Improving Care for Veterans and First Responders With Cancer From Line-of-Duty Exposure

Speakers at an NCCN cancer patient advocacy summit explore how we can better protect the heroes who protect us all.

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The National Comprehensive Cancer Network (NCCN)—an alliance of leading cancer centers—hosted a Patient Advocacy Summit on the unique cancer needs of veterans and first responders. It featured a fireside chat from Representative Mariannette Miller-Meeks, MD, MS (IA-01), a physician and veteran of the U.S. Army. The program also brought together a diverse group of experts to discuss how veterans, firefighters, and other national heroes face elevated cancer risk on the job, what policies and programs are in place currently to help with long-term care, and how to better meet these needs in the future.

“Our nation’s military, veterans, fire fighters, and other first responders risk their lives every day to keep all of us safe. We convened this cancer patient advocacy summit to make sure we are doing right by them in return,” stated Crystal S. Denlinger, MD, Chief Executive Officer, NCCN. “People with occupational risks should have straightforward access to high-quality cancer prevention, screening, and treatment as defined by leading evidence-based, expert consensus-driven guidelines.”

“Our veterans fought for our freedom; now they deserve hope and life-saving cancer care. No one who served should have to fight for cancer treatment or access to clinical trials,” agreed Mel Mann, MBA, MEd, U.S. Army Major (retired), Survivor, Advocate.

Speakers noted that veterans and firefighters can face elevated risk due to exposures while on the job. For example, protective gear worn while fighting wildfires has not changed much over the past century, while exposures to potentially carcinogenic compounds may arise from participating in fighting fires. These potentially dangerous exposures may be through the air or through the skin.

“There is no doubt that firefighting is dangerous work. However, doing dangerous work doesn’t mean enduring or accepting unsafe working conditions,” said Dan Whu, MD, MPH, FACPM, FAAMA, ABOIM, DNBPAS, CFO, PMD-T, Chief Medical Officer, International Association of Fire Fighters. “The

research findings are clear that occupational cancer is an epidemic in the fire service. In recent years, between two-thirds to three-fourths of the fallen fire fighters being honored at the International Association of Fire Fighters' (IAFF) Annual Fallen Fire Fighter Memorial, have succumbed to occupational cancer. Politicians at the federal, state, and local levels; leaders of regulatory and enforcing agencies; fire service administrators; academics; researchers; clinicians; and fire fighters must all work together to continue to identify, mitigate, and ultimately eliminate as many occupational carcinogenic exposures as possible."

"Recent studies show that veterans have an increased risk for all types of skin cancer and have a significantly higher likelihood of being diagnosed with late-stage melanoma compared to the civilian population," pointed out Brett Sloan, MD, FAAD, Professor of Dermatology, Former VA Site Director, UConn School of Medicine. "There are many reasons for this, including occupational risk factors, the inaccessibility of sun protection, and a lack of education around cancer signs and symptoms."

The panel participants discussed "presumptive laws" which guarantee certain benefits to workers in certain jobs based on a proven likelihood for future illnesses. Unfortunately, these laws vary dramatically state-by-state and can include narrow definitions of exposure or job role. The legislation can often lag far behind the science. The result is that people who are diagnosed with cancer may need to prove line-of-duty causation at a time when they are most in need of support.

"According to the Bureau of Labor Statistics, out of 18 million veterans alive today, roughly 22%—or 3.96 million—have a VA-recognized service-connected disability. But only about half of the 18 million are deemed eligible for care through Veterans Association Health Service," explained Jim Pantelas, Vietnam-Era War Veteran, Lung Cancer Survivor, and Patient Advocate. "What's more, exposure to one or more cancer-causing chemicals while on the job is not always considered enough of a causal factor to result in automatic benefits coverage. It still often falls to the veteran to provide proof of prolonged exposure to achieve that service-relatedness claim."

Pantelas, a member of the steering committee for the National Lung Cancer Round Table, noted that Agent Orange is the only toxic substance that is considered presumptive, though veterans frequently experienced exposures to additional carcinogens, including:

- Asbestos (all eras)
- Burn Pits (Iraq and Afghanistan)
- Depleted Uranium (Iraq and Afghanistan)
- Diesel Fumes (all eras)
- Plutonium (Cold War era)

Speakers discussed how the PACT Act legislation that expands the list of illnesses connected to military service is a step in the right direction, though more work is needed. The event also

highlighted existing support services and called for expanding them.

According to Joanna Doran, Esq., CEO, Triage Cancer: “Veterans and first responders who have been diagnosed with cancer may be eligible for specific programs and benefits that can help them access care, manage the financial impact of a cancer diagnosis, and improve their quality of life. Our community is faced with an opportunity to ensure that veterans and first responders are connected to those programs and benefits.”

Erin Kobetz, PhD, MPH, Director and Principal Investigator for Sylvester Comprehensive Cancer Center’s Firefighter Cancer Initiative, part of the University of Miami Miller School of Medicine concurred: “Firefighters are at increased risk of developing and dying from cancers given occupational exposures. We have an opportunity and obligation to better protect our first responders through translational research that identifies the role of such exposures in disease etiology, and can inform new prevention, screening, and treatment strategies to improve outcomes.”

Many emphasized that the Veterans Administration (VA) has significant strengths, particularly when it comes to cancer screening and mental health. Speakers noted there are opportunities for the VA and community health providers to work together and learn from one another.

“The VA and private community cancer centers should collaborate to deliver the best comprehensive cancer treatment to veterans,” said David Eplin, PharmD, BCOP, Past President, Association of VA Hematology/Oncology. “VA providers offer invaluable expertise in veteran culture and the complex health needs of service members, including psychosocial behavioral support. This specialized knowledge is a vital resource when veterans receive care outside the VA system. Utilizing healthcare associations that include both VA and private sector members could effectively bridge these two systems.”

Clinical trial enrollment and data collection across various occupations were brought up as key pieces for improving care.

The program included a series of best practices presentations from the University of Kansas, the California Firefighter Cancer Research Study, the Firefighter Cancer Support Network, and others. Their blueprints for evidence-based care for those who serve can be found at NCCN.org/patient-advocacy-resources.

The 2026 NCCN Oncology Policy Summit series will have a new format, which will include a mix of webinars and in-person events. The series will explore topics such as Health Literacy in the Digital Age, Innovations in Cancer Care Throughout the Ages, Policy Strategies to Shift the Paradigm in Cancer Screening and Prevention, and Advancing Family-Centered Cancer Care. Learn more at NCCN .org/summits.

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