

CANCER — COLORECTAL

Overview:

Cancers of the colon or rectum represent the second leading cause of cancer deaths in the United States (lung cancer being first). Only recently has the public become aware of the prevalence of this serious cancer condition. As a result, more frequent screening is now being done, leading to earlier detection and therefore greater chance of long term survival.

Most colon cancers are adenocarcinomas; there are other varieties, including mucinous carcinoma and signet ring cell carcinoma. The latter two are very difficult to treat and generally have a poor prognosis. Treatment of colon cancer typically involves surgical removal. Radiotherapy or chemotherapy are sometimes used in early colon cancers. Unfortunately there is no effective cure for advanced cases of the disease. Risk factors for developing colorectal cancers include age, diet, history of inflammatory bowel diseases, presence of colorectal polyps, family history, and prior cancer.

The colon lining consists of four layers. From the inside going out they are the mucosa, the submucosa, the muscularis, and the serosa. Lymph nodes are found immediately outside the serosa. The deeper the penetration of the cancer into these layers, the poorer the prognosis for long term survival. Lymph node involvement, in particular, often leads to early mortality. There are many colon cancer staging systems but the most common is the *Dukes' Staging* system:

Carcinoma "in-situ"	<i>Cancer present in mucosa - no lymph node involvement</i>
Dukes' Staging A	<i>Cancer has penetrated to the submucosa - no lymph node involvement</i>
Dukes' Staging B1	<i>Cancer has penetrated to the muscularis - no lymph node involvement</i>
Dukes' Staging B2	<i>Cancer has penetrated to the serosa - no lymph node involvement</i>
Dukes' Staging C1	<i>Cancer has penetrated to the muscularis - lymph nodes involved</i>
Dukes' Staging C2	<i>Cancer has penetrated to the serosa - lymph nodes involved</i>
Dukes' Staging D	<i>Cancer has spread beyond colorectal area (distant metastasis)</i>

Impact on Life Underwriting:

As with any cancer, early detection and treatment are key to long term survival and therefore life underwriting. The most important variables required to estimate likely premium rates for individuals with a past history of colon cancer are: (1) the Stage and Grade of the cancer; (2) the time elapsed since the date of last cancer treatment; (3) the type of treatment; and (4) the frequency of medical follow up. Please obtain this information from your client. If it is unknown, it is often possible for your client to place a call to his/her doctor and to request the pathology report. This 1 - 3 page report will tell us a lot about the cancer and its prognosis. With this information we can begin to negotiate for favorable premiums and provide you and your client with reasonably realistic premium assessments prior to formal application. Each case is unique so please call us to discuss the details of your specific case. SB 07/02/2001

Carcinoma "in-situ"	<i>If treated immediately upon detection, the survival rate is in excess of 95%. A flat extra of \$5 to \$10 per \$1,000 of death benefit is to be expected for the first 3 years following the date of last treatment.</i>
Dukes' Staging A	<i>Five year survival for individuals with cancers restricted to the colon (i.e. Dukes' Stage A or B1) vary from 7 to 9 individuals per 10 patients. A Dukes' Stage A cancer will often result in offers immediately following the date of last treatment, but typically include a flat extra in the \$7 to \$10 range for five years.</i>
Dukes' Staging B1	<i>A postponement for one year is typical. Subsequent offers of insurance often carry a flat extra of \$10 per \$1,000 of death benefit for an additional 4 or 5 years.</i>
Dukes' Staging B2	<i>Details contained in the pathology report will determine if offers of insurance are postponed for 1, 2 or 3 years. Subsequent flat extras in the \$10 to \$15 range for an additional 5 to 10 years are to be expected.</i>
Dukes' Staging C1	<i>Five year survival rates for Dukes' Stage C1 cancer are approximately 1 in 2. Thus, even insurance companies with expertise with colon cancer, typically postpone offers for 5 years, although a 3 year postponement is sometimes possible. A flat extra of \$10 to \$15 will be assessed for an additional five years.</i>
Dukes' Staging C2	<i>Survival rates for patients with Dukes' Stage C2 are less than 1 in 2. Any offers of insurance are postponed for at least five years. A flat extra in the \$10 to \$15 range will be assessed for an additional five years.</i>
Dukes' Staging D	<i>Dukes' Stage D cancers are typically incurable. They have spread to other tissues and are almost always fatal. Guaranteed issue or survivorship insurance plans are the only options.</i>



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CANCER—COLORECTAL CANCER QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____
 Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Date of first diagnosis: _____

(2) Date of last treatment: _____

(3) Stage and grade of the cancer:

- In situ Dukes' Stage B1 Dukes' Stage C1 Dukes' Stage D
 Dukes' Stage A Dukes' Stage B2 Dukes' Stage C2 Other: _____

Other staging system used: _____ Stage of cancer: _____ Grade of cancer: _____

(4) How was the cancer treated? Please check all that apply:

- Surgery Radiation Chemotherapy
 Other: _____

(5) Is the proposed insured currently taking any medications? If yes:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(6) How often does the proposed insured have a cancer screen to detect possible recurrence?

- Every 3 months Every 6 months Yearly Every 2 Years Every 5 years

(7) Has there been any evidence of recurrence? If yes, please provide details: _____

(8) Does the proposed insured have any other medical conditions or are there other underwriting conditions?



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