

REFERENCES

Underwriting Tumors

THE CASE

STUDY FOR

THIS MONTH

By Jim Landino



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Art Gleason, director of our impaired risk underwriting team has been helping people in the brokerage industry put good business on the books for over 30 years. He's ready to put this experience to work for you.

An agent has requested a "Quick Quote" offer for a non-smoking female client age 55 who had brain surgery three years ago for a meningioma (lining of the brain) tumor. No radiation has been required and there have been no neurological defects since the surgery. Her doctors have asked her to return annually for evaluation and as of her last examination two months ago, there have been no further complications.

Medical research continues to produce advancements in the diagnoses and treatment of tumors. But even with recent technological and medical advances we still see many areas where little advancement has been realized. Therefore, it is very important that the life underwriter understands the complex aspects in evaluating tumor cases. The underwriter's goal is to be able to accurately identify those cases that can be priced with low or no ratings as well as those that should be assessed with higher ratings and/or postponed or declined.

Because of the complexity of evaluating tumor cases, the more information available to the underwriter the better he or she will be able to price the risk. Tumors that we see most often in underwriting involve the epidermis (outer layer of the skin), breast, prostate, colon and lung. We are often asked to evaluate tumors involving the thyroid, bladder, esophagus, and brain (as in the case study). Tumors can develop anyplace in the body and obviously some locations are more critical than others. Therefore it is important to be able to identify the location and type of tumor that is presented in each specific case. Is it *benign*, *pre-cancerous* or *malignant*? How and when was it detected? What did the pathology report say? And, how was it treated?

One of the most valuable sources of information regarding a tumor is the pathology report. This is a document that lists the pathologist's evaluation of the tumor. The pathologist's job is to produce a report that classifies the tumor based on its size; type of cellular structure (well defined or not) and the extent of its growth in relation to its location. Since there are so many different types of tumors, and the way each one can be described can be so different, pathologists use several different methods to label or categorize them. For example:

- Melanomas are evaluated based on size and depth of the lesion. Pathologists use "Clark's level" to describe the level of the tumor's invasion on the skin and "Breslow's" to measure the thickness and depth of the lesion.
- Prostate tumors are also evaluated for size and are graded based on a scoring system called the "Gleason Score." The Gleason Score is a method of grading five tumor patterns and adding the scores of the two most predominant patterns to reach one numerical number.
- Colon tumors are graded using the "Duke" rating system.

Other rating systems that are often used by pathologists to label the significance of tumors are: Tumor Metastatic Node (TMN) and American Joint Committee on Cancer (AJCC). Tumors may also be grouped into various "Grade" classifications:

Tumor Grade Classifications	
Grade I	well differentiated (low grade) with close to normal cellular tissue patterns
Grade II	moderately well differentiated (intermediate grade) with obvious deviations from normal tissue patterns
Grade III	poorly differentiated (high grade) with little resemblance to normal tissue patterns
Grade IV	undifferentiated (bizarre growth) which does not resemble normal tissue patterns

As you can see, the job of pricing tumor cases can be quite complicated. But the job can be made easier for the life underwriter when specific information is available, including a recent pathology report.

In the case study, our offer on the brain tumor "Quick Quote" request would be as good as standard plus subject to age and amount requirements including copies of the surgical path report and copies of any subsequent follow-up testing.



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