



Taking Action Against Cancer in the Fire Service

Occupational Cancer Prevention



Russell Osgood

Vice President Education, Research & Outreach

- Chief of Department Ogunquit Maine
- Lieutenant Portsmouth NH Fire Department (ret) 1995-2021
- Pease Community Action Panel – PFOA / PFAS Contamination
- Pease Restoration Board – PFOA / PFAS Water Restoration Panel.
- Program Director New Hampshire Fire Academy.
- FCSN Education Committee



Objectives

1. Define the Scope of the Occupational Cancer problem in the fire service
2. Learn the Scientific Research Behind the Issue
3. Understand the Routes of Exposure
4. Understand Occupational Exposure
5. Understand the Modifiable Risk Factors
6. Describe Preliminary Exposure Reduction
7. Identifying Best practices in the Fire Service
8. Understand Presumptive Legislation & Exposure Reporting.
9. Understand the Importance of Annual Medical Exams & Early Detection
10. Discuss the need for Culture Change
11. Learn the FCSN Survivorship



Scope of the Problem



What is Cancer ?

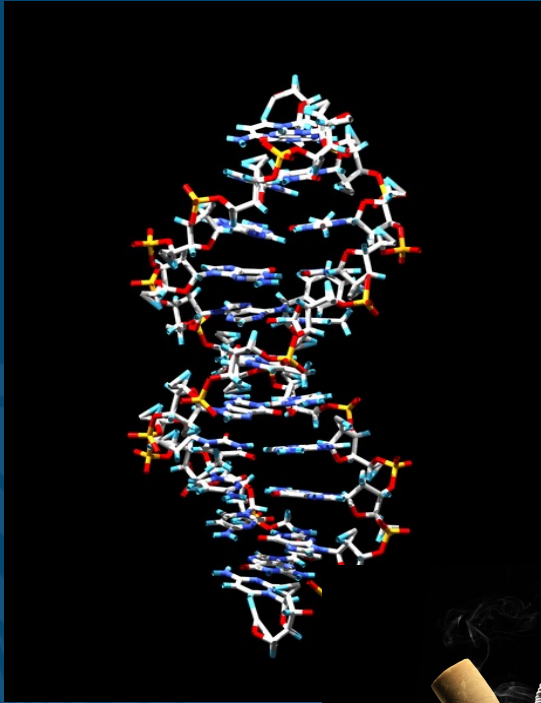


Cancer is more than 100 related diseases that stem from a genetic change at the cellular level.

Such changes are caused by environmental or genetic triggers and allow cells to divide without stopping.



What Causes Cancer?





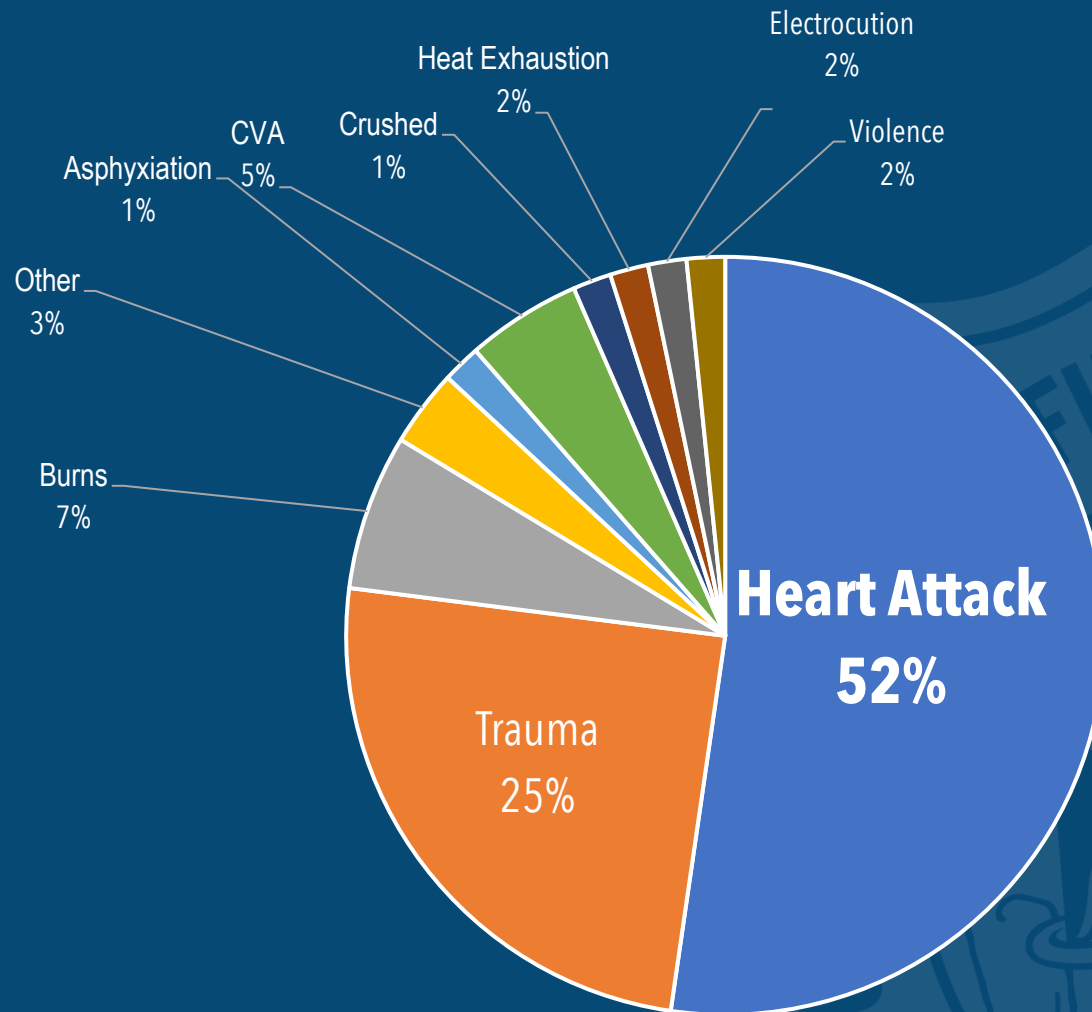
Line of Duty Deaths

Heart attack/cardiac arrest have been cited for decades as the leading cause of firefighter deaths.

The USFA has no established mechanism for identifying fatalities resulting from illnesses, such as cancer, that develop over long periods of time and may be related to occupational exposure



