

IMPAIRED RISK REFERENCES

Issue 17

Underwriting Prostate Cancer

THE CASE

STUDY FOR

THIS MONTH

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Meet Ken Larson, member of the impaired risk team. Ken has been an underwriter for over 25 years in career, reinsurance, broker-age and substandard brokerage. Be sure to give Ken a call on your next tough case.



A 75-year-old man is looking for \$500,000 of life insurance. He has been diagnosed with prostate cancer when his PSA was found to be 7.0 and a biopsy revealed a Gleason grade 5 tumor. On the insurance exam the PSA was still 7.0.

Cancer is a wild growth of cells; cancer is also called a tumor. Any cell in the body can undergo a change in its genes and grow out of control, destroying other tissues and releasing toxic substances. Nobody knows why the genes change or why one type of cell is more vulnerable than another. For men, the cells of the prostate are the most vulnerable internal cells to undergo the change to cancer cells.

The prostate is located under the bladder. It is part of the reproductive system in men. It normally is small and weighs less than an ounce. The cells manufacture a protein called prostate specific antigen (PSA). Only a small amount of this antigen gets into the blood unless there is a prostate infection, injury, enlargement or cancer. A rise in the PSA can be a clue not only of cancer but of these other processes as well.

The older a man becomes, the higher the chance he has of getting prostate cancer. Aging of the prostate cells seems to contribute to the change in genes that allows the uncontrolled growth of cells. Over half of men over age 75 have prostate cancer and most are unaware of the diagnosis. What is unique about this cancer is that 90 percent of the time it is slow growing and is not fatal, especially among older age men. Ten percent of the time it can grow rapidly and cause death. It is the second leading cause of cancer deaths in men and accounts for nearly 30,000 deaths a year. A way to determine which cancers will spread quickly has not yet been discovered.

Most prostate cancers are best treated by surgical removal. Radiating the tumor can provide a cure. Radiation can be given by implanting seeds of radioactive material, or by giving a beam of radiation. Medications, shots or pills are given to shrink the cancer, but are not able to cure the cancer (e.g. Lupron).

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Cancer risk relates to the *grade* of the tumor: the higher the grade, the greater the chance it can spread. Prostate cancer has "Gleason" grades measuring from two to ten. This is a measure of how bizarre the cancer cells look under the microscope. Two is best; ten is worst. The higher the Gleason grade and the quicker the cancer grows and spreads, the harder it becomes to remove the entire cancer with surgery. In the case study, Gleason five has a medium chance of spreading.

Cancer risk also relates to the *stage*, or size of the tumor. The bigger the tumor, the greater the chance it can spread before it can be removed. Prostate cancer can be stage A, B, C or D or it can be called T1, T2, T3 or T4. To determine the stage, the tumor must be removed to measure its size. Generally the larger the tumor, the higher the PSA. A high PSA produced by a cancer correlates with a higher stage and higher risk.

A biopsy can reveal not only cancer, but also infection or enlargement. In certain instances it can diagnose the premalignant cells called PIN (see illustration).

In this case study, the cancer has not been removed, but the older man will most likely survive it. There is still a chance the cancer will enter a growth phase and he may die from it. An older man is often managed by this method of "watchful waiting" and treatment will be withheld until there is a sudden growth of the cancer. The most likely offer in this case would be Table 2 rated on standard plus. A man younger than age 70 would need to have surgery or irradiation to be insurable.

