



**C1. Describe the reasons the WTC Program Administrator should consider the addition of this health condition. Explain how the health condition you are proposing relates to the exposures that may have occurred from the September 11, 2001, terrorist attacks. Your explanation must include a medical basis for the relationship/association between the 9/11 exposure and the proposed health condition. The medical basis may be demonstrated by reference to a peer-reviewed, published, epidemiologic study about the health condition among 9/11 exposed populations or to clinical case reports of health conditions in WTC responders or survivors. First-hand accounts or anecdotal evidence may not be sufficient to establish medical basis. If you need more space, please attach additional pages to this form.**

I believe Acoustic Neuroma (aka Vestibulla Schwannoma) should be added to the WTC Program for the following reasons:

1. Acoustic Neuroma is believed to be a rare disorder. Acoustic Neuroma occurs in 2 forms: A sporadic form (which I have been diagnosed with). About 95 percent of all cases are SPORADIC. The other form of acoustic neuroma, effecting approximately 5 percent of all cases is an inherited disorder neurofibromatosis type II (NF2), which effects both ears usually by the age of 30.  
<http://www.mayfieldclinic.com/PE-Acoustic.htm#.UkQ4-DD-Uk>
2. The RATE OF GROWTH clearly COINCIDES WITH MY EXPOSURE TO UNKNOWN TOXINS as a First Responder at WTC.
  - Growth Rate: 1-2 mm per year
  - My tumor discovered (      mm at diagnosis)
3. Only about 10 acoustic tumors are newly diagnosed each year PER MILLION PERSONS 1 per 100,000). Presently I am aware of one additional 9/11 FIRST RESPONDER who was also diagnosed and treated for acoustic Neuroma, Mr.                      <http://www.dnainfo.com/new-york/20140429/bed-stuy/bed-stuy-911-responder-gets-gift-of-hearing-thanks-good-samaritan-doc>
4. The origin is "unknown", however, research shows that toxins exposure such as benzene, mercury, textile dust, radiation and mold, have a definitive link.  
[https://www.osha.gov/dts/chemicalsampling/data/CH\\_220100.html](https://www.osha.gov/dts/chemicalsampling/data/CH_220100.html)  
<http://www.ncbi.nlm.nih.gov/pubmed/12467209>
5. Effects of Acoustic Neuroma before AND AFTER TREATMENT are debilitating. Including Hearing Loss, Tinnitus (Ringing in the ears), Vertigo , Imbalance, Pressure, Facial Weakness & Numbness  
[http://www.hopkinsmedicine.org/otolaryngology/specialty\\_areas/otology/acoustic\\_neuroma\\_symptoms.html](http://www.hopkinsmedicine.org/otolaryngology/specialty_areas/otology/acoustic_neuroma_symptoms.html)
6. I spent over 14 consecutive hours (                      ) at WTC on Sept. 11<sup>th</sup>, 2001, as well as numerous other dates.
7. I have attached documents from my three personal physicians:
  - MD –Neuro-oncology- Long Island Brain Tumor Center
  - MD –                      Long Island Gamma Knife, South Nassau's Cancer Center
  - , MD                      Dept. of Otolaryngology-Head and Neck Surgery, Icahn School of Medicine at Mount Sinai
8. I am also attaching NYC Police Department Medical Board document, dated                      2014, in which three board physicians concur that it is possible that WTC exposure could have contributed to pathogenesis.

**D, Signature of Petitioner**

Sign your name below to indicate that you are petitioning the WTC Program Administrator to consider adding a health condition to the list of WTC-related health conditions identified in 42 C.F.R. Part 88.

\_\_\_\_\_  
Signature

8/22/14

\_\_\_\_\_  
Date

**Privacy Act Statement**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 amended the Public Health Service Act (PHS Act) to establish the World Trade Center (WTC) Health Program. Sections 3311, 3312, and 3321 of Title XXXIII of the PHS Act require that the WTC Program Administrator develop regulations to implement portions of the WTC Health Program established within the Department of Health and Human Services (HHS). The WTC Health Program is administered by the Director of the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC). The information provided with this form and supporting documentation will be used by the WTC Program Administrator to consider the disposition of a petitioned-for health condition. Disclosure of this information is voluntary.

Records containing information in identifiable form become part of an existing NIOSH system of records under the Privacy Act, 09-20-0147, "Occupational Health Epidemiological Studies and EEOICPA Program Records and WTC Health Program Records, HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law.

