



Military Exposure and Lung Cancer: A Veteran's Survival Story

Gerry Spencer (00:00):
For the Veteran community, yeah, you've got to get in these tests are available. They're free. You got to get in there and get it done.

James Hiter (00:06):
Living with lung cancer, Ask Me Anything. Real conversations with people living with lung cancer. Learn from their personal journeys and expert insights. Subscribe now and never miss an episode. Welcome to Living with Lung Cancer, Ask Me Anything. I'm James, and I'm living with lung cancer. Today, we're talking about encouraging news for Veterans and their families. A recent VA study of nearly 1.5 million Veterans with lung cancer found the three-year survival rate more than doubled, thanks in part to earlier diagnosis, expanded lung cancer screening, and advances in treatment. Joining me today is lung cancer survivor and Air Force Veteran, Gerry Spencer. Gerry, thanks for joining us. I, um, I'm really looking forward to getting to know you better and, um, I appreciate you taking time to share with other Veterans, um, about your story and, and, um, you know, your diagnosis. Um, before we get started, uh, uh, in diving into the research, I'm wondering, would you mind sharing a little bit about your, uh, your military background for folks?

(01:13):
Sure.

Gerry Spencer (01:14):
Um, I was, uh, Air Force ROTC in college and, uh, immediately went into active duty. The first duty station was, uh, with the Strategic Air Command, 8th Air Force, 42nd Bomb Wing at Loring Air Force Base Maine, which is in the northernmost pi - point of Maine, closest in the continental United States to Moscow. So it was a big base, a lot of bombers and refuelers. And, uh, I was there for two years and, uh, then went on to a spy base in Italy for two years,

James Hiter (01:48):
So. Wow. So, first of all, thanks for your service. We're, we, we, uh, I, I, we've talked a little bit before the podcast a little bit more about my appreciation for what you've done and, uh, shared with you that my, my, uh, stepdad was lifelong Navy guy and, and my brother in the Air Force, my other brother in the, um, uh, National Guard. So I feel like, uh, near and dear, um, to, to the, what you've done. Um, I, I wanna hear a little bit though about your lung cancer journey and, um, if you could share with us a little bit about that.

Gerry Spencer (02:22):
Sure. Um, I had a, um, a non-productive cough, just kind of a... And, uh, it went on for two, two or three weeks, and this was in March, so it wasn't allergies. And I said, "I don't know what it is." I went to see the doctor and they, "Eh, not really sure." And they did the x-ray. And of course, x-ray came back and said, "Well, there's a spot." And they said, "Well, it could be tuberculosis or it could be cancer." So they did the next, which was a PET scan, which I assume you had. And, uh, they came back and said, "Nope, it's cancer." And that began a very long, uh, journey, both to have it cut out and then to have it poisoned and then to have it burned, which are my three words for, you know, surgery, chemotherapy, and radiation.

James Hiter (03:08):
Sure. Um, and I'm, I think when you're talking about your scan, you probably started out with that, a low dose CT or a CT scan, um -

Gerry Spencer (03:17):
Well, this was, I mean, again, this is nine years ago and, you know, you talk about the advancements in science and I don't know whether they still do PET scans. I, I mean, I know they do because I had one for something else, but, you know, they did a PET scan. It was a very standard protocol. Mm-hmm. And then afterwards they did, I'm trying to remember what they did something else. Oh, they had to do, uh, tissue sample.

James Hiter (03:41):
Sure.

Gerry Spencer (03:42):
But it wasn't, uh, you know, that was not via a scan. And nowadays with the low dose scan, I'm kind of saying, you know, we could have eliminated a bunch of that and got right to it.

James Hiter (03:51):
Yeah. Right. Uh, yeah. I mean, don't even have to take your shoes off for that scan. <laugh> So that's, it's pretty, pretty easy to do. Uh, and one of the things that we really encourage. So, um, you know, when, when many Veterans hear the words lung cancer, they are picturing the disease from 10 or 15 years ago. Maybe they knew somebody that had lung cancer and they have this horrible idea of it. Can you share kind of the more m- modern, um, take on that concept?

