Rating Considerations within Hemic and Lymphatic System (post Challenge)

Trainee Handout

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Objectives

* Understand the Hemic Lymphatic system anad primary components
* Recognize and address Key issues associated with rating Hemic and Lymphatic conditions

References

* [38 CFR 3.309 Disease subject to presumptive service connection.](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_309.htm)
* [38 CFR 3.313 Claims based on service in Vietnam](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_313.htm)
* [38 CFR 4.117 Schedule of ratings-Hemic and Lymphatic systems](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part4/4_117.htm)
* [M21-1, Part III, Subpart iv, 4, I - Conditions of Other Body Systems](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?portalid=554400000001034https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)

Topic 1:Definition of Hemic and Lymphatic system and Primary components

OVERVIEW

The hemic and lymphatic systems have to do with the two principal body fluids and their disorders. Hemic refers to blood, which fills the circulatory system. Lymphatic refers to lymph fluid within lymph vessels and lymphatic organs.

The hematologic and lymphatic systems are distinct entities; however, because a common origin of their cells is shared in the bone marrow, and the movement of components of the lymphatic system is affected by the hematologic system, these areas are considered together. Both systems are parts of the vascular system.

**THE HEMIC SYSTEM**

The major components of the hematologic system are the blood and the bone marrow. The blood is the fluid [tissue](http://152.124.112.221/mepss/glossary/t/tissue_12720.html), which circulates through the [heart](http://152.124.112.221/mepss/glossary/h/heart_13301.html), [arteries](http://152.124.112.221/mepss/glossary/a/artery_arteries_13302.html), [veins](http://152.124.112.221/mepss/glossary/v/vein_veins_13303.html), and [capillaries](http://152.124.112.221/mepss/glossary/c/capillary_capillaries_13304.html), and the bone marrow is the site for the manufacture of new blood cells.

Capillariesare very small and thin vessels that connect the smallest arteries (arterioles) and the smallest veins (venules). The capillaries allow exchanges of nutrients and end products of bodily functions to take place between the blood and body cells, or between the blood and air in the lung tissues.

Normal movement of fluid between the capillary and the spaces between the organs and tissues is secondary to pressures that build in these two areas. Alterations in these pressures cause abnormal fluid shifts

The two most common abnormal shifts are:

* the flow of fluids into the organs and tissues resulting in collection of excessive amounts of tissue fluid (edema), and
* the flow of fluids from the organs and tissues resulting in dehydration.

**THE LYMPHATIC SYSTEM**

The lymphatic system is a [circulatory](http://152.124.112.221/mepss/glossary/c/circulation_circulatory_10232.html) system that includes [lymphatic vessels](http://152.124.112.221/mepss/glossary/l/lymphatic_vessels_18705.html) that collect [lymph](http://152.124.112.221/mepss/glossary/l/lymph_11349.html) fluid throughout the body and return it to the blood. Additional components of the system are organs composed of lymphatic tissue such as [lymph nodes](http://152.124.112.221/mepss/glossary/l/lymph_gland_lymph_glands_lymph_node_lymph_nodes_11.html) and [lymphoid](http://152.124.112.221/mepss/glossary/l/lymphoid_11424.html) organs such as the [spleen](http://152.124.112.221/mepss/glossary/s/spleen_12573.html), bone marrow, the [thymus](http://152.124.112.221/mepss/glossary/t/thymus_thymus_gland_18867.html), [adenoids](http://152.124.112.221/mepss/glossary/a/adenoids_18879.html) and [tonsils](http://152.124.112.221/mepss/glossary/t/tonsils_12737.html). [Lymphocytes](http://152.124.112.221/mepss/glossary/l/lymphocytes_11371.html) and monocytes produced by these organs provide a defense against disease-producing organisms and provide [immunity](http://152.124.112.221/mepss/glossary/i/immunity_11136.html).

The lymphatic system (also called the lymph vascular system) is an accessory drainage system that assists the veins in carrying off waste products and intercellular lymph. Lymph, by definition, is the tissue fluid that carries nutritive substances to the cells of the body and takes the waste products away to the venous system.

The lymph vascular system comprises two anatomical parts, *lymph vessels* and *lymph nodes*.

**Lymph vessels** include *lymph capillaries*, *lymphatics*, and *lymph ducts*. Their function is to carry lymph through the body.

**Lymph nodes** are scattered throughout the body but in several areas comprise groups. Their function is twofold:

* to filter bacteria and other infectious matter from the body, and
* to produce lymphocytes and antibodies to fight infection.

Topic 2: Key issues associated with rating of the Hemic and Lymphatic system

**DC 7709, Hodgkin’s disease**

Hodgkin’s disease, also sometimes called Hodgkin’s lymphoma, is a particular variety of lymphoma. Prior to the Schedule revision effective October 23, 1995, this diagnostic code was called **Lymphogranulomatosis (Hodgkin’s disease)**. It affects both the lymphatic tissues and the reticuloendothelial system (all of the phagocytic white blood cells except for leukocytes). It may be either localized or diffuse. Treatment is by chemotherapy and/or radiation, and the prognosis is generally favorable, with cure rates approaching 80%. Hodgkin’s disease is a presumptive condition both as a chronic disease under 38 CFR §3.309(a) and by reason of herbicide exposure under 38 CFR §3.309(e). **This condition was added to the provisions of 38 CFR §3.309(e) effective February 3, 1994.**

Rate the condition 100 percent with active disease or during a treatment plan.

