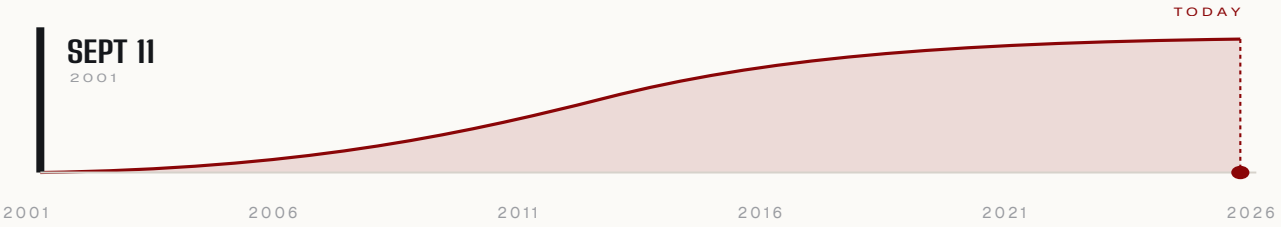
# THE SACRIFICE DIDN'T END ON 9/11.

**Twenty five years ago they walked toward the towers. The fires went out. The exposure did not.**

Firefighters, police officers, paramedics, and recovery workers spent days, weeks, and months in the dust at Ground Zero. Many have since been diagnosed with cancer and other illnesses tied to what they breathed and touched there. The toll of that day is still being counted.

## THE LINE THAT NEVER BROKE




**ILLNESS ATTRIBUTED TO 9/11 EXPOSURE**

Shape is illustrative. The point is the direction of travel, not a count.

## THE SEVENTH BELL

THE BELL AS IT HAS ALWAYS BEEN RUNG

**SIX STRIKES**

The traditional bell. The call is over. The company is home.

THE SEVENTH

NEWLY ADDED

In the fire service, the bell marks the end of the call. This anniversary, a seventh bell honors the rescue workers, survivors, and community members who died from 9/11-related health effects and toxic illnesses.

### REMEMBER

Tell the stories of the people still paying for that day, in their own words.

### SCREEN

Early detection is the difference. Push for screening built for this profession.

### SUPPORT

Stand with firefighters and their families through diagnosis, treatment, and after.

#THESACRIFICECONTINUES

FIREFIGHTER CANCER SUPPORT NETWORK
THESACRIFICECONTINUES.COM
25TH ANNIVERSARY · SEPTEMBER 11, 2026

# NOBODY EVER WROTE THE GUIDELINES FOR THIS JOB.

## The National Initiative for Firefighter Cancer Screening Recommendations is a first of its kind effort to change that.

Led by the Firefighter Cancer Support Network, it brings together leading experts in oncology, occupational medicine, epidemiology, firefighter health, and the fire service to develop evidence-based, firefighter-specific screening recommendations designed to improve early detection and save lives.

### WHY THEY DO NOT ALREADY EXIST

**BUILT FOR THE GENERAL PUBLIC**

Age-based. Risk averaged across everyone.

**BUILT FOR FIREFIGHTERS**

**None**

No national set has ever existed.

**Existing recommendations do not account for the occupational exposures of the fire service.**

- Most national screening recommendations are created for the general public rather than occupations with unique exposures.
- Exposure patterns vary across an entire career, making risk assessment harder than population screening models allow.
- Recommendations must be supported by evidence that earlier screening improves outcomes while avoiding unnecessary testing.
- Until recently, no national effort existed to convene the scientific, medical, and fire service communities around a unified process.

The CDC and NIOSH National Firefighter Registry for Cancer, plus decades of occupational research, have created an unprecedented opportunity to build that guidance now.

### WHAT FCSN IS BUILDING

| 01 | 02 | 03 | 2027 |
|---|---|---|---|
| EVIDENCE | CONSENSUS | RECOMMENDATIONS | ROLLOUT |
| Panels review the science | Experts align | Recommendations written | Rollout begins |

FROM CONCEPT TO NATIONAL PRACTICE

**FROM CONCEPT TO PRACTICE.**

# THE FIRE IS NOT THE ONLY THING THAT GETS IN.

**A NIOSH study of nearly 30,000 career firefighters found 9% more cancer diagnoses and 14% more cancer deaths than expected based on U.S. population rates.**

## WHAT THE EVIDENCE SHOWS

### 9%
**MORE CANCER DIAGNOSES**

Than expected based on U.S. population rates. NIOSH study of nearly 30,000 career firefighters.

### 14%
**MORE CANCER DEATHS**

Same study population. The gap widens from diagnosis to outcome.

### Group 1
**CARCINOGENIC TO HUMANS**

In 2022 the International Agency for Research on Cancer classified occupational exposure as a firefighter in its highest category.

### 66%
**OF LINE-OF-DUTY DEATHS**

Occupational cancer accounted for 66% of career-firefighter line-of-duty deaths, 2002 through 2019. IAFF data cited by FCSN.

