

COLON CANCER/ COLORECTAL CANCER

All Classes

(Updated 02/25/2026)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. Non metastatic - treatment completed <u>5 or more years ago</u></p>	<p>If no recurrence or ongoing treatment:</p>	<p style="background-color: #008000; color: white; text-align: center; padding: 2px;">ISSUE</p> <p>Summarize this history in Block 60.</p>
<p>B. Pedunculated cancerous polyp (Adenocarcinoma) removed by colonoscopy <u>Less than 5 years ago</u></p>	<p>Review current, detailed Clinical Progress Note. If it shows:</p> <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. 	<p style="background-color: #008000; color: white; text-align: center; padding: 2px;">ISSUE</p> <p>Summarize this history in Block 60.</p>
<p>C. Non metastatic and no High-Risk features*</p> <p>Treatment completed <u>Less than 5 years ago</u></p>	<p>Follow CACI worksheet.</p>	<p>Follow the CACI-Colon Cancer/ Colorectal Cancer Worksheet</p> <p>Note in Block 60</p>
<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"> ○ Initial staging; ○ Disease course including recurrence(s); ○ Location(s) of metastatic disease (if any); ○ Treatments used; ○ How long the condition has been stable; and ○ If any upcoming treatment change is planned or expected and prognosis. <input type="checkbox"/> Medication list. Dates started and stopped. Description of side effects. 	<p style="background-color: #ff0000; color: white; text-align: center; padding: 2px;">DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p> <p>Follow-up Special Issuance – Will be per the airman’s authorization letter</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
	<ul style="list-style-type: none"> <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.) <input type="checkbox"/> Lab reports. <ul style="list-style-type: none"> <input type="checkbox"/> CBC and CEA performed within the last 90 days; <input type="checkbox"/> Previous tumor marker lab results (such as CEA). 	

*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.

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.