National Comprehensive Cancer Network®

Addressing the Unique Cancer Care Needs of Veterans

When the need is greatest, our nation depends on the service and sacrifice of military personnel.

While service members and veterans are widely respected, they are frequently exposed to toxic substances and environmental hazards that may elevate their long-term cancer risk while facing unique, well-documented obstacles when seeking healthcare, particularly when navigating the physical, emotional, and logistical strain of a cancer diagnosis.

Unique Exposures

Toxins and other carcinogens military personnel may be exposed to include:

- **Jet fuel**
- **Agent Orange**
- **Radiation from nuclear weapons testing**
- **Asbestos**
- **Burn pits used to dispose waste**

Career Identity and Culture

Many veterans view their service as central to their identity, and this strong career-based culture can shape both cancer risk and treatment experience:

- Changes in job duties or career can affect mental health
- Increased predisposition to nicotine and alcohol use and sleep disorders
- Harassment in VA facilities, especially for women trying to access services at a VA hospital or clinic[i]

Access Challenges

Gaps can exist in the cancer care infrastructure serving military personnel and veterans:

- Existing cancer registries for veterans lack comprehensive, standardized data, which limits ability to identify correlations between military exposure, demographics, and cancer incidences.
- The PACT Act of 2022 expanded VA coverage for many exposure-related conditions, but some remain excluded. Veterans also report additional issues with delays and incorrect processing.[ii]
- Many veterans are not informed early about how occupational exposures may warrant earlier or more frequent cancer screenings, contributing to later-stage diagnoses and worse outcomes.
- Veterans may not be aware of the numerous support programs offered by the VA.
- VA facilities vary widely in services and clinical protocols, creating confusion for patients and providers and complicating care coordination.
- Not all community clinics and hospitals complete VA approval processes, which can result in fragmented care, duplicated imaging, and inefficiencies.
- The National Guard is often overseen at the state level, so some members may not qualify for certain VA benefits, even if they receive orders for deployments to conflict zones.[iii]
- Many veterans and first responders live in rural areas, outside of National Cancer Institute (NCI)-designated cancer center catchment areas, limiting access to clinical trials and subspecialists.
- Women compromise about 11% of the veteran population, and may face limited access to gynecologic oncology providers, oncofertility services, mammograms, or pregnancy testing.
- Thousands of transgender soldiers are facing separation under Executive Order 14183. It is unclear if they will be able to retain their VA health benefit.

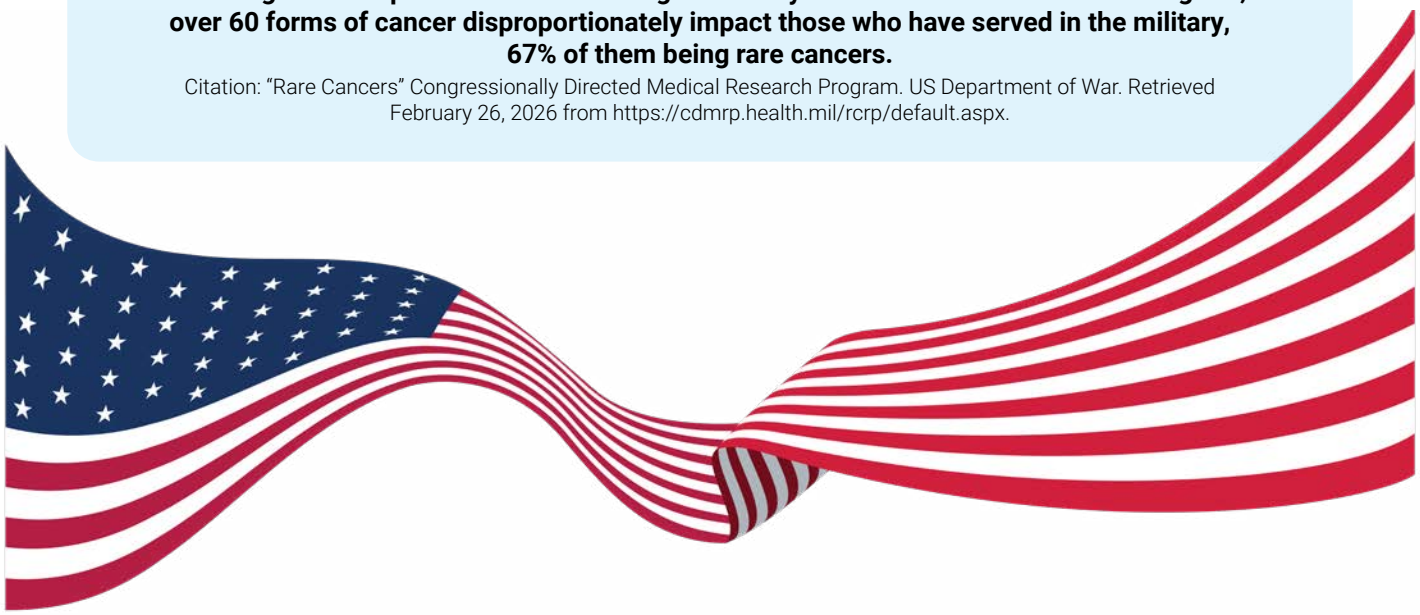
This infographic highlights information gathered through an environmental scan of 20 patient advocates representing 13 organizations and during the December 2025 NCCN Patient Advocacy Summit.