## EXPOSURE ACCUMULATES

DAY ONE — A FULL CAREER

Every call adds to the load. It does not reset between fires.

## THREE ROUTES IN

### INHALED
Smoke and off-gassing carried into the lungs.

### ABSORBED
Contaminants taken up through heated, open skin.

### CARRIED
Residue that rides home on gear, in the cab, on the body.

## WHY STANDARD SCREENING MISSES IT

General population screening is built around age and family history. It does not ask when occupational exposure started. A firefighter's risk clock starts at hire, not at the age a general guideline happens to name.

## WHY EARLY DETECTION IS THE LEVER

Exposure cannot be undone. Detection can be moved earlier. That is the single change most likely to improve survival, and the reason firefighter-specific screening guidelines matter.

SOURCES: NIOSH FIREFIGHTER CANCER COHORT STUDY · IARC MONOGRAPHS VOLUME 132, 2022 · IAFF DATA CITED BY THE FIREFIGHTER CANCER SUPPORT NETWORK, 2002–2019

**EXPOSURE IS CUMULATIVE.**

# FOUNDED BY FIREFIGHTERS. FOR FIREFIGHTERS.

**For over two decades, the Firefighter Cancer Support Network has earned the trust of firefighters by standing beside them throughout their cancer journey.**

That perspective gives the organization a rare understanding of both the human impact of occupational cancer and the urgent need for earlier detection.

## WE STAND THE WHOLE LINE

PREVENTION — DIAGNOSIS — SURVIVORSHIP

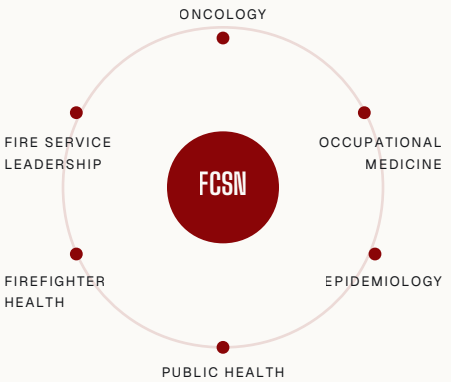
EDUCATION — TREATMENT — FAMILY

Not one moment in the journey. All of it, for as long as it takes.

## WHY FCSN IS LEADING THIS

Rather than replacing the role of medical organizations, FCSN serves as the catalyst that unites researchers, clinicians, fire service leaders, and stakeholders to develop recommendations that are scientifically rigorous, broadly supported, and practical for firefighters nationwide.

Founded by firefighters, the network has spent over twenty years on the ground with the people the science is meant to protect.




WHO IS AT THE TABLE

### FOR DEPARTMENTS

Bring screening into the firehouse conversation, not just the annual physical.

### FOR MEMBERS

Talk to a clinician who understands occupational exposure.

### FOR FAMILIES

Support does not stop at diagnosis. FCSN stands with the household.

**BESIDE THEM, THE WHOLE WAY.**

# 343 WAS NEVER THE FINAL COUNT.

**As of June 30, 2026, the World Trade Center Health Program was caring for 145,275 responders and survivors.**

Over the Program's lifetime, 57,044 members have had a cancer certified as a WTC-related health condition. Cancer was not originally covered; it was added in 2012 as the long-term consequences of exposure became undeniable. And within the FDNY alone, more than 400 members have since died from World Trade Center-related illnesses, surpassing the 343 members killed on September 11 itself.

## THE FDNY COUNT

**343**

KILLED ON SEPTEMBER 11, 2001

FDNY members lost in the attacks and the collapse.

More than **400**

DIED SINCE OF WTC-RELATED ILLNESSES

FDNY members who have died in the years after, from what they were exposed to at Ground Zero.

The deaths since have surpassed the deaths on the day itself. The count is not final. The FDNY adds names to its World Trade Center Memorial Wall each September.

## CANCER WAS NOT COVERED


## WHAT THE PROGRAM HAS CERTIFIED

**57,044**

MEMBERS WITH A CANCER CERTIFIED OVER THE PROGRAM'S LIFETIME

Certified as a World Trade Center-related health condition since the Program began, including members who have since died or left.

**10,393**

CERTIFICATIONS IN THE 12 MONTHS ENDING JUNE 30, 2026

4,631 among responders and 5,762 among survivors. Twenty five years on, the certifications are still being written.

**ABOUT ONE CERTIFICATION EVERY 50 MINUTES.**

10,393 CERTIFICATIONS ACROSS THE 12 MONTHS ENDING JUNE 30, 2026

SOURCE: WORLD TRADE CENTER HEALTH PROGRAM QUARTERLY PROGRAM STATISTICS, DATA THROUGH JUNE 30, 2026 · FDNY WORLD TRADE CENTER MEMORIAL WALL

**THE COUNT IS NOT FINAL.**