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

Meet Our New Doctors  

Come visit us and our staff who offer an unparalleled spec-

Call Us to Schedule Your Next Appointment  

We are now part of the North Shore-LIJ Health System  

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We hope to hear from you soon!

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 pound-

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!

CONNECT WITH US!

Where We’re Located  

Call Us to Schedule Your Next Appointment  
(718) 267-2420

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Have comments, or a story you’d like to share?  
Send us an e-mail at QueensWTCP@NSHS.edu

RESEARCH  

CANCER AND 9/11 EXPOSURE  

An overview of cancer trends in WTC responders

In 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 re-

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.
CLINIC UPDATE

The Queens Clini-
cal 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 2008, 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.

FEDERAL PERSPECTIVE

Understanding the Monitoring Exam

Over the years since 9/11, our doctors have seen a great deal about the health of responders like you, and the Program continues to learn from that. We can meet some 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.

Why come in for monitoring?

Many WTC-related illnesses have a lengthy latency period, so there is a delay between your exposure and the development of symptoms. Sometimes the exam only detects slight changes, which are crucial for detecting trends and early intervention.

The Program now allows the screening and treatment for most cancers. Exposure to toxins at an extreme ground zero with known or probable links to cancer allows us to now provide cancer treatment to responders. If you have been diagnosed with cancer, bring your medical records to your next monitoring exam, in case of a diagnostic evaluation appointment if you aren’t yet due for monitoring.

You may have subtle mental health symptoms making daily life difficult for you. The monitoring exam helps us learn of the difficulties you may be experiencing and help you receive the best care with complete confidentiality.

Social Services Support is also available. Our experienced clinicians are able to help with the Victims’ Compensation Fund, Workers’ Compensation, LOID, Social Security, and health care and disability-related resources.

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 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 depart-
ment you visit is not enrolled in the WTC Health Program, we will make every effort to enroll them and reim-
burse 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.

PATIENT INFORMATION

TAKING RESPONSIBILITY

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

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 illnesses 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 Kristen 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. +

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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 tumor registries in New York, New Jersey, Connecticut and Pennsylvania. From a population of 20,984 WTC responders, 271 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. Emanueta Taisoi of the Feinstein Institute for Medical Research at North Shore-LI 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 will have practical implications for detecting and treating prostate cancer, which is the most common cancer among male WTCHP 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.

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. Mayis Webber of Albert Einstein College of Medicine is investigating post-9/11 cancer incidence in FDNY firefighters. While current breast 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 need for continued monitoring of WTC responders to fully assess cancer risk as related to the toxic mix present in the aftermath of the 9/11 attacks. We encourage exposed individuals to seek appropriate cancer screenings and participate in regular health examinations. +

CANCER CERTIFICATION AND LATENCY

Latency is defined as the time between exposure and onset of disease. NIOSH has established guidelines for the minimum latency period for cancer certification, which is approximately 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 but can start years after exposure to WTC-related hazards. Some cancers may be linked to cancer risk in responders with a latency period of 2-3 years and other cancers can take up to 30 years to develop. Because of the long latency period, it is important that responders and survivors continue to monitor their health.

If a responder was diagnosed with cancer before the date specified by the program, it may have developed prior to their 9/11 exposure and will not meet latency requirements. NIOSH will not accept application for cancer certification that does not meet latency requirements.

To date, NIOSH has certified almost 100,000 people for cancer under the Zadroga Act. The Act covers a wide range of cancers, including leukemia and lymphoma, lung, breast, prostate, colorectal and skin cancers.

The Zadroga Act is up for extension in 2016. At a glance... WTC related cancer

<table>
<thead>
<tr>
<th>Type of Cancer</th>
<th>Covered Cancer Conditions - Top 10</th>
<th>Covered Cancer Conditions - Member Count</th>
</tr>
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<tbody>
<tr>
<td>Prostate</td>
<td>330</td>
<td>30</td>
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<tr>
<td>Non-melanoma Skin Cancer</td>
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<tr>
<td>Melanoma of Skin</td>
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<tr>
<td>Non-Hodgkin’s Lymphoma</td>
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<td>Thyroid</td>
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<td>Lung/Bronchus</td>
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<tr>
<td>Bladder</td>
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</tr>
</tbody>
</table>

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.