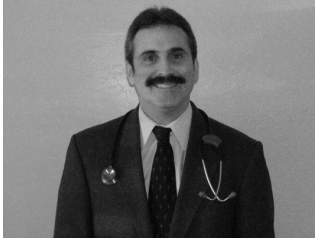


Cancer and Airmen Medical Certification



David Bryman, D.O
Senior Aviation Medical Examiner
FAA, Transport Canada, JAA

I recently saw an airline captain in my office that had a diagnosis of prostate cancer. He was very distraught and told my medical assistant that he was sure his career was over. Fortunately, he was incorrect and medical certification was easy and quickly obtained.

The diagnosis of cancer is of concern to both the pilot and the FAA regarding medical certification. In this article, I will try and review some common malignancies and how they might be evaluated and processed by the AME. I will focus on the aeromedical aspect rather than on disease process and treatment. In other words if a pilot is diagnosed with cancer, how does he/she get back in the air?

Firstly, to understand the logic in special issuance (explained below) as it relates to malignancies (cancers), it is important to understand which cancers are at higher risk to metastasize. Metastasis is a term we use to describe a cancer that has spread to another organ such as the brain, liver or lymph nodes. Some cancers are very aggressive and tend to spread quickly, while others are slower growing and tend to remain confined for a longer period of time.

The reason that brain involvement is so important is that even a small amount of cancer in the brain can cause extreme neurological symptoms such as seizures (common for melanoma), numbness, weakness, headaches, visual changes, personality change, altered consciousness and of course pilot incapacitation.

Lung, breast, melanoma, renal (kidney), and colon cancers are the most common primary tumors to metastasize to the brain (in that order). Other cancers that can spread to the brain include testicular, head and neck tumors, esophageal and prostate (not a complete list). Of course there are tumors that may *start* in the brain as primary cancers.

Cancers in general are disqualifying under the “normal” process where an AME issues the medical certificate after an office visit. Most malignancies fall under the *special issuance category* at the FAA and are usually placed in the “AME assisted special issuance program”. This means that the AME must defer the airman’s medical form to the FAA for the initial certification. After that the AME and the pilot are sent a letter that outlines the procedure for future medicals that can be issued directly by the AME.

For example, if a pilot has a diagnosis of prostate cancer and was treated by surgery or radiation he would probably qualify to return to flight status. The pilot in this case being proactive should call his AME prior to the visit to find out what he needs to bring and arrive well prepared.

If he brings all required documentation, the process will be much easier. The required items in this case would include; a current status letter from the urologist documenting his treatment, diagnosis, prognosis, and follow up plan. He will also need to bring a copy of the hospital history and physical as well as the discharge summary and pathology reports, x-ray results, and recent lab work including a PSA. Usually, the treating physician has all the required information readily available in the patients chart.

The AME will then send his report to the FAA along with the information collected by the pilot. The FAA will review the information and issue a medical certificate directly from Oklahoma City. The certificate will almost always be time-limited for 1 year. There will be clear instructions to the pilot in a letter as to how subsequent certificates will be issued. The FAA will usually request a current status letter from the treating physician at yearly intervals documenting that there is no evidence of recurrence of the malignancy and that the pilot's condition has remained stable. In the above example, it is likely that a statement will be required by the urologist that the pilot has remained cancer free, along with a copy of the most recent PSA.

Not all cancers require special issuance by the FAA. Many less aggressive malignancies can be issued by the AME at the time of visit. These are cancers that are less invasive or diagnosed very early. For example, basal cell carcinoma is a very common form of skin cancer related to sun exposure. It is not likely to spread and usually is treated with excision or freezing. Also, certification of a pilot with very early melanoma can sometimes be done at the visit with the AME. Again, being prepared is important, and the pathology report is absolutely necessary in this case for the AME to decide if deferral to the FAA is warranted.

In regards to malignancies that can metastasize to the brain such as those mentioned previously, the applicant may be required to prove that there has been no brain involvement. Often, a copy of an MRI report will suffice.

In my experience, the FAA has been very reasonable in regards to special issuance of a medical certificate when a pilot has been diagnosed with cancer. In fact it is rare that a case is not approved. After the special issuance is obtained, the AME can usually continue to issue the medical as long as the pilot obtains the necessary items outlined in their authorization letter. The FAA probably will follow the pilot under this program for 5 years. Of course this will vary based upon the aggressiveness of the malignancy.

Remember, when it comes to certification after a malignancy, work with an experienced AME and come to your office visit well prepared. In some instances a fax and a few phone calls from your AME to the FAA can lead to approval of your medical in a very

short time. The most common cause of delayed certification is because the pilot did not supply the necessary information for the FAA to make a determination.

*Disclaimer- My opinions regarding certification are based on **my** experience as an AME. The information presented is designed to be informative and educational and are **not** intended to represent opinions by the FAA.*