Gerry Spencer (04:19):
Well, I, I think the, uh, I mean, the fear of cancer is real for everybody. I mean, it's not, it's not a word you wanna hear, particularly associated with you or someone you love. But nowadays, you know, it's interesting, people come up and there was one guy pri - in the legion when I, in Dexter, the American Legion, and he came up to me about three or four years ago and he was looking very down. And I said, you know, "What's going on?" He says, "Well, I got lung cancer and pretty much I'm gonna get my affairs in order because it's all over." And I said, "Well, don't do that so, so quickly." I said, "I had..." And he, he said, "I have a, a tumor in my right lobe." And I said, "So did I." He said, "What?" I said, "Yeah. Uh, you cut it out and then you poison it and you burn it and you're gonna be fine." And he kinda like, "I don't think that's..." I said, "Trust me." And, you know, he's still walking around, he's still grumbling and griping, but he's still walking around.

(05:13):
So just in, you know, three or four years, the advancements are, uh, continuing.

James Hiter (05:19):
Yeah. No, it's amazing. And then you add onto that things like im- immunotherapy and other things that are, uh, more sophisticated versions of your, you know, cut it, burn it, uh, cut

Gerry Spencer (05:29):
It - Cut it, poison it, burn

James Hiter (05:31):
It. Uh, that are way more sophisticated now - Yeah. That are helping to target it specifically. Every week on the Living with Lung Cancer, Ask Me Anything podcast, we explore the questions that matter most to

people living with lung cancer. We talk about new treatments, everyday challenges, breakthroughs in research, and the stories of patients and caregivers finding strength and hope. If you want these insights delivered straight to you, subscribe on any podcast platform or go to lcfamerica.org. And if you know someone who could benefit from understanding and encouragement, share the show with them and don't forget to subscribe. Now, let's get back to our conversation. You know, I, I, when I think about Veterans living longer, I really reflect on the improvement in screening and early detection. Can you talk a little bit about, uh, that as it relates to the Veteran community?

Gerry Spencer (06:25):
Well, I guess the most important thing is that it's, it's paid for. I mean, if you're a Veteran, you can go to the VA and get it done. You don't have to go to your primary care. You don't have to have a lot of symptoms. There is, uh, I think almost, there should be a presumption that if you've been in the military, you probably were exposed to something and you should get this test. And if you do that, you know, in my case, uh, my cancer was, they initially said was stage two, then they said it was stage 3A, and then they said it was stage 3B. And it was how much the, uh, disease had spread. But for the Veteran community, yeah, you've got to get in these tests are available. They're free. You got to get in there and get it done.

James Hiter (07:08):
Absolutely. Yeah. In my preparation for our podcast, I, I did a little digging and found out that a million, a-about a million Veterans are eligible for lung cancer screening, but only about 10 to 20% have actually gotten the screening. So what would you say to your 80 to 90% of your peers that haven't make, made the jump for the screening?

Gerry Spencer (07:29):
Well, you've, you've got to get out of your military mind. Um, in the military, uh, not showing up for active duty is a bad thing. Your label is a malingerer. You've let your comrades down. Um, you know, going to sick call is a, is a sign of weakness. I mean, it's the equivalent of, you know, uh, I was never a tremendous athlete, but people go, you know, "Oh, that's not a sprained ankle, just shake it off. You know, just run another mile and you can get it over." So you have to overcome, no, you need to take care of yourself and you need to ignore that message that being sick is a, is, is a badge of dishonor.

James Hiter (08:07):
Right. Right. And I think too, I mean, with the low-dose CT scans, there's no needle. You keep your clothes on. You know, if you don't wear any metal, like a jewelry or a metal belt, you, you don't even have to take off anything. You just are in and out of the machine in like 30 seconds. Yeah. Um, it's so easy.

Gerry Spencer (08:28):
Right. And, but it's, you have to, you know, we talk about, um, in the support group about scanxiety. There's a part of you that wants to know and there's a part of you that really doesn't, because if it's bad news, you just don't want to find. And is it easier? I think for the, for anybody, I kind of, I'd just as soon not know. Yeah. And for, for Veterans, it's, I'd just as soon not know and it's not my duty. So you have two levels that you have to overcome to, um, to take the initiative.

James Hiter (08:59):
Yeah, that makes sense. It's unfortunate though because it's so counterproductive to, we know the earlier we find it, the more likely we can not just treat it, but cure it even. Yes,

Gerry Spencer (09:09):
Exactly. Exactly.

