

Diagnostic Essentials: Physical Health Conditions

GUIDANCE TO THE VICTIM COMPENSATION FUND FROM THE WORLD TRADE CENTER HEALTH PROGRAM

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Please note that the relevant policies pertaining to the medical professional determination on behalf of a claimant to the Victim Compensation Fund (VCF) may be found on the World Trade Center Health Program (WTCHP) website at <http://www.cdc.gov/wtc/policies.html>. The relevant policies include:

- Policy and Procedures to Certification of Physician Determination for Aerodigestive and Cancer Health Conditions
- Time Intervals for New Onset Aerodigestive Disorders
- Rare cancers
- Minimum Latency & Types or Categories of Cancer
- Making a Determination about Exposure Aggravating Pre-Existing Aerodigestive Disorders
- Health Conditions Medically Associated with WTC-Related Health Conditions.

In general, the diagnosis of a health condition depends on a combination of medical history, physical examination, various types of diagnostic testing, including radiographic and other types of imaging, spirometry, and various laboratory and pathologic analyses. The WTCHP has recommended that diagnostic information listed in this document be utilized by the VCF to substantiate the diagnosis of claimed health conditions.

For each category of health conditions, a star superscript (*) is listed next to the types of information considered essential to support the medical professional determination of the underlying condition. In some categories, the clinician has a choice of which type of essential information is available in the medical record. Other clinical information that is not listed with a star superscript (*) may support a diagnosis of a health condition. The VCF will then have a licensed medical professional make a determination regarding the health conditions and attest to the linkage of the conditions to the individual's 9/11 exposures. The determination is then submitted for a verification decision by the WTCHP in accordance with the policies and procedures of the WTCHP. The VCF renders the final decision regarding condition eligibility and subsequent consideration for compensation.

Health Condition Category ¹	Diagnostic Information Needed for Physician Determination	Reference Guidelines Supporting the Medical Basis for Diagnostic Information by Type of Condition
Interstitial Lung Disease ²	<p><u>Pulmonary disease:</u></p> <ul style="list-style-type: none"> • History (Symptoms) & Physical Exam Findings • PFTs/Spirometry • Radiographic/Imaging Evidence for lung findings* 	<ul style="list-style-type: none"> • American Thoracic Society(ATS)/European Respiratory Society International Multidisciplinary Consensus Classification of the Idiopathic Interstitial Pneumonias (2002) http://www.thoracic.org/statements/resources/interstitial-lung-disease/ideo02.pdf • An Official American Thoracic Society(ATS)/European Respiratory Society Statement: Update of the International Multidisciplinary Classification of the Idiopathic Interstitial Pneumonias (2013) http://www.thoracic.org/statements/resources/interstitial-lung-disease/classification-of-IIPs.pdf • ATS Statement on Sarcoidosis (1999) http://www.thoracic.org/statements/resources/interstitial-lung-disease/sarcoid1-20.pdf • Vij R, Strek MA. Diagnosis and Treatment of Connective Tissue Disease-Associated Interstitial Lung Disease. CHEST 2013; 143(3):814–824. • Casian A, Jayne D. Current modalities in the diagnosis of pulmonary vasculitis. Expert Opin Med Diagn 2012; 6(6):499-516.

¹The general categories of health conditions that are listed in this Table have been drawn from the List of Health Conditions for Responders found at 42 U.S.C. §§ 300mm-22(a)(3)(A) and 300mm—32(b)(1).

²Interstitial lung disease (ILD) is a term used to describe the pulmonary manifestation of more than 100 health conditions. ILD is characterized by inflammation and/or fibrosis of the lungs. Some of the health conditions manifesting ILD may include, but are not limited to, idiopathic pulmonary fibrosis, hypersensitivity pneumonitis, sarcoidosis, eosinophilic granuloma, bronchiolitis obliterans, pneumoconioses and certain systemic autoimmune diseases such as the connective tissue diseases (CTD), and small vessel vasculitides.

