

## Trends in Cancer Detection and Management in the VA Health Care System during the COVID-19 Pandemic

February 2022

### Fact Sheet: Data on Veterans Using VA Health Care

CSPEAR provides timely epidemiologic information on VA health care users. This fact sheet presents summary health data to inform a broad community of VA leaders, investigators, and clinicians as they consider how best to address the needs of Veterans.

#### Introduction

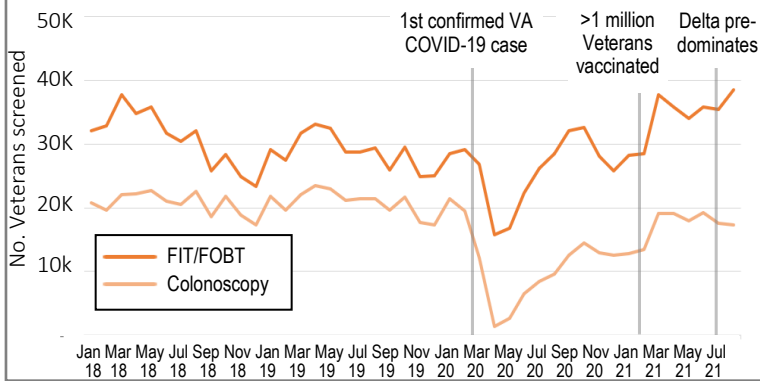
During the spring 2020 wave of the coronavirus disease 2019 (COVID-19) pandemic, many cancer services were deferred to mitigate the spread of disease and reduce burden on health care systems. Cancer care delivery continues to be challenged by COVID-19 outbreaks, staffing reductions, and institutional- and personal-level protective measures. These disruptions may affect cancer patients for many years. This fact sheet characterizes changes in cancer screening, diagnoses, and treatment in the Veterans Affairs (VA) health care system during the COVID-19 pandemic. Data are provided on colorectal, lung, and prostate cancer.<sup>1</sup>

#### Fast Facts

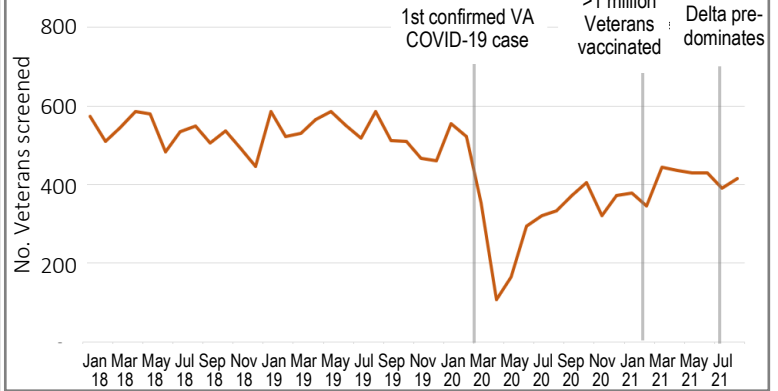
- Similar patterns were observed for cancer screenings and new diagnoses. Frequencies dropped sharply at the beginning of the pandemic, followed by a steady recovery until the fall of 2020, when a dip was observed. By comparison, decreases in treatment initiation in the early pandemic were less pronounced and remained relatively stable until the end of 2020.
- Cancer screenings, diagnoses, and treatment initiation spiked at the time of widespread COVID-19 vaccine delivery in early 2021.
- In May 2020, there was an increase in the percent of colorectal and lung cancer patients who died within 180 days of diagnosis. Deaths may be attributed to COVID-19, cancer, or other cause.

#### First Observed Screening Procedure per Veteran per Year

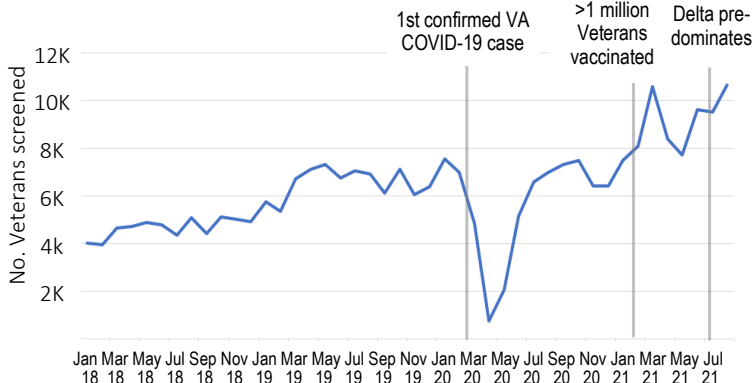
##### Colonoscopy and Fecal Immunochemical Test/Guaiac-Based Fecal Occult Blood Test (FIT/FOBT)



