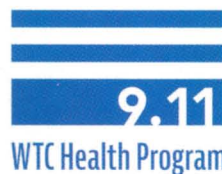


# QUEENS WTC MONITOR



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## PROGRAM NOTES

### LETTER FROM THE DIRECTOR

*Dr. Moline shares her history with the program*

**H**ere we go again...I have been privileged to be a part of the WTC Health Program since its inception. In 2001, I began treating patients with the WTC cough and other medical conditions that many of you continue to suffer from. When we obtained federal funding to start the medical screening program in the spring of 2002, we began the fight for health care funding for WTC responders. The program expanded in 2004 from providing one-time visits to include ongoing monitoring evaluations. Funding was approved for five years, but we still had to fight to ensure that the money actually went to pay for WTC medical evaluations. In 2006, we were finally able to treat patients for WTC related conditions under the renamed WTC Medical Monitoring and Treatment Program. When the funding expired in 2009, we went to Congress and began the yearly request for funds to treat the thousands of brave men and women who had served our country in its time of need.



I had the great privilege of testifying before Congress in support of the Zadroga 9/11 Health and Compensation Act. I explained to members of Congress that our patients deserved care from physicians who understood the health problems resulting from WTC exposures. Congress finally passed the legislation, which President Obama signed. However, the law only provided for five years of funding, so we need to return to Congress for an additional extension. You, the men and women who are the heroes of 9/11, deserve medical care for the conditions you developed from your selfless acts of bravery.

What I have learned in the past 13 years is that this program is invaluable: it improves people's lives and it is imperative that it continue. We have amazing patients, and I am proud to be the Director of the Queens WTC Clinical Center. I'll be pounding the pavement in Congress again in the next few months — you, our patients, deserve this special program and I will do everything in my power to ensure the WTC clinical centers continue for the next 25 years. ♦

Sincerely,  
Jacqueline Moline, MD, MSc

## RESEARCH

### CANCER AND 9/11 EXPOSURE

*An overview of cancer trends in WTC responders*

**I**n October 2012, the National Institute for Occupational Safety and Health (NIOSH) added more than 58 types of cancer to the list of WTC-related illnesses covered by the WTC Health Program. Research projects studying the link between WTC exposure and cancer incidence have received more credibility since the official inclusion.

The combustion of more than 24,000 gallons of jet fuel released soot, metals, benzene, volatile organic compounds and inorganic acids. The collapse of the towers and prolonged burning resulted in the release of airborne particles. Rescue and recovery workers were heavily exposed to a complex mix of 70 known and probable human carcinogens, not limited to asbestos, silica, cement, fiberglass, heavy metals, polycyclic aromatic hydrocarbons, polychlorinated biphenyls and polychlorinated dibenzofurans and dibenzodioxins. These workers are considered more vulnerable to developing cancer in their lifetimes.

Dr. John Howard, the WTC Health Program Administrator, announced that due to the lengthy latency period of some cancers, like mesothelioma caused by asbestos exposure, it will take several decades to draw final conclusions about the long-term health effects of 9/11 exposure. To date, there is limited data and scientific analysis to offer a clear understanding of 9/11 exposure and the risk of developing cancer. This lack of evidence is part of the reason it took so long for the decision to be made to add cancer to the list of certified illnesses. Continued research and cohort observation is required to help clarify cause and effect relationships between cancer and 9/11 exposure.

An observational study led by Dr. Jiehui Li of the NYC Department of Health and Mental Hygiene in 2012 looked at 55,778 WTC Health Registry enrollees who were exposed to 9/11 toxins. The results showed an increased rate of multiple myeloma, prostate, and thyroid cancers in rescue and recovery workers when compared with that of New York State residents, but to date no significant difference in the overall cancer rate. While Dr. Li only studied cancers diagnosed from 2007-2008, the results encourage follow-up with responders to assess longer latency cancers.

Continued on Page 3



## CLINIC UPDATE

The Queens Clinical Center would like to introduce our new medical director, **Dr. Leigh Wilson, DO, MPH.**



In June 2000, Dr. Wilson completed a Masters in Public Health at UCLA with a concentration on Environmental Health Science and Industrial Hygiene, and in May 2006 earned her medical degree from Western University of Health Sciences.