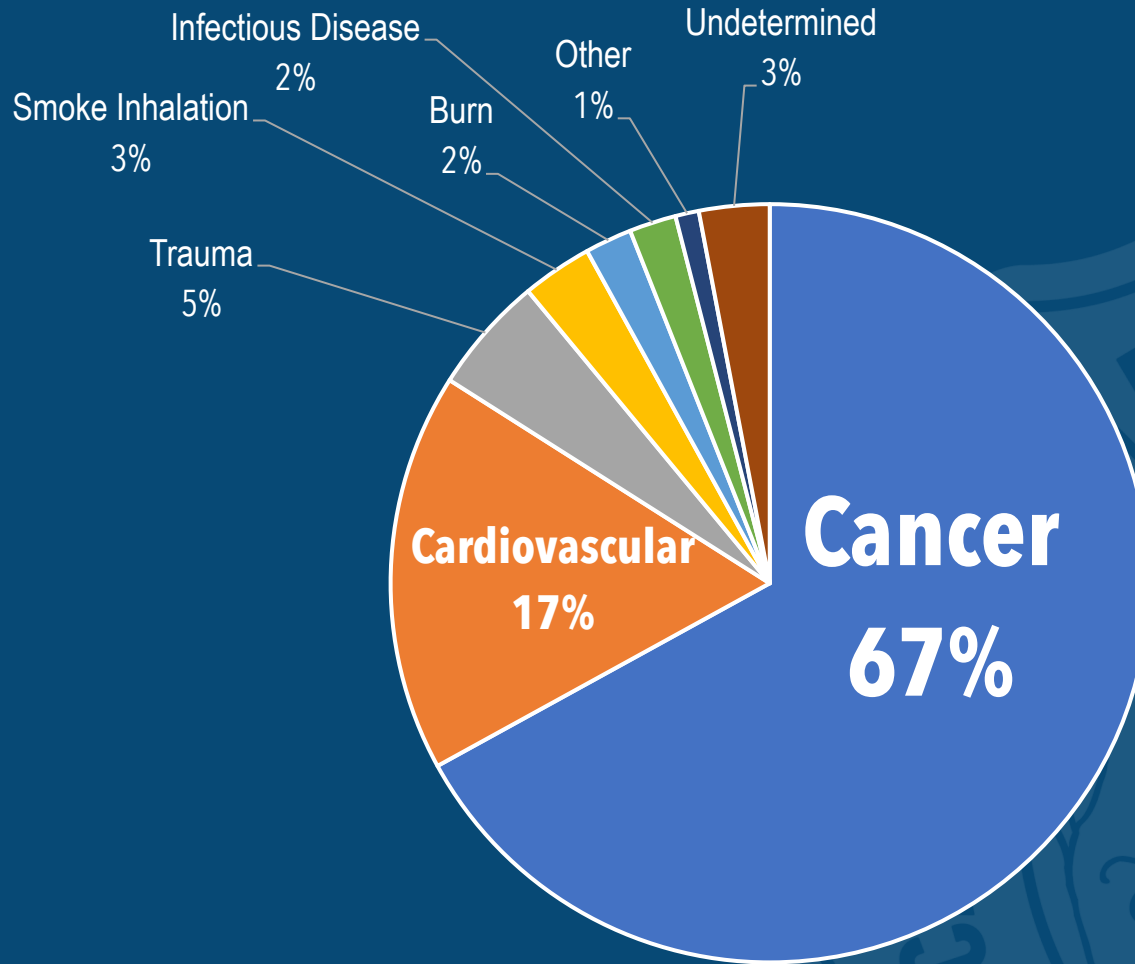
Scope of the Problem



2019 United State Fire Administration LODD



Scope of the Problem



2002-2020 IAFF Firefighter Memorial Wall LODD Deaths



Scope of the Problem

40% **Forty Percent** of the general population will be diagnosed with cancer.

9% Firefighters have a **Nine Percent** higher risk being diagnosed.

14% Firefighters have a **Fourteen Percent** higher mortality rate than the general population.



Scientific Research



Scientific Research



- Brain 32%
- Oral Cavity 39%
- Esophageal 62%
- Mesothelioma 129%
- Lung 29%
- Kidney 27%
- Testicular 102%
- Multiple Myeloma 53%
- Leukemia 14%
- Prostate 28%
- Intestine 21%
- Non-Hodgkin's Lymphoma 51%

Cancer Risk Among Firefighters: A Review and Meta-analysis of 32 Studies

Grace K. LeMasters, PhD

ORIGINAL ARTICLE

Mortality and cancer incidence in a pooled cohort of US firefighters from San Francisco, Chicago and Philadelphia (1950–2009)

Robert D Daniels,¹ Travis L Kubale,¹ James H Yiin,¹ Matthew M Dahm,¹ Thomas R Hales,¹ Dalsu Baris,² Shelia H Zahm,² James J Beaumont,³ Kathleen M Waters,¹ Lynne E Pinkerton¹

International Journal of Cancer

Cancer incidence and mortality among firefighters

Hamed Jalilian¹, Mansour Ziaei², Elisabete Weiderpass^{3,4,5,6}, Corina Silvia Rueegg⁷, Yahya Khosravi⁸ and Kristina Kjaerheim⁴

¹Department of Occupational Health and Safety, Faculty of Health, Hormozgan University of Medical Sciences, Bandar Abbas, Iran

²School of Health and Nutrition, Bushehr University of Medical Sciences, Bushehr, Iran

ORIGINAL ARTICLE

Cancer incidence among firefighters: 45 years of follow-up in five Nordic countries

Eero Pukkala,^{1,2} Jan Ivar Martinsen,³ Elisabete Weiderpass,^{3,4,5,6} Kristina Kjaerheim,⁷ Elsebeth Lynge,⁷ Laufey Tryggvadottir,^{8,9} Pär Sparén,⁴ Paul A Demers¹⁰

ABSTRACT

Objectives Firefighters are potentially exposed to a wide range of known and suspected carcinogens through their work. The objectives of this study were to

What this paper adds



Scientific Research

Cancers Found To Be Related To Firefighting

	Meta-Analysis ^d Jalilian (2019)	Cohort Study/U.S. Daniels (2013)	Cohort Study/CA Tsai 2015
Bladder	12% incidence	18% first cancer	
Brain			54% incidence
Buccal Cavity and Pharynx		39% incidence 40% mortality	
Colon	14% incidence		
Intestine		21% incidence 30% mortality	
Kidney		27% incidence 29% mortality	27% incidence
Leukemia			32% incidence
Liver, Gall Bladder		30% mortality	
Lung		12% incidence 10% mortality	100% incidence
Malignant Melanoma	21% incidence 33% mortality		
Melanoma			75% incidence
Mesothelioma	60% incidence 33% mortality	129% incidence 100% mortality	
Multiple Myeloma			35% incidence
NHL	42% mortality		
Esophagus		62% incidence 39% mortality	59% incidence
Prostate	15% incidence		45% incidence
Rectum	9% incidence 36% mortality	45% mortality	
Testis	34% incidence		



Scientific Research

Taking Action Against Cancer in the Fire Service



August 2013 (V2)

Cancer is the top cause of
firefighter line-of-duty deaths.

