RATEMYVSO VISUAL GUIDE

MAP

CANCER CLAIM LIFECYCLE FLOWCHART

Track service connection, active treatment, review, residuals, recurrence, and downstream benefits.

ONCOLOGY CLAIM LIFECYCLE

A cancer award can change phases. Service connection does not disappear when active treatment ends, but the diagnostic code, review window, and residual ratings may change.

START

IS THERE A CURRENT OR HISTORICALLY CONFIRMED CANCER DIAGNOSIS?

Identify the exact cancer, primary site, pathology, date diagnosed, treatment history, and whether disease is active, recurrent, metastatic, or in remission.

1

1 SERVICE CONNECTION

WHICH PATH CONNECTS THE CANCER TO SERVICE?

Use the path actually supported by service, exposure, medical, and regulatory evidence.

PRESUMPTIVE
Confirm the cancer, qualifying service or exposure, and all regulatory requirements.

DIRECT
Develop the in-service event or exposure and a medical nexus.

SECONDARY
A service-connected disability or its treatment caused or aggravated the cancer.

OTHER STATUTORY PATH
Apply radiation, Camp Lejeune, toxic-exposure, or other rules only when their elements are met.

2

2 EVIDENCE FILE

BUILD THE DIAGNOSIS, EXPOSURE, AND TREATMENT RECORD

Collect pathology, imaging, oncology notes, treatment plans, operative reports, service and exposure records, nexus evidence when needed, and records of complications.

- 01 PATHOLOGY AND STAGING
- 02 SERVICE OR EXPOSURE PROOF
- 03 TREATMENT CHRONOLOGY
- 04 NEXUS AND RESIDUAL EVIDENCE

3

3 ACTIVE PHASE

IS THE MALIGNANCY ACTIVE OR UNDER QUALIFYING TREATMENT?

Apply the exact malignant-neoplasm diagnostic code. Many codes assign 100 percent during active disease or specified treatment, followed by a code-specific continuation period.

CODE SPECIFIC

DO NOT USE ONE UNIVERSAL TIMELINE
The continuation period and review timing depend on the applicable diagnostic code and treatment history.

4

4 REVIEW STAGE

HAS THE CODE-SPECIFIC POST-TREATMENT PERIOD ENDED?

VA may schedule a mandatory review examination to determine whether cancer remains active, has recurred or metastasized, or has entered the residual phase.

PROTECTION

A REVIEW IS NOT AN AUTOMATIC REDUCTION
Applicable notice, due-process, stabilization, and rating-protection rules still apply.

5

5 CURRENT STATUS

WHAT DOES THE REVIEW EVIDENCE SHOW?

The claim branches by current medical status. Preserve contemporaneous oncology evidence.

ACTIVE, RECURRENT, OR METASTATIC
Continue analysis under the applicable malignant-neoplasm code.

NO ACTIVE DISEASE
Move to separately evaluating chronic treatment residuals.

UNCLEAR STATUS
Obtain oncology clarification, imaging, pathology, or an adequate examination.

6

6 RESIDUAL PHASE

IDENTIFY AND RATE EVERY DISTINCT CHRONIC RESIDUAL

Document organ dysfunction, scars, pain, neuropathy, fatigue, endocrine effects, continence or sexual dysfunction, mental-health effects, and treatment complications under appropriate codes without pyramiding.

7

7 DOWNSTREAM REVIEW

DO RESIDUALS RAISE SECONDARY CLAIMS, SMC, TDIU, OR AID AND ATTENDANCE?

Consider each supported benefit separately. Review the effective date and whether recurrence or worsening requires a new claim, increase, or challenge to a reduction.

VA OUTCOME AND NEXT REVIEW

ACTIVE AWARD
Verify the correct diagnostic code, effective date, treatment period, and planned review.

RESIDUAL RATINGS
Confirm every distinct residual is evaluated and overlapping manifestations are not rated twice.

REDUCTION OR DENIAL
Check current medical status, code-specific timing, examination adequacy, notice, and procedural protections.

38 CFR 3.303
Direct service connection

38 CFR 3.307 AND 3.309
Presumptive paths when all elements are met

38 CFR 4.14
Avoid rating the same manifestation twice

CODE-SPECIFIC NOTE
Controls the active-treatment continuation and review sequence

KEEP THE ANALYSIS DISCIPLINED Active cancer, post-treatment review, and residual ratings are different phases of one service-connected disability picture. Use the exact diagnostic code at every phase.