



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

December 3, 2004

The Honorable Lane Evans
Ranking Democratic Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Evans:

Thank you for your letter dated November 2, 2004, inquiring about the intentions of the Department of Veterans Affairs (VA) to act on the results of the Navy follow-up study on sarcoidosis recently published in the journal, *Chest*. The study has been discussed at length within the Department.

VA thinks further study is needed to understand how sarcoidosis is related to specific exposures and work on ships before it can distinguish the various causes. The enclosed fact sheet was developed with broad input from the Office of Public Health and Environmental Hazards in the Veterans Health Administration, as well as input from the Veterans Benefits Administration. In addition, VA staff contacted officials at the Navy Environmental Health Center to request their review and comments and is currently awaiting their response. In the interim, the fact sheet includes specific comments in response to your inquiry regarding VA action to implement three of the study's recommendations.

Thank you very much for the important inquiry. Should you have further questions, please have your staff contact Doug Dembling, in the Office of Congressional and Legislative Affairs, at (202) 273-5615.

Sincerely yours,

A handwritten signature in cursive script that reads "Anthony J. Principi".

Anthony J. Principi

Enclosure

**Department of Veterans Affairs (VA)
Veterans Health Administration (VHA)**

Sarcoidosis and other lung diseases in Navy Personnel

Fact Sheet

The Department of Veterans Affairs recently had a chance to review the Navy Report "Navy Lung Disease Assessment Program, Special Project # 60208", also recently published as *Gorham ED, Garland CF, Garland FC, Kaiser K, Travis WD, Centeno JA. Trends and occupational associations in incidence of hospitalized pulmonary sarcoidosis and other lung diseases in Navy personnel: a 26-year historical prospective study, 1975-2001. Chest. 2004 Nov;126(5):1431-8.* in the peer-reviewed literature. That study was conducted in follow-up to prior similarly designed epidemiological work. A major addition was the inclusion of pathological tissue evaluations. Not all of the participants in the actual investigation were co-authors on the peer-reviewed publication, and not all were asked for input or agreed with the results, as best VA can tell. The results do differ dramatically from the prior studies on deck grinders.

After lengthy review and discussions, VHA was specifically concerned about four aspects of the study.

- The original group at risk, "deck grinders," no longer appears to be at risk in the follow-up study.
- Under the microscope, sarcoid granulomas looks dramatically different from silica granulomas. Silica deposition is commonly found in the lungs, without the presence of silicosis.
- One of the veteran members of the Public Policy Advisory Committee discussed the presence of beryllium exposure from a variety of uses for the same groups, a far more likely cause of that histological picture than silica.
- Finally, elemental analysis, a marker of "deposition," does not necessarily demonstrate causal relationships without careful definition of case/control groups and detailed understanding of the non-response issues. A pathology study relied on lung tissue, collected on only 2.3% of the requested samples, analyzed at the Armed Forces Institute of Pathology (AFIP) and the State University of New York at Syracuse (SUNY). The AFIP results showed no association between dusts and sarcoidosis, although SUNY found some mild increase in birefringent particles, i.e., silica, in personnel assigned to aircraft carriers, analyses not done by AFIP. Both found increases in metals associated with granulomatous disease; including titanium and cobalt. The latter, though, is associated with a form of granulomatous lung disease involving prominent Giant Cells.

The scientific advisory committee made recommendations for further Navy research. The Public Policy Advisory Committee made recommendations on notification of Navy personnel and enlisted men with sarcoidosis for follow-up. VA has considered the recommendations of the committees.

In the view of VA, there are no consequences from this work for clinical medical treatment. The scientific work presented in the current project does not justify laboratory analyses for clinical purposes. Once exposure has ceased, the clinical treatment remains the same, irrespective of the etiology in sarcoidosis. Therefore, there is little VA clinicians have to offer. There may be interesting research questions, warranting follow-up on dust levels for research purposes in the broader context of etiologic work and causation, but these do not at present effect either compensation decisions or clinical treatment.

VA does have records of 5079 veteran patients with sarcoidosis who received treatment between 1990 and 2003 and will ensure that clinicians caring for these veterans are able to answer appropriate questions. VA will publish an information letter on sarcoidosis directed at its clinicians, the techniques of occupational history taking, the limitations of lung tissue analysis for particle concentrations, and the implications for health care. VA is about to publish a continuing education module on military occupational lung disease and occupational history taking that has a specific chapter on silicosis. That chapter was sent to the pathologist participating in the study for review and comment on September 28, 2004, with the request for modifications. None were suggested. VA suggested that one of the clinicians on the scientific advisory committee, considered a patient advocate by the veterans' representative of the committee, be given that same chapter. VA has not yet received a name to whom the sarcoidosis chapter should be forwarded.

VA actions regarding specific recommendations:

Q. U.S. Government officials should notify the individuals whose tissues were evaluated in the study of the findings from their pathology reviews and particle analysis and advise them of the studies findings.

A. VHA has asked the researchers whether they have notified or are planning to notify subjects of the results and whether that was included as part of the Institutional Review Board Approval for the study.

Q. U.S. Government officials should notify all government personnel who have worked aboard U.S. military ships and acquired a diagnosis of "sacoidosis" that the U.S. government medical personnel will conduct free medical evaluations to better clarify their lung disease if they know or suspect that they were exposed to dusts, such as deck grinders and they have not fully recovered from lung disease.

A. At present, this is under discussion, but the information on exposure remains quite uncertain, and further research is warranted to determine whether there are ways of making such determinations.

Q. U.S. government officials should notify all government personnel who have worked aboard U.S. military ships that U.S. government medical personnel will conduct free medical evaluations to detect dust-induced lung disease, if they know or suspect that they were exposed to dusts, such as deck grinders and they have acquired chronic respiratory symptoms without known cause.

A. Effectively, this suggestion requires the notification of all Navy personnel on the hazards and potential risk for disease and offering Compensation and Pension examinations. Given the open research questions listed above, the unknown population attributable risk, and the diagnostic criteria to be used, VA considers that action premature and is awaiting contact with representatives from the Public Policy Advisory Committee to understand the logic and reasoning behind the recommendation.

**Office of Public Health and Environmental Hazards
November 2004**