



Breast Cancer

Breast cancer is the most common cancer in women in the United States. The National Cancer Institute estimates that the risk of a woman developing breast cancer in her lifetime is 1 in 8 (*more than half of the lifetime risk is after age 65*). Some cancers are discovered when the woman finds a palpable mass in her breast. Other cases are diagnosed by screening mammography (*breast xray*). The diagnosis of breast cancer is made by biopsy.

In-situ breast cancers (*Stage 0*) have malignant cells within the mammary ducts but do not invade the surrounding breast tissue. There are two types of carcinoma in-situ: Ductal (*DCIS*) and Lobular (*LCIS*).

In DCIS, the risk of developing recurrent breast cancer is 28% - 54% if no treatment is given beyond the excisional biopsy. Half of the recurrences will be invasive. The standard of care is a mastectomy with a subsequent recurrence rate of 1% - 2%. Another option is lumpectomy plus radiation therapy with recurrence rates of 9% - 21%.

LCIS is more frequently present in multiple sites or within both breasts. The risk of invasive recurrent cancer is 17% - 37% if no treatment is given beyond the excisional biopsy. Treatment options for LCIS include careful follow-up versus bilateral simple mastectomies.

For breast cancer, the mortality risk varies with the stage of the cancer.

Stage	Tumor Size	Lymph Node Involvement	Metastasis	5-year Survival	Rating
0	in-situ	No	no	99%	Tumor Table D
I	≤ 2 cm	No	no	85%	age <45 at diagnosis PP 5 yrs then enter Tumor Table A, 6 th yr. age 45-65 at diagnosis use Tumor Table B age > 65 at diagnosis use Tumor Table D
II	> 2 cm ≤ 5 cm	no moveable axillary LN	no	66%	some cases may be considered if size >2 cm but no LN or if size ≤ 2 cm and only 1-2 LNs involved
III	chestwall or skin involvement	fixed axillary LN or internal mammary LN	no	41%	Decline
IV	any size	yes/no	any distant metastasis	10%	Decline

Lifelong follow-up is required to detect recurrences which can occur as late as 30 years after the initial diagnosis of cancer.

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This handout shows our malignant tumor rating schedule absent other significant health problems for individual policies. Other prognostic factors besides lymph node involvement and tumor size which can affect the underwriting rating include: adequate routine follow-up care, hormone receptor status, grade, vascular or lymphatic invasion, menopausal status and DNA ploidy.

Malignant Tumor Rating Schedule

	A	B	C	D
Within 1st year	R	R	R	\$5x3
2nd year	R	R	\$7.50x5	\$5x2
3rd year	R	\$10x6	\$7.50x4	\$5x1
4th year	\$15x6	\$10x5	\$7.50x3	0
5th year	\$15x5	\$10x4	\$7.50x2	0
6th year	\$15x4	\$10x3	\$7.50x1	0
7th year	\$15x3	\$10x2	0	0
8th year	\$15x2	\$10x1	0	0
9th year	\$15x1	0	0	0

For example, Stage I breast cancer diagnosed in a woman age 60 who is now in the third year following treatment would be rated under Tumor Table B: \$10x6

To get an idea of how a client with a history of breast cancer would be viewed in the underwriting process, feel free to use the attached *Ask "Rx"pert underwriter* for an informal quote.

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Breast Cancer - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has had breast cancer, please answer the following:

- ① Please list date of diagnosis: _____
- ② How was the cancer treated?
 - excisional biopsy only
 - lumpectomy or wide excision
 - mastectomy
 - radiation therapy
 - chemotherapy
 - hormonal therapy (tamoxifen)
- ③ Please list date treatment completed: _____
- ④ Is your client on any medications?
 - yes, please give details _____
 - no
- ⑤ What stage was the cancer?
 - Stage 0 (in-situ) Stage III
 - Stage I Stage IV
 - Stage II
- ⑥ Were lymph nodes involved? If yes, how many? _____
- ⑦ Has there been any evidence of recurrence?
 - yes, please give details _____
 - no
- ⑧ Date and results of last mammogram: _____
- ⑨ Has your client smoked cigarettes in the last 12 months?
 - yes
 - no
- ⑩ Does your client have any other major health problems (ex: heart disease, etc.)?
 - yes, please give details _____
 - no

Please include the pathology report of the breast cancer.

After reading the *Rx for Success* on Breast Cancer, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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