

VA



U.S. Department
of Veterans Affairs

Progress in Planning /Developing a Case Definition for CMI/GWI

Update – 30 Oct 17

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GAO Recommendation

- To increase the likelihood of making progress towards developing a single case definition of Gulf War Illness, we recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to prepare and document a plan to develop a single case definition of Gulf War Illness.
- **This plan should include near and long-term, specific actions, such as analyzing and leveraging information in existing datasets and identifying any areas for future research to help VA achieve this goal.**
- **Note: part of three GAO recommendations that centered around claims/benefits.**



VA Response

- To increase the likelihood of making progress towards developing a single case definition of Gulf War Illness, the Office of Research and Development and Post-Deployment Health Services in the Office of Patient Care Services have convened a group of subject matter experts (SMEs) to develop a plan that addresses near and long-term actions related to Gulf War Illness, as described in this report.
- This group of SMEs will also coordinate these efforts with the Veterans Health Administration's Office of Disability and Medical Assessment, the Veterans Benefits Administration, and other internal and external stakeholders.
- Veterans Affairs SMEs will interface in particular with the Department of Defense's Congressionally Directed Medical Research Program that funds much of the current research on Gulf War Illness(es).
- Specific actions within the plan will include reviewing the current literature, analyzing and leveraging information in existing datasets, and identifying any areas for future research. The status is in progress with a target completion date of March 2018.



Work Group Members

- **Dr. J. Wesson Ashford – Director, CA – WRIISC**
- **Daniel Devine – Special Assistant to the Chief of Staff, VA**
- **Dr. Erin Dursa – Epidemiologist, PDHS**
- **Brad Flohr – Special Advisor – VBA**
- **Dr. Drew Helmer – Director - NJ WRIISC**
- **Dr. Deborah Heaney – Compensation and Pension Service - Ann Arbor VAMC**
- **Dr. Phyllis Hollenbeck – Compensation and Pension Physician – Jackson, Mississippi VAMC**
- **Dr. Bob Jaeger - Director of Post-Deployment Health Research, Office of Research and Development (ORD)**
- **Dr. Ronit Katz - Clinical Associate Professor - Stanford University School of Medicine – CA WRIISC**
- **Dr. Victor Kalasinsky – Senior PM, Gulf War Research and Military Environmental Exposures, ORD**
- **Dr. Kristy Lidie - Program Manager, CDMRP - US Army Medical Research and Materiel Command (USAMRMC)**
- **Dr. Bennett Porter – DoD - Naval Health Research Center**
- **Dr. Matt Reinhart – Director - DC WRIISC**
- **Dr. Peter Rumm – Director, Pre-911 Era Environmental Health Programs, PDHS**
- **Keith Hancock, Advisor, Compensation and Pension Service, VBA**



VA/DOD Clinical Practice Guidelines - 2014

- CMI is a label for a diverse set of disorders including, chronic fatigue syndrome (CFS), fibromyalgia syndrome (FMS), irritable bowel syndrome (IBS).
- CMI encompasses military-specific medically unexplained illnesses, such as Gulf War Illness, Gulf War Syndrome, or post-deployment syndrome.
- CMI also includes patients without accepted labels, defined by generally accepted criteria, who exhibit persistent or recurring symptoms negatively impacting daily function for at least 6 months duration from two or more of six categories: fatigue, mood and cognition, musculoskeletal (including pain), respiratory, gastrointestinal and neurologic (including headache).
- Patients with symptoms lasting <6 months, or who experience only one of the listed symptoms, or with a disease with a well-established pathophysiology that explains all/most of their symptoms were not covered in this report.
- Further consideration for inclusion should be given to symptoms affecting the following systems: genitourinary, cardiopulmonary, and sleep. Individuals who meet the above descriptive criteria and also meet established criteria for specific symptom-based syndromes (e.g., fibromyalgia, IBS, CFS) may derive benefit from this guideline.



Draft Plan Undergoing Review

- Full details are still under internal review but working plan includes the following items:
 - Compare the CPG, Kansas, & CDC definitions employing a tool called “ChartReview” in our VINCI database system.
 - Use data from existing datasets to better define symptom variables (Gulf War Registry, PDHS Gulf War and Gulf War era rosters, Gulf War Longitudinal Cohort Study, and possibly Ft. Devens cohort, the Navy Seabees Study, Kansas Gulf Veterans Health Study, etc.)



Continued Activity

- The workgroup will also continue to search the literature for advances on biomarkers that might help define cases.
- In the final steps the RACGWI will be consulted to make sure that the new definition makes clinical and research sense.
- Will release more details when planning is completed by next RACGWI meeting.

Questions?