

Overview:

Testicular cancer is the most common form of cancer in men between age 20 and 34; it accounts for 19% of all cancers in that age group. In the 1990s, somewhere between 6,000 and 7,000 testicular cancers were diagnosed each year. Due to frequent early diagnosis, testicular cancer is often removed before it has the chance to metastasize (spread beyond the area of origin). Approximately 350 deaths occur annually as a result of testicular cancer and related complications.

Different cell types are found in testicular cancers. The most common form of testicular cancer are germ cell cancers (both *seminomas* and *nonseminomas*) accounting for 95% of the condition. *Non-germ cell testicular cancers* come from a variety of cell types, some of which may originate from other malignancies, such as lymphoma.

Diagnostic procedures include blood and urine studies. Other procedures used to evaluate the extent of the disease include X rays, CT scans, IVP, lymphangiography, ultrasound, and MRI. A biopsy, a common diagnostic tool for many other types of cancer, is typically not done for testicular cancer as cutting through the outer capsule of the testis may contribute to the spread of cancer cells. Alpha fetoprotein (AFP), human chronic gonadotropin (beta-hCG), and lactate dehydrogenase are tumor markers that are monitored regularly during and after treatment of testicular cancer to detect any relapse.

Treatment of testicular cancer depends on the stage of the disease, the type of cancer (seminoma or nonseminoma), the general health of the patient. The most common treatment is *immediate radical orchiectomy* (removal of the testis). *Radiation* and/or *chemotherapy* are also utilized, depending on the stage of the cancer.

The National Cancer Institute stages testicular cancer in three Stages: *Stage I* testicular cancer refers to a condition where the cancer was detected early and still confined to the testis. *Stage II* refers to cancer that has spread (metastasized) to the retroperitoneal lymph nodes in the abdomen. *Stage III* refers to late detection and cancer spread to supradiaphragmatic lymph nodes and may also have spread to other parts of the body, often the lungs and/or liver. *Stage IV* indicated distant spread beyond the lymphatic system.

Impact on Life Underwriting:

As with any cancer, early detection and treatment will lead to the most favorable underwriting outcome. Fortunately, most testicular cancers we see in North America are detected early and treated immediately, leading to few ratings or declines.

Key to accurate preunderwriting will be the type (exact name) of testicular cancer involved, the stage (which indicates the size and level of spread), and the dates and types of treatment. With that information it should be possible to obtain a fairly accurate preunderwriting premium assessment. For advanced stages of testicular cancer, or for non-germ cell tumors, please obtain the 1-2 page pathology report so that we can review it with the medical directors at several leading insurers in order to come up with a “best possible” underwriting solution for your client.

The following table provides you with an approximate ratings guide. Please note that there are a variety of testicular staging systems in use by the medical community and the definitions listed under “extent of the testicular cancer” are somewhat flexible. SB 04/16/2001

Stage	Extent of the Testicular Cancer	Approximate rating
I	Confined to the testis.	\$5 flat extra per \$1,000 death benefit for 3 years post date of last treatment.
II	Involving a limited number of close lymph nodes and/or involvement of the spermatic cord or scrotal wall.	\$7 flat extra per \$1,000 death benefit for 4 years post date of last treatment.
III	Involvement of additional lymph nodes, possibly including those above the diaphragm.	Postponed for 1 year. Second year following date of last treatment: \$7 for 5 years or \$10 for 3 years.
IV	Spread to distant lymph nodes other tissues, often the lung, liver, or bone.	Postponed for 2 years. Third year following date of last treatment: \$7 for 5 years or \$10 for 4 years.
N/A	Choriocarcinoma (a rare form of testicular cancer)	Uninsurable



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CANCER—TESTICULAR 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) *Exact name of the cancer:* _____

(4) *Stage of the cancer:*

I II III IV or A B C

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

Surgery Radiation Chemotherapy Other: _____

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

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

(7) *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

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

(9) *Does the proposed insured have any other medical conditions? If yes, please describe:*



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