



## ISSUE BRIEF:

# Oral Cancer Prevention For Veterans

## ORAL CANCER PREVALENCE AMONG VETERANS



Oral and oropharyngeal cancers represent a growing concern for U.S. veterans, who experience unique risk factors that compound their disease burden. Nationally, the incidence of oropharyngeal squamous cell carcinoma (OPSCC) has shifted significantly over time. Within the VA population, more than 12,000 OPSCC cases were identified between 2000 and 2012, with an incidence rate of 12.2 per 100,000 persons. While incidence declined from 2000 to 2006, it rose steadily between 2006 and 2012, with marked increases across all racial and age cohorts. Epidemiologic [surveillance within the VA reveals](#) that oral cavity and pharynx cancers account for approximately **1,800 new cases per year, representing nearly 5% of all new cancers** among VA patients.

### Veterans are at a Higher Risk for Oral Cancer Due to Toxic Exposures and Vaping

Veterans are particularly vulnerable to oral cancer as a result of both behavioral exposures and occupational hazards unique to military service. While national data indicate declines in traditional cigarette smoking over the past decade, the use of e-cigarettes and vaping products has risen among military populations and veterans. Nearly 12% of veterans report current tobacco use, with certain populations, like rural veterans, reporting higher use. Rural veterans with both mental health concerns and current cigarette use reported e-cigarette use at a rate more than 12 times higher than peers without these combined risk factors. Mental health issues and tobacco use interact in ways that intensify vaping behaviors, suggesting that veterans facing behavioral health challenges are at greatest risk of developing patterns of dual use. Many veterans have been exposed to toxic substances such as burn pits, asbestos, and other environmental carcinogens during active duty. These exposures compound the risks posed by tobacco, alcohol, and vaping behaviors, positioning veterans as a high-risk group for oral and oropharyngeal cancers. Despite broad recognition that smoking and vaping pose serious health risks, the popularity of vaping among younger service members and its frequent use as a perceived cessation tool signals the potential for sustained nicotine dependence and long-term cancer risk in veteran populations.

### Potential Legislative Approaches for Oral Cancer

- ☑ Targeted expansion of statutory dental eligibility for high-risk veterans by amending 38 U.S.C. §1712 / 38 C.F.R. Part 17 to add a category for veterans at elevated oral-cancer risk (e.g., documented toxic exposure under PACT Act, heavy tobacco/alcohol use, or lesion history), authorizing preventive/diagnostic dental care and necessary referrals.
- ☑ Consider an Oral Cancer Early Detection Pilot through a multi-site VA initiative to provide annual oral-cancer screening and follow-up care for high-risk veterans (including those without current dental eligibility), with a [CSPEAR-led](#) evaluation of stage shift and cost offsets.
- ☑ Fund a GAO or VA OIG study on barriers to oral cancer detection in the VA. The report could assess dental eligibility constraints, rural access, teledentistry adoption, and integration with PACT Act exposure screening.

# THE VA CAN SAVE MONEY THROUGH EARLY DETECTION

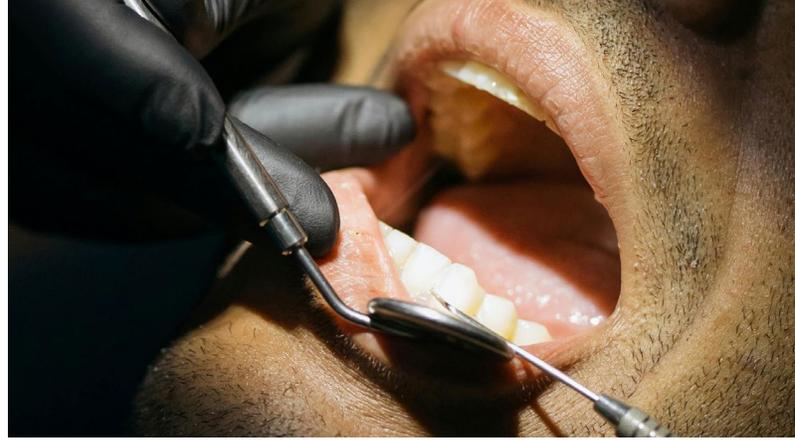
## Treating Oral Cancer can be Expensive and Early Detection is Critical

Oral and pharyngeal cancers are expensive to treat, particularly when diagnosed at a late stage. Five-year survival rates drop steeply by stage (~82% for localized vs. 56% for regional vs. 33% for distant), and the median one-year treatment cost for advanced disease is ~22% higher than for localized disease. Treatment at advanced stages costs ~22%–373% more than early-stage care. Inpatient episodes are dramatically costlier than outpatient care (e.g., inpatient costs for oral cancer up to ~968% higher than outpatient in some systems). Oropharyngeal cancer management was estimated at about USD **\$134,454 over two years in one U.S. study**.

Early detection through routine dental exams is a clear, actionable lever to reduce both mortality and spending. Infrequent dental care was strongly associated with a later stage at diagnosis, which is particularly alarming considering the lack of dental benefit utilization among VA beneficiaries and the limited access to dental care from non-VA eligible veterans. Regular dental examinations (visual inspection and palpation) are low-tech, opportunistic screenings that detect lesions earlier and shift care from high-cost inpatient/combination therapies toward less invasive, lower-cost outpatient management.

## The VA Recognizes the Importance of Oral Cancer Screenings

Published in their 2021 article [Oral Cancer Kills about One Person Every Hour](#), the VA recognizes the importance of early detection of oral cancers and recommends annual examinations. In fact, 70% of cancers can be detected in early stages through annual examinations. The [VA includes oral cancer screenings](#) as standard practice for the 25% of veterans who are eligible for dental care, but realistically, only 1/3 of eligible veterans receive a screening as a result of [low benefit utilization](#). Currently, the VA does not have a mechanism for screening non-dental-eligible veterans; however, some VA locations [offer free dental cancer screenings](#) during oral cancer awareness month.



## Opportunities for Addressing Oral Cancer in Current VA Guidelines or Rulemaking

- » Implement oral cancer risk assessment & lesion checks as a national Clinical Reminder in CPRS for eligible dental patients. The VA already uses clinical reminders in the national EHR for preventive care and facilities can deploy or request national reminders via the existing PXR framework.
- » Leverage PACT Act presumptives in care navigation, given head and neck cancers are presumptive for certain toxic exposures. Care coordinators can screen for exposure history and fast-track benefits/eligibility conversations alongside treatment planning for oral cancer risks.
- » Issue national guidance that oral-cancer checks are standard of care within VHA Dental for eligible patients. The VHA Directive 1130 can be clarified/updated to explicitly include routine visual/tactile screening and documentation requirements at recall exams, with quality monitoring via CPRS reminders.
- » Develop a VHA Quality Measure for “timely evaluation of suspicious oral lesions” to closely monitor prevalence and incidence, enabling the VHA to report on efforts to reduce oral cancer incidence.

## Links and Resources

- » [Oral Cancer Awareness Month: Converging Past and Present: The Evolution of Oral, Head, and Neck Cancer Management](#)
- » [E-Cigarette Use among Rural Military Veterans](#)
- » [Why Military Beneficiaries Vape and the Perceived Risk of Vaping](#)
- » [Oral Cavity & Pharynx Cancers Fact Sheet: Data on Veterans Using VA Health Care](#)
- » [Increased risk of head and neck cancer in Agent Orange exposed Vietnam Era veterans](#)
- » [National trends in oropharyngeal cancer incidence and survival within the Veterans Affairs Health Care System](#)
- » [Oral cancer kills about one person every hour](#)