Michael Risk, MD, PhD, Vikram M. Narayan, MD*, Cesar Ercole, MD

Minneapolis Veterans Healthcare System and University of Minnesota, Department of Urology, Minneapolis, MN

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Background & Objectives

 Agent Orange (AO) is a mixture of herbicides used during the Vietnam War to clear forest cover that concealed opposition forces and destroy crops

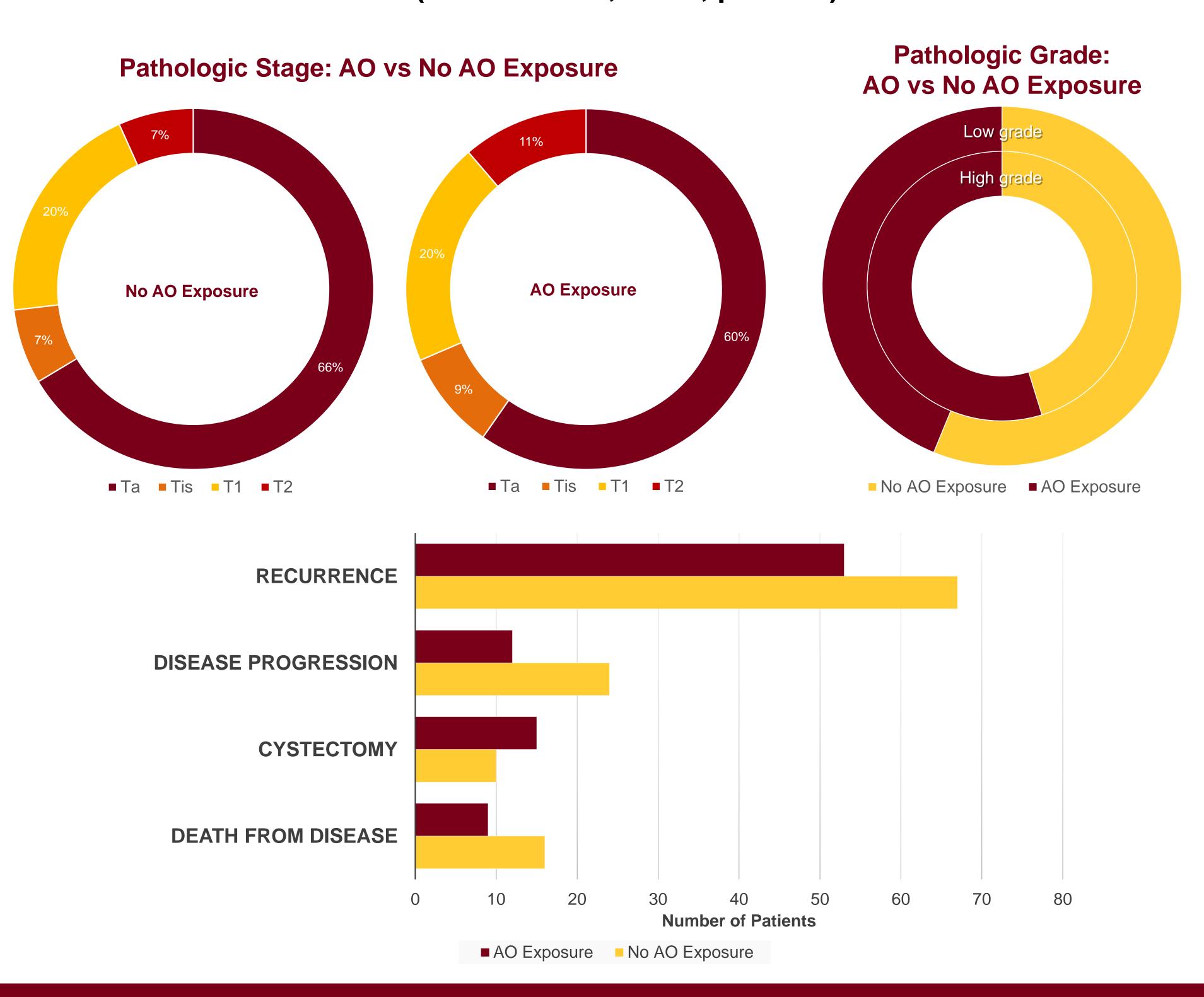
- In 2014, the National Academy of Sciences (previously the Institute of Medicine) reported epidemiologic data that suggested an association between bladder cancer and AO exposure¹
 - Higher levels of exposure are associated with an approximately 2-fold increase in death from bladder cancer
- Currently there is limited data to explain this observation
- We sought to better characterize our cohort of Vietnam-era veterans with AO exposure and bladder cancer

Methods

- Vietnam-era veterans who had been diagnosed and/or treated for urothelial carcinoma of the bladder (UCB) at the Minneapolis VA Medical Center were identified
- Medical charts were reviewed to examine
 - Pathologic stage and grade at diagnosis
 - Recurrence
 - Disease progression
 - Cystectomy
 - Death from disease
- Agent Orange exposure was determined by VA registration data
- Patients who left the VA prior to death were censored at date of last cystoscopy; those with muscle-invasion or metastasis were followed beyond this point only to determine if death occurred from UCB

Results

- 258 patients who met inclusion criteria were identified
- 211 patients with f/u 12 months or greater for evaluation of recurrence and progression
- Median age: 66 years (range 44-85)
- Median follow-up: 44 months
- Agent Orange exposure: 124 patients (48% of cohort)
- AO exposure associated with high-grade disease at presentation (controlling for age and smoking status)
 - OR 2.13 (95% DI 1.264, 3.572, p=0.004)



| Cohort Characteristics | | | |
|------------------------|-----------|----------------|-------------|
| | Overall | No AO exposure | AO exposure |
| Pathologic Stage | | | |
| Ta | 163 (63%) | 89 (66%) | 74 (60%) |
| Tis | 20 (8%) | 9 (7%) | 11 (9%) |
| T1 | 52 (20%) | 27 (20%) | 25 (20%) |
| T2 | 23 (9%) | 9 (7%) | 14 (11%) |
| Pathologic Grade | | | |
| High grade | 146 (57%) | 66 (49%) | 80 (65%) |
| Low grade | 112 (43%) | 68 (51%) | 44 (35%) |
| Recurrence | 130 (62%) | 67 (59%) | 53 (55%) |
| Disease progression | 36 (17%) | 24 (21%) | 12 (12%) |
| Cystectomy | 25 (10%) | 10 (7%) | 15 (12%) |
| Death from disease | 25 (9.7%) | 16 (12%) | 9 (7%) |

| Analysis of Risk Factors for High Grade Disease | | | | |
|---|---------------------|-----------------------|--|--|
| | Univariate Analysis | Multivariate Analysis | | |
| Agent Orange Exposure | 1.8 (p=0.014) | 2.13 (p=0.004) | | |
| Age | 1.05 (p=0.022) | 1.07 (p=0.005) | | |
| Tobacco use | N/S (p=0.336) | 1.53 (p=0.066) | | |

Conclusions

- In our cohort of Vietnam era veterans with UCB, AO exposure was associated with an approximately 2-fold increased risk of high grade disease at presentation
- Further evaluation in larger cohorts is needed to better understand the mechanism leading to the increased mortality seen in epidemiologic studies

¹National Academies of Sciences, Engineering, and Medicine. *Veterans and Agent Orange: Update 2014.* Washington, DC: The National Academies Press.