James Hiter (09:11):
Um, so letting it ride, you know, that old adage of ignorance is bliss is maybe true for a minute, but it's not gonna be true if what you end up with is a bigger problem.

Gerry Spencer (09:20):
Yeah, exactly right.

James Hiter (09:21):
Yeah. Right on. Well, you, you and I talked a little bit, uh, earlier about, um, exposure. Um, and part of your lung cancer experience was exposure. Uh, we, we believe it. Uh, can you just talk a little bit about, you know, ev- everybody wants to know what caused it and a lot of us will never know what caused it. Can you talk a little bit about what some of those contributing factors might have been for you?

Gerry Spencer (09:45):
Sure. And I think, I think what you said is, um, your last phrase is exactly right. You will never know absolutely. No, that just doesn't exist. But, you know, for me, when I got the lung cancer, it was how did I get this? And I had smoked for 18 months and then I had to start running so I could pass the physical to get into the Air Force. And, um, so I, you know, and I'd been healthy all my life. And I said, "Well, what happened? You know, how could this have happened?" And you start going back and looking at the list of carcinogens, because it probably wasn't smoking. And, you know, they're around everywhere. You got PFAS. And then, uh, I actually pulled up a report about Loring, the base where I was stationed, and it was a Superfund site.

James Hiter (10:32):
And <laugh> - Because of the PFAS?

Gerry Spencer (10:34):
Well, there were, there must have been, I don't know, 20 different chemicals. You know, was it benzene? Was it this? And of course, it was where you were, where you worked primarily. And was it in the water, et cetera. Yeah. So, you know, it's a Superfund site. So there are, um, carcinogens there to which you're exposed.

James Hiter (10:53):
Yeah.

Gerry Spencer (10:53):
And, um, I, you know, for me, one of my jobs, I was a hospital administrator, which sounds like a pretty safe job, but I was a supply officer for the hospital. So one of the places I visited was in a far corner of the base, and I couldn't drive there. They came and picked me up in a truck and we drove out there and, uh, got out of the truck and there were three concentric fences around this door and the door just went right down. And, uh, they, I got through the fences. There were dogs between two of them and then electrified. Then you went inside, then they put a blindfold on me and took me down the steps about, I think two flights. And at the bottom of the step was steps with a box. So I had to unbuckle the box, replace the morphine and the, uh, antibiotics and then seal it back up again.

(11:41):
And then, but as I was down there, you could look these tunnels that almost as far as the eye could see, you had bombs. This is where they kept the atomic weapons. And subsequently found out that's where they kept the, uh, plutonium, the detonators. And I didn't think much about it. And then I found a report about the, uh, plutonium contamination at the base. And, uh, I had had, uh, next generation sequencing, biomarker testing, uh, at the insistence of my brother, because he was concerned that, you know, it was a genetic problem and found his relief, it was not genetic and my children relief, uh, it was something happened in my lifetime. And then I went back and said, "Well, plutonium damaged four cells, which are the cells, two of which are ones that identify cancer cell versus non-cancer cell." And then I was exposed because I went everywhere on the base.

(12:38):
I was exposed to all those chemicals one way or another. So again, I'm not certain, but I think the phrase is more likely than not.

James Hiter (12:46):
Yes. Yeah. And, and so your situation though is unique in the sense that not everybody's exposed to the, the -

Gerry Spencer (12:54):
Plutonium.

James Hiter (12:55):
Going down to the plutonium, but not unique in the sense that many soldiers, uh, are exposed to all sorts of things. What are some of those other things?

Gerry Spencer (13:06):
Well, I, I, you know, you, I guess the one that was most common in the Air F- Air Force was PFAS, which is the fla - fire retardant. And it, you can find it on your shoes and I think it's in, I don't know, is it in plate, cookware or something like that? Okay. I guess not anymore, but it was at one time. But then, um, asbestos, um, things that are burned. Yeah. I mean, a common way, particularly if you're not at a stateside base, you know, you burn a lot of stuff and, uh, you're exposed to that, whether, whether you're right next to it or across the road. And I know there was a comment, and I, I had never thought of this, but they said when we were in Afghanistan, the bases were all, um, we occupied the Russian bases. And the Russians were not as careful about the way they made their concrete.

