

Committee Recommendation Categories:

Integrating research outcomes into clinical care and making the two services more collaborative and interactive

- Recommend that the research and clinical sides of VA should collaborate more interactively.
- In addition to self-reported outcomes, researchers should obtain up-to-date results of veteran's physical evaluations from clinic visits.
- Recommend that all VA physicians be required to have GWI training to create some uniformity of care throughout the agency and uniformity of treatment for GW veterans.
- recommend that a mechanism for veterans to be able to easily contribute to research studies, such as biomarker studies, is needed (i.e. a system to obtain consent, blood collection, and processing done all at once be put in place at VA hospitals).

Improving study methods for gene-exposure outcomes, case definitions, exposure group surveillance and categorization of groups by dates of service.

- VA research service should form a working group to assist in the development of a single case definition for GWI and to review the assessment variables and outcome variables for GWI research.
- Recommend that the problematic categorization of deployed and non-deployed groups is corrected in large VA survey and cohort studies for deployed vs non-deployed veterans such that VA researchers identify and recognize that GW Desert Storm ended April 11, 1991, not March 1, 1991.
- Recommend performing an independent confirmation study of reported association of rare BChE variants associated with GWI in deployed veterans stratified based on their self-reported exposure histories; (2) the feasibility of sequencing the entire gene (both exons and introns), and extend this to other candidate genes (such as PON1, PON2, and PON3); (3) other repositories that can be used for this (i.e., including MVP or coupled with DOD serum repository); (4) extending this strategy to ALS where rare PON variants are also associated with disease.
- Recommend that GW veterans with the closest proximity to Khamisiyah detonations (and highest risk of sarin exposure) are followed as a surveillance group, due to this group being at highest risk of brain cancer and perhaps other disorders.

Develop larger treatment trials from prior promising pilot treatment studies

- Recommend that VA conduct a follow-up study to the promising research outcomes of L-carnosine on IBS symptoms conducted by Baraniuk et al., (2013).
- Recommend that VA conduct a follow-up study to the pilot continuous positive airway pressure (CPAP) treatment trial with GW veterans conducted by Amin et al., (2011).