



SPECIAL EDITION

Breast Cancer Awareness

Almost everyone is aware that October is National Breast Cancer Awareness Month (NBCAM). After skin cancer, breast cancer is the most common cancer among American women, and sadly about 12 percent of them will develop invasive breast cancer during their lifetime. What many people do not realize is that men can also develop breast cancer, and while it is certainly not as prevalent in men as it is in women, it is just as deadly. NBCAM has been and will continue to be a major contributor to these advances by raising awareness, keeping it in the spotlight, and attracting sponsors for the research that must be done to finally win the battle against this horrible disease.

The value of NBCAM cannot be overemphasized, but I hope you will indulge me while I take a few minutes to broaden the discussion to include other issues that could affect you and your flying career. Even though I will not be talking directly about breast cancer, these comments definitely pertain to breast cancer as well. Benjamin Franklin said, "An ounce of prevention is worth a pound of cure." When you take your periodic medical examination, you are required to fill out a medical history questionnaire. You are then examined by your aviation medical examiner

(AME) who relies on your answers during the performance of your examination. In the early stages, some conditions could produce small changes that might be missed by a doctor during an examination. For example, an individual discovers a small lump in his or her chest while taking a shower. The best course of action would be to report this finding to their primary care physician who could then do the proper tests to determine the cause of the lump. However, some individuals do not have primary care doctors and they rely on their AME to provide medical assessment and care. In such cases, the report of a lump on the history form, and the subsequent verification of the lump during the medical exam would result in a deferral of the exam to the FAA, and the FAA requiring the pilot to undergo follow-up testing. While it is improbable that a man would have breast cancer, it would still be important to report such a finding because early detection of cancer would likely result in a cure and return to flying. However, if a person were to fail to report the finding and allow the disease to progress, the outcome might not be so favorable.

In another situation, a person might notice some chest pain or shortness of breath during exercise. These symptoms might be due to an obstruction in one of their coronary arteries that could be removed before a heart attack and major damage to his or her heart. While they would have to wait a few months after the removal of the obstruction, they would be eligible for a special

issuance (waiver) and return to flying. However, if they were to ignore the symptoms and let their condition progress, they would at a minimum compromise their return to flying, and possibly incur a permanent medical disqualification or even worse. I could give other examples, but I will conclude by noting that it is much more “expensive” to delay diagnosis and treatment than to catch and treat a problem early on.

Finally, I would like to talk about the FAA medical certification process. There are very few conditions that result in permanent grounding, and most would agree that those who have been permanently grounded should not be flying. For example: a person with metastatic cancer to the brain who is likely to suffer seizures in flight. The Federal Air Surgeon (FAS) and his managers have issued thousands of special issuances for hundreds of medical conditions. The FAS and his staff continually review medical literature and practice in order to issue medical certificates to anyone who can safely operate in the National Air Space. Several years ago, the FAS introduced a change that allowed AMEs to

issue special issuance medical certificates at the time of examination in low risk cases. This modification is called Aviation Medical Examiner Assisted Special Issuance or AASI and it has significantly expedited the medical certification process. Breast cancer is one of the conditions covered by this change. Once a person has received an SI for breast cancer, they are usually eligible for an AASI during subsequent examinations instead of having to wait several weeks for the FAA to make a decision.

In closing, I hope this discussion has been informative, and that you will remember Ben Franklin’s advice.

NOTE: For individuals who would like more information regarding breast cancer and breast cancer awareness month, I suggest you go www.cancer.org/cancer/breastcancer. You will find numerous informative articles on the subject. However, if you are concerned that you might have breast cancer or any other serious medical condition, I strongly recommend you report such conditions to your personal physician for early diagnosis and treatment.

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Before becoming the Harvey Watt Medical Director, Dr. Tilton served as US Federal Air Surgeon, US Air Force Colonel flying the B-47, C-141, RB-57, T-38, and F-15. He also served as Boeing Corporate Medical Director & Deputy Federal Air Surgeon. He received an MD from University of New Mexico & MPH from University of Texas, and is an AME holding an Airline Transport Pilot rating and CFI.

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