

Cancer Overview:

Tumors are formed when mechanisms of cell regulation are disrupted and uncontrolled cell replication occurs. In non-cancerous (benign) tumors, this abnormal cell proliferation is relatively orderly with cells not too dissimilar from the originating tissue. The majority of benign tumors are harmless and do not affect other tissues. Following surgical removal, benign tumors are not of additional concern to life underwriting.

Cancerous (malignant) tumors consist of abnormal cell proliferation that is less orderly. Cancerous cells look quite different from normal cells and they have the ability to infiltrate surrounding tissues or the circulatory system. Cancer cells can spread to other parts of the body, a process known as metastasis. Metastatic cancer is not curable by surgical removal of the tumor alone - other therapies, including chemotherapy and radiation, are often necessary in an attempt to destroy cancer cells that may have spread to other areas of the body.

Cancer can occur in *any* organ or tissue. It is a common condition; one third of the population will develop some form of cancer during their lifetime. Cancer is the second leading cause of death in the U.S. (cardiovascular deaths are No. 1).

Cancer is caused by a variety of environmental and genetic variables. Lifestyle choices, such as smoking, can significantly increase an individual's chance of developing cancer. Studies indicate that 90% of lung cancer, and about 30% of all cancers, are caused by smoking. There is also little doubt about the genetic component to cancers. A family history of cancer may predispose an individual to cancer. An individual with a previous history of cancer, even if there is no evidence of recurrence for many years, is at increased risk for developing cancer again. Thus, preferred rates, are not normally available, no matter how distant the personal cancer (the exception being certain skin cancers).

Cancer cells are studied following biopsy or surgical removal; findings are summarized in a "pathology report". These studies can provide evidence as to the likely behavior of the cancer. Cancers that consist of cells that resemble the tissue of origin are referred to as "well differentiated" cancers. These cancers are relatively slow growing and are late to disseminate. Such cancers are often referred to as "low grade" cancers. When the malignant cells vary significantly from the appearance of the tissues of origin, the cancer is described as "poorly differentiated" and is considered of "high grade". Such cancers have a very high rate of cell division (mitosis) and are very aggressive in their behavior. Many cancers are graded from I through IV. Grade I describe well differentiated cancers that are least aggressive and have a low tendency to spread early. Grade IV cancers are poorly differentiated with a high rate of aggressiveness and spread.

In addition to being assigned a grade, many cancers are also assigned a stage. Staging of a cancer refers to the tumor's size, regional lymph node spread, and distant metastasis or spread. There are several staging systems used for different types of cancers. Some cancers are staged using the letters A through D; others are staged with numbers; sometimes a combination of letter and number are used (e.g. such as A1 or C2). For many cancers, a stage A (or 1) diagnosis has the most favorable prognosis; high stage cancers (e.g. C2 or D) have a poor prognosis, often with low five year survival rates.

Treatment of cancer depends on the type of cancer, the tissue of origin and spread, it's stage and grade, the age of the proposed insured, the patients general health condition, and lifestyle choices. Common treatments include surgery, radiation, chemotherapy, hormone therapy, and immunotherapy.

Impact on Life Underwriting:

Early detection, modern treatment approaches, and regular follow up testing now often allow for the underwriting of cancers that were uninsurable in the recent past. Standard rates are possible for a few low grade/stage cancers soon *after treatment completion*. More common are postponements of 1 to 3 years, with subsequent standard rates with additional flat extras in the \$5 to \$15 range (per \$1,000 of death benefit) for 5 to 10 years *following the date of last treatment*. Additional ratings of 2 or 4 tables are often applied if radiation or chemotherapy were used in addition to surgical removal. Some cancers are now rated as a "chronic disease"; for those, high early flat extras have been replaced with low tables.

As cancers have a tendency to recur, periodic examinations following successful cancer treatment are essential. Ex-cancer patients with regular follow up will obtain more favorable offers than individuals with a more spotty follow up history. In order to help us determine if your customer is currently insurable and at what rates, please obtain answers to the questions on the following questionnaire, or to one of our cancer type specific questionnaires. In addition, if at all possible, see if you can obtain the *pathology report* from your client. Many clients will have a copy of this report handy, and, if not, can easily obtain a copy from their doctor without charge. This one to two page report contains much of the critical information we will need to help you and your client (1) determine if and when coverage may become available; (2) which of our over 200 insurance carriers is likely to be most interested in offering the lowest possible premiums; and (3) and what cost to expect for the coverage. With this information, you and your client will be able to make educated choices prior to investing the time and effort required for formal life underwriting. SB 05/21/2001