CANCER SCREENING CHART

CANCER SCREENING CHART FOR THE VETERAN COMMUNITY



Jan 1973	Co. Collision and Ballier 1.		N. BZATTY No. 1885 STORY OF STORY		
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%

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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%

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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 highrisk 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 highrisk 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%

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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.	 A sore that does not heal Spread of pigment from the boarder of a lesion into the surrounding area. 	MOS with high sun exposures, such as pilots, aviation, infantry, etc.	5.6%

• Redness of new swelling from beyond

tenderness, or pain, change in the

bleeding or a new lump/bump.

surface of a mole: scaliness, oozing,

the border of a mole.

• Change in sensation: itchiness,

same study estimates.

melanoma

About 4000 excisions would be

necessary to prevent 1 death r/t

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.

Deployments at high altitudes such as Kabul, AFG., Fort Carson, Co.

 Deployments to locations with high air pollution (poor Ozone protection)

