

CANCER—HODGKIN’S DISEASE (LYMPHOMA)

Overview:

There are many variants of lymphoid cancer; Hodgkin’s Disease is a common and specific form of the disease. There are four sub-classifications of Hodgkin’s lymphomas. All of them present a similar pattern of clinical behavior and are thus discussed together. The Hodgkin’s lymphomas are: lymphocyte predominance, nodular sclerosis, mixed cellularity, and lymphocyte depletion. Lymphocyte predominance and nodular sclerosis have the best prognosis; lymphocyte depletion has the worst. About half of all incidents of Hodgkin’s disease are nodular sclerosis; mixed cellularity is the next most frequently encountered variation.

Of key significance in evaluating the seriousness of any lymphoma is the determination of the spread of the cancer. As for other cancers, this is usually done using a staging system. Staging is from Stage I for the most localized cancer to Stage IV for cancer that has spread. Each stage is subdivided further into A or B, and sometimes E. The A variety of each stage is the more preferable as it refers to the *absence* of systemic symptoms (e.g. weight loss, fever, night sweats). Sub-stage B indicates the *presence* of systemic symptoms and thus has a poorer prognosis than Stage A. Stage E refers to the involvement of the adjacent area of non-lymphatic tissues.

Impact on Life Underwriting:

Life insurance is often available to individuals with Hodgkin’s lymphomas, especially after several years of complete remission. The type of rating to be expected depends on the stage and substage of the condition, whether the condition recurred, and when and how it was last treated. Following is an outline of the staging done for lymphomas:

Stage I	Involvement of one lymph node region or only one extra-lymphatic site.
Stage II	Involvement of two or more lymph node regions on the same side of the diaphragm.
Stage III	Involvement of lymph node regions on both sides of the diaphragm.
Stage IV	Diffuse or disseminated involvement of one or more tissues other than the lymph nodes, such as lung, bone marrow, liver, bone).

The above table indicates likely ratings following a first remission only. Unfortunately, Hodgkin’s lymphoma has a tendency to recur. If it does, and remission is possible again, then underwriters will rate one stage higher (Stage IA becomes Stage IIA; or Stage IIB becomes Stage IIIB). The following table indicates the period of complete remission required for offers and the likely flat extras:

Hodgkin’s Lymphoma Stage	Period of Complete Remission Required before Consideration can be Given	Likely Flat Extra per \$1,000 of Death Benefit for any Offers of Life Insurance.
Stage IA or IIA	1 Year	\$7/\$1,000 for 5 Years
Stage IB or IIB or IIIA	3 Years	\$10/\$1,000 for 5 Years
Stage IIIB or IVA or IVB	5 Years	\$15/\$1,000 for 5 Years

Early stages of Hodgkin’s lymphoma are often treated with radiotherapy; late stages are treated with systemic chemotherapy or bone marrow transplants. Sometimes the two or three treatments are used in combination. When chemotherapy and radiation are used in combination, due to an increased incidence of secondary malignancies later in life, a Table 2 rating is normally required in addition to the flat extras. Bone marrow transplant patients may become eligible for life insurance after 5 years through age 40, and after 8 years for ages 41 and older. SB 04/10/2001