On-site Participants:

The following specific diseases or conditions are compensable under RECA:

- Leukemia, but NOT chronic lymphocytic leukemia
- Multiple myeloma
- Primary cancer of the pharynx
- Lymphomas, other than Hodgkin’s disease
- Primary cancer of the small intestine
- Primary cancer of the brain
- Primary cancer of the stomach
- Primary cancer of the urinary bladder
- Primary cancer of the colon
- Primary cancer of the thyroid
- Primary cancer of the pancreas
- Primary cancer of the female breast
- Primary cancer of the male breast
- Primary cancer of the esophagus
- Primary cancer of the bile ducts
- Primary cancer of the liver (except if there is evidence of cirrhosis or Hepatitis B)
- Primary cancer of the gall bladder
- Primary cancer of the lung
- Primary cancer of the ovary

Documentation or Proof of Disease
In addition to providing documentation that establishes a claimant’s inclusion in one of the eligibility categories described above, the claimant must also provide proof that they have been diagnosed with at least one of the compensable diseases. The records or documentation required vary according to the condition and the vital status of the person on whose behalf compensation is being sought.

- General information
  
  - All medical documentation, contemporaneous records, and other records or documents submitted by a claimant or eligible surviving beneficiary as proof of disease must be originals, or certified copies of the originals, unless it is impossible to obtain an original or certified copy of the original. If it is impossible for a claimant to provide an original or certified copy of an original, the claimant or eligible surviving beneficiary must provide a written statement with the uncertified copy setting forth the reason why it is impossible to provide an original or a certified copy of an original. All documents submitted by a claimant or
eligible surviving beneficiary must have a stamp or other indication of their authenticity.

- If a claimant was diagnosed as having one of the compensable cancers in Arizona, Colorado, Nevada, New Mexico, Utah or Wyoming, the claimant or eligible surviving beneficiary does not need to submit medical documentation of disease at the time the claim is filed (although medical documentation subsequently may be required). Instead, the claimant or eligible surviving beneficiary may submit (with the claim), an “Authorization to Release Medical and Other Information”, valid in the state of diagnosis, that authorizes the RECA Program to contact the appropriate state cancer or tumor registry. The RECA Program will accept, as proof of medical condition, verification from the state cancer or tumor registry that it possesses medical records or abstracts of medical records that contain a verified diagnosis of one of the specified compensable diseases. If the designated state does not possess medical records or abstracts of medical records that contain a verified diagnosis of one of the specified compensable diseases, the RECA Program will notify the claimant or eligible surviving beneficiary and allow that individual the opportunity to submit the required written medical documentation.

- For the purposes of this Program, the definition of a “physician” is as follows: A physician who is employed by (a) the Indian Health Service or (b) the Department of Veterans Affairs; or (c) has a documented, ongoing physician/patient relationship with the claimant.

**Proof of cancer**

If the person with cancer is deceased or living, any of the following records may be submitted as proof of the disease:

- **Leukemia, but NOT chronic lymphocytic leukemia**
  - bone marrow biopsy or resection
  - peripheral white blood cell differential count report
  - autopsy report
  - hospital discharge summary
  - history and physical report
  - death certificate, provided that it is signed by a physician at the time of death

- **Multiple myeloma**
  - pathology report of tissue biopsy
  - autopsy report
  - report of serum electrophoresis
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
- hematology summary or consultation report
- medical oncology summary or consultation report
- X-ray report
  - death certificate, provided that it is signed by a physician at the time of death

- **Primary cancer of the pharynx**
  - pathology report of tissue biopsy or surgical resection
  - autopsy report
  - endoscopy report
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
    - report of otolaryngology examination
    - medical oncology summary report
    - operative report
  - report of one of the following radiological studies:
    - laryngograms
    - tomograms of soft tissue and lateral radiographs
    - computerized tomography (CT) scan
    - magnetic resonance imaging (MRI)
  - death certificate, provided that it is signed by a physician at the time of death

- **Lymphomas, other than Hodgkin’s Disease**
  - pathology report of tissue biopsy
  - autopsy report
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
    - hematology summary or consultation report
    - medical oncology summary or consultation report
  - death certificate, provided that it is signed by a physician at the time of death

