



## Monoclonal Gammopathy

Plasma cells are a special form of lymphocyte (one of the classes of white blood cells) involved in immune function and found in the bone marrow. The immune system protects the body from infection by forming antibodies. Plasma cells can undergo malignant change with an increase in number (i.e. multiple myeloma, plasmacytoma) or with an increase in the production of immunoglobulin (Ig) molecule, (i.e. monoclonal gammopathy, Waldenstrom's macroglobulinemia, or amyloidosis). These disorders are uninsurable with the exception of plasmacytomas, a localized form which may be treated successfully, and monoclonal gammopathy discussed below.

Monoclonal Gammopathy may be due to the over production of the heavy chain part of Ig (heavy chain disease) or due to the over production of the light chain Ig (light chain disease).

Elevated Ig components are occasionally found in asymptomatic, healthy persons (1% of persons age 25 and 4% of those over 70). Those that remain unchanged for years may be "benign" and are referred to as *benign monoclonal gammopathy or monoclonal gammopathy of undetermined significance (MGUS)*. Other individuals (10-15%), discovered by doing additional testing, have "premyeloma." It is impossible to predict the course of an individual who has monoclonal gammopathy, and clinical myeloma may take 20 years to manifest from the "premyeloma" phase.

The abnormal increase of plasma cells can cause bone lesions, proteinuria, high calcium, kidney failure, anemia, and infections.

### Underwriting Consideration

Monoclonal gammopathy Within 1 year of discovery After 1 year if myeloma ruled out by thorough workup	Postpone Table B
Plasmacytoma, successfully treated	Individual Consideration
Multiple myeloma or other plasma cell disorders	Decline

To get an idea of how a client with Monoclonal Gammopathy would be viewed in the underwriting process, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

*This material is intended for insurance informational purposes only and is not personal medical advice for clients.*

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Rx072 IFS-A065525 Ed. 10/03 Exp. 10/05

## Monoclonal Gammopathy - Ask "Rx" perts (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has a history of Monoclonal Gammopathy, please answer the following:

- ① Please note type of Monoclonal Gammopathy: \_\_\_\_\_
- ② Please list date of first diagnosis: \_\_\_\_\_
- ③ Was a bone marrow biopsy done?  
 yes, please give details \_\_\_\_\_  
 no
- ④ Is your client on any medications?  
 yes, please give details \_\_\_\_\_  
 no
- ⑤ Please provide the client's most recent readings for:  
 Serum Protein/Serum Electrophoresis \_\_\_\_\_  
 BUN \_\_\_\_\_  
 Creatinine \_\_\_\_\_  
 Urinalysis \_\_\_\_\_
- ⑥ Have the elevated protein (Ig) levels remained stable since diagnosis?  
 yes  
 no, please give details \_\_\_\_\_
- ⑦ Has your client smoked cigarettes in last 12 months?  
 yes  
 no
- ⑧ Does your client have any other major health problems (ex: cancer, etc.)?  
 yes, please give details \_\_\_\_\_  
 no

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

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