Dr. Wilson was board certified in Internal Medicine in 2010, Public Health and General Preventive Medicine in 2012 and Occupational and Environmental Medicine in 2013. Dr. Wilson has published articles in the American College of Preventive Medicine, and recently was invited to lecture on the WTC Health Program at Yale's Department of Occupational Medicine.

Dr. Wilson lives in Connecticut with her husband and two children. She drives a Prius, and has recently completed her first Half-Ironman Triathlon.

## PATIENT INFORMATION

### TAKING RESPONSIBILITY

*Knowing what to expect from your exam is half the battle for getting better care.*

#### Understanding the Monitoring Exam

Over the years since 9/11, our doctors have learned a great deal about the health of responders like you, and the Program continues to expand so that we can meet more of your healthcare needs.

#### Even if you don't feel sick, come in for monitoring.

Annual monitoring exams allow us to track changes in your health and identify WTC related symptoms and illnesses. These exams provide us with the information we need to ask the federal government to certify you for treatment under the Program.



## FEDERAL PERSPECTIVE

### CARE FOR THE FUTURE

*The Zadroga Act is up for extension in 2016.*

When the James L. Zadroga 9/11 Health and Compensation Act was signed into law in 2010, it established the WTC Health Program to provide annual monitoring exams, and treatment for WTC related illness to 9/11 responders and survivors. The law was passed with a sunset clause allowing Congress an intermediate review of the Program. The Zadroga Act is set to be reviewed in 2016, and Congress will vote on whether it should be reauthorized and for how long.

A bipartisan group of lawmakers are supporting the reauthorization. New York Representative Carolyn B. Maloney introduced the reauthorization bill to the House of Representatives, with the support of Hillary Clinton, New York Mayor Bill de Blasio, and Senator Kirsten Gillibrand. Together, they are asking for a 25 year extension to the Zadroga Act, which would end it in 2041, five times the initial contract period. An extension of the Zadroga Act is of particular importance to members who



have been certified for cancer, and whose continuation of care is dependent upon the program's benefits.

The continuation of the Zadroga Act is, in part, dependent upon member participation in the WTC Health Program and member satisfaction with the services provided. The law was enacted because of the support and hard work of 9/11 responders and survivors and it will continue only if eligible participants are actively using the benefits described in the law. ♦

Photos courtesy of Flickr/Creative Commons License, and Steve Mosco

- **Private insurance does not cover work related injury or illness.** Annual monitoring allows us to apply for certification that gives you full benefits for WTC related care at absolutely no cost to you. ♦

#### EMERGENCY CARE

If you need to seek emergency care, please provide your insurance information when receiving care and then notify us within 24-48 hours of your visit to an emergency department. We will work with the hospital or facility to identify if your emergency was as a result of your certified WTC related health condition. If confirmed as WTC related, we will reverse any charges to your insurance company who can also reimburse any co-payments you may have made.

**Please Note:** If the emergency department you visit is not enrolled in the WTC Health Program, we will make every effort to enroll them and reimburse your insurance, however, we cannot guarantee the facility will agree to participate in our network. Non-participating providers cannot be reimbursed by the WTC Health Program.

## RESEARCH CONTINUED

### CANCER AND 9/11 EXPOSURE



A Mount Sinai analysis of WTC health data collected from 2001-2008 found cancer incidence rates were statistically higher when compared to state tumor registries in New York, New Jersey, Connecticut and Pennsylvania. From a population of 20,984 WTC responders, 575 incidents of cancer were diagnosed in 552 individuals. There were significant increases for thyroid, prostate, hematopoietic and lymphoid, and soft tissue cancers by comparison.

Another case study conducted by Dr. Jacqueline Moline in 2009, found a statistically significant increase in cases of multiple myeloma in responders under the age of 45 compared to the general population (4 WTC responders, to 1.2 expected cases in the general population). Typically, myeloma incidence at this rate is seen in older patients. The results of this study suggest that WTC exposure may have caused the early onset of these cancers.

