

VETERANS AND COLON CANCER

<https://www.mcclatchydc.com/news/nation-world/national/national-security/article236413328.html>

<https://nypost.com/2019/10/30/dramatic-rise-in-cancer-cases-among-veterans-raises-new-questions/>

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Date: June 17, 2014

Underuse of Colorectal Cancer Screening among Healthy Veterans and Overuse among Unhealthy Veterans

This study examined whether the upper age cutoff of the colorectal cancer (CRC) screening quality measure is associated with overuse of screening among 70- to 75-year-olds who are in poor health (limited life expectancy, but within the target age range of the measure) – and underuse in those older than age 75 who are in good health (longer life expectancy, but outside the target age range of the measure). Findings showed that screening rates were relatively stable for Veterans between ages 50-75, but dropped precipitously after age 75. On average, 39% of 75 year-old Veterans were screened, while only 21% of 76 year-old Veterans were screened. However, a Veteran who was 75 years of age and unhealthy – in whom life expectancy may be limited and screening is likely to result in net burden or harm – was significantly more likely to undergo screening than a Veteran who was 76 years of age and healthy (35% vs. 21%, respectively). Future patient-centered quality measures should focus on clinical benefit rather than chronological age to ensure that patients who are likely to benefit from screening receive it (regardless of age), and that those who are likely to incur harm are spared unnecessary and costly care.

Date: February 24, 2014

Gaps in Quality of Supportive VA Cancer Care for Veterans

This study evaluated non-hospice supportive VA cancer care in a nationally representative sample of Veterans with stage IV metastatic lung, colorectal, and prostate cancers who were diagnosed in 2008. Quality of care was measured using the Cancer Quality-Assessing Symptoms and Side Effects of Supportive Treatment (ASSIST) quality indicators. Findings showed that, overall, Veterans received only about half (49%) of recommended care as measured by ASSIST quality indicators. Gaps in quality of cancer care included: inpatient pain screening was common (96%) but lacking for outpatients (58%); few Veterans had timely dyspnea evaluation (16%) or treatment (11%); only 4% of Veterans had a new diagnosis of depression identified; of patients at high risk for diarrhea from chemotherapy, 24% were offered antidiarrheals; only 18% of Veterans had their goals of care addressed in the month after a diagnosis of advanced cancer; and 64% of patients had timely discussion of goals ICU admission. Most Veterans who died (86%) were referred to palliative care or hospice before death and 72% had an advanced directive or surrogate decision maker documented in the medical record.

Date: December 9, 2013

Home-Based Colorectal Cancer Screening Significantly Improves Screening Rates among Overdue Veterans in a Rural State

This study sought to determine whether a simple 1-step mailing of a fecal immunochemical test (FIT) accompanied by educational materials would improve colorectal cancer (CRC) screening rates in Veterans who were overdue compared to Veterans who received educational materials only and to Veterans who received no mailings. Findings showed that mailing FITs and educational materials to Veterans overdue for CRC screening resulted in significantly

higher screening rates than usual care or educational materials alone. At six months, 21% of Veterans in the FIT group had received CRC screening by any method compared to 6% in the educational materials-only group and 6% in the usual care group. Among respondents eligible for FIT, 90% completed and returned a FIT. Among Veterans in the FIT group, 8 (12%) received positive results. Of these Veterans, 6 received a colonoscopy, while the other 2 were advised against the procedure by their physicians due to terminal conditions. The overwhelming reason for not having at-home testing was that it was not recommended by their provider (62%).

Warrior Wellness Alliance Releases Recommended Data Elements for Non-Profits Serving Veterans

May 21, 2020

The [Warrior Wellness Alliance](#) (WWA), which works to connect the best healthcare providers with peer Veterans networks, at the George W. Bush Institute just released its first publication providing a set of recommended common data elements for non-profit organizations that serve Veterans, such as Veteran Service Organizations (VSOs). [Common Questions to Better Serve Our Vets](#) was published by the WWA to provide important common questions that non-profits should consider using when surveying their members. In the development of this publication, all WWA peer-network member organizations (i.e., [Team Rubicon](#), [The Mission Continues](#), and the [Wounded Warrior Project](#)) shared information, including: data collection practices, questions asked to new members during organization onboarding, and evaluation methods (i.e., surveys). Using these data, a list of 15 variables was developed under three broad categories: general demographics, military-specific demographic information, and Veteran well-being, which led to the “common questions.” Information collected through these “common questions” will help all stakeholders better understand the strengths and challenges of the Veteran population, and may be of particular interest to VA researchers working on a variety of issues related to transitioning service members.

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