



Certification Update

Information About Current Issues

By Warren S. Silberman, DO, MPH

TURBOMEDICAL UPDATE: As you may recall, the Aircraft Owners and Pilot's Association (AOPA) developed the capability for its members called TurboMedical. TurboMedical allows an airman to go into the AOPA Web site and complete the front side of the FAA Form 8500-8 (medical history). Positive responses to questions prompt the airman with educational information on how the FAA wants him or her to respond and links the airman to different places on their Website, such as AOPA's list (not FAA-sanctioned) of acceptable medications.

TurboMedical looks just like the FAA medical form. If an airman presents you with an AOPA TurboMedical form, you may accept it. However, there are then a couple of extra steps you will be required to take. Assure that the airman has signed the TurboMedical form. Then take an official FAA medical exam form (Form 8500-8) and have the airman sign the front side of that form as well. Use the medical certificate from the FAA form to get the "FF" number. Then attach both forms together, and submit them just as if the airman were completing only the official FAA form. If the airman refuses to sign a blank 8500-8, the airman will have to transfer all the information from the TurboMedical to our form.

I understand that some AMEs have confused the TurboMedical form with the new FAAMedXpress that we have talked about in previous bulletins and that Dr. Tilton discusses in his edito-

rial in this issue of the *Bulletin* [see page 2]. Please do not confuse the two forms—they are not the same.

By the way, the *Federal Air Surgeon's Medical Bulletin* covers many different subjects. I strongly suggest that you share it with members of your staff and that you also make it available in your waiting rooms for others to read if they wish.

Finally, in a recent review of issued medical certificates, we found that approximately 90% of AMEs had not included proper restrictions on the medical certificates of airmen who reported taking the acne medication Accutane (Isotretinoin). Accutane may cause a decrease in night vision. Therefore, all airmen taking this medication must have the restriction: NOT VALID FOR NIGHT FLYING. We are sending the affected airmen corrected certificates, and the AMEs who issued the medical certificates will receive an error letter.

Issues and Answers—Case Presentations in Malignancies

1 A 50-year-old male airman comes into your office for an FAA second-class medical examination. He reports that he had cancer of the descending colon six months ago, and a resection left him with a permanent colostomy. He provides you with the medical records from his hospitalization: the history and physical examination, discharge summary, operative and pathology reports, and a CEA (carcinoembryonic antigen) level. The pathology report indicates that the tumor did not penetrate the serosa of the bowel. The tumor was low in the colon and required a colostomy. The airman did not receive any treatment other than the surgery, and his current CEA antigen and blood counts are normal. His colostomy has been functioning well, and he is being regularly observed by his physician. If the examination was otherwise unremarkable, would you issue this airman a medical certificate?

Answer: No. Any malignancy is disqualifying. If an airman reports a medically disqualifying condition, you may not issue a certificate without verbal or written permission from either your Regional Medical Office or the Aerospace Medical Certification Division. This is true even if the airman has provided all the documentation that we would require.

In general, the FAA does not grant medical certification to airmen with malignancies until one year after treatment. In this particular case, however, we felt that the airman was sufficiently out from his surgery. He provided all the necessary documents needed to make a decision, and we granted medical certification. The airman was placed on a six-year Authorization for Special Issuance (waiver), requiring yearly current status reports and carcinoembryonic antigen levels.

2 A 45-year-old female airline transport pilot with a first-class medical certificate had infiltrating ductal breast cancer. After an axillary lymph node dissection, her pathology report showed that 11 out of 17 nodes were positive. Her only medication was tamoxifen (Nolvadex). What actions would you take for her medical certification?

Answer: In the past, we would have denied such airmen and required that they be grounded for three years. The only node-positive airmen we allowed to go right back to flying were those with positive nodes in the axillary tail of Spence. However, we now grant certification to individuals with axillary node positive disease upon the conclusion of their treatment. The applicant must have a brain MRI with no evidence of metastasis and a negative chest scan.

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Annual follow-up status reports with either a chest X-ray or CT scan of the chest and an MRI of the brain will be required for five years.

'Any malignancy is disqualifying.'

3 A 50-year-old airman with a third-class medical certificate has chronic myelogenous leukemia, Philadelphia chromosome-positive. The airman is taking Gleevec (imatinib mesylate). He provides you with a favorable medical status report and complete blood count. The white blood cell count and the platelet count are within normal limits. Can this airman gain third-class medical certification?

ANSWER: Yes. Gleevec inhibits Bcr-Abl tyrosine kinase, which is the abnormal tyrosine kinase that the Philadelphia chromosome creates in this form of leukemia (1). We require them to provide a status report and complete blood count every six months.

'In general, the FAA does not grant medical certification to airmen with malignancies until one year after treatment.'

4 A 48-year-old female second-class airman who flies for a small commercial operation presented with a solitary thyroid mass one year ago. A nuclear scan and needle biopsy of the mass demonstrated thyroid cancer, and a total thyroidectomy was performed. The pathology report came back as papillary thyroid cancer with four lymph nodes. She provided the necessary reports, and the AME properly deferred the case. Would you grant this airman a special issuance?

ANSWER: Yes, we frequently grant full privileges to airmen with this malignancy through the special issuance process. Papillary carcinoma is the most common thyroid malignancy, with >70% of thyroid tumors of this type. Cervical metastasis to lymph nodes in the neck is present 50% of the time in small tumors

and 75% in larger ones. The presence of positive cervical nodes means a higher recurrence rate but not a higher mortality rate. The peak ages for this tumor are from 30 to 50. The female-to-male ratio is 3 to 1. Treatment is total thyroidectomy for tumors that have spread to the cervical nodes, and usually I 131. Follow-up for this tumor includes yearly status reports and a serum thyroglobulin level. If the level is elevated, it usually means recurrence (2).

References

1. Harold CE, Priff C (2008). Physician's Drug Handbook, 12th edition; pages 630-1; Philadelphia, PA: Lippincott Williams and Wilkins.
2. Thyroid nodules. EndocrineWeb.com. www.endocrineweb.com/nodule.html. (Accessed 3/10/2007).



Outdated ECG Machines to be Deactivated June 1

ON MAY 26, 2006, the Aerospace Medical Certification Division (AMCD) sent all Senior AMEs a letter advising them that one of the servers receiving transmissions from some ECG machines will be deactivated on June 1, 2007, which requires you to make alternate arrangements for first-class pilot ECG transmissions. The affected ECG machines are:

MANUFACTURER	MODEL NUMBER
GE/Marquette	MAC 6
GE/Marquette	MAC 8
GE/Marquette	MAC 12
GE/Marquette	MAC 15
GE/Marquette	MAC PC
GE/Marquette	MAC VU

If you utilize one of these machines, you will need to acquire equipment compatible with our server capability. For more information, please refer to the document that was attached to the May 26, 2006, letter: "Options for Participation in the FAA ECG Administrative Data System." This document is a guide for making arrangements for transmitting ECGs to the Aerospace Medical Certification Division and includes the name and phone number of several manufacturers of ECG equipment.

NOTE: If you are purchasing equipment, it is imperative that you first consult with the FAA Technical

Support Line at (800) 681-8687. They are able to answer compatibility questions and guide you in setting up test transmissions, etc.

You must notify the AMCD regarding arrangements you have made regarding this matter.

Thank you for your attention to this important matter.

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