



Veterans and Bladder Cancer webinar

Tuesday March 1, 2016

Part IV: Question and Answer Session

Questions Answered by



Dr. Thomas J. Berger is a lifetime member of the Vietnam Veterans of America (the VVA), the founding member of the VVA chapter in Kansas City, Missouri and he served as a Navy corpsman in the 3rd Marine Corps Division in Vietnam. Following his military service and upon completion of his post-doctoral studies, Tom Berger held faculty research and administrative roles at numerous universities and organizations before serving as chair of the Veterans of America National PTSD and Substance Abuse Committee. In 2008, he joined the staff of the VVA national office as a senior policy analyst for veteran's benefits and mental health issues. In 2009, he was appointed as executive director of the Vietnam Veteran's Health Council, whose primary mission is to improve the healthcare of America's veterans through education and information.



Dr. Jennifer Taylor is an assistant professor of urology at the University of Pittsburgh, School of Medicine. She received her medical degree from the University of Texas-Houston Medical School, and earned a master's degree in public health from The Harvard School of Public Health. Dr. Taylor completed a residency in urology at the University of Texas-Houston Medical School, and a fellowship in urological oncology at Memorial Sloan-Kettering Cancer Center in New York, N.Y. Dr. Taylor's areas of interest include bladder cancer, urinary diversions, and minimally invasive surgery.

Moderator: Many certified veteran's service officers do not feel its worth the time it takes to file since bladder cancer is not a presumptive list. Is it best to look for another officer?

Dr. Thomas Berger: You can look for another officer, but the fact of the matter is good service officers can often times link the exposure to another primary disease. As I said also, the VA can oftentimes determine exposure is related to something else that is closely related such as Agent Orange exposure in the cases that Dr. Taylor mentioned. A good service officer will work with you –and you need to try it. Don't give up just because of stories you may have heard.

Moderator: Can a denied claim be revisited after the veteran has passed away?

Dr. Berger: If the claim was filed before the veteran passed away, yes. Work with a service officer to handle that. If the claim was not filed at the time of the veteran's death, the only thing you are eligible for is perhaps the DIC (Dependency and Indemnity Compensation) benefits.

Moderator: What studies have been done to determine the correlation between service in Vietnam and bladder cancer?

Dr. Jennifer Taylor: There are no documented studies when I have searched PubMed (our online repository of research) there's nothing I have found in my searches between Vietnam veterans and bladder cancer. There's nothing on that specific subject. I haven't found anything in what I have access to on the VA websites, and haven't found any documented numbers for Vietnam veterans in particular.

Moderator: I think that's probably good evident that we need to take a closer look at bladder cancer in the veteran population because I have also looked from the BCAN perspective that we didn't find much evidence in terms of numbers and studies that have been done. **Is there a link between prostate cancer and bladder cancer?**

Dr. Taylor: No there isn't. I did mean to mention that earlier because that was one of the previous posted questions. With prostate cancer there are very few occupational or exposure-related risk factors that we know of. Prostate cancer is known to occur with age – if you live long enough you will probably be found to have prostate cancer. But it doesn't match, correlate or associate in any way with developing bladder cancer. The only exception I would say is if you have radiation for prostate cancer, which can potentially increase your risk of the bladder lining to then become cancerous.

Moderator: Of the 2 successful appeals for the Agent Orange claims that were mentioned by Dr. Taylor, were either of the cases decided solely by bladder cancer or was there secondary claims based on diesel fuel?

Dr. Berger: There were secondary exposures to Agent Orange, which of course in most cases was mixed with diesel fuel so it would adhere to the leaves of plants.

Moderator: Do you have a guess as to what the status is for the Vietnam Veterans of America's effort to get the VA to recognize bladder cancer as an Agent Orange presumptive?

Dr. Berger: Well, in the case of Vietnam Veterans of America, we continue to press the IOM to review the literature, and as Dr. Taylor has already said, it's almost impossible to find any research that actually includes a veteran's cohort in their bladder cancer and arsenic studies. So, we just keep pressing them and we send them a list—let me describe a little bit. The last IOM meeting we contributed to was about a year ago, and we submitted a list of about 20 pages, most of which were animal studies—which in most cases is the first line of research as you can't practice this stuff on humans. That's one of the efforts we do—we present the IOM with a list of citations after combing the scientific literature. And then hopefully the IOM panel will pass the info on to the secretary, who then can make a subsequent determination.

Moderator: How do you approach your doctor to do this letter since they're the one that saved your life, and if you're a smoker, do you not even try to apply because they'll say it's because you're a smoker?

Dr. Taylor: Well I don't know if it's possible in most cases to attribute two different risks when there is a case of bladder cancer. People have tried to study how much a person smokes, how many years a person has smoked—we use the term “Pack Years”. If you stopped smoking 30 years ago, does this still mean that it can't be associated? Unfortunately, if you've smoked at any point in the past—there's no magic threshold—that will increase your lifelong risk of coming down with bladder cancer. I don't know specifically the process is when the Veteran's Administration looks at any of these submissions or applications. I don't know how they would rank or compare the risk of a chemical in a certain era to many years of smoking. It's hard to know, I don't want to speak for the judicators of these claims.

Dr. Berger: One of the confounding factors is that in Vietnam, we got free cigarettes...

Dr. Taylor: You're right, that was an almost outrageous act that these tobacco companies were trying make care packages for the active duty military suffering in Vietnam, and look at what happened.

Moderator: Why isn't there a consistency with regard to approvals nationwide? It appears that some district offices approve bladder cancer and others don't.

Dr. Berger: From the perspective of VVA, this is true across the VA. There's a lot of variability among the VVA offices. You'll find that some offices process certain kinds of claims in a higher volume than in the rest of the country. This is also another issue that VVA is embroiled in, and that is consistency across the country. In other words, the judicators should use the same criteria across the country. So we're trying to deal with that as well.