



Uploaded to the VFC Website

▶▶▶ 2019 ◀◀◀

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](#)

If Veterans don't help Veterans, who will?

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.



**INFO on Stanton's
Lipomas caused by
exposure to dioxin in the
herbicides.**

HEARTLAND HEALTH SYSTEM
801 FARAD
ST. JOSEPH, MO 64501
(816) 271-7231

SURGICAL PATHOLOGY REPORT

NAME: STANTON, RALPH A BILL #: PATH#: 89S-10902
MRND: 0000000000 AGE: SEX: M ROOM: GAFF

SPECIMEN RECEIVED: 12/27/89 PHYSICIAN: GAFFNEY
OPERATION: EXC. MASS LT. FOREARM
PRE-OPERATIVE DIAG: LUPUS LT. FOREARM

SPECIMEN/TISSUE: 1) FOREARM, LEFT

GROSS DESCRIPTION:

1) Received mass from left forearm is a 2 x 1.7 x .6 cm. mass of lobulated fat with covering transparent membrane beneath which there are areas of hemorrhage. The specimen is serially sectioned, one section from the center being held for fluorescent studies, the remainder of the specimen being submitted for histologic examination.
YES/dph

MICROSCOPIC DESCRIPTION:

1) The subcutaneous mass from the forearm consists of benign fat with prominent vascularity, many of the blood vessels appearing congested having single layer endothelium lining them. In some areas there is slight degree of fibrous tissue surrounding aggregates of blood vessels, a few of which have fibrinoid material within the lumen. Patchy areas of fibrosis are also present. No suspicious or malignant change is identified. No findings suggestive of rheumatoid or rheumatic type nodule is identified. No panniculitis or other changes of LE Profundus are identified.

DIAGNOSIS:

1) Forearm, left; Angiolipoma.
4A
YES/cr

STANTON, RALPH A
89S10902

Y.E. Sullivan

Y.E. Sullivan, M.D.

Date 12/28/89

This is my right arm in a more recent photo. I have these angiolipomas on both arms, chest, and abdomen.



**U.S. - Agency for Toxic Substances and Disease
Registry, Report Number
Dec. 1998 ATSDR tp104**

HEALTH EFFECTS

Using regression analysis based on Cox's proportional hazards model, Ott and Zober (1996) found evidence of association between 2,3,7,8-TCDD exposure and digestive cancer (conditional risk ratio of 1.46; 95% CI=1.13–1.89); the primary tumor sites were the liver, stomach, and pancreas.

A number of studies have looked at cancer incidences among Vietnam veterans to determine if exposure to Agent Orange with its 2,3,7,8-TCDD contamination resulted in a higher cancer risk. Many of these studies compared cancer incidences in Vietnam veterans to Vietnam-era veterans stationed outside of Vietnam. A limitation of this study design is that not all veterans in Vietnam were exposed to Agent Orange and exposure was lower than that of occupational workers. CDC (1988) found that the levels of 2,3,7,8-TCDD in Vietnam veterans were usually similar to a comparison group. Thus, studies which examined cancer incidences in "Vietnam veterans" may not be adequate to assess the carcinogenicity of 2,3,7,8-TCDD. Wolfe et al. (1985) focused on Air Force personnel involved in Operation Ranch Hand. 2,3,7,8-TCDD levels in 888 Ranch Hand personnel was 12.4 ppt as compared to 4.2 ppt in a referent group of Air Force personnel (CDC 1987; USAF 1991). No significant alterations in the incidence of systemic malignancies were observed in the Ranch Hand personnel, as compared to a group of veterans flying cargo in Southeast Asia during the Vietnam war. A significant increase in non-melanomic skin cancer (predominantly basal cell carcinoma) was found in the Ranch Hand personnel; however, cancer incidences were not adjusted for sun exposure. No significant alterations in systemic malignancy indices were found. **In a similar study of Air Force veterans involved in Operation Ranch Hand, a significant increase in benign systemic neoplasms was observed (USAF 1991).** No alterations in the risk of malignant neoplasm were observed. No increases in the risk of Hodgkin's disease, non-Hodgkin's lymphoma or soft-tissue sarcoma were observed; however, the statistical power of the study to detect significant risk ratios for site-specific cancers was limited by the small number of cancers and the small sample size. **The incidence of benign neoplasms (primarily lipomas) was highest in veterans with the highest blood dioxin levels.** The incidence of basal cell skin neoplasms was not positively associated with serum dioxin levels except among enlisted flyers with basal cell carcinomas at sites other than the ear, face, head, or neck.

Increases in the risk of several types of cancer have been observed in residents of Seveso, Italy. In the residents with the highest exposure (zone A), no increases in the risk ratio of all malignancies were observed (Bertazzi et al. 1993). However, the small number of zone A residents (724) limits the statistical power of the analysis. Among residents living in zone B (4,824 people), significant increases were observed for the risk of hepatobiliary cancer (risk ratio of 3.3; 95% CI=1.3–8.1) and multiple myeloma (risk ratio of 5.3; 95% CI=1.2–22.6) in women and lymphoreticulosarcoma in men (RR of 5.7; 95% CI=1.7–19). In zone R