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On appeal from the
Department of Veterans Affairs Regional Office in St. Petersburg, Florida
THE ISSUE

Entitlement to service connection for a bile duct tumor, to include liver cancer
and cholangiocarcinoma.
REPRESENTATION
Appellant represented by:
ATTORNEY FOR THE BOARD
D. J. Drucker, Counsel
INTRODUCTION
Ralph J. Bratch, Attorney
The Veteran had active military service from November 1966 to December 1971. His
awards and decorations include a Combat Infantryman Badge and a Purple Heart.
This case comes to the Board of Veterans' Appeals (Board) on appeal from a
September 2010 rating decision of the Department of Veterans Affairs (VA) Regional
Office (RO) in St. Petersburg, Florida that denied entitlement to service
connection for a bile duct tumor.
In March 2012, the Veteran perfected an appeal of the RO's decision and requested a
hearing at the RO before a Veterans Law Judge. The Veteran died in April 2012. In
May 2012, his wife submitted a formal request to be substituted as the appellant in
this claim. See 38 U.S.C.A. § 5121(a) (West 2014). She also cancelled his hearing
request. In April 2015, the RO approved the appellant's request to be the
substituted claimant in this case.
In a February 2015 rating decision, the RO denied the

appellant's claim for service
connection for the cause of the Veteran's death. The
claims file does not contain
a notice of disagreement with this decision and the Board
will confine its
consideration to the issue as set forth on the title page.
FINDING OF FACT
The Veteran's cholangiocarcinoma is the result of injury
during active military
service.
CONCLUSION OF LAW




The criteria for service connection for cholangiocarcinoma
are met. 38 U.S.C.A. §§
1110, 5107 (West 2014); 38 C.F.R. §§ 3.102, 3.303 (2014).
REASONS AND BASES FOR FINDING AND CONCLUSION
Legal Criteria
A veteran is entitled to compensation for disability
resulting from personal injury
or disease incurred in or aggravated by active military
service. 38 U.S.C.A. §
1110; 38 C.F.R. § 3.303.
Evidence of continuity of symptomatology from the time of
service until the present
is required where the chronicity of a condition manifested
during service either
has not been established or might reasonably be
questioned. 38 C.F.R. § 3.303(b).
Regulations also provide that service connection may be
granted for any disease
diagnosed after discharge, when all the evidence,
including that pertinent to
service, establishes that the disability was incurred in
service. 38 C.F.R. §
3.303(d); but see Walker v. Shinseki, 708 F.3d 1331 (Fed.
Cir. 2013) (to the effect
that the theory of continuity of symptomatology can be
applied only in cases
involving those conditions explicitly recognized as
chronic under 38 C.F.R. §
3.309(a)).
To establish service connection, evidence must show: "(1)

the existence of a
present disability; (2) in-service incurrence or aggravation of a disease or
injury; and (3) a causal relationship between the present disability and the
disease or injury incurred or aggravated during service" - the so-called "nexus"
requirement." Holton v. Shinseki, 557 F.3d 1362, 1366 (Fed. Cir. 2009) (quoting
Shedden v. Principi, 381 F.3d 1163, 1167 (Fed. Cir. 2004).
Service connection may be granted for any disease diagnosed after discharge, when
all the evidence, including that pertinent to service, establishes that the disease
was incurred in service. 38 C.F.R. § 3.303(d).
Facts and Analysis
The Veteran's service personnel records reflect that he repeatedly served in the
Republic of Vietnam. He served with the 4th Battalion, 47th Infantry, 9th Infantry
Division, in support of the Mobile Riverine Force. See Veteran's April 2010
statement and March 2012 substantive appeal.
Service treatment records do not discuss a liver abnormality.
The post service private medical evidence includes records from the Mayo Clinic, in
Jacksonville, Florida, dated from January 2010 to February 2011, indicating that
the Veteran sought a second opinion for cholangiocarcinoma. A liver abnormality
was first noted in October 2009 and subsequent tests revealed that he had the
disease.
The Veteran underwent VA examination in June 2010. The examiner was unable to
attribute the Veteran's bile duct tumor as being related to events that occurred in
military service without resorting to speculation. It was noted that the Veteran
had a bile duct tumor almost certainly cholangiocarcinoma. His biopsy was
suggestive of, but not diagnostic for, carcinoma. Liver flukes were present in
some freshwater fish in Southeast Asia, along with the Far

