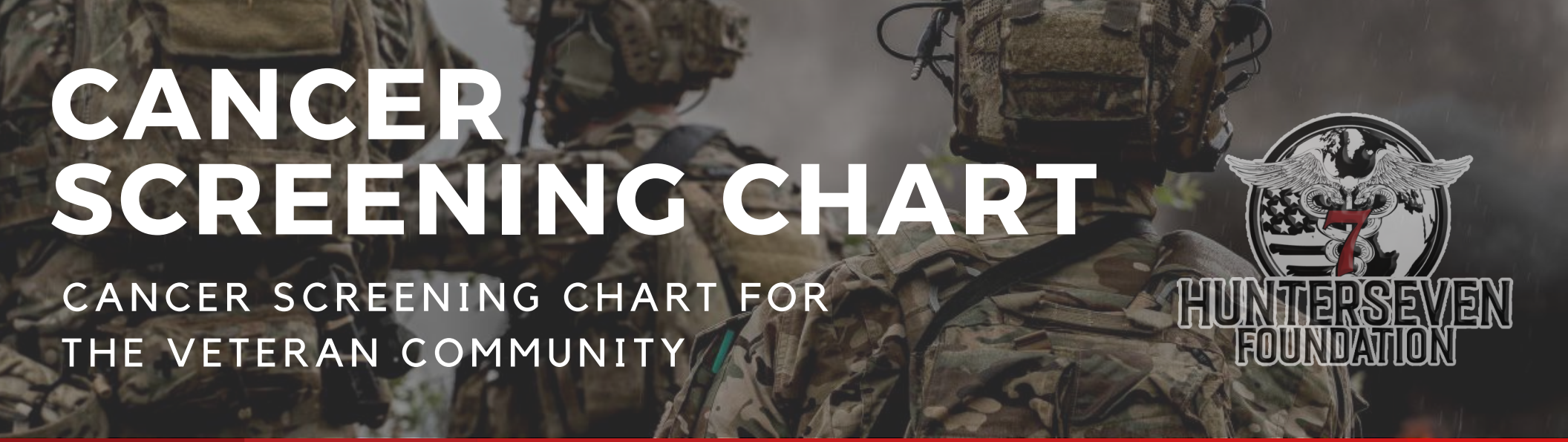

CANCER SCREENING CHART

CANCER SCREENING CHART FOR THE VETERAN COMMUNITY

HUNTERSEVEN FOUNDATION

Cancer Type	Screening Tests	Screening Recommendation	Symptoms	Exposure Risks	% of all new cancers
Breast Cancer	• Mammogram • Self- exam	• 40-44y consider mammography. • 45-49y recommended to start yearly mammography. • Self-breast exams should occur often, at least once a week while showering is ideal.	• New breast lump (or under armpit) • Thickening or swelling of the breast • Irritation or dimpling • Redness or flakey skin • Nipple discharge (excluding breast milk) • Changes in size or shape of breast • Pain	• Breast cancer is one of the most frequently diagnosed cancers in post-9/11 military women. • Benzene • BPA • Flame retardants • Ionizing radiation • Polycyclic aromatic hydrocarbons (PACs) in exhaust fumes. • PFAS (in drinking water) • Pesticides / DEET	14.8%
Colorectal Cancer	• Stool tests • Colonoscopy • Flexible sigmoidoscopy • CT colonoscopy.	• 45-75 years old for the general population. • If you or a close family • member has colorectal polyps or cancer. • If you have been diagnosed with or are experiencing symptoms of inflammatory bowel disease (Crohn's, ulcerative colitis, etc.) – you should consider being screened earlier.	• Change in bowel habits • Blood in stool • Diarrhea • Constipation • Feeling that you did not completely empty bowels • Persistent abdominal pain or aches • unexplainable weight loss	• An issue noted at increased rates in Army Special Operations community. • Deployment(s) to AFRICOM • GI Bacteria • Organophosphates: Pesticides • Acetaldehyde • Benzene (fuels) • Hydrazine (rocket fuel) • Asbestos • Polyurethane foam	7.9%

Cancer Type	Screening Tests	Screening Recommendation	Symptoms	Exposure Risk	% of all new cancers

Lung Cancer	• CT Imaging	• All the following conditions are met:
		  ◦ Have at least 20 pack year history
		  ◦ Currently smoke or quit within the last 15 years
		  ◦ Currently between 50 and 80 years old
		• *The low survival rate is related to the high number of initial diagnosis being with distant metastasis.
			• Persistent unexplained cough
			• Chest pain
			• Shortness of breath
			• Wheezing
			• Coughing up blood
			• Fatigue
			• Unexplained weight loss
				• Heavy metals: Arsenic, cadmium, chromium, nickel.
				• Close-quarter combat, i.e. frag grenade exposure, rocket/gustav, heavy machine gun fire.
				• Radon
				• Asbestos
				• Silica
				• Air Pollution: specifically in Kabul, Afghanistan, and areas scattered across AFRICOM.
				• Burn pits, burn barrels
					12.4%

Cervical Cancer	• PAP test • HPV test (age dependent recommendations)	• 1-29 y.o PAP every 3 Abnormal bleeding years if negative • 30-or vaginal • 65HPV or HPV/PAP discharge • Co-testing every 5 years if negative • PAP every three years if negative	• Abnormal Bleeding • Unspecific pain	• The highest cancer diagnosis amongst ALL post-9/11 veterans at approximately 45% of all cancers. • Human Papilloma Virus (HPV) • PFAS in drinking water • AFFF (common around Air Force and Naval Air Instillations)	0.8%

Thyroid Cancer	• Palpation
	• Ultrasound
	• Blood work
		• No screening recommendations for asymptomatic patients.
		