The 100 percent rating continues beyond the termination of any surgical, radiation, antineoplastic chemotherapy or other therapeutic procedures with a mandatory VA examination 6 months in the future. Reduction is under the provisions of 38 CFR 3.105(e). If there has been no local recurrence or metastasis, rate on residuals.

**DC 7715, Non-Hodgkin’s lymphoma**

*Non-Hodgkin’s lymphoma* (NHL) is any malignant lymphoma other than Hodgkin’s disease. This includes a wide range of diseases consisting of neoplastic proliferation of lymphoid cells that usually (but not always) disseminate throughout the body. Some lymphomas may persist with very little change for several years. Others will be rapidly fatal. There are several different methods for classifying lymphomas, based on the cell of origin, based on the degree of differentiation, or some combination thereof. Some forms of lymphomas are virtually indistinguishable from leukemias. One unusual but not rare form of malignant lymphoma is mycosis fungoides, which primarily affects the skin although internal organs may sometimes become involved.

**38 CFR §3.313, Claims based on service in Vietnam**, was added effective August 5, 1964 by 55 FR 43124 dated October 26, 1990. This paragraph states “Service in Vietnam during the Vietnam Era together with the development of non-Hodgkin’s lymphoma manifested subsequent to such service is sufficient to establish service connection for that disease.” (Authority: 38 U.S.C. 501(a))

**NHL was added to 38 CFR §4.117 effective October 26, 1990.** The provisions of 38 CFR §3.114(a) do not apply to grants of service connection for NHL.

An effective date for service connection of non-Hodgkin’s lymphoma under 38 CFR 3.313 may generally be based on the date of receipt of an original claim for that benefit filed on or after August 5, 1964, regardless of whether the claim had previously been denied, if the claimant was otherwise eligible on the date of claim.

*NHL* is also a presumptive condition for herbicide exposure under 38 CFR §3.309(e). **This condition was added to the provisions of 38 CFR §3.309(e) effective February 6, 1991.** It was originally added under the (rescinded) provisions of 38 CFR §3.311 effective August 5, 1964, but a portion of §3.311 was invalidated by *Nehmer v. United States Veterans Administration* on May 3, 1989. See M21-1 MR, IV.ii.2.C.10, for further information about herbicide exposure and M21-1 MR, IV.ii.2.C.11 and 12 for more about *Nehmer*.

Hairy Cell Leukemia and Granular Lymphocytic Leukemia are not considered a NHL under 38 CFR 3.309(e) (see VSCM Conference Call and Addendum, March 2007).

NHL is evaluated as 100 percent disabling when an active disease or during a treatment plan. The 100 percent rating continues beyond the termination of any surgical, radiation, antineoplastic chemotherapy or other therapeutic procedures with a 6-month mandatory VA examination. Reduction is under the provisions of 38 CFR 3.105 (e). If there has been no local recurrence or metastasis, rate on residuals.

* If disease have been active for several years, thoroughly review medical records to determine if;
  + the disease is actually in remission, or
  + still active and being regularly treated over extended periods

Do **not** schedule a future examination unless the record clearly shows a long-term and stable remission. This policy should be followed for any persistent cancer with a high mortality rate.

**Residual of Splenectomy.**

* DC 7706 – Splenectomy - Very Important! *Rate complications associated with conditions developed as a result of the Splenectomy separately!*

**Ancillary Benefits;**

Consider Chapter 35, Vocational Rehabilitation, Specal Monthly Compensation and Dependent Education Assistance along with all potential Ancillary benefits when evaluating Hemic and Lymphomic conditions as well as other possible service connected conditions.

Practical Exercise

Directions:

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| Please complete the following reviews. You will be allowed 15 minutes to complete the exercises/scenarios. Carefully read the scenarios. For each scenario, answer the following questions:   1. Does the veteran have a possible Hemic & Lymphatic secondary claim 2. What evidence needs to be gathered to have a fully developed claim? 3. What alternative actions, if any might you consider   Johnny Jumper served in the Army from 1953 to 1955 at Fort Bragg North Carolina, as a Airborne Infantryman. He completed and submitted a claim for compensation benefits claiming he was just diagnosed with meningitis. He wrote in red ink that on his last airborne jump the he lost consciousness after deploying his chute. His landing caused him to rupture his spleen, broke three ribs and hid right ankle. Additionally, he wrote in blue ink, that he had surgery on active duty to remove his spleen. He stated he has been treated at the Fayettville VA Outpatient Clinic for the past several months.  A review of the claims folder reveals he was medical discharged and that he had submitted all service and private medical records which were in his possession. The Veteran is currently service connected for Residuals Splenectomy. A review of Fayetteville CAPRI notes shows a diagnosis of meningitis on June, 12, 2016. He claims that his meningitis was caused by his spleen removal.  **1.**  **2.**  **3.** |