##### Flexible Sigmoidoscopy



##### Low-Dose Computed Tomography (LDCT)



##### Prostate Specific Antigen (PSA) Test



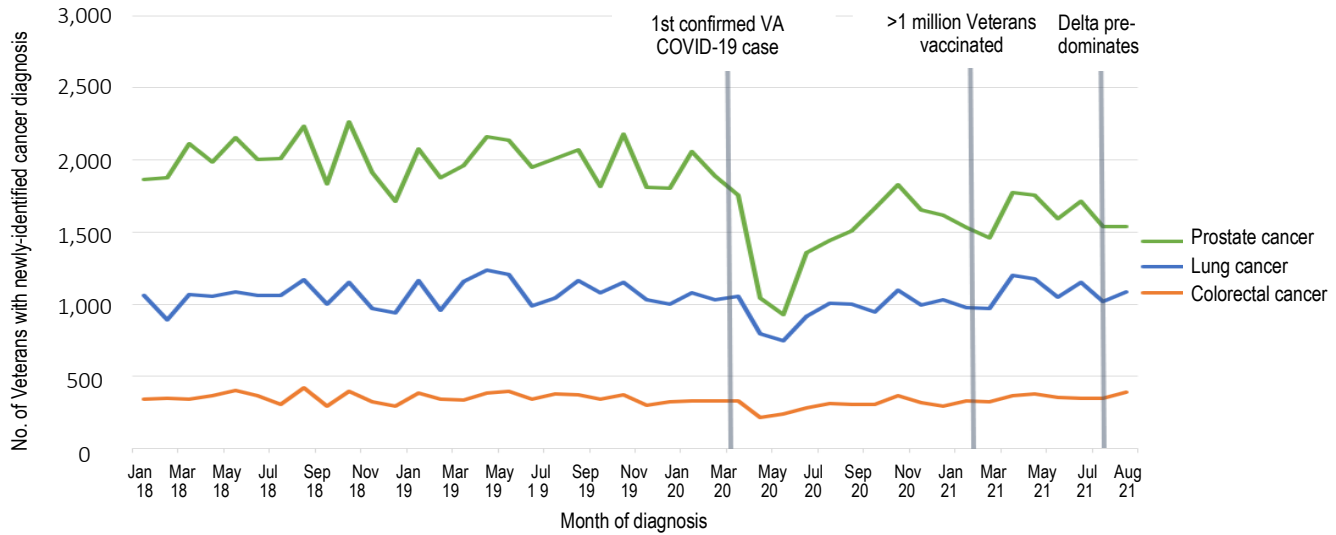
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**Suggested citation:** VA Cooperative Studies Program Epidemiology Analytics Resource. Trends in Cancer Detection and Management in the VA Health Care System during the COVID-19 Pandemic. Cooperative Studies Program, Office of Research and Development, Department of Veterans Affairs (VA). 2022.



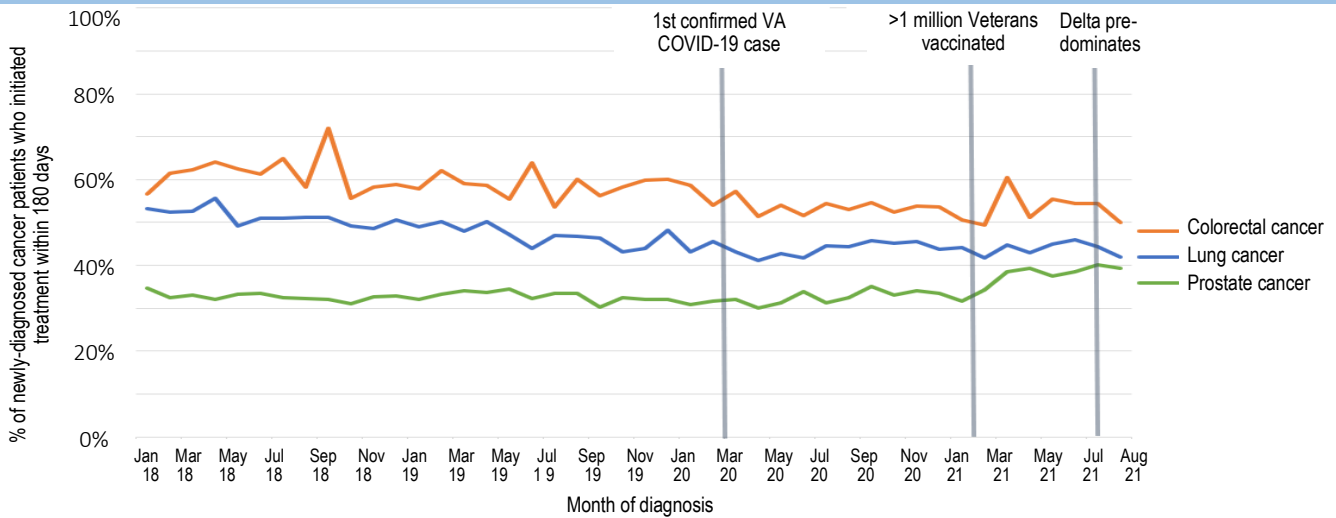
U.S. Department of Veterans Affairs  
Veterans Health Administration  
Cooperative Studies Program