**It is the most dangerous,
under-recognized threat
to the health and safety
of our nation's firefighters!**



Scientific Research

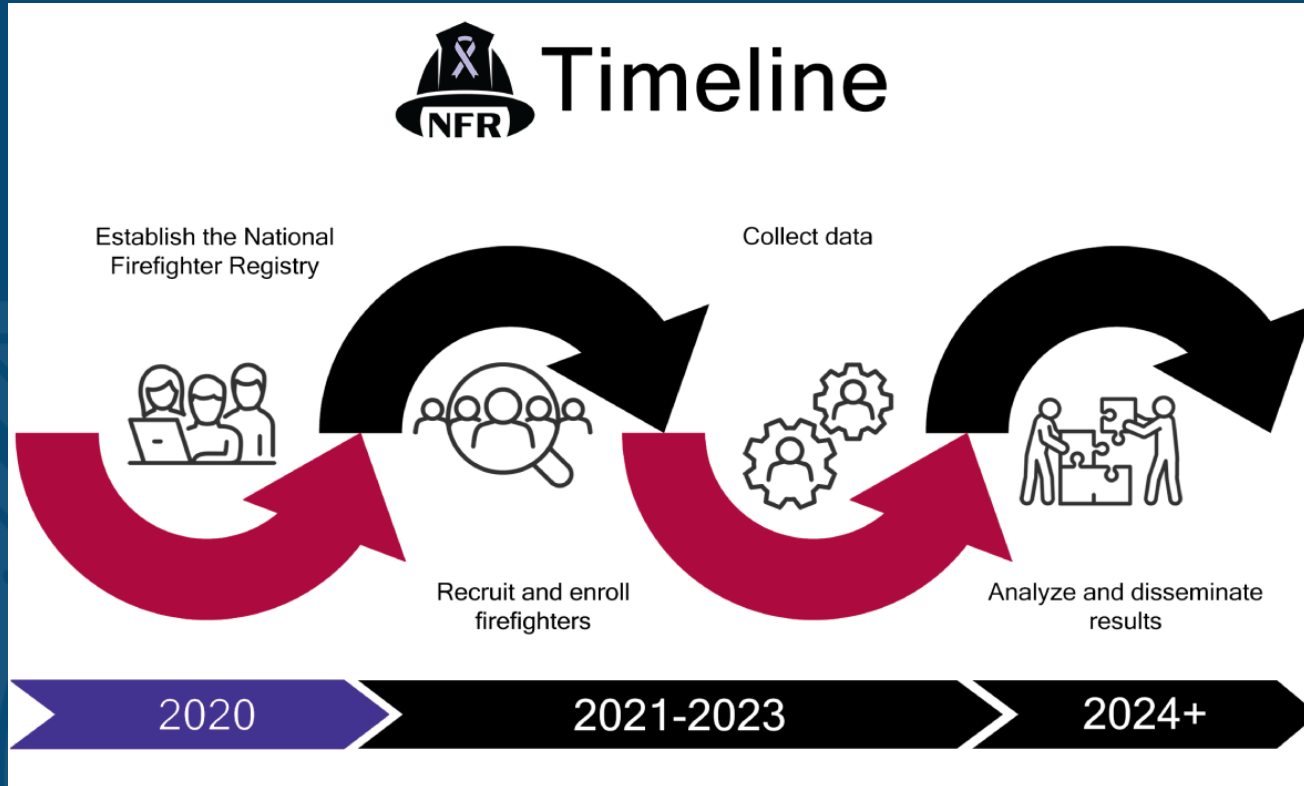


NATIONAL FIREFIGHTER REGISTRY

Understanding &
Reducing Cancer



Scientific Research



- Used to track and analyze cancer trends and risk factors among the U.S. fire service.
- All firefighters- active and retired should consider participating. This includes firefighters who have never received a cancer diagnosis, previously had cancer, or currently have cancer
- Firefighters who register for the NFR will play a critical role in helping to better understand the health risks this profession faces



Routes of Exposure



Routes of Exposure

“

99+ % of smoke particles collected during overhaul were less than 1 micron in diameter. Of these 97+ % were too small to be visible by the naked eye suggesting that “clean” air was not really that clean

Fabian, et al (2010)

”

- Chronic exposure to heat, smoke, and toxins put firefighters at very high risk for developing cancer.
- **Inhalation, ingestion, and absorption**, of these toxic substances that make their way into the bloodstream and are transported and stored in fat cells and organs.
- This is where cell damage occurs that may lead to cancer.



Routes of Exposure

Routes of Exposure

- Inhalation on the fireground
- Dermal absorption, especially in areas with thin skin (e.g. wrist, neck)
- Secondary exposure and/or contaminated dust from particulates post incident
- Semi-volatile off gassing

Note: Short duration but high intensity believed to be particularly dangerous

"Toxic Soup "of Known and Unknown Carcinogens

CO

Formaldehyde

Metals

Flame retardants

Benzene

PAHs

NO₂

Glutaraldehyde

Toluene

Xylenes

Styrene



Occupational Exposure



Occupational Exposure

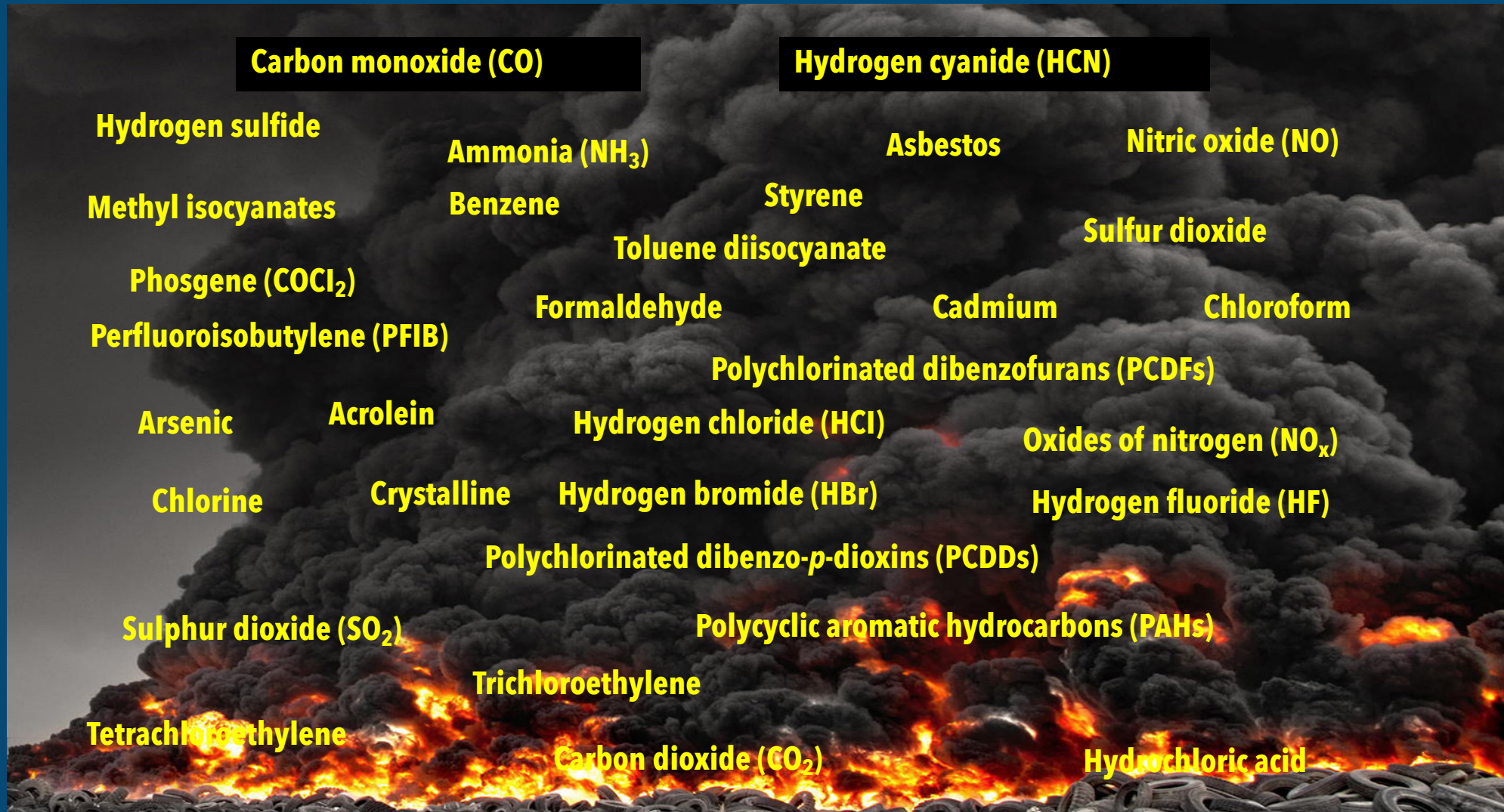


What is an Occupational Exposure?

- Generally, the definition of an occupational exposure is when a firefighter comes into direct contact with a disease-causing substance or material through the course of their job-related duties.



Occupational Exposure



Occupational Exposure

CARBON MONOXIDE

IDLH=1200 PPM | NIOSH REL 35 PPM

HYDROGEN CYANIDE

IDLH = 50 PPM | NIOSH REL = 5 PPM

ZERO

There is ***ABSOLUTELY NO CORRELATION*** between the levels found from air monitoring for CO and HCN and cancer-causing toxins found at a fire.

There are many other gases that are undetectable without monitors and are **FAR MORE DANGEROUS than CO or HCN!**



Occupational Exposure



“Pinpointing the cause of cancer is extremely difficult because firefighters are not exposed to just one agent. They are exposed to multiple cancer-causing agents. Because of the multiple exposures and the multiple routes of exposure” - Grace LeMasters Ph.D.



Occupational Exposure

- Telltale odor leads to a reduced concern **"It's just food on the stove"** mindset.
- Produces airborne particulate matter, including ultrafine and fine particles, including polycyclic aromatic hydrocarbons (PAHs) and heterocyclic, acetaldehyde, acrylamide and acrolein.



Occupational Exposure



Diesel exhaust is a known carcinogen and is linked to clear increased risk of lung cancer, bladder cancer, as well as cardiovascular disease and chronic obstructive pulmonary diseases.



Occupational Exposure

Cars are constructed with many plastic and synthetic materials that produce toxins when burning.



PHOTO BY DENISE CIVILETTI



Occupational Exposure



PHOTO BY MICHAEL MOORE II

Exterior firefighting in general may be perceived as safe. It's important to understand that fire smoke is fire smoke whether it is inside or outside. All fire smoke contains products of combustion that can be carcinogenic.