- **Primary cancer of the small intestine**
  - pathology report of tissue biopsy
  - autopsy report
  - endoscopy report, provided the examination covered the duodenum and parts of the jejunum
  - colonoscopy report, providing the examination covered the distal ileum
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
    - report of gastroenterology examination
• operative report
  • radiotherapy summary report
  • medical oncology summary or consultation report
  • report of one of the following radiologic studies:
    • upper gastrointestinal (GI) series with small bowel follow-through
    • angiography
    • computerized tomography (CT) scan
    • magnetic resonance imaging (MRI)
  • death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the salivary gland
  • pathology report of tissue biopsy or surgical resection
  • autopsy report
  • report of otolaryngology or oral maxillofacial examination
  • one of the following summary medical reports
    • physician summary report
    • hospital discharge summary report
    • radiotherapy summary report
    • operative report
  • report of one of the following radiologic studies:
    • computerized tomography (CT) scan
    • magnetic resonance imaging (MRI)
  • death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the brain
  • pathology report of tissue biopsy or surgical resection
  • autopsy report
  • one of the following summary medical reports
    • physician summary report
    • hospital discharge summary report
    • radiotherapy summary report
    • operative report
  • report of one of the following radiologic studies:
    • computerized tomography (CT) scan
    • magnetic resonance imaging (MRI)
    • CT or MRI with enhancement
  • death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the stomach
  • pathology report of tissue biopsy or surgical resection
  • autopsy report
  • one of the following summary medical reports
• physician summary report
• hospital discharge summary report
• radiotherapy summary report
• operative report
• medical oncology summary report
  o report of one of the following radiologic studies:
    ▪ barium swallow
    ▪ upper gastrointestinal (GI) series
    ▪ computerized tomography (CT) series
    ▪ magnetic resonance imaging (MRI)
    ▪ CT or MRI with enhancement
  o death certificate, provided that it is signed by a physician at the time of death

• **Primary cancer of the urinary bladder**
  o pathology report of tissue biopsy or surgical resection
  o autopsy report
  o report of cystoscopy, with or without biopsy
  o one of the following summary medical reports
    ▪ physician summary report
    ▪ hospital discharge summary report
    ▪ radiotherapy summary report
    ▪ operative report
  o report of one of the following radiologic studies:
    ▪ computerized tomography (CT) scan
    ▪ magnetic resonance imaging (MRI)
  o death certificate, provided that it is signed by a physician at the time of death

• **Primary cancer of the colon**
  o pathology report of tissue biopsy or surgical resection
  o autopsy report
  o endoscopy report, provided the examination covered the duodenum and parts of the jejunum
  o colonoscopy report, providing the examination covered the distal ileum
  o one of the following summary medical reports
    ▪ physician summary report
    ▪ hospital discharge summary report
    ▪ report of gastroenterology examination
    ▪ radiotherapy summary report
    ▪ operative report
    ▪ medical oncology summary or consultation report
  o report of one of the following radiologic studies:
    ▪ upper gastrointestinal (GI) series with small bowel follow-through
angiography
- computerized tomography (CT) scan
- magnetic resonance imaging (MRI)
  - death certificate, provided that it is signed by a physician at the time of death

- **Primary cancer of the thyroid**
  - pathology report of tissue biopsy or surgical resection
  - autopsy report
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
    - operative report
    - medical oncology consultation or summary report
  - death certificate, provided that it is signed by a physician at the time of death

- **Primary cancer of the pancreas**
  - pathology report of tissue biopsy or surgical resection
  - autopsy report
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
    - radiotherapy summary report
    - medical oncology summary report
  - report of one of the following radiologic studies:
    - endoscopic retrograde cholangiopancreatography (ERCP)
    - upper gastrointestinal (GI) series
    - arteriography of the pancreas
    - ultrasonography
    - computerized tomography (CT) scan
    - magnetic resonance imaging (MRI)
  - death certificate, provided that it is signed by a physician at the time of death