		• However, routine blood work can be requested for thyroid-specific hormones including:
		  ▪ TSH
		  ▪ T4
		  ▪ T3
		  ▪ Calcitonin
		  ▪ Thyroid antibodies
			• Not always symptomatic
			• Enlarged lymph nodes in neck
			• Hoarseness
			• Persistent cough
			• Trouble swallowing
			• Shortness of breath
			• Tightness in throat
				• Highest risk in medical and aviators, but can occur in any military occupation.
				
				• Black / Toxic mold
				• Radiation
				• Pesticides
				• Plastics & Styrofoam's
				• BPA's (mimic hormones)
				• Medical devices (plastic tubing, tablet coatings, drug packaging)
				• Plastic water bottles
				• Heavy metals (Lead, mercury, cadmium, nickel)
				• Airborne particulate matter (PM2.5)
				• Burn pits, burn barrels
					2.3%

Cancer Type	Screening Tests	Screening Recommendation	Symptoms	Exposure Risk	% of all new cancers
Testicular Cancer	• Self exams once a week • Scrotal ultrasonography	• Routine screening • Painless testicular and monthly self-mass • Scrotal checks are NOT heaviness, dull recommended in ache, or acute pain asymptomatic patients of both the low and high-risk • categories. • Treatment is highly effective even when caught when the patient is symptomatic.	• Persistent unexplained cough • Chest pain • Shortness of breath • Wheezing • Coughing up blood • Fatigue • Unexplained weight loss	• Pesticides, DEET • Chemical Fertilizers • Solvents, Oils, absorbed into skin • JP-4, 8, fuels • Ionizing radiation • Radiofrequency waves • Electromagnetic fields (EMF)	0.5%
Prostate Cancer	• PSA (blood work) • Digital Rectal Exam (DRE)	• 55-69 y.o • May have difficulty urinating, consider the risks and weak/interrupted benefits of having a urine flow • PSA screening	• Frequent urination • Difficulty emptying bladder completely • Pain or burning during urination • Blood in urine	• Benzene • PFAS (drinking water) • Camp Lejeune (1980s) • CARC Paints • Cadmium • Herbicides / Pesticides • Plastics / BPA / PBC	13.1%

Pancreatic Cancer	• CT Scan
	• MRI
	• EUS
		• USPSTF recommends NOT screening for asymptomatic patient who are not in the high-risk category. Patients with who are at high risk should be screened.
		• High-risk is defined as having certain inherited genetic syndromes or a familial history of pancreatic cancer.
		• The recommendation specifically excludes patients with:
		  ◦ new- onset diabetes
		  ◦ Older age
		  ◦ Cigarette smoking
		  ◦ Obesity
		  ◦ Familial history of chronic pancreatitis from the high-risk category.
			• Jaundice
			• Dark urine
			• Light-colored or greasy stools,
			• Itchy skin
			• Weight loss
			• Poor appetite
			• Nausea
			• Vomiting
			• Gallbladder/liver enlargement
			• Blood Clots
			• Diabetes
				• Cadmium
				• Lead
				• H. Pylori (bacterial) infection
				• Pesticides / DEET
				• Fuels, Oils, Lubricants
				• Excessive Alcohol use
				• Benzene
					3.2%

Cancer Type	Screening Tests	Screening Recommendation	Symptoms	Exposure Risk	% of all new cancers
Skin Cancer	• Inspection (provider or self) "ABCDE Rule"	• No Recommendation available. • 20-55 excisions performed to detect 1 case of melanoma; the same study estimates. • About 4000 excisions would be necessary to prevent 1 death r/t melanoma.	• A sore that does not heal • Spread of pigment from the boarder of a lesion into the surrounding area. • Redness of new swelling from beyond the border of a mole. • Change in sensation: itchiness, tenderness, or pain, change in the surface of a mole: scaliness, oozing, bleeding or a new lump/bump.	• MOS with high sun exposures, such as pilots, aviation, infantry, etc. • Deployments at high altitudes such as Kabul, AFG., Fort Carson, Co. • Deployments to locations with high air pollution (poor Ozone protection)	5.6%

ADDITIONAL NOTES

False positives lead to over treatment and overdiagnosis. Screenings are designed to catch cancer in its earliest possible stages while also minimizing the risks associated with the screenings themselves. For example, LDCT exposes the patient to radiation, which can lead to the development of cancer. If you are experiencing any troubling symptoms, you need to talk with a trusted provider to find out if a cancer screening would be appropriate for you.

Remember to discuss your military service and exposures with your provider. Many service members have unique and rare exposures to toxins and radiation that in some cases may lead a provider to a higher suspicion of cancer.

Be sure to check out the HunterSeven.org "Heat Map" located in the "Education" section, find your state and locate the closest Veterans Affairs Environmental Healthcare Coordinator. Schedule an appointment as soon as possible to address your potential exposures and healthcare concerns.