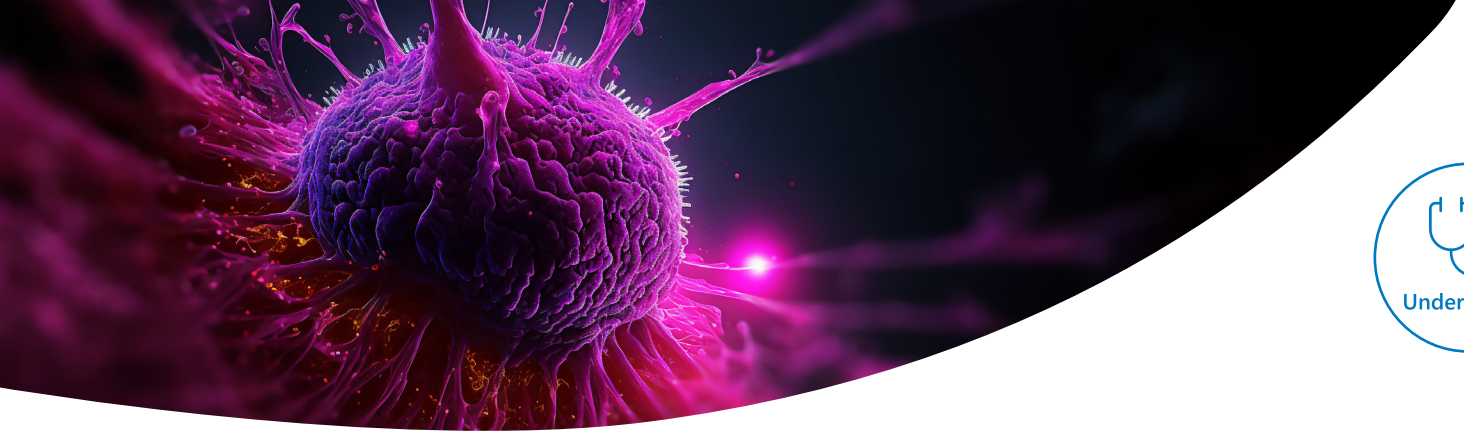

Underwriting

# What You Need to Know About...Field Underwriting with a Focus on Cancer Histories

Cancer is one of the most commonly encountered impairments in life insurance underwriting. While there are some common elements that cancer histories share, there are also many unique components depending on the type of cancer. This article can help you better understand the various types of cancer so that you know what questions to ask when you come across clients with cancer histories. Gathering relevant information can help your underwriter better assist you in finding the carrier(s) that will offer the most competitive underwriting.

## Common Cancer Terminology

The two most common elements of any cancer history are the "stage" and "grade." Determining stage and grade will help your underwriter determine what carriers may be able to offer. Stage refers to the extent to which cancer has spread and includes the tumor size. The most common form of staging is the "TNM" system, which stands for "Tumor, Nodes, and Metastasis."

- T—describes the size of the tumor and any spread into nearby tissue.
- N—describes the spread of cancer to nearby lymph nodes.
- M—describes "metastasis" or the spread of cancer to other body parts.

The lower the tumor staging, the better the outcome. Cancer that involves the lymph nodes will be underwritten more harshly, and cancer that has metastasized to another part of the body will often result in a very high rating to a decline. The prognosis is much poorer, and the chance for recurrence is much higher in cancers that have nodal involvement or metastasis. You may also come across the term "in situ" when dealing with a cancer case, especially in the case of breast cancer or melanoma. "In situ" literally means "in the normal location" and is a tumor confined to its origin site. In situ cancers are sometimes called "Stage 0" or "Tis."

Cancer grade describes how abnormal the cancer cells and tissue look compared to healthy cells. Most cancers are graded from 1 to 4, with a Grade 1 cancer having a much better prognostic outcome than a Grade 4 cancer.

## Common Questions to Ask Regarding Cancer Histories

When your client has a history of cancer, regardless of the type, you will want to start by asking these common questions:

- What is the age of the client?
- When was cancer diagnosed?
- How was cancer treated? (treatment can include removal, chemotherapy, radiation, or a combination of these)
- What was the stage of cancer?
- What was the grade of cancer?
- When was the treatment completed?

GP AGENCY

Most cancers are graded from **1** to **4**, with a **Grade 1** cancer having a much better prognostic outcome than a **Grade 4** cancer.

The answers to these questions will give your underwriter an excellent place to determine how a carrier will assess your client. However, unique elements pertain to different types of cancers that your underwriter will need to know to evaluate the best classification your client may receive. Let's look at some of the most common types of cancer and the particular components pertinent to each.

## Breast Cancer

**Type:** There are several different types of breast cancer, and each type is underwritten differently by carriers. Your underwriter will need to know the kind of breast cancer to assess what a carrier may be able to offer accurately. According to Swiss Re, the majority of breast cancers (95%) are adenocarcinomas and will arise in either the ductal or lobular epithelial cells. Rare types of breast cancer include medullary, mucoid, and tubular. Paget's disease of the nipple is nearly always associated with underlying breast cancer, and the rating is assessed based on underlying cancer.

**Estrogen Receptor (ER)/Progesterone Receptor (PR):** Receptors are proteins in or on cells that can attach to estrogen or progesterone hormones. Doctors look at the hormone receptor status of cancer to determine how to treat it. Suppose either/both of the hormone receptors are positive. In that case, hormone therapy drugs such as Tamoxifen or Arimidex can be used to either lower the estrogen levels or stop estrogen from acting on the cancer cells, which can help prevent a recurrence. Hormone receptor-positive breast cancers tend to grow more slowly and have a better outlook in the short term. You may also come across breast cancer, which is referred to as "triple-negative." This type of cancer has neither estrogen nor progesterone receptors and also does not make much of a protein called "HER2." These types of cancers grow and spread more rapidly than other types of breast cancers.

## Melanoma

**Staging:** While melanoma is currently staged using the "TNM" staging system, you may find the staging of older melanomas reflected by either the "Breslow" or "Clarks" staging systems. The Breslow depth is a millimeter measure of how far the melanoma has invaded the body, which is an essential factor when considering treatment options. It also takes into consideration the presence or absence of ulceration. The Clark level describes the depth of melanoma as it grows in the skin and has five levels (I-V), with Clark level V being the most aggressive.

**Additional Factors:** Atypical/dysplastic nevi are lesions that, while benign, are at an increased risk for melanoma development. Clients with histories of melanoma in conjunction with histories of dysplastic nevi represent more of an underwriting challenge than those clients with a melanoma history alone.

## Prostate Cancer

**Grading:** Along with the staging of prostate cancer, there will also be a "Gleason score," a grading system unique to prostate cancer. The pathologist looking at the biopsy will assign one Gleason grade to the most predominant pattern in the biopsy and a second Gleason grade to the second most predominant pattern. The Gleason score represents two numbers that, combined, add up to the total Gleason score. For example, three plus three equals a Gleason score of six (3+3=6). Most Gleason scores range from six to 10, with six being the lowest grade. The positioning of the numbers is also essential as, for example, a Gleason score of four plus three equals seven (4+3=7) is a less favorable finding than a Gleason score of three plus four equals seven (3+4=7).

**Blood Testing:** Prostate Specific Antigen (PSA) is an important blood test to diagnose and monitor prostate cancer. Although adjusted for age, the normal PSA percentage is from 0-4%. A PSA that is greater than 4% may require additional testing, such as repeat testing, an

ultrasound, or a biopsy, depending on the value to rule out or diagnose prostate cancer. PSA can increase modestly in clients who have a prostate infection or an enlarged prostate – once a PSA reaches a level over 10%, the probability of prostate cancer increases dramatically. A PSA level that rises rapidly over a year often indicates an aggressive form of cancer. The measurement of how much PSA changes over time is called the "PSA velocity." A doctor will continue to do PSA testing after prostate cancer treatment to monitor for progression or recurrence of cancer.

**Treatment:** Unlike many cancers where removal, radiation, and chemotherapy are the only treatment protocols, there can be several treatment methods utilized for prostate cancer. These methods include:

- Cryotherapy
- Photodynamic therapy
- Laser ablation
- Microwave diathermy
- Hormonal therapy
- High-intensity focused ultrasound (HIFU)
- Transurethral resection (TURP)
- Watchful waiting

Although the total removal of the prostate (also called a "radical prostatectomy" or "RRP") is the most effective treatment, it can cause unwanted side effects, including urinary incontinence and erectile dysfunction. Prostate cancer is generally slow-growing cancer – some men may choose an alternative method to a prostatectomy. Doctors will most often give a client with prostate cancer the choice of an alternative treatment when the client is at an older age at diagnosis (age 65 or above), has a low Gleason score by biopsy (usually six or below), and/or has a PSA below 10 at diagnosis.