<p>Obstructive airways disease, excluding asthma and reactive airways disease³</p>	<ul style="list-style-type: none"> • History (Symptoms) & Physical Exam Findings* <u>and/or</u> • PFTs/Spirometry* • Radiographic/imaging (required to support diagnosis of bronchiectasis⁴) <p>Note: For WTC-exacerbated Chronic Obstructive Pulmonary Disease (COPD), there must be evidence that COPD was present prior to September 11, 2001 and worsened after exposure.⁵</p>	<ul style="list-style-type: none"> • Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper (2004) http://www.thoracic.org/statements/resources/copd/copdexecsum.pdf • Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Practice Guideline from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society (2011) http://www.thoracic.org/statements/resources/copd/179full.pdf
<p>Obstructive airways disease—asthma and reactive airways disease only</p>	<ul style="list-style-type: none"> • History (Symptoms) & Physical Exam Findings* <u>and/or</u> • PFTs/Spirometry* 	<ul style="list-style-type: none"> • NIH National Heart, Lung and Blood Institute (NHLBI) Guidelines for the Diagnosis and Management of Asthma (National Asthma Education and Program (NAEPP)Expert Panel Report(EPR)-3, in 2007) http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines

³ Obstructive airways disease (OAD) is a broad category of respiratory diseases which are characterized by varying degrees of reversible and irreversible airways obstruction and include chronic respiratory disorder (fumes/vapors), chronic cough syndrome, WTC-exacerbated chronic obstructive pulmonary disease, asthma, and reactive airways dysfunction syndrome (RADS).

⁴ Bronchiectasis is certifiable as WTC-related chronic respiratory disorder (fumes/vapors) and/or as a medically associated health condition to a certifiable WTC-related health condition under certain lung disease categories.

⁵ Evidence supporting a diagnosis of WTC-exacerbated COPD consists of one or more of the following: (1) a record of physician diagnosis of COPD made prior to the individual's 9/11 exposure; (2) history of symptoms of chronic cough, sputum production and/or dyspnea experienced prior to the individual's 9/11 exposure; (3) a history of recurrent bronchopulmonary infections experienced prior to the individual's 9/11 exposure; (4) a record of pulmonary function tests showing chronic airways obstruction existing prior to the individual's 9/11 exposure; and/or (5) a record of imaging studies consistent with COPD existing prior to the individual's 9/11 exposure.

Upper Airway Inflammatory Disorders ⁶	<ul style="list-style-type: none"> • History (Symptoms) & Physical Exam Findings* • Radiographic/imaging (CT of the sinuses) 	<ul style="list-style-type: none"> • American Association of Family Physicians Diagnosing Rhinitis: Allergic vs. Nonallergic (2006) http://www.aafp.org/afp/2006/0501/p1583.html • American Academy of Otolaryngology/Head and Neck Surgery. Clinical Practice Guidelines on Adult Sinusitis(2007) http://oto.sagepub.com/content/137/3/365.full
Gastroesophageal Reflux Disorder	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings* <u>and/or</u> • Response to therapy* <u>and/or</u> • Endoscopic evidence of esophagitis, stricture or Barrett’s metaplasia* 	<ul style="list-style-type: none"> • American Gastroenterological Association (AGA) Medical Position Statement on the Management of Gastroesophageal Reflux Disease(2008) http://www.gastrojournal.org/article/S0016-5085(08)01606-5/fulltext
Sleep Apnea (Obstructive Sleep Apnea) "exacerbated by, or related to, a health condition" in Diagnostic Essentials, -- <u>excluding</u> MSD and Malignant Neoplasms.	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings • Interpretation of a polysomnogram or sleep study by a sleep medicine specialist or pulmonologist, showing evidence of Obstructive Sleep Apnea* 	<ul style="list-style-type: none"> • American Academy of Sleep Medicine(AASM) Clinical Guideline for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults (2009) http://www.aasmnet.org/Resources/clinical_guidelines/OSA_Adults.pdf
Musculoskeletal Disorders (MSDs)— Heavy Lifting or Repetitive Strain ⁷	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings* <u>and/or</u> • Radiographic/Imaging Evidence* <u>and/or</u> • Electrodiagnostic testing (e.g., Electromyography and Nerve Conduction Velocity study) 	<ul style="list-style-type: none"> • American Academy of Orthopedic Surgeons (AAOS) Endorsed Guideline - American Pain Society Clinical Guideline for the Evaluation and Management of Low Back Pain (Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society)(2007) http://annals.org/article.aspx?article_id=736814

⁶Upper airway inflammatory disorders is a broad category of health conditions; however, for the purpose of verification for VCF claims, the category is limited to include only the following conditions: chronic rhinosinusitis or chronic rhinitis (either irritant or allergic), chronic nasopharyngitis, chronic laryngitis, and upper airway hyperactivity.

