RATEMYVSO VISUAL GUIDE

CANCER CLAIM IN ONE PAGE

CANCER CLAIMS

ONCOLOGY CLAIM FILE

Separate the connection to service, the active-disease rating, the code-specific review process, and every residual after treatment.

01 Four phases of the cancer claim

01 EXACT DIAGNOSIS

Confirm cancer type, primary site, pathology, stage, recurrence, metastasis, and current status.

02 SERVICE CONNECTION

Use a qualifying presumption or prove direct service connection with exposure and medical evidence.

03 ACTIVE PHASE

Apply the cancer-specific code while malignant disease or qualifying treatment remains active.

04 RESIDUAL PHASE

After the code-specific transition, evaluate every documented lasting impairment.

02 Major service-connection routes

PACT ACT

Match a listed cancer category to qualifying burn-pit or airborne-hazard service.

AGENT ORANGE

Match the exact cancer and qualifying location or exposure route.

CAMP LEJEUNE

Apply the specified-disease presumption when service requirements are met.

RADIATION OR DIRECT

Use the applicable radiation framework or direct medical proof when no presumption controls.

03 Build one connected evidence record

1. **ONCOLOGY RECORD**
   Use pathology, imaging, staging, recurrence, metastasis, and treatment plans.
2. **TREATMENT TIMELINE**
   List every surgery, radiation course, chemotherapy, immunotherapy, and therapeutic procedure by date.
3. **SERVICE AND EXPOSURE RECORD**
   Document qualifying locations, dates, duties, exposures, and presumptive predicates.
4. **RESIDUAL INVENTORY**
   Assess organ dysfunction, scars, neuropathy, lymphedema, fatigue, cognition, pain, and mental health.
5. **REVIEW-EXAM EVIDENCE**
   Show whether disease is active, in remission, recurrent, metastatic, or producing residual disability.

THE RECORD SHOULD EXPLAIN

Why these facts support this veteran's claim

- What evidence was reviewed
- When the condition and limitations began
- Which legal or medical pathway applies
- How competing explanations were addressed

The end of a 100 percent active-cancer evaluation does not end service connection. VA must apply the diagnostic code's timing rule, conduct the required review, rate residuals, and follow reduction protections.

04 Cancer rating lifecycle

ACTIVE

Many malignant-neoplasm codes assign 100 percent during active disease or qualifying treatment.

WINDOW

Each diagnostic code controls how long the 100 percent evaluation continues after treatment.

REVIEW

The mandatory examination evaluates recurrence, metastasis, remission, and residuals.

RESIDUALS

Rate each lasting impairment under the appropriate code without duplicate compensation.

05 Before you file

- ✓ Primary cancer site confirmed
- ✓ Pathology and stage included
- ✓ Service route verified
- ✓ Exact diagnostic code selected
- ✓ Treatment dates complete
- ✓ Review timing calculated
- ✓ Residual inventory completed
- ✓ SMC and TDIU considered

Applicable malignant-neoplasm diagnostic code, 38 C.F.R. 3.105(e), and presumptive-service rules. Checked July 2026. Educational use only. Not legal or medical advice. Individual facts determine outcomes.