

Overview:

Cervical cancer is one of the most common cancers in women, accounting for 6% of cancers. In the late 1990s approximately 17,000 invasive (advanced) and 67,000 in situ (very early stage, non invasive) cervical cancers were diagnosed in the United States. About 5,000 women died from the disease.

Cervical cancer, like many other cancers, is staged and graded to describe its size and spread. Cancer stage and grade are determined by studying the abnormal cells. Findings are reported in a pathology report. *Carcinomas in situ* are malignant tumors, but they are not invasive and the most favorable kind of cervical cancer that can be diagnosed. The cure rate for in situ cervical cancer is near 100%. A classification of *Stage I* means no cell abnormalities are found beyond the cervix. The five year survival rate for Stage I cancers is now at 90%. *Stage II* cervical cancers indicate involvement of some tissues beyond the cervix. Five year survival rates for Stage II cancers currently are in the 70% to 80% range. A *Stage III* cervical cancer has not been detected early; it has spread to other tissues throughout the pelvic area. Less than half of the women diagnosed with Stage III cervical cancer will survive five years. Even worse are *Stage IV* cervical cancers. These are very advanced forms of cancers that have spread to distant organs and tissues. Less than 10% of women with this level of cervical cancer will survive five years.

Treatment of cervical cancer depends primarily on the stage and grade of the cancer. Traditional surgery, cryosurgery (via use of liquid nitrogen or carbon dioxide to destroy the tumor by freezing), conization (surgical removal of a wedge shaped cervix tissue sample), hysterectomy (removal of all or part of the reproductive organs) are all used in treatment attempts.

Impact on Life Underwriting:

Fortunately, most women now have at least one annual physical examination, which normally includes at least a Pap smear and sometimes a full pelvic examination. The physical observations noted by the attending physician, combined with modern laboratory analysis, should provide most women with an early warning of possible pre-cancerous or early cancerous growths in their cervix. Thus, the vast majority of cervical cancers the life underwriter will encounter are Stage 0 (in situ) or Stage I cancers (both subcategories A & B). Most of these can be underwritten shortly after treatment completion at either standard rates, with a low table rating, or with a temporary flat extra.

In order to help you and your client with reasonably accurate preunderwriting premium estimates, please see if you can obtain the pathology report from your client. Many times a quick phone call from the client to her physician will enable you to obtain this critical report. Alternatively, perhaps you can obtain the information on the following questionnaire. With either the pathology report or the completed questionnaire, we should be in a position to provide you with a fairly accurate premium assessment and direct the case to whatever insurer has viewed the risk in the most favorable light. Please call us with as many of the details as possible and we will begin to negotiate for the lowest possible premiums for your client. SB 04/04/2001.

NCI Stage:	Definition	Likely Underwriting Action
Stage 0	Carcinoma in situ; very early cancer found only in the first layer of cells of the cervix.	Standard following surgical removal of the cancerous cells.
Stage IA	Cancer throughout cervix with a very small amount of cancer deeper in the tissues of the cervix.	Standard to Table 2 + \$7/\$1,000 for 3 years.
Stage IB	Cancer throughout cervix with a larger amount of cancer deeper in the tissues of the cervix.	Standard to Table 2 + \$7 for 5 years.
Stage IIA	Cancer has spread beyond the cervix to the upper two thirds of the vagina.	PP 1 year, then standard to Table 2 + \$7 for 5 years.
Stage IIB	Cancer has spread to tissues around the cervix.	PP 3 years, then standard to Table 2 + \$10 for 5 years.
Stage IIIA	Cancer has spread to some areas of the pelvis, but has not extended to the pelvic wall..	PP 5 years, then standard to Table 2 + \$15 for five years.
Stage IIIB	Cancer has spread to the pelvic wall.	Individual consideration
Stage IV	Cancer has spread, possibly to distant organs, such as the lungs.	Probably uninsurable

CANCER—CERVICAL 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) a) Please provide date of diagnosis: _____ **b) Please provide date of last treatment:** _____

(2) What was the Stage of the cancer diagnosed (this information should be contained in the pathology report)?

- IA IB IIA IIB III IVA VIBB
 Other staging method used: _____

(3) If the cancer was graded, what grade was assigned?

- I II III IV Other grading method used: _____

(4) How has the cancer been treated?

- Surgery: type of surgery and list what was removed: _____
 Radiation Chemotherapy Biological Therapy Hormone Therapy
 Other: _____

(5) What is the current frequency for checkups? _____

(6) a) Approximate date of most recent Pap smear? _____ **b) Approximate date of most recent full pelvic exam?** _____

(7) Please describe any recurrence or other cancer that may have occurred: _____

(8) Has the proposed insured taken any medications to treat the cancer in the past and/or is he currently taking any medications?

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

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

