# Summary of ACE Study Launch

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## Action Items

Dr. Patricia Hastings **Provide DoD and congressional reports & fuel studies to committee**

Send the existing DoD reports, congressional submissions, and fuel-exposure study documents to Liz and the committee members (and share website links) so committee members and Westat can review them promptly.

Dr. Patricia Hastings **Facilitate DoD briefings for committee**

Arrange briefings from the Air Force and other DoD agencies on their ongoing studies and phase-2 work (specific causes/exposures) and coordinate schedules for those presentations.

Dr. Patricia Hastings **Deliver VA datasets and demographic breakdowns**

Provide VHA data extracts (1990 onward) and demographic/usage breakdowns (rural vs urban, distance to facilities, VA users vs non-users) and supply guidance on cohort inclusion (Jan 1, 1990) to support Westat analyses.

Dr. Patricia Hastings **Share cancer registry materials and state linkage support**

Provide access information and coordinate support to integrate state cancer registries and national oncology program data for veterans not receiving VA care, to improve case ascertainment for the cohort.

# Overview

- **First open data-gathering meeting** of the Committee on Aviator Cancer Examination Study (ACEs); **congressional mandate (Aviator Cancer Examination Study Act, 2025)** and **PACT Act** guide the work.
- Committee is charged to assess **cancer prevalence and mortality** among fixed-wing military aircrew **from 1990 onward**, identify exposures, review evidence strength, and recommend research and screening actions.
- VA contracted **Westat** to run the cohort study using **VHA data**; VA and DoD will **share prior studies, exposure reports and briefings** to support the committee.
- Prior DoD analyses (2021, 2024) found **elevated rates of melanoma, thyroid, prostate, and overall cancer** among aircrew; median age at diagnosis was **younger** in some analyses.
- Key exposure hypotheses include **cosmic (ionizing) radiation**, **ultraviolet radiation**, **jet-fuel/fume exposures**, disinfectants and other occupational agents; unique flight hazards (hypobaric hypoxia, G-forces, dehydration) also noted.

# Charge & scope

- Committee must determine whether **associations exist** between military flight-related exposures and cancer occurrence, evaluate **strength of evidence**, and assess **plausible biological mechanisms**.
- Focus population: individuals who served as pilots or aircrew in Army, Air Force, or Marine Corps **fixed-wing aircraft beginning in 1990** (cohort definition anchored to **Jan 1, 1990**).
- Committee will: identify exposures of concern, review literature on specified cancers (slides 14−16 are core), estimate prevalence and mortality where possible, and recommend additional scientific studies and collaborators.

- Final deliverable: a **peer-reviewed report** submitted to the VA Secretary and congressional VA committees; a technical working group will review the report.

# VA & DoD studies, data availability

- VA noted a **5-year agreement** with the National Academies under the PACT Act for ongoing review; VA **contracted Westat** to perform cohort analysis using VHA data.
- DoD has conducted two major studies (phase 1 in **2021**, phase 2 in **2024**) showing higher cancer rates in aircrew; DoD phase-2 work is complementary and focuses on specific causes/exposures.
- **Electronic medical records are substantially available from ~1990 onward**, with much stronger coverage from **~2000 onward**; older paper records and archival gaps (fires in archives) limit pre-1990 data completeness.
- VA will assist the committee by providing **VHA datasets (1990+)**, demographic breakdowns, and facilitating access to DoD reports and briefings; VA is also working with state cancer registries and the VA national oncology program to augment data for veterans who do not use VA care.

# Key exposures and hypotheses

- Most-discussed exposures: **cosmic/ionizing radiation** (in-flight high-altitude exposure), **ultraviolet radiation**, and **jet fuel/fume events** (fuel, disinfectants, cockpit fumes).
- Other occupational/physical stressors acknowledged as relevant: **G-forces and vibration**, **hypobaric hypoxia**, **dehydration**, visual/neurologic effects — these may modulate risk or serve as co-factors.
- Evidence context: DoD and FAA studies observed increased incidence for certain cancers but **did not always identify specific causal agents**; the committee will evaluate biologic plausibility and evidence strength per exposure-cancer pair.

# Methodology & data sources

- Committee will review literature and use multiple data sources: **VHA administrative/clinical records (1990+), DoD analyses, congressional/DoD reports, state cancer registries, and published epidemiologic studies**.
- Cohort approach: include personnel who were active aircrew on **Jan 1, 1990** (this includes continuing flyers and those who began earlier but were active on that date); later years and multiple aircraft generations will be captured as cohort evolves.
- Data limitations were flagged: archived paper records and older records may be incomplete; VA and partners will help integrate cancer registry data and non-VA medical records where possible.

# Findings highlighted (prior analyses)

- DoD analyses (2021, 2024) reported **higher rates of melanoma, thyroid cancer, prostate cancer, and elevated combined cancer rates** among aircrew; **younger median age at diagnosis** observed in some studies, prompting interest in earlier screening strategies.
- FAA and other civilian studies corroborate increased cancer incidence among flight crews (2003−2021 analyses), but causation remains to be established.

# Next steps & outlook

- Committee will prioritize **slides 14−16 task list**: identify exposures of concern, map exposure environments, review evidence for listed cancers, estimate prevalence/mortality where possible, and recommend improved research and screening strategies.
- VA and DoD will supply **existing reports, datasets, and briefings** (including fuel exposure reports and congressional submissions) to support Westat analysis and committee literature review.
- Expected outputs: a **draft report subject to rigorous peer review**, technical working-group input, and final recommendations to the VA Secretary and congressional committees; committee conclusions will inform future research, mitigation and screening policy.