

VA's Post-Deployment Cardiopulmonary Evaluation Network (PDCEN): Standardized approach for the evaluation of unexplained dyspnea among Registry participants

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Submission form questions and responses

Supply Body of Abstract

Following deployment to Southwest Asia and Afghanistan, many Veterans endorse respiratory symptoms including unexplained shortness of breath (dyspnea). Despite the high prevalence of symptoms, lung function screening (spirometry) tests are often (~75%) found to be within normal limits. This clinical paradox is frustrating for the individual Veteran and presents a significant challenge for the Veteran's provider. To this end, Congress has recently established the Department of Veterans Affairs Airborne Hazards and Burn Pits Center of Excellence (AHBPCE) to conduct clinical and translational research related to airborne hazards and burn pits focusing on a range of health concerns including respiratory concerns and dyspnea among other health outcomes. To expand expertise and access, the AHBPCE has established a network of experts in pulmonary and occupational medicine referred to as the Post Deployment Cardiopulmonary Evaluation Network (PDCEN). The Network is comprised of 5 sites located at VA Medical Centers across the country (East Orange, NJ; Ann Arbor, MI; Baltimore, MD; Eastern Colorado, CO; San Francisco, CA). The PDCEN works collaboratively with the AHBPCE to conduct clinical evaluations, develop research questions, gather data, and conduct research to support best practices for Veterans who have been exposed to airborne hazards and burn pits and endorse respiratory symptoms. The PDCEN's initial efforts were to develop a comprehensive and standardized evaluation of unexplained dyspnea and apply this evaluation to Veterans enrolled in the Airborne Hazards and Open Burn Pits Registry (AHOBPR) with specific health concerns. Based on expert consensus, we have designed a comprehensive evaluation with the following elements: 1) REDCap-based instruments to capture symptoms, deployment and non-deployment exposure histories, 2) complete pulmonary function testing including forced oscillation technique and bronchoprovocation, 3) cardiopulmonary exercise testing, 4) upper airway evaluation, 5) high-resolution CT imaging protocols and analysis, 6) polysomnography, 7) cardiac ultrasound, and 8) focused lab work. In this presentation, we will describe how we utilize data and information from the AHOBPR, discuss the rationale and support for specific components of the evaluation, and illustrate our approach through metadata and clinical case examples.

Learning Outcomes

1. Describe the process by which Veterans are identified from the Airborne Hazards and Open Burn Pit Registry and invited for a comprehensive clinical evaluation at a PDCEN site
2. Distinguish between a PDCEN clinical evaluation and an AHOBPR exam
3. Understand the major components of the PDCEN's standardized clinical evaluation

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No

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No response