



## Certification Update

*Information About Current Issues*

By Warren S. Silberman, DO, MPH

### 4,000 'New' Medications Revealed

**O**UR SOFTWARE CONTRACTOR, Northrop Grumman, updated the Aerospace Medical Certification Subsystem and FAAMedXPress in October, which helped us to cope with the amazing amount of creativity your keyboarders demonstrated in spelling medications in use by airmen (in Box 17.a). We “discovered” more than 4,000 new medications—all of which were incorrect, misspelled, or did not make sense.

Those of you who work with AMCS know that there is an icon that allows one to add a medication that could not be located in the FA Davis System we use. I didn't know how many incorrect spellings of some medications that one could have! I did not know that “yes” was a medication or that “angiotensin converting enzyme inhibitor” was another. I had the horrendous task of reviewing this list of misspellings and correcting them. Then, our software people had to develop a program to correct these errors. We spent a great deal of effort and money to modify the way AMEs and, ultimately, airmen using FAAMedXPress can place a medication into the system. As one can see, you now get a “drop-down box” after you type several letters in and can highlight and then add the medication to the airman's list.

For airmen that participate in FAAMedXPress, we will now allow their

AMEs to obtain a one-page history of their responses to questions and conditions. Folks, this is the medical history that you have asked for since the beginning of AMCS! In this first iteration, we made it so only those airmen who participate in FAAMedXPress would allow their AMEs to obtain the medical history report. If we did this any other way (with this new version), it would have allowed *any* AME to pull up the medical history on any airman, even without the airman's permission. We may change this in the future.

Finally, some good news: You will soon have the capability to print the airman's medical certificate! What it means is that you will be able to print the medical certificate directly from your computer, rather than a typewriter, as has been the case before this new modification.

We'll now continue with the case reports from the last issue about our management of malignancies.

## Issues and Answers—Case Presentations in Malignancies

### Malignancies Case Reports

**1** A 52-year-old airman diagnosed with acute myelogenous leukemia has been treated with aggressive chemotherapy, and he has been in remission for six months. He presents to the aviation medical examiner's office and is examined for a third-class medical certificate. The pilot presents the results of a recent complete blood count that showed a WBC 4,000, HgB 11, and platelet count of 140K. Would this airman be able to obtain an authorization for special issuance?

**A**nswer. No, the FAA does not generally grant medical certification to an airman with acute leukemia.

**2** What if this same airman comes in with a two-year history of remission of acute myelogenous leukemia, but in this case he waited for two years. He did not receive bone marrow transplantation at this time. Would he be eligible for a third-class medical certificate?

**A**nswer. Well, an airman (and this was an actual Aerospace Medical Certification Division airman case) with just this history presented to his AME and was rightfully deferred. We sent the case to a consultant, and the consultant recommended granting an issuance because there would be little chance of sudden incapacitation. Since this case exceeded the decision-making abilities of the Civil Aerospace Medical Institute in Oklahoma City, we referred the case to Medical Specialties Division in Washington, D.C. Medical Specialties considered the case and recommended that we grant an Authorization for Special Issuance.

**3** A 40-year-old airman presents to his AME with a history of a malignant melanoma removal. The Breslow depth of the lesion was 0.5 mm. The AME issued the medical certificate. Was this correct?

**A**nswer. The AME should not have issued the medical! Even though the likelihood of metastasis is low in this particular group, this still requires an Authorization for Special Issuance. This particular case will likely result in airman receiving a AME-Assisted Authorization for Special Issuance (AASI).

**4** Now, in the next case, a 40-year-old airman presents with a history of malignant melanoma. This airman's Breslow depth was 1.5 mm. The lesion was on the dorsum of the right hand and there was a positive lymph node for tumor in the antecubital area of the same extremity. The airman received immunotherapy, waited for six months, and then requested a second-class medical certificate. The AME issued the certificate. Was this correct?