## Number of Veterans with Newly-Identified Cancer Diagnosis



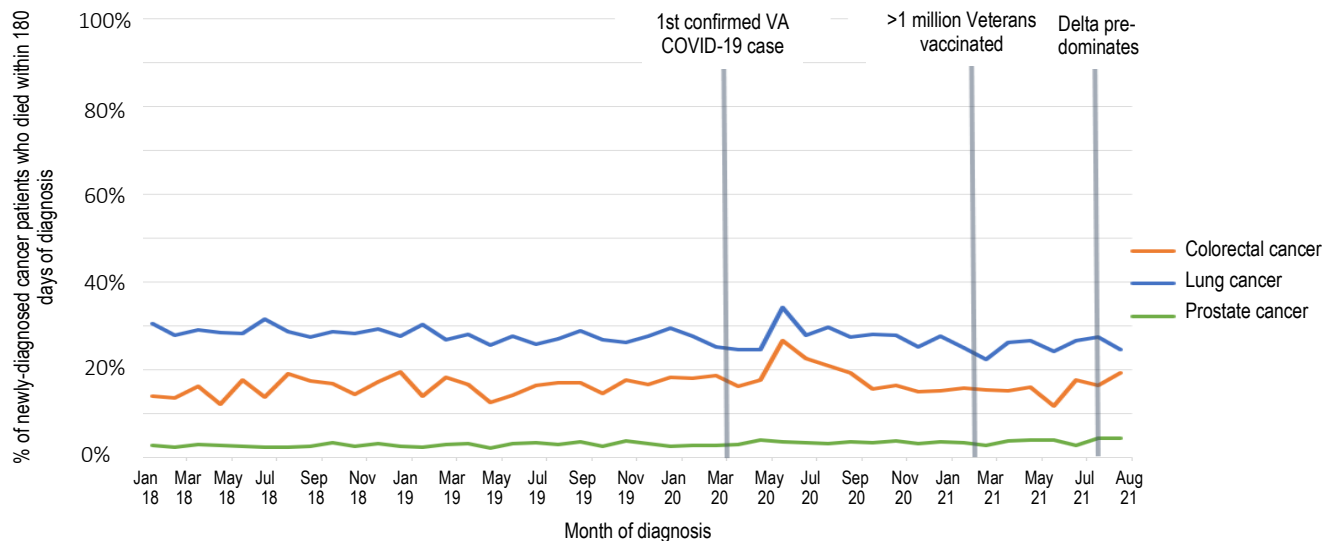
Excludes Veterans with a history of the specified cancer. Diagnoses may be underestimated in Aug 2021 because insufficient time has passed to capture all patients meeting the minimum of 1 inpatient code or 2 outpatient diagnosis codes within 180 days (data pulled 02/03/2022).

## Percent of Veterans with Newly-Identified Cancer Diagnosis who Initiated Treatment within 180 Days



Excludes cancer patients who died within 180 days of diagnosis with no record of having received treatment. Treatments include surgery, chemotherapy, radiation therapy, immunotherapy, or hormone therapy.

## Percent of Veterans with Newly-Identified Cancer Diagnosis who Died within 180 Days



Includes deaths from any cause recorded in the Corporate Data Warehouse (CDW) among all Veterans with a newly-identified cancer diagnosis in their health record. Deaths are not attributed to any cause, and thus may be due to COVID-19, cancer, or other causes.

## Methods

**Population:** Active users of VA health care, defined as Veterans having at least 1 inpatient or outpatient visit at a VA medical center in the past 2 years and who were alive at the beginning of the month of observation.

