

Breast Cancer Overview:

Breast cancer is the most common type of cancer for women in the U.S.. As many as 1 in 8 women will develop breast cancer during their lifetimes. The prognosis for an individual with breast cancer depends on the exact type of the tumor, it's size, it's spread, the number of axillary lymph nodes involved, the presence or absence of estrogen and/or progesterone (hormone) binding receptor sites, and the cancer's degree of differentiation (i.e. how similar or different to normal cells are the cancer cells). The type of treatment selected also has an impact on the likelihood of recurrence. As with any other cancer, early diagnosis and treatment are important to survival.

The National Cancer Institute has developed a staging system for breast cancer. The scale ranges from Stage 0 for the mildest forms of non-invasive disease to Stage IV, an advanced stage of invasive cancer with spread and frequent early mortality. The stage of a cancer refers to the tumor's size, regional lymph node spread, and distant metastasis or spread. The smaller the tumor, the fewer lymph nodes involved, the greater the presence of estrogen and/or progesterone binding receptor sites, and the greater the differentiation, the better the chance for survival.

Treatment of breast cancer depends on the stage of cancer at diagnosis and to some degree personal lifestyle choices. Most treatments include surgical procedures. The least extensive surgical procedures is an *excisional biopsy*. Not much tissue beyond the tumor is removed and this treatment, if advisable, is the most cosmetically advantageous available. A *lumpectomy* reefers to a wider excision, which also includes some surrounding tissues and the lymph nodes nearest the cancer. A *partial mastectomy* removes a significant portion of one breast, and sometimes a portion of the second breast as well, along with the lymph nodes extending to the armpit. A *modified radical mastectomy* removes the entire breast and related lymph nodes, but does not remove the underlying chest muscle. *Radical mastectomy* also involves removal of the underlying chest muscles. *Radiation therapy, chemotherapy, hormone treatment, and bone marrow transplantation* are sometimes used in addition to the above to kill any cancer cells that may not have been removed by surgery.

Impact on Life Underwriting:

Breast cancer is viewed a chronic disease with *recurrences* or *spread* occurring up to 30 years following initial diagnosis. Thus, periodic examinations following successful cancer treatment are essential to early detection of any recurrence - and to favorable life underwriting.

The following table provides an outline of possible underwriting action. Please note that there is some room for flexibility in assigning a cancer stage; this flexibility comes from the combination of variables considered, such as size of the primary tumor and number and location of lymph nodes involved etc.. Each case is unique. In order to help you with a reasonably accurate preunderwriting premium assessment, your help in obtaining the pathology report and faxing it to us is most appreciated. Please call us with the specifics to your case and we will negotiate for the best possible rates for your client. SB 04/04/2001

National Cancer Institute Stage:	Approximate Tumor Size	Lymph Node Involvement	Metastasis (spread)	5 Year Survival Rate	Likely minimum rating
Stage 0 ("in-situ") (non-invasive)	Malignant cells in mammary ducts only.	None	None	Varies by treatment. Near 100% for mastectomy.	\$5/\$1,000 x 3 years with mastectomy. Otherwise \$7/\$1,000 x 5 years.
Stage I (invasive)	Less than 2 cm	None	None	85%	Often postponed 1 year, then \$7/\$1,000 for 5 to 7 years.
Stage II (invasive)	Greater than 2 cm but less than 5 cm	Spread possible to axillary lymph nodes.	None	66%	Postponed 3 - 5 years, then Table 2 - 4 + \$15 per \$1,000 for 5-7 yrs.
Stage III (A or B) (invasive)	Greater than 5 cm with chest wall and skin involvement.	Spread possible beyond axillary lymph nodes.	None	41%	Postponed 5 - 10 years, then Table 2 - 4 + \$15/\$1,000 x 5 - 7
Stage IV (invasive)	Any size	Typically yes.	Yes, often to bone, lungs, liver, or brain	10%	Usually uninsurable. Individual consideration after 10 years +.

CANCER—BREAST 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 diagnosis: _____ **Date of last treatment:** _____

(2) Exact name of the type of breast cancer that has been diagnosed: _____

(3) What was the Stage of the cancer?

- Stage 0 - Ductile carcinoma in-situ Stage 0 - Lobular carcinoma in-situ Stage 0 - Paget's disease of nipple
 Stage I Stage II Stage IIIA Stage IIIB Stage IV

(4) Was the cancer Graded? If so, what Grade was assigned?

- Grade I Grade II Grade III Grade IV

(5) How has the cancer been treated (please check all that apply)?

- Excisional biopsy (limited excision) Lumpectomy (wide excision)
 Partial Mastectomy Modified Radical Mastectomy Radical Mastectomy
 Radiation Therapy
 Chemotherapy
 Hormone Therapy
 Bone Marrow Transplant

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

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

(7) Has there been any evidence of recurrence?

- No Yes Details: _____

(8) Has there ever been any kind of other cancer diagnosed for the proposed insured?

- No Yes Details: _____

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

