

Malignancies

Colon Cancer

All Classes
Updated 02/22/17

| DISEASE/CONDITION | EVALUATION DATA | DISPOSITION |
|---|---|--|
| A. Non metastatic - treatment completed <u>5 or more years ago</u> | If no recurrence or ongoing treatment: | ISSUE Summarize this history in Block 60. |
| B. Pedunculated cancerous polyp (Adenocarcinoma) removed by colonoscopy <u>Less than 5 years ago</u> | Review a status report. If it shows: <ul style="list-style-type: none"> Local lesion only (TNM stage 0 or I); Complete resection with no additional treatment needed; Follow up is annual or less frequent colonoscopy; No clinical concerns. | ISSUE Summarize this history in Block 60. |
| C. Non metastatic and no High Risk features* Treatment completed <u>Less than 5 years ago</u> | Follow CACI worksheet. | Follow the CACI-Colon Cancer Worksheet Note in Block 60 |

*Notes: **High Risk features** for FAA purposes include the following.

These **DO NOT CACI** qualify:

- CEA increase or CEA did not decrease with colectomy;
- Chemotherapy ever (including neoadjuvant);
- Familial Adenomatous Polyposis (FAP);
- High risk pathology per the treating oncologist;
- Incomplete resection or positive margins;
- Lynch syndrome;
- Metastatic disease (Refers to distant metastatic disease such as: lung, liver, lymph nodes, peritoneum, brain)
- Pathology of any type other than adenoma (ex: lymphoma, GIST, carcinoid)
- Radiation therapy;
- Recurrence; and or
- Sessile polyp with invasive cancer surgically treated only, no additional chemo/radiation.

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|---|---|---|
| <p>D. HIGH RISK features*</p> <p>Or</p> <p>Metastatic disease (Refers to distant metastatic disease such as: lung, liver, lymph nodes, peritoneum, brain.)</p> | <p>Submit the following to the FAA for review:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Status report or treatment records from treating oncologist that provide the following information: <ul style="list-style-type: none"> o Initial staging, o Disease course including recurrence(s), o Location(s) of metastatic disease (if any), o Treatments used, o How long the condition has been stable, o If any upcoming treatment change is planned or expected and prognosis; <input type="checkbox"/> Medication list. Dates started and stopped. Description of side effects. <input type="checkbox"/> Treatment records including clinic notes; <input type="checkbox"/> Operative notes and discharge summary, if applicable; <input type="checkbox"/> Colonoscopy reports; <input type="checkbox"/> Pathology reports; <input type="checkbox"/> Results of MRI/CT or PET scan reports that have already been performed (In some cases, the actual CDs will be required in DICOM format for FAA review.); and <input type="checkbox"/> Lab reports. <ul style="list-style-type: none"> o CBC and CEA performed within the last 90 days; o Previous tumor marker lab results (such as CEA). | <div style="background-color: red; height: 15px; width: 100%;"></div> <p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Followup Special Issuance – Will be per the airman's authorization letter</p> |
| <p>Other Malignancies</p> | <p>Submit all pertinent medical records, operative/pathology reports, current oncological status report, including tumor markers, and any other testing deemed necessary</p> | <p>Requires FAA Decision</p> |

An applicant with an ileostomy or colostomy may also receive FAA consideration. A report is necessary to confirm that the applicant has fully recovered from the surgery and is completely asymptomatic.

In the case of a history of bowel obstruction, a report on the cause and present status of the condition must be obtained from the treating physician.