Occupational Exposure

Although the adverse health effects of smoke from biomass fuel are not well studied, the IARC has found sufficient scientific evidence to classify smoke from wildfires as “probably carcinogenic to humans.”



PHOTO BY BRYAN FRIEDERS



Occupational Exposure

Certain PFAS chemicals have been linked to several cancers impacting the fire service:

- Testicular cancer
- Non-Hodgkin's lymphoma
- Prostate cancer

PFAS are found in AFFF firefighting foams and turnout gear and hundreds of consumer products.



Per- and Polyfluoroalkyl Substances (PFAS) are a large group of man-made chemicals that have been used in industry and consumer products worldwide since the 1950s.



Occupational Exposure



Fluorescent Aerosol Screening Test

- The IAFF funded a Fluorescent Aerosol Screening Test (FAST).
- The FAST test showed how smoke easily penetrates clothing, primarily at interface areas, and is a pathway for exposure on the fireground.
- The results of the tests only reinforce the need for Preliminary Exposure Reduction (Gross Decon).
- Ensure you shower as soon as possible following a structure fire, and subjecting PPE to full cleaning.



Occupational Exposure

Background UV



The background photos confirm the test participant was clean prior to donning the test garment. Variations in skin brightness seen in these photos are due to natural skin fluorescence.

UV Photos: Head and Neck



There were very heavy aerosol deposits on the neck, cheeks, ears, and hair due to penetration through the hood. The dark bands below the ears were relatively clean areas that were covered by the mask straps.

UV Photos: Legs

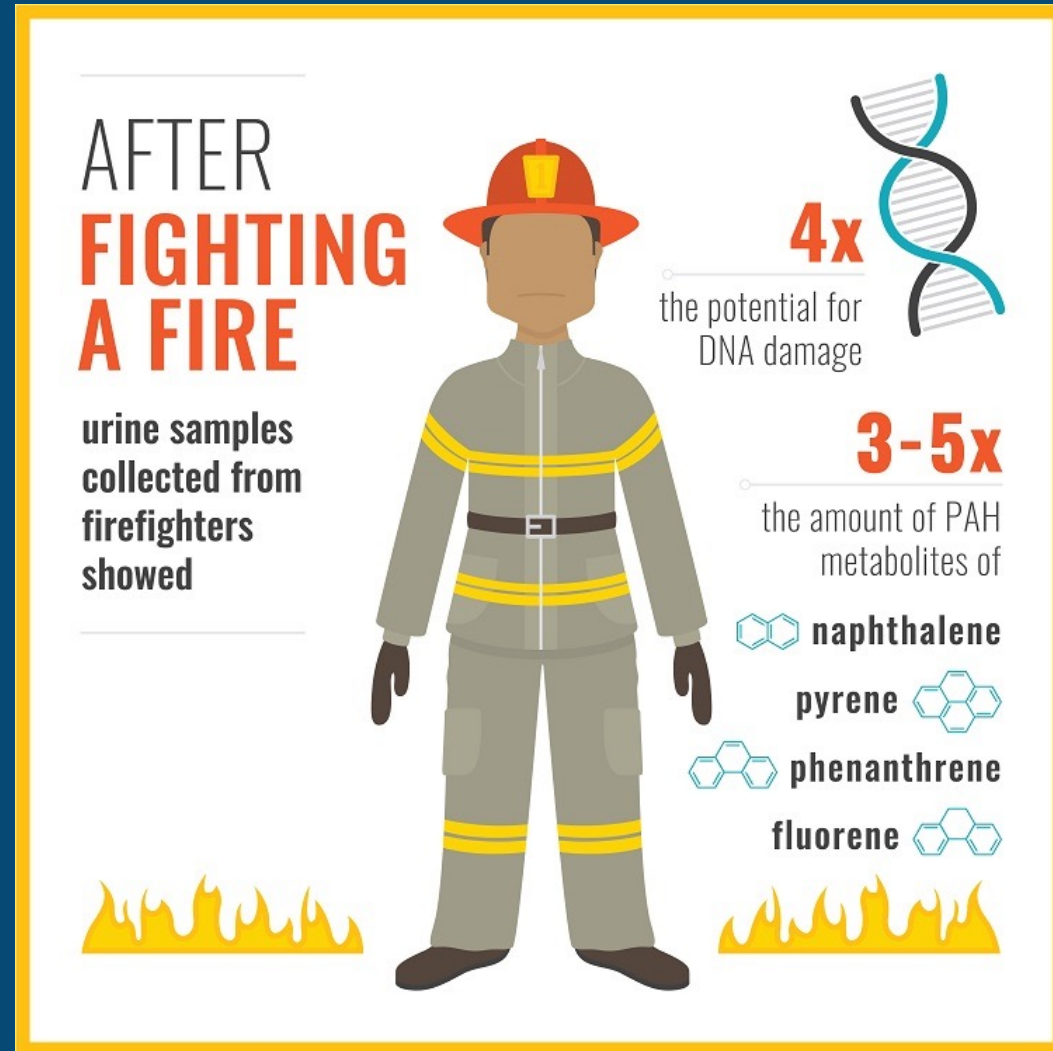


The lower legs had a high level of deposited aerosol. The patterns suggest aerosol infiltration through the boot-trouser interface.



Occupational Exposure

Post-fire PAHs in urine averaged 2.9 to 5.3 times higher than pre-fire!



Modifiable Risk Factors



Modifiable Risk Factors



Modifiable Risk Factors



"It's pretty simple. If you smoke, you are buying yourself a trip to the cancer ward". – Dr. Michael Hamrock



Modifiable Risk Factors



Cancer Type	Elevation in Firefighters	3.5+ drinks/day
Colon	14% higher (Jalilian et al., 2019)	25% higher (McNabb et al., 2019)
Esophageal	59-62% higher (Tsai et al., 2015; Daniels et al. 2013)	213% higher hazard ratio (Choi et al., 2017)



Modifiable Risk Factors



The scientific facts are inescapable—regular use of sun protection reduces skin cancer and cancer precursors.

– Dr. David Leffell
Yale School of Medicine



Modifiable Risk Factors

Nutrition is the fuel for every other element within a complete human performance program.

– O2X Human Performance to Boston Fire Department



“Eat food. Not too much. Mostly plants”. – Michael Pollan



Modifiable Risk Factors

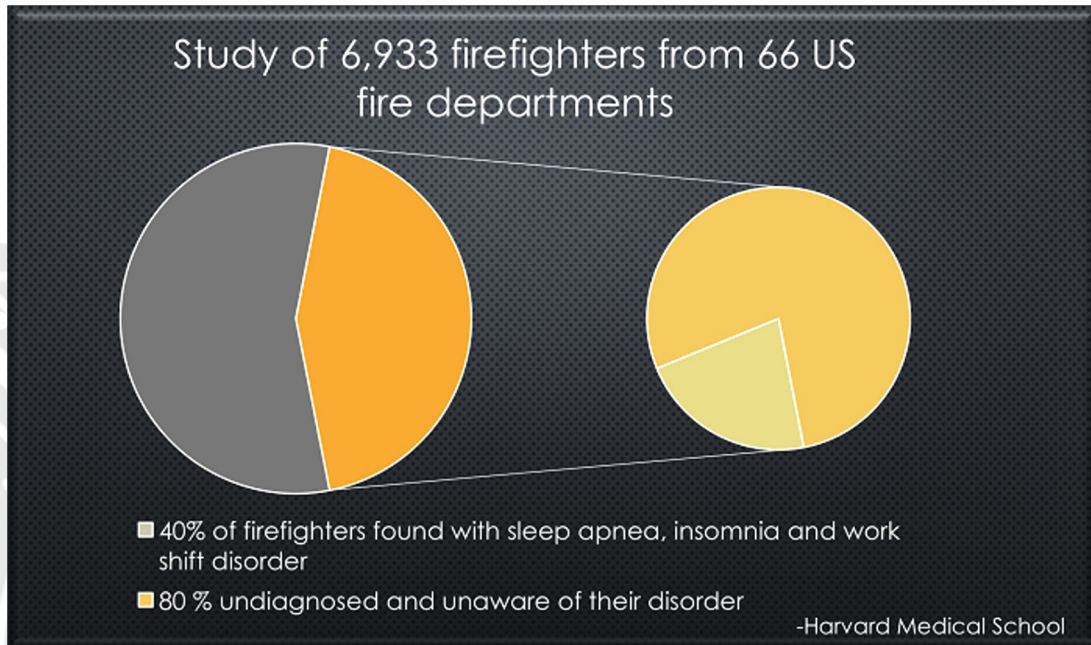


Fitness is about creating sustainable lifestyle changes that will improve the quality of life, reduce cardiovascular risk up to 26% and lower the risk for many cancers by 10 – 50%.