⁷In the case of a WTC responder only (i.e., not in the case of a survivor) who received any treatment for a WTC-related musculoskeletal disorder *on or before September 11, 2003*, the list of health conditions that can be verified includes: (1) low back pain; (2) carpal tunnel syndrome (CTS); and (3) other musculoskeletal disorders. The term ‘WTC-related musculoskeletal disorder’ means a chronic or recurrent disorder of the musculoskeletal system caused by *heavy lifting or repetitive strain* on the joints or musculoskeletal system occurring during rescue or recovery efforts in the New York City disaster area in the aftermath of the September 11, 2001, terrorist attacks. See 42 U.S.C. § 300mm-22(a)(4).

		<ul style="list-style-type: none"> American Academy of Orthopedic Surgeons(AAOS) Clinical Practice Guideline on the Diagnosis of Carpal Tunnel Syndrome (2007) http://www.aaos.org/research/guidelines/CTS_guideline.pdf
Malignant Neoplasm: <i>General</i>	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings Radiographic/Imaging evidence Chemistry Laboratory Tissue biopsy or pathology report* <p>Exception: Tissue biopsy is not required for certain neoplasms. See NCCN guidelines for information about these neoplasms.</p>	<ul style="list-style-type: none"> National Comprehensive Cancer Network (NCCN) guidelines http://www.nccn.org/professionals/physician_gls/f_guidelines.asp National Cancer Institute (NCI) http://www.cancer.gov/cancertopics/factsheet/detection/pathology-reports Borowitz M, Westra W, Cooley LD, et al. Pathology and laboratory medicine. In: Abeloff MD, Armitage JO, Niederhuber JE, Kastan MB, McKenna WG, editors. <i>Clinical Oncology</i>. 3rd ed. London: Churchill Livingstone, 2004.
Malignant Neoplasm: <i>In-Situ Neoplasm</i>	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings Radiographic/Imaging evidence Chemistry Laboratory Tissue biopsy or pathology report* <p>All malignant in-situ neoplasms are eligible for certification except the following: (1) lobular carcinoma in-situ of the breast (except pleomorphic lobular carcinoma); (2) in-situ carcinoma of the gallbladder; (3) colorectal adenomatous polyp with area of in-situ carcinoma; and (4) in-situ carcinoma of the cervix.</p>	<ul style="list-style-type: none"> National Comprehensive Cancer Network (NCCN) guidelines http://www.nccn.org/professionals/physician_gls/f_guidelines.asp National Cancer Institute (NCI) http://www.cancer.gov/cancertopics/factsheet/detection/pathology-reports
Malignant Neoplasm: <i>Unknown primary</i>	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings Radiographic/Imaging evidence Chemistry Laboratory Tissue biopsy or pathology report* <p>When the diagnosis under review is a metastatic neoplasm of an unknown primary, a diagnostic work-up summary is required to demonstrate that an appropriate</p>	<ul style="list-style-type: none"> Ettinger DS, Agulnik M, Cates JM, Cristea M, Denlinger CS, Eaton KD, et al. Occult Primary. Clinical Practice Guidelines in Oncology. J Natl Compr Canc Netw. 2011;9(12):1358-95.

	<p>search for the primary malignancy was done.</p> <p>When the diagnostic work-up does not reveal a primary site, the neoplasm shall be classified as a neoplasm of the metastatic site.</p> <p>When the diagnostic work-up does reveal a primary site, the neoplasm shall be classified as a neoplasm of the primary site.</p> <p>To ensure clarity about the condition for which verification is requested, the medical determination should only state the final diagnosis and the date of this diagnosis.</p>	
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