(13:53):
So every time the dust came up, that p - that had asbestos in it and anything else, so.

James Hiter (13:59):
Yeah. I, I think, I guess the message that I would take away from that, that is if you were in the military, there's almost an assumption that you were undoubtedly exposed to something somewhere that could be a contributing factor to lung cancer and other cancers.

Gerry Spencer (14:14):
Right. And I, I think even if you were in an office somewhere, the, the buildings are you, you know, <laugh> there's no organization telling you this is safe. You just go there and do your job. So yeah, it, there's presumption you more likely than the general population, you have been exposed to a carcinogen.

James Hiter (14:31):
Right. I, I think really accentuating then the need for screening. Yeah. Um, to the assumption is you should probably be screened.

Gerry Spencer (14:39):
Yeah, absolutely.

James Hiter (14:39):
Yeah. Um, so treatments today look very different than they did, uh, even just a few years ago. Um, what changes have you seen or experienced that really, you know, give you hope or, um, yeah, that make you optimistic about the future?

Gerry Spencer (14:55):
Well, I told you about the guy in Dexter that was diagnosed three or four years after I was, and he said, "Well, you know, it's a death sentence." I said, "No, you know, you cut it, poison it, burn it." And so I've seen him, geez, almost monthly for the next three years. And he had the surgery, but he's on a, uh, a, uh, an oral, uh, chemotherapy drug.

James Hiter (15:19):
Yeah, probably a targeted therapy.

Gerry Spencer (15:21):
Yeah. And, and, uh, yeah, I, I apologize. I don't stay up on the medical stuff. <laugh>

James Hiter (15:25):
It's all good.

Gerry Spencer (15:26):
Because I just get confused. My brother does that. But, um, so, you know, I look at that and say, "Well, that would have been a hell of a lot better than what I went through." Right. And, uh, and then you, you, uh, look in the, uh, the news, if you look carefully, um, research is coming out all the time with, you know, we can identify this now, we can identify that now. And then the treatment for all those is much more targeted than it was. When I had the, uh, just a, a funny story, I had the, uh, cisplatin, which at the time was the industrial strength chemo. Did you -

James Hiter (16:01):
Still is. Yes, I did. Two rounds before they switched me to the other one that's still -

Gerry Spencer (16:05):
Carboplatin.

James Hiter (16:06):
Industrial strength, but not quite as industrial. Yeah.

Gerry Spencer (16:08):
More in the, more in the office section of the park. <laugh> But, um, yeah, because so I did the cisplatin and the second, the second dose I was out and I, of course, they give you the huge amount of steroids. Mm-hmm. And I was with my youngest son and I was in Panera. And this guy came in, cut to the front of the line, and I went after him. And my son pushed me outside. He said, "No, no, no, no, no, no, no, no. No." And then my, my wife came home and said, "No, we gotta talk to the doctor about this. You know, you're not, you're not a good member of society right now." So, you know, they went and met with the

pharmacist and they said no. And then he put me on carboplatin, which was not as, uh, didn't require the steroids.

(16:48):
I was much better behaved. Yeah.

James Hiter (16:50):
Right. Side effect profile for carboplatin's very similar, but also a little less, uh, little less toxic. Um, but one of the things you mentioned about your, the friend who was taking the oral medication is the importance of targeted therapies. Yeah. Um, and so I just wanna, um, you know, I think a lot of folks, uh, Veterans included, surprised to hear how personalized the treatments have become. Uh, a- and so, you know, it really, you mentioned next generation sequencing, like that whole idea of biomarker testing - Right. Um, making sure that we can identify it correctly.

Gerry Spencer (17:28):
Yeah. And, um, you know, I, I had it at my brother's insistence. Mm-hmm. 'Cause he, I told you he wanted to find out and, uh, but, you know, they were not thrilled. It was kinda like, you know, well, we really don't, you know, we already know what this is. Why do we need to do this? Right. And, and the point is, is because in particularly, if you've been exposed to stuff, you need more, more information. You gotta take care of yourself.