Modifiable Risk Factors

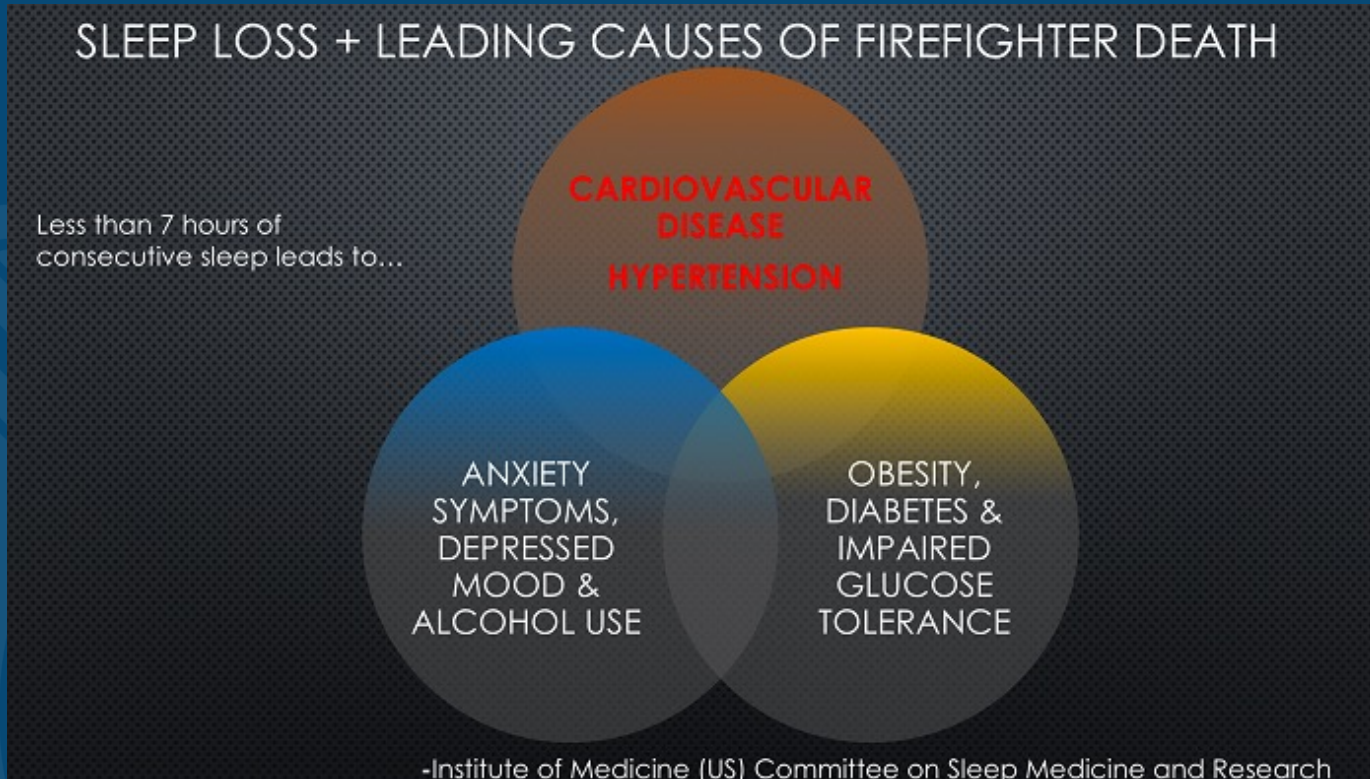
Sleep Hygiene



- A study published in the Journal of Clinical Sleep Medicine investigated 7,000 firefighters in 66 fire departments for obstructive sleep disorders, insomnia, restless leg syndrome and shift-work disorder.
- Researchers found that about 37% were positive for at least one sleep disorder.
- The study revealed more than 80% were positive for a common sleep disorder and were undiagnosed or untreated.



Modifiable Risk Factors



- A UCLA researcher kept 42 healthy men awake between 10:00 pm and 3:00 am, results showed a 70% reduction of cancer-fighting immune cells known as “natural killers” (NK) after one night!
- NK cells are best known for detecting and controlling early signs of cancer.





Best Practices



Best Practices

Bunker Gear Transfer: The Invisible Danger

Video courtesy of Sylvester Comprehensive Cancer Center and Firefighter Cancer Initiative



Best Practices

What Immediate Actions Can I Take to Protect Myself?

1. Use SCBA from initial attack to finish of overhaul. (Not wearing SCBA in both active and post-fire environments is *the* most dangerous voluntary activity in the fire service today.)
2. Do gross field decon of PPE to remove as much soot and particulates as possible.
3. Use cleansing wipes to remove as much soot as possible from head, neck, jaw, throat, underarms, and hands immediately and while still on the scene.
4. Change your clothes and wash them immediately after a fire.
5. Shower thoroughly after a fire. Shower within the hour.
6. Clean your PPE, gloves, hood, and helmet immediately after a fire.
7. Do not take contaminated clothes or PPE home or store it in your vehicle.
8. Decon fire apparatus interior after fires.
9. Keep bunker gear out of living and sleeping quarters.
10. Stop using tobacco products.
11. Use sunscreen or sunblock.



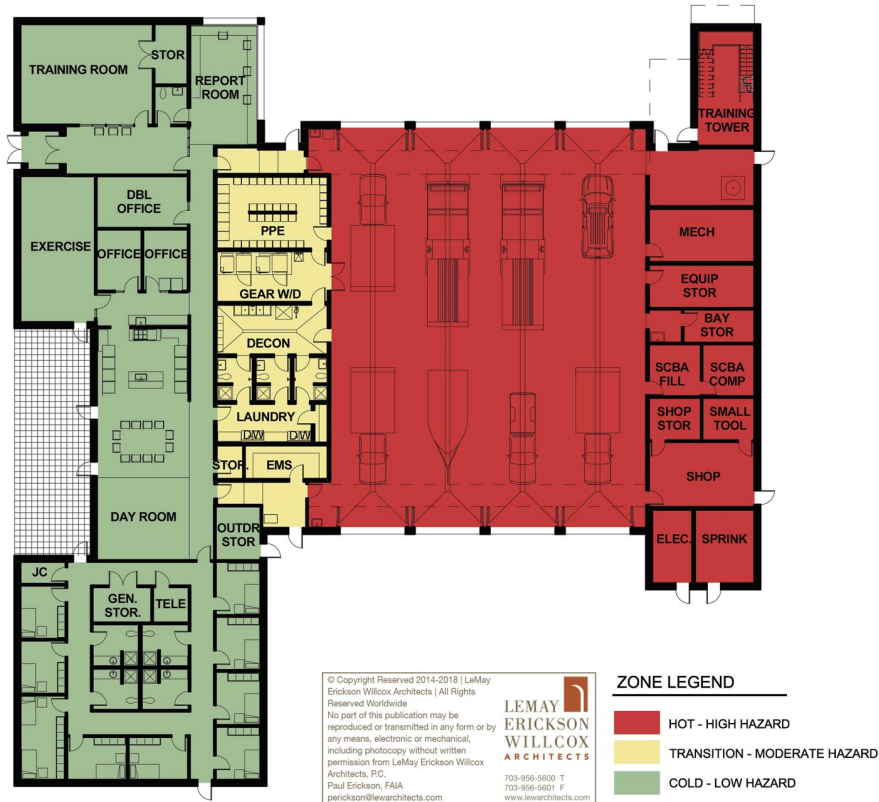
The importance of annual medical examinations cannot be overstated – early detection and early treatment are essential to increasing survival.



