

Cancer is more prevalent in the military veteran population than in the general population and is often associated with radiation and chemical exposures encountered while in service. Veterans with cancer may have complex comorbidities, including mental health conditions and social challenges, that can interfere with successful cancer treatment. As more veterans receive their cancer care in the community outside the Veterans Health Administration (VHA), oncology nurses must be aware of these issues and provide appropriate interventions to increase the likelihood that positive cancer treatment outcomes are realized for these patients.

AT A GLANCE

- Veterans with cancer may have more complex comorbidities and other challenges, which may have an adverse effect on effective cancer treatment.
- Because of the VA MISSION Act of 2018, many veterans will receive cancer care in the community setting.
- Oncology nurses in community settings should maintain strong communication with a veteran's VHA healthcare team to help enhance positive outcomes.

KEYWORDS

cancer; veterans; Veterans Health Administration; VA MISSION Act; comorbidity

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Veterans With Cancer

Providing care in the community

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Veterans of the U.S. Armed Forces encompass less than 10% of the adult population in the United States (Bialik, 2017). However, that number is substantial, with 18.6 million military veterans living in the United States in 2017 (National Center for Veterans Analysis and Statistics, 2017). Although the proportion of those individuals who seek health care within the Veterans Health Administration (VHA) is substantively less, it is increasing. More than six million veterans used health care from the VHA in 2019, which is an increase of one million since 2007 (National Center for Veterans Analysis and Statistics, 2020). However, most military veterans receive their health care within the community (i.e., outside the VHA).

Cancer in Veterans

Cancer is more prevalent in veterans than in the general population (Eibner et al., 2016). Veterans may have unique risk factors for developing cancer because of their military deployment. Within the veteran population, the best-known association between chemical exposure and cancer is Agent Orange, which was used as a defoliant during the Vietnam War. Veterans exposed to this herbicide have an abnormally high risk of developing B-cell malignancies (chronic lymphocytic leukemia, lymphoma, myeloma) and other conditions, such as AL amyloidosis and Parkinson disease (U.S. Department of Veterans Affairs [VA], 2019b).

Many veterans who served in Iraq and Afghanistan were exposed to smoke from burning waste in open-air burn pits. A report from the Institute of Medicine (2011) did not find conclusive evidence to establish an association between this chemical exposure and adverse health conditions, but it acknowledged that the latency period for developing associated illnesses, including cancers, may not be realized for decades.

Veterans who were not deployed outside the United States may still be at risk for exposure to hazardous substances, including chemicals, solvents, pesticides, and lead, that increase the risk of cancer. For example, water contamination at U.S. Marine Corps Base Camp Lejeune has been linked to several types of cancer, including leukemia, myelodysplastic syndromes, and liver, bladder, and kidney cancers (U.S. Department of VA, 2017a). In addition, the use of certain fire-retardant chemicals is being phased out because of their association with adverse health conditions, including cancer. An increased incidence in prostate cancer among Air Force pilots also may be linked to radiation exposure, although this association is not yet proven (Copp & Dasgupta, 2019).

Comorbidities

Veterans with cancer may have comorbidities that can affect their cancer care. Diabetes, chronic obstructive pulmonary disease, hearing loss, gastroesophageal reflux disease, cardiovascular disease, and sleep disorders occur more frequently in the veteran population than in the general