Station quality issues with this lesson
- Additional State specific programs/guidance on this lesson

LESSON REVIEW, ASSESSMENT, AND WRAP-UP

INTRODUCTION

Discuss the following:

Slide 28

The Rating Considerations within the Hematologic and Lymphatic System lesson is complete.

Review each lesson objective and ask the trainees for any questions or comments.

TIME REQUIRED

0.25 hours

LESSON OBJECTIVES

You have completed the Rating Considerations within the Hematologic and Lymphatic System lesson.

The trainee should be able to:

- Define the primary components of the hematologic and lymphatic system
- Identify hematologic and lymphatic conditions associated with presumptive service connection
- Apply the correct evaluation criteria associated with hematologic and lymphatic conditions
- Assign the correct effective considerations for hematologic and lymphatic presumptive conditions

ASSESSMENT

Remind the trainees to complete the on-line assessment in TMS to receive credit for completion of the course.

The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson.