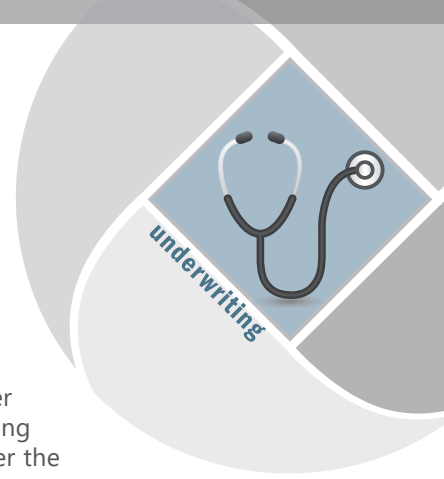


What You Need to Know About... Field Underwriting with a Focus on Cancer Histories



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 cancer has spread and includes the size of the tumor. 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 parts of the body.

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 that is confined to its site of origin. In situ cancers are sometimes referred to as "Stage 0" or "Tis."

Cancer grade describes how abnormal the cancer cells and tissue look when compared with 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:

1. What is the age of the client?
2. When was cancer diagnosed?
3. How was cancer treated? (treatment can include removal, chemotherapy, radiation or a combination of these)
4. What was the stage of cancer?
5. What was the grade of cancer?
6. When was the treatment completed?

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

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 type of breast cancer to accurately assess what a carrier may be able to offer. 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 will be assessed based on underlying cancer.

Estrogen Receptor (ER)/Progesterone Receptor (PR): Receptors are proteins in or on cells that can attach to the hormones estrogen or progesterone. Doctors look at the hormone receptor status of cancer to determine how to treat it. If either/both of the hormone receptors are positive, 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 that is referred to as "triple-negative." This type of cancer



For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non registered products only. Tellus operates under the license of Tellus Brokerage Connections., AR license #100107713. Products and programs offered through Tellus are not approved for use in all states.02.22 UNDW22-9729-A, 0224

Copyright © 2022 Tellus Brokerage Connections

Page 1 of 4

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

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 measure, in millimeters, of how far the melanoma has invaded the body, which is an important 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 Clarks level V being the most aggressive.

Additional Factors: Atypical/dysplastic nevi are lesions that, while benign, are at an increased risk for the development of melanoma. 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 is represented as 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 a total of six to 10, with six being the lowest grade. The positioning of the numbers is also important 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 used in the diagnosis and monitoring of 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 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 two types: Hodgkin's Lymphoma and Non-Hodgkin's Lymphoma (or "NHL"). Hodgkin's Lymphoma typically begins in the upper body (e.g. neck, chest, armpits)



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



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 two types: B-cell and T-cell. Both of these types of NHL occur in the lymphocytes, which are a type of 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 be used to describe larger tumors in the chest or other areas and can be labeled by adding an "X" to the stage. You may rarely also see an "E" to denote disease that affects tissues or organs outside the lymphatic system and/or an "S," which denotes disease that has spread to the spleen.

Grade: Non-Hodgkin's Lymphoma also has a special grading system and is 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 normally 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, both stem cell and bone marrow transplants can be utilized in the treatment of leukemia. Another form of 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 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



For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non registered products only. Tellus operates under the license of Tellus Brokerage Connections., AR license #100107713. Products and programs offered through Tellus are not approved for use in all states.02.22 UNDW22-9729-A, 0224

Copyright © 2022 Tellus Brokerage Connections

Page 3 of 4

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

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.



Resources

[Bladder Cancer Questionnaire](#)

[Breast Cancer Questionnaire](#)

[Cancer \(General\) Questionnaire](#)

[Colorectal Cancer Questionnaire](#)

[Hodgkins and Non-Hodgkins Lymphoma Questionnaire](#)

[Kidney Cancer Questionnaire](#)

[Leukemia Questionnaire](#)

[Melanoma/Skin Cancer Questionnaire](#)

[Ovarian Cancer Questionnaire](#)

[Prostate Cancer Questionnaire](#)

[Testicular Cancer Questionnaire](#)

[Thyroid Cancer Questionnaire](#)

[Uterine and Cervical Cancer Questionnaire](#)