East and Russia. Liver
flukes were considered a risk factor for
cholangiocarcinoma from the ingestion of
raw or poorly cooked fish. However, there was no evidence
that the Veteran had
liver flukes and his endoscopic retrograde
cholangiopancreatography (ERCP) did not


mention liver flukes.
In an undated statement received in March 2012, F.P.F.,
M.D., the Veteran's
treating oncologist, reported that the Veteran was
originally seen in October 2010
for presumed cholangiocarcinoma. In further workup at the
Mayo Clinic in
Jacksonville, Florida, he was definitively diagnosed with
metastatic
cholangiocarcinoma in November 2010.
Dr. F.P.F. noted that the Veteran served in Vietnam
extensively in the years
between 1967 and 1970. The origination of his type of
cancer was associated with
exposure to a biliary parasite that was commonly found in
Vietnam, a trematode of
Asia that caused liver cancer. Although the Veteran did
not have a history of
hepatitis, there was a possibility that his
cholangiocarcinoma could be related to
this exposure to Opisthornis viverrini.
According to his death certificate, the Veteran died in
April 2012 from
cholangiocarcinoma.
The record contains medical literature regarding the
association between liver
flukes and cholangiocarcinoma. An article titled
"Cholangiocarcinoma" reports two
known causes of the disease: hepatitis C and a parasite,
Opisthorchis viverrini-
Southeast Asia liver fluke. The parasite was found in raw
fish and the water
supply of all Southeast Asia.
An Internet article from the US National Library of

Medicine at the National
Institutes of Health, notes that the risks for cholangiocarcinoma include bile duct
cysts, chronic biliary and liver infection, primary sclerosing cholangitis,
ulcerative colitis, and a history of infection with the parasitic worm, liver
flukes. The article states that cholangiocarcinoma was "rare" and occurred in
approximately 2 out of 100,000 people.
A medical review article notes that cholangiocarcinoma is relatively uncommon in
western countries, occurring in 0.2-0.7 out of l00,000 people. See "Liver Flukes:
the Malady Neglected", Jae Hoon Lim, M.D., Korean J Radio 12(3), May/Jun 2011,
p.273. The incidence of the disease in Asian countries was much higher. Id.
According to information from the Cancer Treatment Centers of America, cancer of
the liver was rare malignancy in the United States, and one of the most common
malignancies in parts of Asia and Africa. Certain liver parasites were recognized
risk factors for this type of liver cancer, especially in parts of Southeast Asia.
An Internet article from the University of California at San Fransisco, dated in
August 2007, similarly indicates that chronic or persistent inflammation of the
bile duct increases a person's chances of developing bile duct cancer. A number of
inflammatory diseases increase the chances of bile duct cancer including ulcerative
colitis, primary sclerosing cholangitis, congenital bile duct cysts, and biliary
parasites. Although rarely seen in the United States, these food-or water-borne
parasites were very common in Asia.
An Internet article entitled "Opisthorchis viverrini-Liver Fluke" notes that the
association between the parasite and liver cancer is so strong that the parasite
was accepted as a known carcinogen even though the mechanism was not fully

understood. Most of the world need not worry about developing O. viverrini. In order to develop the disease one would have to live or travel in Southeast Asia, including Thailand, Laos Vietnam or, and eat raw or undercooked freshwater fish such as carp. See "Opisthorchis viverrini-Liver Fluke A Trematode of Asia That Causes Liver Cancer (Cholangiocarcinoma)", Drisdelle, R., Oct 23 2009; www.suite101.com.
Here, review of the article about cholangiocarcinoma, the Internet article from the




Cancer Treatment Centers of America, and an article from Memorial Sloan-Kettering Cancer Center, entitled "Gallbladder & Bile Duct Cancers," all suggest a link between parasites in Asia from raw fish and cholangiocarcinoma.
There is no dispute that the Veteran had a current disability, cholangiocarcinoma.
His testimony and Dr. F.T.P's opinion, the Veteran's statements and the internet articles establish an in-service injury, namely exposure to river flukes and other parasites. Dr. F.T.P's opinion as to the nexus between in service exposure and the current disease was somewhat equivocal; but when viewed in light of the internet articles, supports a nexus to service.
A June 2010 VA examiner was unable to attribute the Veteran's bile duct tumor to events that occurred in military service without resorting to speculation. The examiner did not provide a negative opinion and the examiner's statement weighs neither for nor against the claim. Fagan v. Shinseki, 573 F.3d 1282 (Fed. Cir. 2009).
In view of the totality of the evidence, Board finds that the probative evidence of

record is at least in equipoise as to the question of service connection and that cholangiocarcinoma is as likely as not due to the Veteran's active military service. Under such circumstances, with the resolution of all reasonable doubt in the appellant's favor, and without ascribing error to the action by the RO, the Board concludes that service connection for cholangiocarcinoma is warranted. See 38 U.S.C.A. § 5107(b).

ORDER

Service connection for a bile duct tumor, to include liver cancer and cholangiocarcinoma, is granted.

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Mark D. Hindin
Veterans Law Judge, Board of Veterans' Appeals
Department of Veterans Affairs