

July 18, 2003

**HEALTH SERVICES FOR VETERANS TREATED WITH NASOPHARYNGEAL (NP)
RADIUM DURING ACTIVE MILITARY, NAVAL, OR AIR SERVICE**

1. PURPOSE: This Veterans Health Administration (VHA) Directive outlines the policy and procedures for providing health services to veterans treated with nasopharyngeal (NP) radium irradiation during active military, naval, or air 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 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 enlarged tissue in the throat 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. One major study found an increased risk of head and neck cancer in people who were treated when they were children. Another study, also mostly of individuals treated as children, did not find any statistically significant increase in head and neck cancers.

d. A study by the Department of Veterans Affairs (VA) Environmental Epidemiology Service of submariners given NP radium treatments found statistically significant increased mortality risk for all causes and circulatory diseases. An increased mortality risk of head and neck cancer also was found, but was not 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. 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: It is VHA policy that each VHA facility must provide care and services to veterans treated with NP radium during active military, air, or naval service, as authorized by Public Law 105-368.

THIS VHA DIRECTIVE EXPIRES JULY 31, 2008

VHA DIRECTIVE 2003-038

July 18, 2003

4. ACTIONS: Facility Directors must ensure that the following actions are taken with respect to veterans treated with NP radium in service.

a. **Determination of Eligibility**

(1) To be eligible under this authority, a veteran must have:

(a) Documentation of NP radium treatment in active military, naval, or air service;

(b) Served as an aviator in the 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 VA health care.

b. **Examinations**

(1) Veterans with head or neck complaints or who are concerned about possible adverse effects of their NP radium treatments will 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, will be performed if clinically indicated.

c. **Treatment of Head or Neck Cancer.** Eligible veterans will be offered treatment, including hospital care, medical services, and nursing home care, for any cancer of the head or neck which may be associated with the receipt of NP radium irradiation treatments, regardless of their enrollment priority group or enrollment status. The veteran is exempt from co-payment for such care, including outpatient prescriptions.

d. **Provision of Other Services.** Provision of other services to these veterans in addition to examinations and treatment of head or neck cancers will be dependent on their other eligibilities (e.g., whether or not they are enrolled for VA care).

5. REFERENCES

a. Dale P. Sandler, George W. Comstock, and Genevieve M. Malanoski, "Neoplasms Following Childhood Radium Irradiation of the Nasopharynx," Journal of the National Cancer 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," Annals of Otolaryngology, Rhinology and Laryngology, Vol. 98, 1989, pages 839-844.

July 18, 2003

c. Jan A. Stolwijk and Audrey F. Saftlas, "The Public Health Response to Nasopharyngeal Radium Irradiation: A Workshop," Otolaryngology Head and Neck Surgery, Vol. 115, 1996, pages 387-446.

d. Han K. Kang et al., "A Mortality Follow-up Study of WWII Submariners Who Received Nasopharyngeal Radium Irradiation Treatment," American Journal of Industrial Medicine, Vol. 38, 2000, pages 441-446.

6. FOLLOW-UP RESPONSIBILITIES: The Chief Public Health and Environmental Hazards Officer (13) is responsible for the contents of this directive. Questions are to be addressed to the Office of Public Health and Environmental Hazards at 202-273-8575.

7. RESCISSION: VHA Directive 98-059, December 23, 1998, is rescinded. This VHA Directive expires July 31, 2008.

S/ Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 7/22/2003
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 7/22/2003