Best Practices

HOT ZONE DESIGN MODEL

- **HOT** zones are spaces exposed to carcinogens
- **TRANSITION** zones allow for movement between the hot and cold zones.
- **COLD** zones are for living and working; they are intended for extended occupancy.



Best Practices



Too many firefighters either will NOT wear SCBA, or they will “ditch” their SCBA as soon as the fire is “out,” but before beginning overhaul –

this is the ABSOLUTE WORST TIME to ditch your SCBA!



Best Practices



Diesel exhausts do cause cancer, says WHO

By James Gallagher
Health and science reporter, BBC News

© 12 June 2012



Exhaust fumes from diesel engines do cause cancer, a panel of experts working for the World Health Organization says.

It concluded that the exhausts were **definitely a cause of lung cancer** and may also cause tumours in the bladder.

1-800-227-2345www.cancer.org



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News • Filed under: Bladder Cancer, Cancer Risks/Causes, Lung Cancer - Non-Small Cell

World Health Organization Says Diesel Exhaust Causes Cancer

Article date: June 15, 2012

By Stacy Simon

A group of experts from the World Health Organization (WHO) has classified diesel engine exhaust as a carcinogen – a substance that causes cancer. The International Agency for Research on Cancer (IARC), which is part of the WHO, based its decision on what it calls “sufficient evidence” that exposure to diesel exhaust causes lung cancer and “limited evidence” that it increases the risk of bladder cancer. The new classification moves diesel fuel from the category of “probably carcinogenic” to “carcinogenic.”

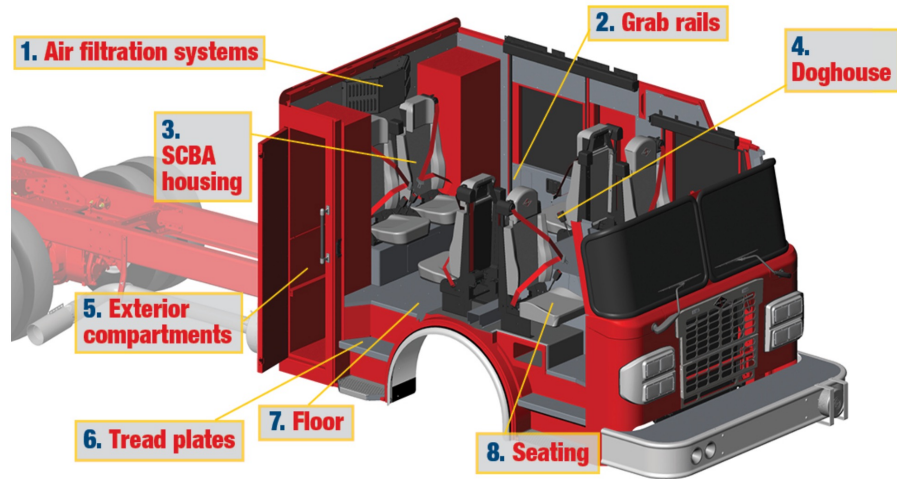
Studies have raised concerns over the years about the connection between diesel exhaust and cancer.

- Use exhaust capture systems in your stations.
- Maintain these systems.
- Do not run engines at idle or do apparatus checkouts with the engine running inside the fire station.
- “Exhaust source capture is ... the most reliable means to reduce or eliminate exposure of fire station occupants to diesel exhaust emissions.”

The International Agency for Research on Cancer (IARC), which is part of the World Health Organization (WHO), classified diesel engine exhaust as carcinogenic to humans (Group 1).



Best Practices



- A clean cab apparatus is designed to facilitate a clean, healthy, and safe environment by reducing the exposure to contaminants.
- Smooth non porous surfaces are used to aid in decontamination.
- Filtered ventilation systems to provide a clean air environment.
- Windows automatically roll up when placed in pump.
- No dirty or contaminated equipment is to be placed in the cab of apparatus.



Best Practices

- DO NOT at any time take or wear any PPE in any living areas of the fire station.
- PPE should be stored and located in a separate area and away from any living areas and diesel exhaust.
- Do not take any contaminated gear home or transport it in your personal vehicle.



“Black soot used to be worn as a badge of honor,” said Susan Shaw, an environmental health professor at the State University of New York at Albany’s School of Public Health. “Now it represents a really frightening situation.”

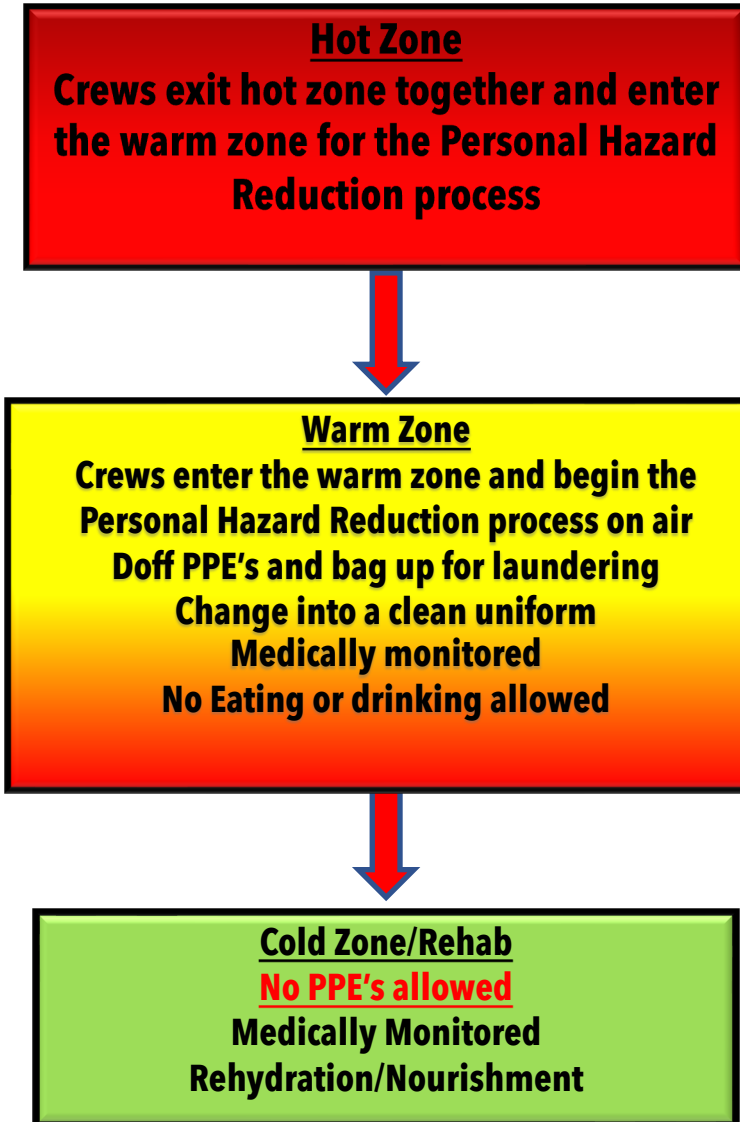


Preliminary Exposure Reduction



Preliminary Exposure Reduction

- **Hot Zone:** Any area with high risk or within the immediate perimeter of any fire or where the products of combustion (which include smoke and soot) are present.
- **Warm Zone:** The area between the hot and cold zone. The area not in the immediate vicinity of any fire or products of combustion. Preliminary Exposure Reduction occurs in the warm zone.
- **Cold Zone:** Any area outside of the hot and warm zone, ideally uphill and upwind. Rehabilitation (Rehab) shall be located in the cold zone. Also serves as the drop zone for doffing/dropping of equipment prior to entering rehab or bagging up contaminated PPE's and equipment.



Preliminary Exposure Reduction



Preliminary exposure reduction reduces surface PAH's by 85%

- While exposure to toxins is inevitable in firefighting, we should strive to reduce or eliminate exposure when possible.
- As a best practice it is recommended to implement a Preliminary Exposure Reduction procedure to remove products of combustion such as soot and particulates.



