

**Overview:**

Non-Hodgkin's Lymphomas are cancers arising from the lymphoid tissues. Terminology and classification of this group of cancers is complex and determination of prognosis for each case in this group is quite difficult.

Key to evaluating the seriousness of any lymphoma is the determination of the spread, as indicated by the cancers' stage. Staging is from Stage I for the most localized cancer to Stage IV for cancer that has spread. Each Stage is subdivided further into A or B, and sometimes E. The A variety is more preferable as it refers to the *absence* of systemic symptoms, such as significant loss of body weight, fever, and night sweats. Substage B indicates the presence of systemic symptoms with a poorer prognosis than Stage A. Stage E refers to the involvement of the adjacent area of non-lymphatic tissues.

Non-Hodgkin's lymphomas are classified into three grades (low, intermediate, and high). *Low grade* lymphoma includes small lymphocytic; follicular small cleaved cell (FSC); follicular mixed small cleaved and large cell (FM). *Intermediate grade* lymphomas includes follicular large (FL); diffuse small cleaved cell (DSC); diffuse mixed small and large cell (DM); diffuse, large cell, cleaved or non-cleaved cell (DL). *High grade* lymphomas include large cell immunoblastic (IBL); lymphoblastic convoluted or non-convoluted cell (LL); small non-cleaved cell, Burkitt's or non-Burkitt's (SNC).

**Impact on Life Underwriting:**

Key to underwriting lymphomas is knowing the exact name of the cancer, the stage, substage, and grade, as well as what treatment was applied. The date of last treatment is critical, as is the age of the proposed insured. The longer the cancer has been in complete remission, and the older the proposed insured, the more favorable underwriting.

Low grade lymphomas are difficult to treat and unpredictable. If treatment achieves remission, the cancer frequently recurs after months or years and it may be fatal at that time. In individuals under age 60, low grade non-Hodgkin's lymphomas, regardless of further staging, are generally declined. However, for Stage I and II, individuals age 60 to 70 may be eligible for a Table 8 offer or higher. Over 70, if the individual is otherwise healthy, a Stage I and II low grade lymphoma may be offered at Table 4 and up. Intermediate and high grade lymphomas have a much lower short term survival rate than low grade lymphomas. Paradoxically, these cancers are more amenable to cure by chemotherapy than the low grade variety. Thus long term survival, for those individuals for whom treatment seems to work, is better than for low grade lymphomas. Intermediate and high grade lymphomas Stage I are typically postponed until 3 years of complete remission (i.e. symptom free). After three years, a flat extra of \$10/\$1,000 for five additional years is common. Intermediate and high grade lymphomas Stages II through IV are postponed until 5 years following complete remission. A flat extra of \$15/\$1,000 is applied for five additional years once an offer can be made. Chemotherapy included with alkylating agents or a combination of chemotherapy and radiotherapy typically results in an additional flat extra of two tables. Bone marrow transplants are typically postponed for at least 5 years for those under age 40, and 8 years for those age 41 +.

*Benign monoclonal gamopathy* with good follow up and stable immunoglobulin levels, normal bone marrow and complete blood profiles may be eligible for life insurance after complete remission can be documented for three years. After that, a \$10/\$1,000 flat extra is applied for five more years. *Solitary myeloma* with good follow up and normal bone marrow and complete blood profiles may be offered coverage with a \$15/\$1,000 flat extra for five years after complete remission of five years. Proposed insureds with *cutaneous lymphomas*, including *mycosis fungoides* and *Sezary syndrome*, *Waldenstrom's macroglobulinemia*, as well as *multiple myelomas* are not normally eligible for life insurance, but sometimes it is possible to get an exception for an older individual. SB 04/10/2001

## CANCER—LYMPHOMA 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) Exact classification of the malignant lymphoma:**

**Modern Classification Terminology**

- Small lymphocytic (SL)
- Follicular small cleaved cell (FSC)
- Follicular, mixed, small cleaved and large cell (FM)
- Follicular, large cell (FL)
- Diffuse small cleaved cell (DSC)
- Diffuse mixed small and large cell (DM)
- Diffuse large cell cleaved or non-cleaved cell (DL)
- Large cell immunoblastic (IBL)
- Lymphoblastic convoluted or non-convoluted cell (LL)
- Small non-cleaved cell, Burkitt's or non-Burkitt's (SNC)
- Other: \_\_\_\_\_ **(need exact name of the lymphoma to preunderwrite accurately).**

**Old Classification Terminology**

- Diffuse well differentiated lymphocytic (DWPL)
- Nodular poorly differentiated lymphocytic (NPDL)
- Nodular mixed lymphocytic histiocytic (NML)
- Nodular histiocytic (NHL)
- Diffuse poorly differentiated lymphocytic histiocytic
- Diffuse mixed lymphocytic histiocytic (DML)
- Diffuse histiocytic
- Diffuse histolytic
- Diffuse lymphoblastic
- Diffuse undifferentiated (DUL)

**(2) Date of diagnosis:** \_\_\_\_\_ **b) Date of last treatment:** \_\_\_\_\_

**(3) How has the lymphoma been treated (please check all that apply)?**

- Chemotherapy  Radiation Therapy  Bone marrow transplant  Other: \_\_\_\_\_

**(4) What was the Stage and Subcategory of the lymphoma?**

- I  II  III  IV Subcategory:  A  B  E

**(5) Does the proposed insured take any medications at this time?**  No  Yes:

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

**(6) Has there been any evidence of recurrence?**

- No  Yes Details: \_\_\_\_\_

**(7) Are there any other medical issues for which the proposed insured has sought medical advice in the past five to ten years:**

\_\_\_\_\_  
 \_\_\_\_\_



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