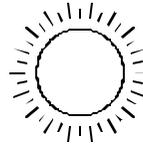


Skin Cancer



Skin cancer is the most common form of human cancer with over 600,000 new cases/year. One in six Americans will develop skin cancer in their lifetime. The most common cause of skin cancer is overexposure to the sun. 90% of all skin cancers occur on sun exposed skin. People most likely to get skin cancer have:

- A family history of melanoma
- Fair skin which burns easily and tans poorly
- Red or blonde hair
- Blistering sunburns in childhood or adolescence
- Dysplastic nevi (atypical moles)

There are three types of skin cancer: basal cell carcinoma, squamous cell carcinoma, and malignant melanoma.

Basal cell carcinoma is the most common type and has the best prognosis. It usually looks like a small pearly nodule that slowly grows, if left untreated. Lesions are surgically removed. Recurrences are common, but it rarely metastasizes (spreads to distant sites). Localized basal cell cancers, after excision, are non-rated.

Squamous cell carcinoma can be a nodule or a reddish patch. Recurrences are also common and 3 - 10% will metastasize. Localized squamous cell cancers, after surgical excision, are non-rated.

Malignant melanoma is the least common, but most serious and can start as a mole. Lesions are surgically removed. Staging is determined by the level of invasion (Clark level) or vertical thickness (Breslow Scale).

Clark Level	Breslow Scale
I (in situ)	in situ
II (invades papillary dermis)	≤ 0.75mm
III (invades to papillary-reticular junction)	.75 - 1.5mm
IV (invades reticular dermis)	1.51 - 4.0mm
V (invades subcutaneous tissue)	> 4.0mm

The rating for malignant melanoma ranges from no rating for in situ cancers to postpone for 4 years for Clark levels IV and V. For example, first year ratings per Clark level are: in situ...non-rated, Level II...\$5-7.50x5*, Level III...\$7.50-10x6*, Levels IV & V...Postpone. A history of metastatic melanoma would be declined.

*The lower rating applies if lesion excised was located on the arm or leg; the higher rating is for lesions excised from the head, neck, trunk, hands or feet.

To get an idea of how a client with a history of skin cancer would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the reverse side 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.

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

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has had skin cancer, please answer the following:

- ① Please list date(s) of diagnosis: _____
- ② What type of skin cancer was diagnosed?
 - basal cell carcinoma
 - squamous cell carcinoma
 - malignant melanoma
- ③ Please note where the skin cancer was located: _____
- ④ Has the cancer metastasized (spread) beyond the skin?
 - yes, please give details: _____
 - no
- ⑤ Has there been any evidence of recurrence?
 - yes, please give details: _____
 - no
- ⑥ For malignant melanoma only, what stage was the cancer?
 - Clark I/in situ
 - Clark II/Breslow $\leq 0.75\text{mm}$
 - Clark III/Breslow .75-1.5mm
 - Clark IV/Breslow 1.51-4.0mm
 - Clark V/Breslow $> 4.0\text{mm}$
- ⑦ Is your client on any medications?
 - yes, please give details _____
 - no
- 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 Skin Cancer, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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