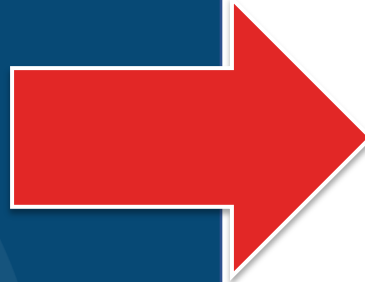
Preliminary Exposure Reduction

Wet Wipes



Preliminary Exposure Reduction

Avoid contaminating the apparatus cab or your personal vehicle! Transport your CONTAMINATED protective equipment in bags that are stored in the hose bed or an exterior compartment.



Photos courtesy Washington State Council of Fire Fighters "Healthy In, Healthy Out," & Russell Osgood



Preliminary Exposure Reduction



Video courtesy of Sylvester Comprehensive Cancer Center and Firefighter Cancer Initiative



Preliminary Exposure Reduction



- Shower within the hour
- Clean your body first, then tools and equipment after.
- If possible, units should be kept assigned to the incident so cleaning of personnel and equipment can take place.
- Ensure the apparatus is decontaminated along with all equipment used.



Preliminary Exposure Reduction

Ensure that your PPE is cleaned per NFPA 1851 recommendations
2020 version Standard on
Selection, Care, and Maintenance
of Protective Ensembles for
Structural Firefighting and
Proximity Firefighting

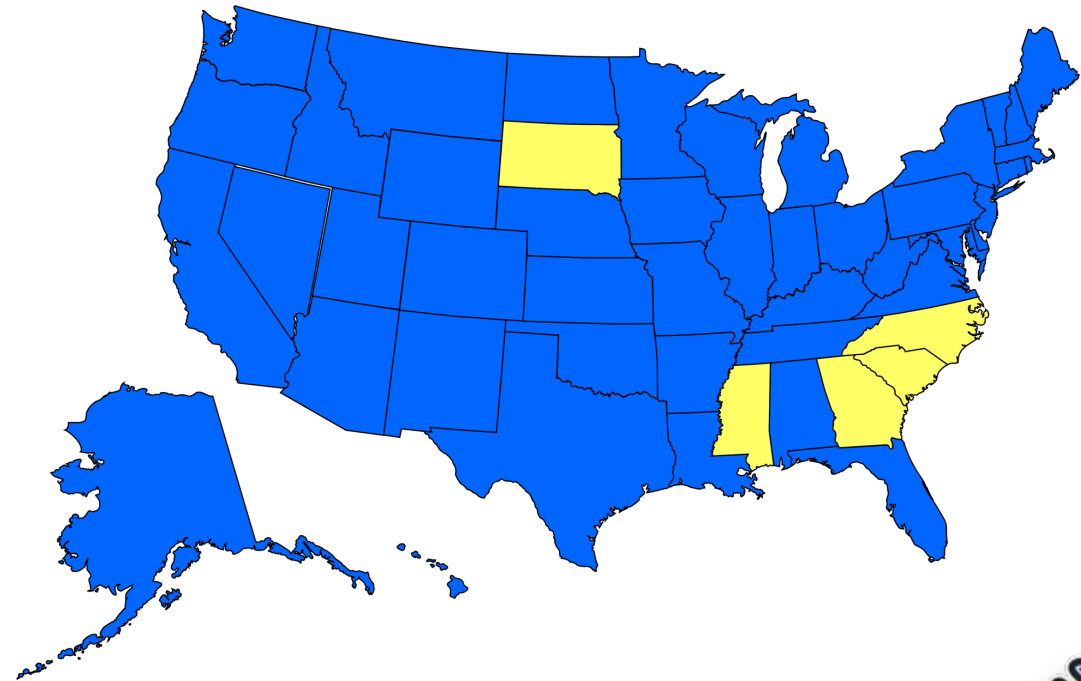


Presumption & Exposure Tracking



Presumption & Exposure Tracking

- With the increasing acceptance of the link between cancer and firefighting, there are presumptive laws that provide presumptive coverage eligibility for firefighters with certain cancers.
- Forty nine states and 12 Canadian provinces now provide presumptive coverage or benefits eligibility for fire fighters with certain cancers.
- Presumptive laws vary by state and province.



Presumption & Exposure Tracking



- Firefighters can start tracking their exposures automatically in the National Fire Operations Reporting System (NFORS) Exposure Tracker available now and downloadable free from app stores. NFORS will report to the National Firefighter Registry.
- The National Firefighter Registry (NFR) is a voluntary registry of firefighters that is designed to help us better understand cancer in the U.S. fire service.
- There are a number of other apps and tools you can use to document your exposures.



Early Cancer Detection



Early Cancer Detection

- Perform monthly testicular self-exams for men and breast exams for women
- Get annual medical exams and discuss possible cancer risks with your physician

PREVENTION



Early Cancer Detection

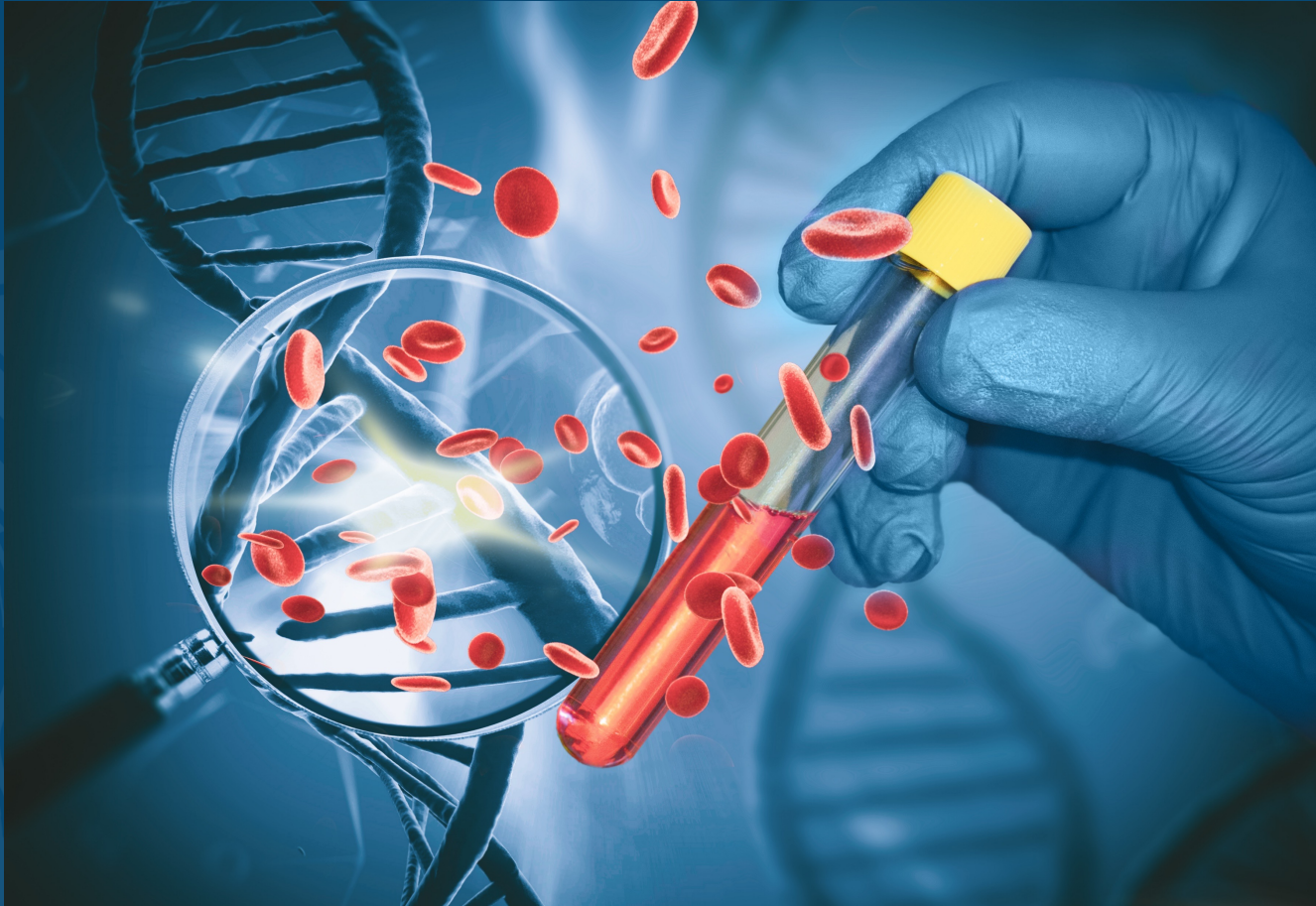
Recommended Firefighter Physical Exam and Screening Tests

