



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

20 Jun 08

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA

SUBJECT: Policy Guidance for Analysis of Removed Combat-Related Metal Fragments

Ref: (a) ASD(HA) Policy Memorandum,07-029 of 18 Dec 07

This policy establishes the requirement and responsibilities relative to the standards of practice for analysis of excised combat-related metal fragments per reference (a). This policy does not supersede the handling or submission of specimen requirements for forensic evidence.

A recently published study conducted by the Armed Forces Radiobiology Research Institute discovered a high rate of metastatic sarcoma in rats with imbedded tungsten-nickel-cobalt alloy fragments. Small arms ammunition composed of a similar tungsten-nickel-cobalt alloy is available to enemy combatants in modern day theaters of operations. Discovery of the use of tungsten-alloyed bullets against our service members may only occur through analysis of metal fragments removed during the treatment of combat wounds.

During primary surgical debridement or subsequent care of a service member who has incurred a combat-related injury, any and all metal fragments excised during the procedure shall be collected and processed as outlined below. The policy is only applicable to those fragments that would normally be removed under current standards of surgical care. All excised fragments should be segregated and labeled by anatomic location. Fragments that are obviously non-metallic in composition are not processed under this policy. The provider in charge of the patient's care maintains primary responsibility for ordering the submission and processing of the metal fragments in compliance with this policy. The results of the analysis will be reported to the submitting Military Treatment Facility (MTF). That MTF is responsible for ensuring that the service member's current Primary Care Manager (PCM) is provided with or has access to the results of the analysis.

The provider shall provide a written order detailing actions if further metal fragments are discovered during subsequent treatment, debridement or dressing change. The physician in charge of the patient's care shall be notified and shall ensure that the fragment is collected and labeled as to anatomic location and submitted for analysis per the requirements of this policy. MTFs shall ensure communication and dissemination of this policy to all appropriate staff and that local policy and procedure manuals address the appropriate handling and submission of metal fragment specimens using current pathology submission methods.

Those service members receiving extended care through civilian or Department of Veterans Affairs (VA) facilities are normally under the oversight of a case manager located at a Navy

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MTF. These case managers are responsible for ensuring that the civilian organization is aware of the requirements to retain and submit for analysis any metal fragments. These responsible MTFs shall ensure that a policy is in place locally that provides a mechanism where these fragments can be received from the civilian or VA facility and submitted for analysis.

Service members with retained fragments shall be counseled at discharge to retain and submit any fragments spontaneously expelled. These fragments will be submitted during subsequent follow-up evaluations with the PCM.

The laboratory screening and analysis requirements are established in reference (a). The analysis must be ordered under the laboratory test Embedded Fragment Analysis or appropriate synonym. The MTF laboratory will rename one of its "miscellaneous" tests in CHCS to accommodate this requirement. The components of the laboratory test are contained in attachment 1 of reference (a) and no additional components will be added for testing. A critical intent is for appropriate screening, analysis and archiving of the metal fragments.

Specimens will be submitted to the Division of Biophysical Toxicology Department, of Environmental and Infectious Disease Sciences, Armed Forces Institute of Pathology, 6825 16th Street, NW, Bldg. 54, Room M099A, Washington, DC. 20306-6000.

Reimbursement for lab analysis will be generated from a Centrally Managed Account at the TRICARE Management Activity, Health Affairs using a Military Interdepartmental Purchase Request for payment.

Navy Surgical Community Specialty Leaders are responsible for ensuring wide-spread communication and dissemination of this policy to all members of their surgical community and that this standard of care is immediately adopted for their surgical specialty.

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