Department of Veterans Affairs Veterans Health Administration Washington, DC 20420

September 29, 2009

HEALTH SERVICES FOR VETERANS TREATED WITH NASOPHARYNGEAL (NP) RADIUM DURING ACTIVE MILITARY SERVICE

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides the policy and procedures for providing health services to Veterans treated with nasopharyngeal (NP) radium irradiation during active military service.

2. BACKGROUND

- a. During the 1920s, a new technique was developed using radium to treat hearing loss caused by repeated ear infections. This technique was called nasopharyngeal (NP) radium therapy. Radium-tipped rods were inserted into the nostrils and left in place for several minutes. The treatments frequently were repeated at intervals of several weeks. NP radium treatments were used for other conditions including sinusitis, tonsillitis, asthma, bronchitis, and repeated viral and bacterial infections. It is estimated that half a million to two million civilians, mostly children, received these treatments.
- b. Because it was effective in treating otitis media, military physicians used NP radium to treat aerotitis media (barotrauma) in submariners, aviators, and divers due to Eustachian tube dysfunction combined with rapid pressure changes. It is estimated that between 8,000 and 20,000 military personnel received NP radium treatments during World War II and until the 1960s.
- c. Several studies of the possible harmful effects of NP radium treatments have been published. One study found an increased risk of head and neck cancer in people who were treated as children. Another study, mostly of individuals treated as children, did not find any statistically significant increase in head and neck cancers. A more recent study found an increased odds ratio of head and neck basal cell carcinoma in individuals exposed to NP radium as children. It is well known that children are more sensitive to the effects of radiation than adults.
- d. A study by the Department of Veterans Affairs (VA) Environmental Epidemiology Service of submariners given NP radium treatments found statistically significant increased all cause mortality risk, as well as for circulatory diseases. An increased mortality risk for head and neck cancers was also found but it was not considered statistically significant.
- e. A workshop on public health issues associated with NP radium treatments was held at Yale University in 1995. No screening tests for asymptomatic individuals were recommended.
- f. In 1998, Public Law 105-368 was enacted authorizing care and services limited to examinations and treatment of head and neck cancers for Veterans who had received NP radium treatments during active military, naval, or air service.
- **3. POLICY:** This VHA policy that each VHA facility will provide care and services to Veterans treated with NP radium during active military service, as authorized by Public Law 105-368.

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4. ACTIONS: Each Facility Director is responsible for ensuring the following actions are taken with respect to Veterans treated with NP radium while on active military service:

a. Determination of Eligibility

- (1) To be eligible under this authority, a Veteran must have either:
- (a) Documentation of NP radium treatment in active military service; or
- (b) Served as an aviator in active military, naval, or air service before the end of the Korean conflict or
 - (c) Undergone submarine training in active naval service before January 1, 1965.
- (2) Eligible Veterans may receive services shown in subparagraphs 4b and 4c whether or not they are enrolled for Department of Veterans Affairs (VA) health care.

b. Examinations

- (1) Veterans with head or neck complaints or who are concerned about possible adverse effects of NP radium treatments must be offered the opportunity to receive an Ionizing Radiation Registry (IRR) Examination (see VHA Handbook 1301.1).
- (2) Examination by an ear, nose, and throat (ENT) specialist and additional studies, such as biopsies are to be performed, if clinically indicated.
- c. <u>Treatment of Head and Neck Cancer.</u> Eligible Veterans will be offered treatment, including hospital care, medical services, nursing home care, and prescription medication for any cancer of the head or neck which may be associated with the receipt of NP radium therapy, regardless of their enrollment priority group or enrollment status. The Veteran is exempt from co-payment for such care including outpatient prescriptions.
- d. <u>Provision of Other Services.</u> Provision of other services to these Veterans in addition to examination and treatment of head or neck cancers is dependent upon their other eligibilities (e.g., whether or not they are enrolled for VHA care).

5. REFERENCES:

- a. Dale P. Sandler, George W. Comstock and Genevieve M. Melanoski; "Neoplasms Following Childhood Radium Irradiation of the Nasopharynx," <u>Journal of the National Cancer</u> Institute, Vol 68 No.1, January 1982, pages 3-8.
- b. Peter G. Verduijn et al.; "Mortality After Nasopharyngeal Radium Irradiation For Eustachian Tube Dysfunction," <u>Annals of Otology, Rhinology and Laryngology, Vol. 98,</u> 1989, pages 839-844.
- c. Jan A. Stolwijk and Audrey F. Saftlas; "The Public Health Response to Nasopharyngeal Radium Irradiation: A Workshop," <u>Otolarygology, Head and Neck Surgery, Vol. 115</u>, 1996, pages 387-446.

- d. Han K. Kang et al.; "A Mortality Follow-up Study of Submariners Who Received Nasopharyngeal Radium Irradiation Treatment" <u>American Journal of Industrial Medicine</u>, <u>Vol. 38</u>, 2000, pages 441-446.
- e. Cecile M. Ronkers et al:, "Late Health Effects of Childhood Nasopharyngeal Radium Irradiation: Nonmelanoma Skin Cancers, Benign Tumors, and Hormonal Disorders," <u>Pediatric Research, Vol. 52</u>, No. 6, 2002 pages 850-858.
 - f. Public Law 105-368.
 - g. Title 38, United States Code Section 17.10.
 - h. Title 38, Code of Federal Regulations Sections 17.36 and 17.42
- **6. FOLLOW-UP RESPONSIBILITIES:** The Chief Public Health and Environmental Hazards Officer (13) is responsible for the contents of this Directive. Questions need to be addressed to the Office of Public Health and Environmental Hazards at (202) 461-7220
- **7. RESCISSION:** VHA Directive 2003-038, July 18, 2003 is rescinded. This VHA Directive expires September 30, 2014.

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