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**A**nswer. No, it was not. The main issue with malignant melanoma is metastasis to the brain, resulting in a seizure as a presenting feature. Melanoma with a Breslow depth greater than or equal to 0.75 mm, along with a local node, is considered under one grouping for the purposes of medical certification. Generally, the FAA will not consider granting issuance until one year *after* treatment. The airman in this particular case will require a status report and, for each year of observation, a brain MRI. The physicians who provided policy advice to the Federal Air Surgeon believed that an MRI of the brain could give us sufficient time to locate a lesion prior to its causing a seizure. If this airman's brain MRI is negative, then she will receive an authorization.

**5** An airman with HIV illness, who also happened to be taking antiviral treatment, presented to an AME requesting a first-class medical certificate. The AME thought the airman was doing well because he had a note from his treating physician reporting that the airman had no cognitive defects. The airman did not have any AIDS-defining illnesses, so he issued the medical certificate. Was this proper certification?

**A**nswer. No it was not. This most definitely is a case where an authorization for special issuance is required. In this type case, the airman must provide a letter from a physician trained in the treatment of HIV, CD4+ lymphocyte count, HIV Viral Load by polymerase chain reaction, complete blood count, liver function studies, and COGSCREEN or neuropsychological testing. For the initial certification, if the CD4+ count is greater than 350 (or at least two levels are greater than 200), the viral load is less than 1,000, and the psychological testing is negative, the airman can be granted an authorization for special issuance.



## SODA – The Other Medical Certificate

*Always verify whether or not an airman has a Statement of Demonstrated Ability to preclude issuing an incorrect class of medical certificate not authorized by the SODA.*

By Guillermo J. Salazar, MD

**F**ROM TIME TO TIME, an aviation medical examiner (AME) will be confronted with circumstances that require an FAA Form 8500-15 (Statement of Demonstrated Ability, SODA) certificate be reviewed or be issued to an airman. Unfortunately, this is not a regular occurrence, so AMEs tend to remember the unusual name of this important medical certificate—but not necessarily what to do with it.

AMEs must fully understand the process, because issuance of a medical certificate<sup>1</sup> to select airmen is directly tied to the requirements of the SODA certificate. Authority and guidance for issuing a SODA is contained in Title 14 Code of Federal Regulations (CFR) Part 67, section 67.401, *Special issuance of medical certificates*, and is further explained in the *Guide for Aviation Medical Examiners*.

Most AMEs are intimately familiar with the Authorization for Special Issuance process, either because they process AME-assisted special issuances on a fairly regular basis or, as airmen, they may have been issued one. Authorizations are granted for conditions that may change and, therefore, require periodic monitoring. These conditions include, but are not limited to, diabetes mellitus, coronary artery disease, other heart conditions, kidney stones, neuropathies, asthma, and cancer.

On the other hand, a SODA is issued by the agency for a static medical condition. Conditions that require

a SODA may include loss of an eye, loss of one or more extremities, use of a prosthesis, permanent deformities secondary to trauma, and other static physical defects. A SODA is typically issued for an indefinite period of time, although for some conditions it may be time-limited. It remains valid as issued, provided the underlying circumstances do not change, hence the need for AME review of the medical requirements at the time of the periodic flight physical.

As the name of the certificate implies, the airman has to demonstrate the ability to operate a particular aircraft. Once the airman has done so, the SODA remains in effect, as issued for a **specific class** of medical certificate and, very often, for a specific type of aircraft.

Always remember that the AME is required to ask about a SODA, and write the number on the back of the application in Item 23. Since the SODA is not subject to periodic renewal, AMEs must get into the habit of asking about that certificate and reviewing the requirements with airmen that possess one. In some cases, the airman and the history will be known to the AME.

In the remaining cases, the physical defect most likely will be readily apparent during the physical examination — this should prompt the question, “Do you have a SODA?” If the answer is “no” or “don’t know,” then Regional Medical Office or the Aerospace Medical Certification Division (AMCD) should be contacted before the airman leaves the office. This will result in verification of the airman’s status or ensure the airman is properly referred for SODA issuance.

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<sup>1</sup>Either FAA 8500-9, *Medical Certificate* (i.e., “the white ticket”) or FAA Form 8420-2, *Medical Certificate and Student Pilot Certificate* (the “yellow ticket”).