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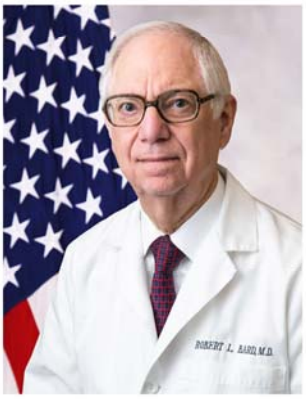
Air Force Veteran Doc Reviews Service-Related Cancers in Fire Responders & Military Personnel

BURN PIT ACCOUNTABILITY ACT Drives New Diagnostic Strategies for Exposed Service Members



Nov 11, 2020- A case study of military personnel exposed to heavy toxins emitted from BURN PIT EXPOSURE has identified a host of major health disorders. Issues range in severity from nerve damage to kidney & liver dysfunctions to a leukemia, skin cancer & pancreatic cancer. Reports from The U.S. Environmental Protection Agency (EPA) as well as he National Institutes of Health (NIH) have indicated the lethal effects of burn pits since the early 2000's. "Many military personnel returning from the conflicts in Iraq and Afghanistan are reporting health problems that they attribute to their exposure to emissions from the burning of waste in open-air burn pits on military bases- a standard in waste disposal."

Retired Air Force Medical Radiologist, Dr. Robert Bard has been a staunch supporter of first responders cancer imaging and early detection. His 35+ year practice in NYC has also been heavily involved in continued research and beta-testing the latest in regular non-invasive screening technologies. With support from American cancer foundations and the medical diagnostic community, Dr. Bard has recently finalized his 2021 Integrative Cancer-Scan blueprint (fusing many of the top cancer monitoring protocols) and is now presenting to medical leaders of all service institutions like the U.S. military and fire services nationwide.

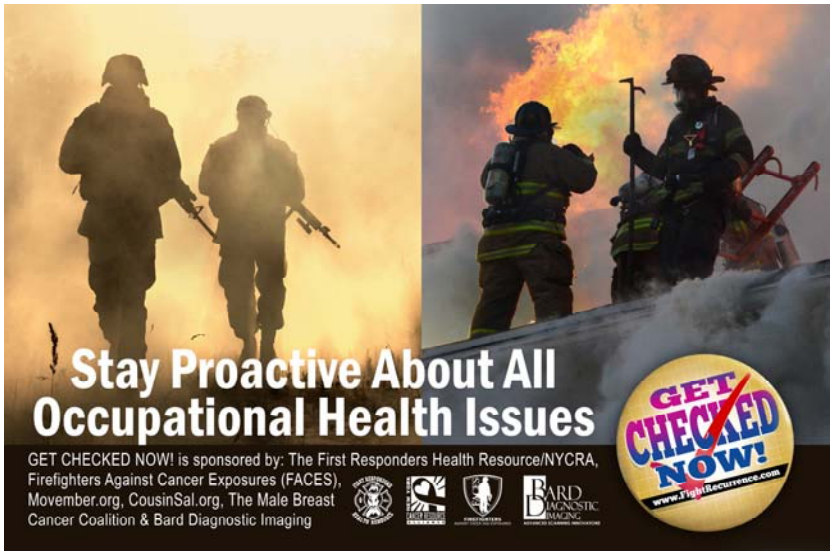
"We have gathered the same lessons from 9/11 about incendiary environmental toxins (chemicals burned at high temperatures)... where anyone near burning chemicals, substrates and toxic micro-particulates hold a much higher risk of contracting long term health problems. When incinerated, certain materials emit some of the most lethal compounds in the air - like pvc plastics, kerosene heaters, pesticides, and depleted uranium."

Afghanistan - Circa 2006: A burn pit at a US base

Dr. Bard's NYC cancer imaging research facility has become the central hub for many of his medical partners across the country- thanks to the use of web-based collaboration platforms. He receives and reviews patient scans from neurologists, oncologists and cancer surgeons to help assess the many chronic conditions from these forms of exposures.

1/17/2019- The Burn Pit Accountability Act requires the Department of Defense to evaluate service members for toxic exposure during routine medical exams and enroll service members exposed to toxic airborne chemicals, or stationed near an open burn pit, in the Airborne Hazards and Open Burn Pit Registry to monitor and identify the harmful consequences of exposure to burn pits. (brown.senate.gov)

For more information about this press release, contact Cheri Ambrose, media director at the NY Cancer Resource Alliance: editor.prevention101@gmail.com or call: 631-920-5757



High Risk Jobs: Airborne Hazards From Elevated Heavy Metal Toxicity Levels to Malignant Cancers