James Hiter (17:50):
Absolutely. Yeah. I think about the biomarker testing being, uh, i- if the, if the medicine is a key, the cancer's a lock, the biomarker testing helps us match the right lock and the right key together. Um, and that's that personalized, um, that, that ability to provide what your friend had, which is that pill they could take a few times a day that really keeps everything in check.

Gerry Spencer (18:14):
Yeah. And I have, I have another friend that's not, different guy who has a, uh, I know, almost, almost a, a lymphoma. And he's, he's been dealing with it for seven or eight years. And he gets a subcutaneous shot with it. And when he first got the diagnosis, they said, "Well, you know, this is not, this is not good. And, you know, we don't know how long you're gonna make it. And here he is seven, eight years out doing well." And I, I think, uh, I think I mentioned earlier about being in a support group and I had, uh, there were four women in there, three of whom had stage four lung cancer, and one of whom, at the time of the meeting, was ce- celebrating her seventh anniversary of her last birthday, because she had been told she had six months to live. And now she's celebrating her 15th or 16th anniversary.

(19:01):
So -

James Hiter (19:02):
Fantastic.

Gerry Spencer (19:03):
So not only the diagnosis, but the treatment and the treatment subsequently. So you, and you do this and this and this, and then you do these things. And each, it seems as if each additional treatment is less problematic.

James Hiter (19:19):
Right. Yeah. I, I, I think the knowledge base continue to expand the, your preparedness for what's coming next is hopefully getting stronger as you, if you have more time in between treatment options. Um, so, you know, receiving a lung cancer diagnosis can feel really overwhelming. Um, you know, what gives you hope, um, and what, what encouragement would you give to somebody who's newly diagnosed?

Gerry Spencer (19:46):
It's normal to feel o- overwhelmed. I mean, cancer is not the one word you wanna hear, that nobody wants to hear, but, you know, take a deep breath and get some help. You know, it's not, uh, I mean, one, you're gonna, I was fortunate, my wife Colleen was with me through all this and supported me. Um, but you need friends, you need experts to help you along the way. And, you know, the, the care is out there, but you kinda gotta, gotta go get it. It's not gonna come knocking on the door. So it's not, cancer's not the death sentence at once. I mean, it's still, it's still bad, but, you know, you can live a long time almost with any cancer now.

James Hiter (20:24):
Mm-hmm. Yeah, I think more and more becoming kind of like a chronic illness, like people live a long time with other chronic illnesses - Yeah. Get the right medicine - Yeah. That sort of thing. But also, I wanna go back to anybody that's sitting the fence on scanning, on getting scanned, for heaven's sakes, go get scanned. Yeah. If, if you, because if we can catch it early enough - Yeah. You don't have to worry about a chronic disease. Yeah. You can actually have a cured disease - Right. And not have to worry so much about it. Yeah.

Gerry Spencer (20:52):
Um - And the scanning is, as you said, is much less invasive than it once was.

James Hiter (20:57):
Right. A- absolutely. Um, so as somebody who's kind of walked the walk here, you, you've walked the path of being a Veteran and now as a lung cancer survivor, what advice, uh, would you have for your fellow Veterans? Uh,

Gerry Spencer (21:11):
Take ownership of your disease. Don't be ashamed. Mm-hmm. You know, it's not a sign of weakness. It's a sign of strength that you're gonna take ownership of this and beat it. And you can beat it. And there are, you know, in the communities you have, um, Washtenaw County has, has a, uh, service officer that'll help you. The VA has the legion, called the American Legion. We'll help you as best we can. I mean, there are people out there, other Veterans, that'll help you walk through this. But, you know, trying to, trying to get those people's attention is a challenge.

James Hiter (21:45):
Yeah. Um, well, we've talked a lot about how the right peer-to-peer support can also be really helpful. H- how has peer-to-peer played a role for you and, and how do you think that, uh, what do you think about that for other Veterans?

Gerry Spencer (22:00):
Well, you know, peer-to-peer, I said it started with, um, with the support group, which was primarily almost all women, but it was... Remember the fir- first meeting when she said, "This is the seventh anniversary of my last birthday." I just went, "Ah."

James Hiter (22:17):
Yeah.

