

26 Feb 2009

From: CAPT Dwight C. Fulton, Force Surgeon, Military Sealift Command

Subject: PHYSICAL QUALIFICATION STATUS ON STEVEN N. WEBSTER

1. Issues of Concern in reviewing Mr. Webster's medical information:

1 a. Common Variable Lymphogammaglobulinemia. COMSCINST 6000.1D - Any
2 chronic condition which effects functional performance, is progressive, or, in the physician's
3 opinion, may be worsened by the mariner's employment is considered disqualifying. Any
4 condition, which poses a threat to the health and safety of the mariner, his/her shipmates or the
5 ship, is considered disqualifying. Date of diagnosis was 24 May 2004. Based on my review of
6 the medical records submitted, Mr. Webster is followed by Oncology and Hematology for this
7 diagnosis and his diagnosis of Non-Hodgkin's Lymphoma. For this diagnosis, he is currently on
8 weekly subcutaneous dosing of gammaglobulin which he has been self-administering since at
9 least October 2008. However, there is nothing in the records to indicate how he tolerates the
10 treatments and if there have been any side effects related to the treatments. It was stated that his
11 prognosis is good and that his risk of infection is low on the subcutaneous human
12 gammaglobulin - i.e., same as normal individuals. However, as relates to contract operated
13 MSC ships, I do have concerns about Mr. Webster's requirement for this ongoing parenteral
14 therapy in a medical environment with a lack of medical expertise to manage any possible
15 ramifications of the treatment. And, I have concerns about the possible clinical implications to
16 the mariner of any interruption in his treatments due to unforeseen problems to his medical
17 supplies or delivery systems. This may result in adverse consequences for both the health and
18 safety of the mariner and for the mission of the ship if the ship has to divert in order to medically
19 evacuate the mariner so that he can continue his treatments. Therefore, a waiver to work on
20 MSC ships is not recommended for his diagnosis of Common Variable
21 Lymphogammaglobulinemia requiring weekly parenteral dosing of human gammaglobulin. I
22 would be glad to reconsider this recommendation if further information addressing my concerns
23 regarding the human gammaglobulin is addressed.

6 month
Carnegie
Supply
Gammaglobulin

1 b. Non-Hodgkin's Lymphoma. NAVMED P-117 - Current or history of malignant
2 tumors is disqualifying. COMSCINST 6000.1D - Malignancy is not disqualifying in and of
3 itself. Duty status will be determined by frequency of required follow-ups, tolerance of
4 prescribed medications, and documentation of continued stability from personal physician. Date
5 of diagnosis - 04 June 2004. There is no record of reoccurrence but the records included for
6 review do indicate that he was treated with Rituxan in November of 2007 that would indicate
7 possible reoccurrence at that time requiring this specialized treatment. In a handwritten note
8 from the Oncology and Hematology clinician dated 13 December 2008, it is stated that his low
9 grade lymphoma is controlled currently on no treatment and that he is totally functional and able
10 to perform his usual tasks of occupation. His prognosis is determined by his physician as
11 excellent. Based on the fact that there is no indication that his cancer has progressed in the last
12 year off of treatment, history of Non-Hodgkin's Lymphoma is disqualifying but a waiver for his
13 diagnosis is approved. However, any reoccurrence of the lymphoma would require that a clinical
14 package be resubmitted to MSC for reevaluation of his waiver for Non-Hodgkin's Lymphoma.

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1 c. Squamous Cell Carcinoma. NAVMED P-117 – Current or history of malignant tumors
2 is disqualifying. COMSCINST 6000.1D – Malignancy is not disqualifying in and of itself. Duty
3 status will be determined by frequency of required follow-ups, tolerance of prescribed
4 medications, and documentation of continued stability from personal physician. Mr. Webster
5 underwent several procedures for squamous cell carcinoma located on the right anterior shoulder
6 (first diagnosed on 28 October 2004 and last treated 16 January 2007). He also had a well
7 differentiated squamous cell carcinoma of the left back excised in September 2007. His last
8 recorded visit with dermatology was 15 February 2008 at which time he had multiple actinic
9 keratosis of the upper back and arms treated with liquid nitrogen. He has received education on
10 the use of SPF 15, sun avoidance, protective clothing, and monthly self-examination as
11 preventive measures to the occurrence of new lesions. Based on the fact that he has no reported
12 lesions presently, that he appears to be very attentive to the recurrence of new lesions, and that
13 he is educated on measures that will help to prevent new lesions, history of squamous cell
14 carcinoma is disqualifying but a waiver for his diagnosis is approved. Any reoccurrence of the
15 squamous cell carcinoma would require that a clinical package be resubmitted for reevaluation of
16 his waiver.

1 2. This mariner is not physically qualified for mariner duty on board MSC ships due to his
2 history of Common Variable Lymphogammaglobulinemia, Non-Hodgkin's Lymphoma, and
3 Squamous Cell Carcinoma. I recommend that he be waived for his diagnoses of Squamous
4 Cell Carcinoma and Non-Hodgkin's Lymphoma but NOT for the diagnosis of Common Variable
5 Lymphogammaglobulinemia due to concerns related to his weekly requirement for parenteral
6 administration of human gammaglobulin.

3. Thank you for the opportunity to review this mariner's medical package.

Respectfully,

Dwight C. Fulton