According to NIOSH (The National Institute for Occupational Safety and Health (NIOSH), millions of U.S. workers are exposed to substances that have been tested as carcinogens in animal studies or found to be possibly carcinogenic in human studies. However, less than 2% of chemical or physical agents manufactured or processed in the U.S. have been evaluated by the International Agency for Research on Cancer for carcinogenicity. Based on well-documented associations between occupational exposures and cancer, it has been estimated that 3-6% of all cancers worldwide are caused by exposures to carcinogens in the workplace. [1]

RESPIRATORY DISEASES: Occupational respiratory disease surveillance is the ongoing, systematic collection, analysis, and dissemination of health and hazard data to monitor the extent and severity of occupationally-related lung disease and related workplace exposures for use in public health education and in disease prevention. [3]

CANCERS & THE WORKPLACE: A number of the carcinogen classifications deal with groups of substances: aniline and homologs, chromates, dintrotoluenes, arsenic and inorganic arsenic compounds, beryllium and beryllium compounds, cadmium compounds, nickel compounds, and crystalline forms of silica. There are also substances of variable or unclear chemical makeup that are considered carcinogens, coal tar pitch volatiles, coke oven emissions, diesel exhaust and environmental tobacco smoke. [2] Risks to one's personal health in the workplace varies, but there is significant data supporting injuries and diseases linked to specific jobs. Continuous exposures to toxins and carcinogenic substances have been identified in areas including: Geo-Mining, Machine Shops, Pastic/Rubber Manufacturing, Commercial Airplane Cockpits, Nail Salons, Fire Service, Commercial Painting and Road Construction.

BURN PITS IN MILTARY BASES (and other Incendiary Toxins)
Simply defined, "…extended exposure to heavy smoke usually means contamination of chemicals or dangerous compounds set at high temperatures causing hazardous reactions to the body". From the front lines of battle to garbage disposal (Burn Pits) in military bases, military personnel have experienced (and endured) varying levels of airborne toxins. Health risks result mainly from repeated exposures to inhalation of smoke toxicants and contact with soot deposits. These contain a wide variety of carcinogens, so that cumulative exposure over years may present an increased cancer risk. The hazards arise from inhalation of smoke, soot or mineral fibers, but also from soot contamination of skin or clothing. This can result in dermal, inhalation or oral ingestion, resulting in increased exposure to carcinogens, including dioxins and dibenzofurans, during post-fire activities.

1) https://www.cdc.gov/niosh/topics/cancer/default.html
2) https://www.cdc.gov/niosh/topics/cancer/npotocca.html
3) https://www.cdc.gov/niosh/topics/surveillance/ORDS/default.html
4) https://www.publichealth.va.gov/exposures/burnpits/registry.asp
5) https://modernhealing1.blogspot.com/2019/07/a-review-of-toxic-compounds-from.html

PILOT PROGRAM:

INTEGRATIVE CANCERSCAN™

The most sensible and effective diagnostic strategy for confirming cancer conditions

The New York Cancer Resource Alliance and Bard Cancer Diagnostics redefines CANCER VALIDATION by uniting the most recognized cancer diagnostic solutions to form the first INTEGRATIVE CANCERSCAN (ICS) Program. Today, we are able to offer the best of all non-invasive technologies when analyzing tumor cells or reviewing potential recurrence. The ICS Program combines the most reliable and performance-based features from multiple scanning & monitoring protocols to support a fully comprehensive and most accurate assessment of the cancer patient.

LIQUID BIOPSY: Eliminating the risks of surgical biopsies, ICS employs the advantages of non-invasive cancer tracking with advacements in genomic technology to help develop the treatment plan, confirm its efficacy or identify recurrence. Detects the molecular signature of circulating tumor DNA in the blood (ctDNA).

HYBRID ctDNA MONITORING: To identify the presence of molecular residual disease (MRD), or very small traces of cancer in the blood, ICC may also include a customizable monitoring program combining liquid biopsies and tissue sampling for a more acurate cancer detection or monitoring.

CANCER IMAGING 1: THE DOPPLER ULTRASOUND Quantifiable imaging analysis of blood flow in tumor lesions provides valuable data in determining malignancy of the tumor or local tissues. Advancement in cancer ultrasound technology offers a fast, real-time and accurate cancer-scanning solution whose digital output is ideal for remote multi-clinical collaboration.

NON-CONTRAST FULL BODY MRI: One of this year's most sought-after innovations is the MRI-based AI-supported full body MRI (detecting up to 11 cancers in men and 13 in women). This protocol revolutionizes tumor detection as well as tracking and treating metastatic tumors that travel throughout the body. It is a cost-effective, faster and completely non-invasive full body or single region screening solution.

A collaborative partnership between the most advanced clinical imaging technologies and genetic sequencing innovations can offer the highest level of data acquisition resulting in the highest level of confidence in the treatment and recurrence tracking of cancer.

"There is no ONE ANSWER TO CANCER- but combined EFFECTIVE INTERVENTION is the global principle of good science" - Dr. Robert L. Bard

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