Annual Exam	Annual Labs and Screening Tests
○ Blood pressure, pulse	○ Comprehensive metabolic and chemistry panel
○ Respiratory rate, temperature	○ Liver function tests
○ Oxygen saturation	○ Hepatitis profile
○ Weight and body-fat index	○ Complete blood count
○ Thorough skin exam	○ Thyroid panel
○ Eye exam and hearing testing	○ Hemoglobin A1c (diabetes monitoring)
○ Oral exam	○ Fasting lipid profile, blood glucose
○ Heart and lung exam	○ Urinalysis and urine biomarkers
○ Abdominal and testicular exam	○ EKG
○ Prostate and rectal exam	○ PSA (begin at age 40 for prostate cancer screening)
○ Fecal occult blood testing (consider take-home cards for guiac testing)	○ Pulmonary-function test every three years
○ Pelvic and Pap for females	○ Low-dose helical chest CT scanning (begin at age 50)
○ Vascular and neurological exams	○ Colonoscopy (begin at age 40 , every five years)
○ Mental-status exam	○ Exercise stress echocardiogram test (begin at age 40 , every three years)
○ Musculoskeletal exam	○ Mammograms for females (begin age 35)

- Developed for firefighters to take to their primary care physician.
- It outlines the cancer screening tests and annual exams elements designed for firefighters.
- There are several test firefighters should take earlier than the general population:
- Colonoscopy: Normally this begins at age 45. Firefighters should begin at age 40.
 - Lung cancer screening
 - PSA test age 40



Early Cancer Detection



Screening testing is done before you notice symptoms.

There are 100's cancers but there are only reliable screenings for **4** types of cancer: breast, cervical, colorectal, and lung.

DetecTogether



Early Cancer Detection

PREVENTION reduces your risk:

- Wearing your SCBA the entire time you're at a fire.
- Using wipes to clean soot from head, neck, jaw, hands, etc. while still on scene.
- Showering within the hour. Washing hands.
- Keeping bunker gear out of living quarters.

EARLY DETECTION finds cancer symptoms at earliest possible stage.

- Setting benchmarks for your "great" health so you can recognize changes.
- Tracking health changes and knowing when to seek medical attention.
- Working with your doctor by asking questions, voicing concerns, sharing everything, and following up.

DetecTogether



Early Cancer Detection

Cancer Survival Rates

Type of Cancer	Localized	Distant
Bladder	70%	5%
Breast	99%	27%
Colon	90%	14%
Kidney	93%	12%
Lung	57%	5%
Melanoma (skin)	99%	25%
Oral / Pharynx	84%	39%
Prostate	99%	31%
Testicular	99%	73%
Thyroid	99%	78%

American Cancer Society 5-year Relative Survival Rate by Stage, United States 2009-2015

DetecTogether

“Much like arriving on-scene to an incipient stage fire. Cancer is easier to manage, uses less resources and has less of a damaging impact when found early”. Heather Makel, DetecTogether



Early Cancer Detection

Subtle and **persistent**
health change lasting
2 weeks or more.

DetecTogether



Early Cancer Detection



1 Remember what **GREAT** feels like.



2 Use the **2-WEEK** rule.



3 Share with your **DOCTOR**.



Early Cancer Detection

STEP

1

Remember what
GREAT feels like.



Pain



Energy
Level



Visible
Changes



Bathroom
Habits

DetecTogether



Early Cancer Detection



DetecTogether



Early Cancer Detection

Use the **2-Week Rule** the same way you track other important dates and information.

Detec̄together

STEP

2

Use the **2-Week rule**.



Early Cancer Detection



Kimberly McDonagh
Widow of Lt. Eddie McDonagh – FDNY

DetecTogether



Early Cancer Detection

STEP

3 Share with Your Doctor

- ▶ Prepare
- ▶ Share
- ▶ Be aware

Detec*i*ogether



Early Cancer Detection



DetecTogether



Culture Change



Culture Change

Cultural Iceberg

**BEHAVIORS
& PRACTICE**

OBSERVABLE

PERCEPTIONS

NOT OBSERVABLE

ATTITUDES

BELIEFS

VALUES

- Behavior is influenced by our perceptions, attitudes, values, and beliefs.
- Many focus on what is observable (above water) and don't focus on what's not observable (below water).



Culture Change



- Traditions can live long in the fire service and we have always been resistant to change.
- Over the last 30 – 40 years the fire service has experienced culture change. Most notable in the mid to late 1980's with blood borne pathogens.
- No longer was it considered acceptable to have blood or other bodily fluids on any exposed areas of skin.



Culture Change

Organizational Culture Change

- To secure buy-in and receive necessary feedback, cultural change campaigns need to be developed in collaboration with Chief Officers, Company Officers, Labor, Management, as well as City/Government leadership.



Survivorship



Survivorship



Michael A. Dubron, an L.A. County firefighter and cancer survivor, founded FCSN in 2005 to support cancer-stricken firefighters and their families.

The Role of the Firefighter Cancer Support Network

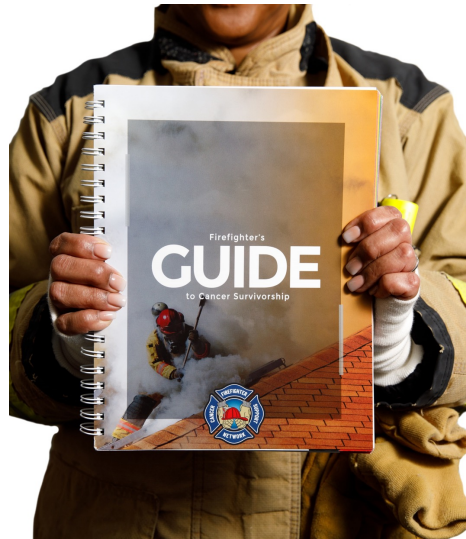
- Now in our 16th year, FCSN has active operations in 44 states and parts of Canada.
- The International Association of Fire Fighters online cancer awareness and prevention course, created in cooperation with FCSN, launched in May 2016
- The Firefighter Cancer Awareness Month in Collaboration with the IAFF and FCSN was created in January 2020



Survivorship

The Role of the Firefighter Cancer Support Network

- A FCSN signature toolbox is offered free of charge to firefighters and their family members who are diagnosed with cancer. The toolbox contains tested, proven resources to help firefighters and their families cope with the cancer diagnosis, treatment, and recovery phases.
- Next, FCSN provides free, badge-to-badge peer support to fire/EMS members and their immediate families. FCSN maintains a unique network of more than 220 volunteer peer-support mentors. Nearly all are firefighters and paramedics who are cancer survivors themselves.



Survivorship



Awareness and Prevention

The Role of the Firefighter Cancer Support Network

- FCSN instructors deliver our award-winning cancer-prevention training every day. Our popular train-the-trainer program gives instructors the cancer-fighting tools and curriculum they can take back to their departments.
- We now have FCSN-trained instructors in nearly every state, across Canada, and all the way to Ireland and Australia.





The choices you make in this career will affect you and your family in the future!



Contact Info:
firefightercancersupport.org

866-994-FCSN (3276)

Russell Osgood
Vice President Education, Research & Outreach
New Hampshire State Director
rosgood@fcsn.net

207-451-3052





Help us make the program better by taking our short survey.



Instructor Reporting Link



Use this link to access the instructor reporting page.

<https://forms.gle/GF1pfYa4NQXJm5Cf9>