Currently, Dr. Emanuela Taioli of the Feinstein Institute for Medical Research at North Shore-LIJ is conducting a study at Mount Sinai to analyze prostate cancer risk in WTC responders. This study represents the first in-depth analysis of prostate cancer among WTC rescue and recovery workers. The study results will have practical implications for detecting and treating prostate cancer, which is the most common cancer among male WTC members. The study will generate data on biomarkers of prostate cancer aggressiveness that could be used to better inform medical treatment.

Dr. Taioli is leading another project at the Feinstein Institute for Medical Research which aims to establish a biorepository of cancer tissue samples from WTC Responders. This biorepository will consolidate tissue samples from all those in the WTC cohort that consent to participate.

#### CANCER CERTIFICATION AND LATENCY

Latency is defined as the time between exposure and the onset of disease. NIOSH has put forth guidance on the minimum latency period for cancer certification, defined as the time between a WTC member's first day of exposure to the dust at Ground Zero and the time of cancer diagnosis.

Cancers do not develop immediately following exposure to the causative agent, but at different rates based on the carcinogen and the intensity of exposure. Based on the unpredictable nature of cancer development and the evidence of elevated cases in first responders, the Program Administrator erred on the side of caution when determining the limits for cancer coverage within the Program.

The following minimum latency after the first day of exposure is required for certification: leukemia and lymphomas 146 days; thyroid cancers 2.5 years; mesothelioma 11.0 years and for all other covered cancers the latency period is 4.0 years.

If a responder was diagnosed with cancer before the date specified by the program, it likely began developing prior to their 9/11 exposure and will not be covered as a WTC certified condition. NIOSH will not accept application for cancer certification that does not meet latency requirements.

This will allow for future research into WTC-specific mechanisms involved in cancer development, and will result in improved treatment options for WTC responders.

Dr. Mayris Webber of Albert Einstein College of Medicine is investigating post-9/11 cancer incidence in FDNY firefighters. Modest elevations in cancer rates post-exposure to the World Trade Center site have been reported in rescue-recovery workers. The goal of this study is to understand the association between WTC exposure and cancer risk going forward.

Although inconclusive, findings to date support the continued monitoring of WTC responders to fully assess cancer risk as related to the toxic mix present in the aftermath of September 11th. We encourage exposed individuals to seek appropriate cancer screenings and participate in regular health examinations. ♦

## AT A GLANCE... WTC RELATED CANCER

The chart on the right shows the top 10 World Trade Center related diagnosed cancers in February 2014 of the over 50 cancers covered by the Zadroga Act.

Covered Cancer Conditions - Top 10	
Types of Cancer	Member Count
Prostate	320
Non-melanoma Skin Cancer	301
Melanoma of Skin	165
Non-Hodgkin's Lymphoma	150
Thyroid	136
Lung/Bronchus	106
Kidney	99
Leukemia	90
Colon	86
Bladder	80



**Queens WTC Health Program**  
North Shore-LIJ Health System  
97-77 Queens Blvd, 9th Floor  
Rego Park, NY 11374

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### Where We're Located

97-77 Queens Boulevard, 9th Floor  
Rego Park, NY 11374

### Call Us to Schedule Your Next Appointment

(718) 267-2420

**We are now part of the North Shore-LIJ Health System**  
Come visit us and our staff who offer an unparalleled spectrum of high quality services.

### Meet Our New Doctors

Dr. Leigh Wilson  
Dr. John Goutos  
Dr. Oleg Olshanetskiy

Would you like a digital copy of this newsletter?  
Have comments, or a story you'd like to share?  
Send us an e-mail at [QueensWTCProgram@NSHS.edu](mailto:QueensWTCProgram@NSHS.edu)

**Remember** that your participation in the program helps us identify WTC related symptoms early, enabling us to begin your treatment in a timely manner.

If we send you for a treatment appointment, **please be sure to present your Treatment ID Card and your authorization form.** Your ID card is as important as any insurance card. In order for your treatment and prescriptions to be covered by the program, providers need the information provided on that card.

It is truly a privilege to be able to serve all of the hard-working men and women who were there when our city and our country needed them.

We hope to hear from you soon!

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