Gerry Spencer (22:18):
"There's hope." Yes. And then, and then you go from there. But it wasn't until I revisited what happened at Loring and I put the pieces together and I said, "Boy, there are... I mean, whatever happened to those guys in the 42nd munition- munitions maintenance squadron, whatever happened to them, because, you know, they had no idea, you know, and they were down... I was there for a couple hours. They, they worked there for two years. So, you know, be careful what you did, you probably don't know that to which you were exposed.

James Hiter (22:49):
Yeah. Right on. Um, I think too, with peer-to-peer, I, I know I resisted being in a, um, support group because I, my perception of a support group was that it was gonna be a bunch of people sitting around crying, commiserating. It

Gerry Spencer (23:05):
Is. It is. <laugh>

James Hiter (23:06):
And I, I, I, what I've come to find is that there are those support groups, the, the, the commiseration support groups, but then there are also ones that are actually very helpful. They, uh, they give you hope, as what you said. And if it, it might not be somebody giving inspirational speeches, it might just be somebody who's still around.

Gerry Spencer (23:25):
It's an opportunity for a reset. You know, I, I was very fortunate that, uh, I was diagnosed when my commercial work career was over. You know, I had been retired twice by then, and so I kind of said, uh, th- this... I don't have to go back to that, even though there's the, always the lure of more money and everything else, but you say, "No, no, no, no. I don't, I don't know how much time I have left. I'm not gonna go back." We were just talking about driving here and driving through the construction. <laugh> And say, I said, "God, I did that for 30 years. I'm not doing that anymore."

James Hiter (23:59):
Right. Yeah. Well, a- as we come away from, uh, wrap up the podcast today, if, if someone's listening and, um, what are the one or two things that you wanna make sure that they hear from you today?

Gerry Spencer (24:14):
Um, find out. You can... Find out what's going on, take ownership of your life. You owe it to yourself. Um, there's help out there. You shouldn't feel like a wimp for doing it. Man up and take care of it. It's out there and you can do it.

James Hiter (24:33):
Yeah. Fantastic. Well, I was sharing with you earlier, but I'll share for the, uh, for the audience too, that we... This morning I was on a run and I, I happened... I'd like to take pictures while I'm on my runs most days. And I saw a, a Veteran memorial and it had all, you know, Korea and Vietnam and World I, World War II, but it also had something I'd never seen before. And it was a memorial to the men and women of the military who have lost their lives as a result of this, their service. And it didn't say in combat, it didn't say in a theater of war. And I thought about, I got chills then, I'm getting chills now about our

conversation today. Yeah. Um, and the, the people that are struggling as a result of their service. Yeah. Um, not necessarily inflicted with, with physical wounds, but this exposure and, and other things.

Gerry Spencer (25:27):
Yeah. There was, uh, about two weeks ago, our legion, uh, sponsors people, uh, from the VA. These are people there in some form of rehab, and this, that day there are six of them. They take us, take us out to this trout farm and we go fishing with them. And, uh, at the one end was a guy that was 100 years old and had fought in World War II, and the guy was sharp as a tack. But then I, I had a guy who was so weak, he couldn't hold the fishing rod. Hmm. And he kept dropping the fishing rod. But you sit there and you look at him and say, "You're right. He had no visible wounds, but he's one sick dude." Yeah. And, uh, so yeah, not out there.

James Hiter (26:07):
Right. Well, I hope that today was helpful for anybody listening, but especially for the Veterans and the family of Veterans to encourage them to get scanned. Yeah. If, if you've gotten a diagnosis to know that there's hope, um, and that this is, like you said, not the death sentence that it once was. Yeah.

Gerry Spencer (26:25):
And you're not a wimp.

James Hiter (26:26):
Um, yeah. And you're not alone. <laugh> That's right. Uh, well, Gerry, thank you so much. Thank you. I appreciate you. And I, I sincerely appreciate your service to the country and those of your fellow Veterans. Um, yeah, we wouldn't, certainly wouldn't be here today without that, so.

Gerry Spencer (26:43):
Thank you for having me.

James Hiter (26:44):
Thanks for being here. Thanks for listening to Living with Lung Cancer Ask Me Anything. I'm James Hiter. If today's conversation was helpful, please follow or subscribe and share the episode with someone who might find it useful. Together, we can change the way that we talk about lung cancer. If there's a lung cancer related topic that you'd like for us to explore, please let us know in the comments and find more information and resources at lcfamerica.org.

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