## Lymphomas

**Types:** Lymphomas are cancers of the lymphatic system, including the lymph nodes. They are generally grouped into Hodgkin's Lymphoma and Non-Hodgkin's Lymphoma (or "NHL"). Hodgkin's Lymphoma typically begins in the upper body (e.g., neck, chest, armpits) and is often diagnosed at an early stage and is considered one of the most treatable cancers. NHL may arise in the lymph nodes anywhere in the body.

Non-Hodgkin's Lymphoma can be further broken down into B-cells and T-cells. Both types of NHL occur in the lymphocytes, a white blood cell that helps the body fight infections. B-cells help protect the body against bacteria or viruses by producing antibodies. Some T-cells destroy germs or abnormal cells in the body, while others help boost or slow the activity of other immune system cells.

**Staging:** Lymphomas are staged using the Ann Arbor system and include both a number and a letter "A" or "B":

- "A" means an absence of symptoms
- "B" denotes symptoms of night sweats, weight loss or fever

The presence of "B" symptoms is a marker for more advanced disease. The term "bulky disease" may also describe larger tumors in the chest or other areas and can be labeled by adding an "X" to the stage. You may rarely see an "E" to denote a disease that affects tissues or organs outside the lymphatic system and/or an "S," which means a disease that has spread to the spleen.

**Grade:** Non-Hodgkin's Lymphoma also has a unique grading system designated as low grade, intermediate grade, or high grade, with high grade denoting an aggressive or rapid growth rate.

**Treatment:** Two treatments often found in connection with lymphomas and leukemias (see below) are stem cell and bone marrow transplants. A stem cell transplant uses stem cells from the bloodstream, and a bone marrow transplant uses stem cells from bone marrow. Lymphomas treated with bone marrow or stem cell transplants typically require a higher rating.

## Leukemia

**Types:** There are several types of leukemia, including Acute Lymphoid/Acute Myeloid (AML), Chronic Lymphoid (CLL), Hairy cell, and Chronic Myeloid (CML) – CLL and AML are the most common types.

**Treatment:** As noted above, stem cell and bone marrow transplants can treat leukemia. Another treatment that may be used for leukemia is Tyrosine Kinase Inhibitors – a class of chemotherapy medication that can inhibit or block one or more of the enzyme tyrosine kinases and help keep cancer cells from growing.

## Thyroid Cancer

**Types:** There are several types of thyroid cancer, including Papillary, Mixed Papillary, Follicular, Medullary, Anaplastic, Hurthle Cell, and Primary thyroid lymphoma – Papillary is the most common type.

## Testicular Cancer

**Types:** There are several types of testicular cancer, including Seminoma, Non-Seminoma, Non-Germ Cell, and Sarcoma – Seminoma is the most common type.

## Tumor Markers

After the cancer is successfully treated, the client's doctor may run tumor marker testing on the patient's blood, urine, or body tissue for surveillance purposes, as a tumor marker elevation may signify a recurrence of the cancer. The most common tumor markers are:

- PSA: Used to monitor the progression or recurrence of prostate cancer
- CEA: Most often used to monitor the recurrence of colon or rectal cancer, but it can also be elevated in ovarian, prostate, lung, thyroid, and liver cancers.
- CA-125: Used to monitor the recurrence of ovarian cancer
- AFP, HCG, LDH: Used to monitor the recurrence of testicular cancer
- Thyroglobulin: Used to monitor the recurrence of thyroid cancer

Now that you have a better understanding of the unique components of the various types of cancer, you will be better able to provide the pertinent information your underwriter requires to give you the most accurate tentative quotes and carrier recommendations.

## Underwriting Questionnaires

| | | |
|---|---|---|
| Bladder Cancer | Kidney Cancer | Testicular Cancer |
| Breast Cancer | Leukemia | Thyroid Cancer |
| Cancer (General) | Melanoma/Skin Cancer | Uterine and Cervical Cancer |
| Colorectal Cancer | Ovarian Cancer | |
| Hodgkins and Non-Hodgkins Lymphoma | Prostate Cancer | |

GP AGENCY