DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 6617-00
28 February 2001

[redacted]

Dear [redacted]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 15 February 2001. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered a report prepared by a physician with Jacksonville Oncology, dated 8 January 2001..

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board noted that a bone marrow biopsy performed on 20 September 2000 was negative for evidence of lymphoma, and a whole body PET scan showed no focal areas of hypermetabolic activity, which is compatible with no evidence of any lymphoma. Other pertinent tests were negative for the presence of lymphoma. Based on the results of that testing, your oncologist concluded that there was no evidence of any residual persistent or metastatic non-Hodgkin's lymphoma. You were offered radiation therapy because it was thought that you might receive some benefit from that treatment; however, you were advised that the evidence for that conclusion was equivocal. You declined to undergo the treatment at that time.

Although it is very unfortunate that you were not given timely notification of the results of the biopsy which showed evidence of non-Hodgkin's lymphoma, it does not appear that material error or injustice occurred as a result thereof. In this regard, the Board noted that non-Hodgkin's lymphoma is not unfitting per se, and the available evidence does not demonstrate that you were unfit for duty at the time of your release from active duty.

Accordingly, and in view of the findings of your private oncologist noted above, there is no basis for restoring your to active duty retroactive to 4 August 1999. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure

JACKSONVILLE ONCOLOGY
Consultants in Medical Oncology and Hematology
[redacted] MD • Michelle Schirmer, MSN, ARNP

January 8, 2001

Naval Hospital Jacksonville
2080 Childs St.
Jacksonville, Fl. 32214-5000
Attn: [redacted], Health Benefits Advisor
(Fax # 542-9171)

RE: [redacted]

Dear [redacted]

Enclosed, please find a summary of our findings regarding [redacted] D.O.B. 12-23-77.

On January 4, 2001, [redacted] was seen in continued follow-up at which time, we reviewed his evaluation and work up to date.

[redacted] originally presented to the Navy physicians in January 1999 with enlarged lymph nodes on both sides of his neck. He had not experienced any significant pruritis, weight loss, fevers, etc. A bilateral tonsillectomy was performed in January 1999, and initially, the patient was not told of any malignant diagnosis as a result of the pathological examination of his tonsils.

Later, in August of 2000, he was told that the pathology report on the tonsillectomy specimens did indeed show evidence of a malignant lymphoma, diffuse large cell, B cell, lymphoma, primarily on the left tonsil with the right tonsil being negative.

The patient was originally seen by me on September 20, 2000, at which time a complete metastatic/staging evaluation was undertaken. This included a bone marrow aspiration and biopsy, which was negative for evidence of Lymphoma; a whole body Pet scan which showed no focal areas of hypermetabolic activity, compatible with no evidence of any lymphoma. A gallium scan was also done which showed some activity along the right side of the neck and jaw, which, according to the patient corresponded with some dental problems that he had been experiencing. A liver sonogram and spleen sonogram were done, which were negative. The patient had a CT scan of the chest, abdomen and pelvis, which showed a small bleb in the right lower lung felt not to be malignant, and also no significantly enlarged mediastinal abdominal or pelvic lymph nodes were noted. A CT scan of the head and neck were done which also showed no evidence of any intracerebral, cranial, or cervical abnormalities. The patient was found to have some very

small lymph nodes in the neck bilaterally, none of which were pathologic. There was also a small polyp in the left maxillary sinus.

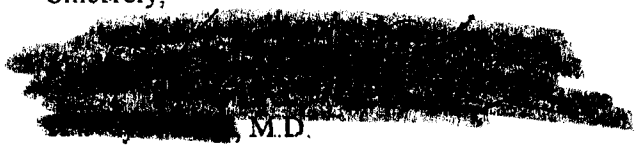
In summary, at this time, it appears that Lashaun Leachman has no evidence of any residual persistent or metastatic Non-Hodgkin's Lymphoma.

The patient has also seen [redacted] of the radiation therapy department for a consultation and advice regarding the role of radiation therapy and/or chemotherapy at this point.

It was explained to the patient that most patients with his disease are given either radiation or combination radiation and chemotherapy within weeks after the diagnosis. It is unclear as to the role of radiation and/or chemotherapy at this late date after the patient's diagnosis. Additionally, it would appear that the patient had minimal involvement of the left tonsil with Non-Hodgkin's Lymphoma and evidently was in retrospect at the time of diagnosis a Stage I.

The patient's case was presented to the tumor board and the consensus was that the patient may derive some benefit from administering radiation therapy even at this late date. However, this would be equivocal. This was discussed with the patient and he has decided not to proceed with any additional treatment at this time, but will go along with the recommendation of having very close follow up and certainly if and when he does develop any evidence of recurrent or persistent lymphoma then at that time, we would seriously consider the use of radiation and/or chemotherapy.

Sincerely,



M.D.

HS: [redacted]