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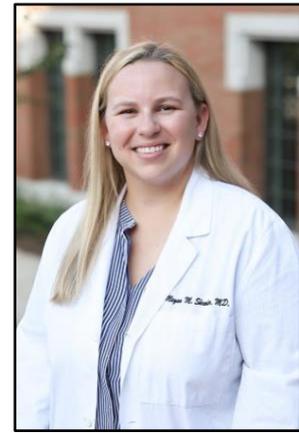
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Updating the TVHS Colorectal Cancer Database and Developing an Updated Tracking Protocol for Veterans with Colorectal Cancer



Introduction: Colorectal cancer is an important health topic for Veterans with nearly 1 million Veterans in the US who will develop this disease during their lifetime. Of current Veterans, nearly 433,000 of them will die from this diagnosis and the five-year survival rate for colorectal cancer is 40% in Veterans, compared to 60% in the general population. Improvement is needed in treatment planning and tracking of outcomes for this population.

Methods: It was hypothesized that the introduction of “watch-and-wait” protocols for nonoperative management of rectal cancer in the last 5-10 years and the election of palliative treatment plans for some Veterans would lead to a significant proportion of our population not undergoing surgical resection for their rectal cancer. The colorectal cancer database was updated at the Tennessee Valley Healthcare System (TVHS) VA using the prior protocol based on surgical resections and we additionally utilized our patient list of all Veterans seen for rectal cancer in the General Surgery clinic (including patients managed operatively and nonoperatively) from 2019-2023 to test this hypothesis.

Results: There were 148 patients with colon cancer, rectal cancer, colon polyps, or rectal polyps seen in the Surgery clinic from 9/2019 – 6/2023. Of those seen in our clinic during this time 78 had colon cancer, 23 had rectal cancer, and 3 had sigmoid colon cancer. Of those with rectal cancer, 14 of them had surgery and 10 of these surgeries were done for curative intent (4 for palliation of bleeding, obstruction, etc). This indicates that 9 (39.1%) of our 23 rectal cancer patients did not undergo any surgical intervention for their diagnosis.

Conclusions: The current tracking methods for colorectal cancer at TVHS include tracking patients treated surgically for their colorectal cancer, who are then added to the colorectal cancer database. This does not capture a large proportion of our Veterans with rectal cancer who do not undergo surgical resection. Based on this finding, we proposed an updated protocol for database collection of data on nonoperative rectal cancer patients to aide with tracking outcomes for all of our patients with colorectal cancer and improving care.