**Data Source:** VA Corporate Data Warehouse.

**Outcomes:** Cancer screenings, diagnoses, and treatment were identified using procedure and diagnostic codes (see Supplementary File). Annual cross-sections were used to identify Veterans screened at any point during a given month, excluding those with a known history of the cancer being screened. For Veterans with multiple screenings in a single year, only the first observed screening was counted. Newly-identified cancer diagnoses include Veterans with no history of the specified cancer prior to 2018 and who have  $\geq 2$  outpatient diagnosis codes with a 2nd code within 180 days of the initial diagnosis or  $\geq 1$  inpatient diagnosis code. Cancer treatment initiation within 180 days of a new diagnosis is reported, excluding patients who died with no record of having received treatment during that timeframe. Data are also presented on all-cause mortality within 180 days of a new cancer diagnosis.

**Analyses:** Outcomes were grouped by month to show trends from 1/1/2018 to 8/31/2021. Figures mark 3 milestones: (1) the first Veteran VA patient was confirmed to have COVID-19 in Mar 2020;<sup>2</sup> (2)  $>1$  million Veterans received at least 1 dose of a COVID-19 vaccine by Feb 2021;<sup>3</sup> and (3) Delta is found to be the predominant SARS-CoV-2 variant in VA in Jul 2021.<sup>4</sup>

**Notes:** This work was conducted with CSPEAR's operational access to VA data. This material is the result of work supported with resources and the use of facilities at the VA CSP Epidemiology Centers in Durham, NC and Seattle, WA. The contents do not represent the views of the US Department of Veterans Affairs or the US Government. Additional figures and information are provided in the Supplementary files.

## Notes on Interpretation

- No methods were applied to adjust for potential biases, and thus, no conclusions can be drawn from these results. The analyses do not account for variations in outcomes due to confounding factors, such as seasonal variations.
- At the time of the analyses, limited data were available on the stage and histology of Veteran cancer patients. These and other factors may confound summary data used to evaluate the health outcomes of this population.
- These results reflect only the procedures obtained within a VA health care setting. Because many Veterans seek care from outside providers, the number of procedures are likely to be underestimated.
- Multiple factors unrelated to the pandemic may contribute to patterns and trends observed. For example, increases in colorectal cancer and lung cancer screening in 2021 may be attributable in part to the expansion in the criteria recommended for screening that year.<sup>5</sup> Lung cancer screening rates increased steadily between 2011 and 2018.<sup>6</sup> In addition, VHA currently recommends a "FIT First" strategy in which FIT is the preferred screening method for colorectal cancer.<sup>7</sup> Programs have been introduced recently to increase colorectal cancer screening by mailing FIT tests to Veterans' homes.<sup>8</sup>
- Some procedures identified as screenings may have been administered as surveillance of Veterans with a history of cancer or abnormal screening results.
- The fact sheet presents information on Veterans using VHA health care services and are not generalizable to other US Veterans or cancer patients more broadly.

## References and Resources

1. Zullig LL, et al. [Cancer incidence among patients of the US Veterans Affairs Health Care System](#). Mil Med. 2012;177:693-701.
2. VA Office of Public and Intergovernmental Affairs. Timeline on how VA prepared for COVID-19 outbreak and continues to keep Veterans safe. <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5427> Accessed January 10, 2022.
3. VA COVID-19 Shared Data Resource Dashboard [https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/COVID-19:Shared\\_Data\\_Resource#Data\\_Dashboards](https://vhacdwdwhweb100.vha.med.va.gov/phenotype/index.php/COVID-19:Shared_Data_Resource#Data_Dashboards) (internal to VA). Accessed January 10, 2022.
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7. VHA National Center for Health Promotion and Disease Prevention (NCP). Colorectal Cancer Screening. [https://vaww.prevention.va.gov/CPS/Colorectal\\_Cancer\\_Screening.asp](https://vaww.prevention.va.gov/CPS/Colorectal_Cancer_Screening.asp) (internal to VA). Accessed December 16, 2021.
8. Colorectal Cancer Screening with Programmatic Mailed FIT. <https://marketplace.va.gov/innovations/colorectal-cancer-screening-with-programmatic-mailed-fit>. Accessed January 10, 2022

Visit <https://www.research.va.gov/va-research-covid-19.cfm> for information about VA research on COVID-19.

CSPEAR sincerely thanks Drs. Apar Kishor Ganti, Drew Moghanaki, and Matthew J. Boyer for lending their valuable time and expertise to the development of this fact sheet.