

## Testicular Cancer

Although overall it is uncommon, testicular cancer is the most common type of cancer in young men age (15-35). The incidence of testicular cancer has been increasing, but mortality rates are improving due to dramatic advances in its treatment. The usual presentation of this cancer is a painless mass.

### Risk Factors

- ⇒ Cryptorchidism (undescended testicle)
- ⇒ Previous testicular cancer in opposite testis
- ⇒ History of mumps orchitis, inguinal hernia, or hydrocele in childhood
- ⇒ High socioeconomic status

Germ cell cancers account for 95% of testicular cancer and can be subdivided in to seminomas and nonseminomas. Non-germ cell cancers account for the other 5% and can be from several different cell types. Also, other malignant tumors can metastasize (spread) to the testis, lymphoma being the most common.

Tumor markers for testicular cancer are AFP (alpha fetoprotein) and hCG (human chorionic-gonadotropin). The best use of these tumor markers is for the early detection of cancer relapse.

### Staging

<b>Stage I</b>	Tumor confined to the testis
<b>Stage II</b>	Metastasis to retroperitoneal lymph nodes
<b>Stage III</b>	Metastasis to supradiaphragmatic lymph nodes or other organs

Radical orchiectomy (removal of the testis) is the initial treatment for testicular cancer. Those with early seminomas are treated with radiation, while advanced seminomas and nonseminomas are treated with chemotherapy.

### **Underwriting considerations for testicular cancer absent other impairments, with no further evidence of cancer and adequate routine follow-up care:**

Stage I testicular cancer can be considered as soon as treatment is completed. The first year rating is Tumor Table D at \$5x3; second year \$5x2; third year \$5x1.

Stage II testicular cancers will be postponed for 0-2 years following completion of treatment; and Stage III will be postponed 2 - 4 years, depending on the severity of the disease. There will be an additional permanent +55 and the temporary extra will be higher than for Stage I disease.

To get an idea of how a client with a history of testicular cancer would be viewed in the underwriting process, feel free to use the Ask "Rx" *per 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.*

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

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

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

- ① Please list date of diagnosis: \_\_\_\_\_
- ② How was the cancer treated (check all that apply)?
  - surgery
  - chemotherapy
  - radiation therapy
- ③ Please list date treatment completed: \_\_\_\_\_
- ④ Is your client on any medications?
  - yes, please give details: \_\_\_\_\_
  - no
- ⑤ What stage was the cancer?
  - Stage I
  - Stage II
  - Stage III
- ⑥ Has there been any evidence of recurrence?
  - yes, please give details: \_\_\_\_\_
  - no
- ⑦ Please give date and result of most recent AFP or hCG test: \_\_\_\_\_  
\_\_\_\_\_
- ⑧ Has your client smoked cigarettes in the last 12 months?
  - yes
  - no
- ⑨ 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 Testicular Cancer, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

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