Information submitted to WTC Health Program which may be considered "protected health information" pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191; 42 U.S.C. § 1320d) and the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules (45 C.F.R. pts. 160, 162, and 164) will be maintained in accordance with all applicable laws.

NIOSH may disclose information in identifiable form only insofar as such disclosure is permitted pursuant to the HIPAA Privacy Rule; this may include disclosure to the WTC Health Program Scientific/Technical Advisory Committee (STAC), which may be asked to consider the petition and issue a recommendation to the WTC Program Administrator. Information in identifiable form will be redacted from submitted petition forms and supporting documentation that become a part of the public record (e.g. in conjunction with STAC consideration or a rulemaking).



The Long Island  
Brain Tumor Center  
NEUROLOGICAL SURGERY, P.C.

Page 1 of 1

, MD  
Neuro-Oncologist  
Brain Tumor Center

The Long Island  
Brain Tumor Center

NEUROLOGICAL SURGERY, P.C.

WWW.BRAINTUMOR.COM

1991 Marcus Ave suite M-115  
Lake Success, NY 11042  
(516) 478-0010 Fax (516) 482-0143

353 Veterans Mem. Hwy, suite 303  
Commack, NY 11725  
(631) 864-3900 Fax (631) 864-2954

, 2013

RE:  
DOB:

To Whom It May Concern:

We reviewed the available information concerning this patient. Briefly,

- 1) He presented with left sided hearing loss and tinnitus
- 2) Hearing tests reveal left greater than right hearing loss
- 3) Imaging revealed a left cm mass consistent with a acoustic schwannoma
- 4) He was treated with Gamma knife radiosurgery on /12

I think it is reasonable to conclude that the acoustic schwannoma has contributed to the worsened hearing and tinnitus on the left. These are typical findings in this disease.

It is *possible* that the patient's World Trade Center exposure may have contributed to pathogenesis.

I appreciate your consideration in this matter.

Cordially,

, MD

Neuro-oncology  
Long Island Brain Tumor Center

**SOUTH NASSAU'S CANCER CENTER**

One Healthy Way  
Oceanside, New York, 11572  
TEL: 516.632.3370 FAX: 516.336.2930

One South Central Avenue  
Valley Stream, New York, 11580  
TEL: 516.632.3330 FAX: 516.632.3325

**RADIATION ONCOLOGY**

**NAME:** **MRN:**  
**LOCATION:** **DOB:**  
**ENCOUNTER:** **DATE:** 14  
**ATTENDING:** **MD**

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**New York City Police Department Pension Fund/Medical Board**

This letter is in regard to the medical status of . I have been involved in the patient's care. He is a -year-old male with a history of a left-sided acoustic neuroma. He presented with unilateral hearing loss in the left ear and he was noted to have a cm (in greatest oblique dimension) left-sided vestibular schwannoma. He underwent gamma knife radiosurgery on 2012 to arrest the growth of the tumor. It is well known that the acoustic neuroma and the treatment can result in significant hearing loss and the patient has suffered this.

His hearing was affected prior to treatment and is either stable or somewhat worse since he has had the treatment. Should you have any questions regarding this patient's hearing loss and his acoustic neuroma, please do not hesitate to contact me.

Electronically proofread and signed by Dr.

---

MD

Long Island Gamma Knife

**DICT:**  
**TRANS:**  
**JOB:**



MOUNT SINAI  
SCHOOL OF  
MEDICINE

Otolaryngology -  
Head & Neck Associates



Division of Otolaryngology-Neurotology

Mount Sinai Medical Center  
5 East 98th Street, 8th Floor  
Box 1191  
New York, NY 10029  
Patients: (212) 241-9410  
Physician Courtesy: (212) 241-9405  
Fax: (212) 427-4088

North Shore Medical Group  
325 Park Avenue  
Huntington, NY 11743  
Patients: (631) 367-5218

, 2013

Re:

To Whom It May Concern:

I had the pleasure to evaluate this patient for an acoustic neuroma. It is possible that the acoustic neuroma contributed to some of the hearing loss in his left ear.

Audio done on \_\_\_\_\_ 2013 showed bilateral asymmetric sensorineural hearing loss greater in the left ear.

If any additional information is required, please feel free to contact my office at the above-mentioned telephone number.