Best Practices and Opportunities for Improvement

- **Best Practice Adoption:** VA hospitals and clinics should focus on aligning their services through deliberate reviews of the centers and programs that are most effective.
- **Patient Education/Training:** Veterans facing cancer need tools to build health literacy and navigation skills to understand their diagnoses, advocate for themselves within VA facilities, and access optimal therapies and supportive services outside the VA system when appropriate.
- **National Occupational Cancer Registries:** Federal agencies and national organizations should create comprehensive occupational cancer registries, including enhancements to the VA's Central Cancer Registry, to better track exposure-related risks and outcomes.
- **Provider Collaboration:** Community providers should be educated on VA processes and documentation requirements to ensure coordinated care.
- **Proactive VA Service Connections:** Service members with service-connected disability should be explicitly informed that they are eligible for VA disability benefits or compensation.
- **PACT Act Expansion:** Protecting the expanded benefits codified in the PACT Act, while improving claims processes will more effectively serve those who serve and protect the country.
- **Destigmatize Mental Health Support:** Leaders within the veteran and military communities should continue efforts to normalize mental health care, ensuring cancer patients feel safe seeking support.
- **Comprehensive Occupational Risk Screening Guidelines:** Stakeholders should develop a universally-accepted, accessible occupational risk matrix that payers, providers, and patients can reference when deciding when to start routine cancer screenings.
- **Support of Occupational-Cancer Research:** Increasing grant opportunities and funding for cancer research, targeting military personnel, will clarify causal links and strengthen prevention strategies.
- **Comprehensive Clinical Trial Access:** Expanding decentralized and early-stage clinical trial models and reassessing restrictive eligibility criteria can help veterans gain access to novel therapies.
- **Telehealth Services:** Continued investment in the Tele Oncology Program or through the bipartisan Telehealth Modernization Act, can help reduce geographic barriers, particularly for rural veterans.
- **Adequate, Understandable Health Information:** Care teams can assist by providing them with reliable, digestible sources of information on their diagnoses, such as those offered by the NCCN Patient Guidelines®.

According to the Department of War's Congressionally Directed Medical Research Program, over 60 forms of cancer disproportionately impact those who have served in the military, 67% of them being rare cancers.

Citation: "Rare Cancers" Congressionally Directed Medical Research Program. US Department of War. Retrieved February 26, 2026 from https://cdmrp.health.mil/rcrp/default.aspx.



i "Women Veterans' Experiences with Harassment at VA: What Do We Know and What Has Been Done?" VA Women's Health Research Network. US Department of Veterans Affairs. 2023 Retrieved February 25, 2026 from https://www.hsrd.research.va.gov/centers/womens_health/harassment-snaphot.pdf

ii "Staff Incorrectly Processed Claims When Denying Veterans' Benefits for Presumptive Disabilities Under the PACT Act" US Department of Veterans Affairs Office of Inspector General. December 3, 2024. Retrieved February 12, 2026 from https://www.vaoig.gov/reports/review/staff-incorrectly-processed-claims-when-denying-veterans-benefits-presumptive

iii VA Disability Benefits: Actions Needed to Address Challenges Reserve Component Members Face Accessing Compensation" US Government Accountability Office. October 30, 2023. Retrieved February 7, 2026 from https://www.gao.gov/products/gao-24-105400?utm_campaign=usgao_email&utm_content=topic_veterans&utm_medium=email&utm_source=govdelivery