

IMPAIRED RISK REFERENCES

Issue 10

Underwriting Colitis

THE CASE

STUDY FOR

THIS MONTH

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A 36 year old man is looking for \$750,000 of term life insurance. He has a 10-year history of colitis involving his entire colon which flares once a year. He has not had surgery or any complications. He takes Asacol. A recent colonoscopy reveals no dysplasia. Liver tests are normal.

Colitis is a reaction in the colon to unknown factors that cause it to become inflamed. There are two occasions in which colitis occurs, Crohn's Disease and Ulcerative Colitis. The two conditions have different mortality risks.

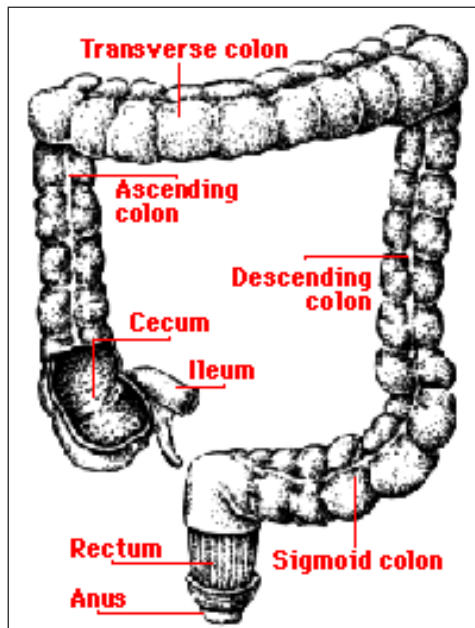
Crohn's Disease (CD) not only affects the colon with the inflammation, but also can affect any part of the intestine. Fifty percent of the time the colon is involved. The mortality risk with CD is due not only to abscesses and infection, but also malnutrition and intestinal blockage. Weight loss is a prominent feature of the significant flares of CD. Flares occur more often as time progresses but medication, like Asacol, can minimize these flares. Surgery does not cure CD.

Ulcerative colitis (UC) is an inflammation of the colon only. The mortality risks are from bleeding, colon rupture, and mainly from colon cancer. The chance of cancer depends on the amount of colon that is inflamed and how long UC has existed. The longer the disease exists and the greater the area of inflammation, the greater risk of cancer. Most people with UC have only part of the colon affected. Nevertheless, there is a significant risk of colon cancer after 10 years of UC. Dysplasia is often the first sign that cancer may be starting; so doctors examine the colon regularly to watch for cancer or dysplasia.

An important difference between CD and UC is that removal of the colon can cure UC. The

whole colon must be affected, which means the cancer risk would be high (up to 50 percent of those affected get colon cancer after 25 years). This surgery would never be done for limited UC.

Both kinds of colitis can lead to liver disease. Usually this is a mild irritation of the liver but up to 5 percent of the time this can be a severe reaction in the liver that can lead to liver failure (cirrhosis). So it becomes important to evaluate liver tests.



In the case study, the risk assessment can vary by the kind of colitis. If the condition were CD, the likely assessment would be standard. The 10-year track record of no complications indicates a small risk for the future. The absence of dysplasia minimizes the risk since cancer is more likely in CD with extensive colon involvement.

If UC were the diagnosis, the risk would be a table 3 (on standard plus). This is a 75 percent extra mortality charge or a 4-year reduction in an average lifespan. Credit is given for

no dysplasia. In the occasional circumstance where the whole colon has been removed, a preferred offer is possible.



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