

## Prostate Cancer

Prostate cancer is the most common cancer in men representing approximately 29% of all new cancer cases. One out of every six men will be diagnosed with prostate cancer in their lifetime. Ninety-five percent of prostate cancers are adenocarcinomas. Another form of cancer seen in the prostate gland is sarcoma which is a more severe form of cancer with a poorer prognosis.

The prostate is a solid gland that surrounds the urethra at the base of the bladder. The normal prostate gland weighs approximately 3/5 of an ounce. It is made up of five lobes: *anterior*, *posterior*, *median*, and two *lateral* lobes.

In terms of cancer deaths, prostate cancer ranks second (lung cancer being first). The incidence of prostate cancer increases with age and is estimated to be present in 10% of men in their 50s, 40% of men in their 70s, and 70% of men in their 80s. Approximately 50% of prostatic tumors are missed by digital rectal exams.

Prostate Specific Antigen (PSA) is a tumor marker approved by the FDA and is specific to the prostate. The normal range of PSA levels is 0-4 ng/ml. When the level rises to the 6 -10 ng/ml range, biopsy has shown that 22% of males have cancer, and above 10 ng/ml, 67% of those biopsied had cancer.

The severity of prostate cancer is measured by stage and grade. Stage refers to the extent of the cancer (tumor size and/or spread). Grading is done by the Gleason system which grades the aggressiveness of the tumor from 2 to 10. The higher the Gleason Score the more likely a tumor will spread beyond the gland to other sites. Gleason 2-6 is nonaggressive while Gleason 7-10 is aggressive.

Treatment by radical prostatectomy involves removal of the whole prostate gland, usually along with local lymph node. Radiation treatment, either by external radiation or radiation seed implants, is another treatment choice.

Occasionally, in an older individual, localized low grade prostate cancer is not treated but rather followed with close observation. This is often referred to as “watchful waiting”.

Please refer to *Rx for Success #113* “Underwriting Prostate Cancer” to review general guidelines for underwriting Prostate Cancer.

To get an idea of how a client with a history of prostate cancer would be viewed in the underwriting process, please feel free to use the attached *Ask “Rx” pert underwriter* for an informal quote.

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*This material is intended for insurance informational purposes only and is not personal medical advice for clients.*

**Prostate Cancer - Ask "Rx" pert underwriter**  
***(ask our experts)***

Producer \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had prostate cancer, please answer the following:  
*(the client may need to contact the physician's office for this information)*

- ① Please list date of diagnosis: \_\_\_\_\_
- ② How was the cancer treated?
  - observation only
  - TURP (transurethral prostatectomy)
  - radical prostatectomy
  - radiation therapy (seed implant or external beam radiation)
  - hormone therapy
- ③ Is your client on any medications?
  - yes, please give details \_\_\_\_\_
  - no
- ④ What stage was the cancer? \_\_\_\_\_
- ⑤ What was the Gleason score? \_\_\_\_\_
- ⑥ Please give the date and result of the most recent PSA test: \_\_\_\_\_
- ⑦ What was the PSA prior to treatment? \_\_\_\_\_
- ⑧ Does your client have any other major health problems (ex: heart disease, etc.)?
  - yes, please give details \_\_\_\_\_
  - no

After reading the *Rx for Success* on Prostate Cancer, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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