- **Primary cancer of the male or female breast**
  - pathology report of tissue biopsy or surgical resection
  - autopsy report
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
    - operative report
    - radiotherapy summary or consultation report
    - medical oncology summary or consultation report
  - report of mammogram
  - report of bone scan
• death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the esophagus
  o pathology report of tissue biopsy or surgical resection
  o autopsy report
  o endoscopy report
  o one of the following summary medical reports
    ▪ physician summary report
    ▪ hospital discharge summary report
    ▪ operative report
    ▪ radiotherapy summary report
    ▪ medical oncology summary or consultation report
  o report of one of the following radiologic studies:
    ▪ esophagram
    ▪ barium swallow
    ▪ upper gastrointestinal (GI) series
    ▪ computerized tomography (CT) scan
    ▪ magnetic resonance imaging (MRI)
  o death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the bile ducts
  o pathology report of tissue biopsy or surgical resection
  o autopsy report
  o endoscopy report, provided the examination covered the duodenum and parts of the jejunum
  o one of the following summary medical reports
    ▪ physician summary report
    ▪ hospital discharge summary report
    ▪ gastroenterology consultation report
    ▪ operative report
    ▪ medical oncology summary or consultation report
  o report of one of the following radiologic studies:
    ▪ ultrasonography
    ▪ endoscopic retrograde cholangiography
    ▪ percutaneous cholangiography
    ▪ computerized tomography (CT) scan
  o death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the liver
  o pathology report of tissue biopsy or surgical resection
  o autopsy report
  o one of the following summary medical reports
• physician summary report
• hospital discharge summary report
• gastroenterology report
• operative report
• medical oncology report

  o report of one of the following radiologic studies:
    ▪ computerized tomography (CT) scan
    ▪ magnetic resonance imaging (MRI)

  o death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the gall bladder
  o pathology report of tissue biopsy or surgical resection
  o autopsy report
  o endoscopy report, provided the examination covered the duodenum and parts of the jejunum
  o colonoscopy report, providing the examination covered the distal ileum
  o one of the following summary medical reports
    ▪ physician summary report
    ▪ hospital discharge summary report
    ▪ radiotherapy summary report
    ▪ operative report
    ▪ medical oncology summary or consultation report
  
  o report of one of the following radiologic studies:
    ▪ ultrasonography
    ▪ computerized tomography (CT) scan
    ▪ magnetic resonance imaging (MRI)

  o death certificate, provided that it is signed by a physician at the time of death

• Primary cancer of the lung
  o pathology report of tissue biopsy or resection, including, but not limited to specimens obtained by any of the following methods:
    ▪ Surgical resection
    ▪ endoscopic endobronchial or transbronchial biopsy
    ▪ bronchial brushings and washings
    ▪ pleural fluid cytology
    ▪ fine needle aspirate
    ▪ pleural biopsy
    ▪ sputum cytology
  o autopsy report
  o bronchoscopy report, with or without biopsy
  o one of the following summary medical reports
    ▪ physician summary report
    ▪ hospital discharge summary report
- radiotherapy summary report
- operative report
- medical oncology summary or consultation report
  - report of one of the following radiologic studies:
    - computerized tomography (CT) scan
    - magnetic resonance imaging (MRI)
    - X-rays of the chest
    - Chest tomograms
  - death certificate, provided that it is signed by a physician at the time of death

- **Primary cancer of the ovary**
  - pathology report of tissue biopsy or surgical resection
  - autopsy report
  - one of the following summary medical reports
    - physician summary report
    - hospital discharge summary report
    - radiotherapy summary report
    - operative report
    - medical oncology summary or consultation report
  - report of one of the following radiologic studies:
    - computerized tomography (CT) scan
    - magnetic resonance imaging (MRI)
  - death certificate, provided that it is signed by a physician at the time of death
• **Primary cancer of the kidney**
  o pathology report of tissue biopsy or surgical resection
  o autopsy report
  o one of the following summary medical reports
    ▪ physician summary report
    ▪ hospital discharge summary report
    ▪ radiotherapy summary report
    ▪ operative report
    ▪ medical oncology summary or consultation report
  o death certificate, provided that it is signed by a physician at the time of death