Sincerely,

MD

Department of Otolaryngology-Head and Neck Surgery



Icahn  
School of  
Medicine at  
Mount  
Sinai

*Hearing and Balance and Skull Base Surgery*

5 East 98th Street, 8th Floor  
New York, NY 10029  
T 212-241-9410  
F 212-427-4088

North Shore Medical Group  
325 Park Avenue  
Huntington, NY 11743-2779  
T 631-367-5218  
otology@mountsinai.org



POLICE DEPARTMENT

, 2014

**From: Medical Board Police Pension Fund Article II**  
**To: Board of Trustees Police Pension Fund**  
**Subject:**

1. This is in response to a communication dated , 2013, from the Executive Director, Police Pension Fund, in which the application for Disability Retirement is remanded to the Article II Medical Board in light of "New Evidence and as per Verbatim minutes."

2. was previously before the Medical Board on 2013. It was the final decision of the Article II Medical Board to recommend disapproval of the own application for Accident Disability Retirement.

3. The Article II Medical Board makes reference to the minutes of the above meeting for complete documentation as to the incidents involved, findings by his own physicians, diagnostic reports and findings by the Medical Board.

4. The Medical Board reviewed the minutes of the meeting of the Board of Trustees dated 2013 where noted that the has verified a Notice of Participation.

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Website: <http://nyc.gov/nypd>

5. There are documents dated [redacted] 2013 from South Nassau's Cancer Center written by Dr. [redacted] indicating that [redacted] had unilateral hearing loss in the left ear and was noted to have a [redacted] cm left-sided vestibular Schwannoma. He underwent Gamma knife radiosurgery on [redacted] 2012 to arrest the growth of the tumor. He noted that it was well known that acoustic neuroma can cause significant hearing loss.

6. There is a letter from Dr. [redacted] a neuro-oncologist, from the Long Island Brain Tumor Center dated [redacted] 2013. In this letter Dr. [redacted] states that [redacted] presented with left-sided hearing loss and tinnitus and the hearing test revealed left greater than right hearing loss, and imaging showed a [redacted] cm mass consistent with acoustic Schwannoma. It was treated with Gamma knife radiosurgery. Dr. [redacted] states that it is reasonable to conclude that the acoustic Schwannoma has contributed to the worsened hearing and tinnitus on the left and it is possible that the World Trade Center Law exposure may have contributed to the pathogenesis.


7. There is another letter dated [redacted] 2013 from Dr. [redacted] an otolaryngologist from Otolaryngology Head & Neck Associates, Division of Otology-Neurologist at Mount Sinai School of Medicine, reporting that it is possible that the acoustic neuroma contributed to the unilateral hearing loss in the left ear. He also noted that the audiogram from [redacted] 2013 showed bilateral asymmetric sensorineural hearing loss greater in the left ear.

8. On interview today, the [redacted] states that he retired on [redacted] 2006. He states that he recently had another episode of dizziness and fell and injured his left third finger and his hand. He states that currently in his job as a [redacted] he is working on restricted capacity and assigned to [redacted] because of his dizziness. He also stated that he sought out and found Dr. [redacted] in order to get a second opinion as to the type of treatment he received and also to get his opinion on the cause of his acoustic Schwannoma.

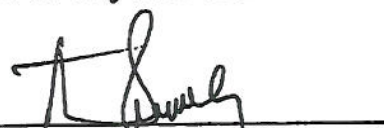


9. The Article II Medical Board did not perform a physical examination today.


10. Based on the review of the history, the medical records, the new medical evidence submitted, the clinical findings, the symptomatology and today's evaluation, the Medical Board finds that the retired has significant hearing loss that would interfere with performing full police duty. We note that in the new reports that his doctors attribute his hearing loss at least in part to the acoustic Schwannoma. We also note the opinion of an expert neuro-oncologist to implicate the World Trade Center exposure to the pathogenesis of his Schwannoma. Therefore, the Article II Medical Board rescinds its previous decision and recommends approval of the own application for Accident Disability Retirement pursuant Chapter 93 of the Laws of 2005 (World Trade Center Disability Law). The final diagnosis is Hearing Loss Secondary To Acoustic Schwannoma.

  
\_\_\_\_\_  
Vasilius Sierros, M.D.  
Chairman  
Dept. of Citywide Admin Services

Reply-Rescind Previous Decision  
Approve-Own-Accident Dis. (WTC)

  
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Arsen Pankovich, M.D.  
Dept. of Health

Reply-Rescind Previous Decision  
Approve-Own-Accident Dis. (WTC)

  
\_\_\_\_\_  
Sounder Esvar, M.D.  
Police Pension Board Article II

Reply-Rescind Previous Decision  
Approve-Own-Accident Dis. (WTC)