



by Donald Victorson, CLU

UNDERWRITER:

Defined as someone sitting in an ivory tower 900 miles from here, trained to say, "NO."

YOUR JOB:

To convince that underwriter, with truthful information, presented in as favorable a light as possible that it is desirable, even possible to say "YES."

Skin Cancer is the most common cancer in the U.S. affecting 600,000 Americans yearly. Most skin cancers occur in light-skinned people who have been exposed to the sun, x-rays, or ultraviolet light for prolonged periods of time.

There are four main types of skin cancer: **Actinic Keratosis, Basal Cell Carcinoma, Squamous Cell Carcinoma and Malignant Melanoma.**

Actinic Keratosis can be the first step in the development of skin cancer and is considered to be a precancer. Approximately 10% of active lesions will take the next step and develop into squamous cell carcinoma. They are usually not life-threatening, providing that they are detected and treated promptly. If neglected, they can become enlarged and invade surrounding tissues, and occasionally

metastasize or spread to the internal organs.

The most aggressive form or keratosis, *Actinic Cheilitis*, appears on the lips and can evolve into squamous cell carcinoma. When this occurs, roughly one-fifth of these carcinomas metastasize.

Basal Cell Carcinoma is a type of skin cancer that affects the skin's basal layer, the fifth layer of the skin. It invades areas under the skin, but it does not spread to other areas or organs of the body. It does not become life threatening unless ignored. Basal Cell Carcinoma may also be referred to as "rodent ulcer."

Squamous Cell Carcinoma is a malignant growth of the epithelial layer of the skin (the external surface). It is curable with treatment. If left untreated it may spread to other areas or organs of the body.

Malignant Melanoma is a disease of the skin in which malignant cells are found in the cells that color the skin (melanocytes). Melanoma is a more serious type of cancer than the other, more common skin cancers. Like most cancers, melanoma is best treated when diagnosed early.

Melanoma can spread (metastasize) quickly to other parts of the body through the lymph system or through the blood stream.

Once melanoma has been diagnosed more tests must be done to determine if the cancer has spread. This is called *staging*. The doctor needs to know the stage of the disease to plan treatment.

The following stages are used for melanoma.

STAGE I: Cancer is found in the skin but has not spread to nearby lymph nodes. The tumor is less than 1.5 mm thick.

STAGE II: The tumor is 1.5 mm to 4 mm thick. It has spread to the lower part of the inner layer of skin (dermis), but not into the tissue below the skin or into nearby lymph nodes.

STAGE III: Any of the following means that the tumor is stage III.

1. The tumor is more than 4mm thick.
2. The tumor has spread to the body tissue below the skin.
3. There are additional tumor growths (satellite tumors) within one inch of the original tumor.
4. The tumor has spread to nearby lymph

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nodes or there are additional satellite tumors between the original tumor and the lymph nodes in the area.

STAGE IV: The tumor has spread to other organs or to the lymph nodes far away from the original tumor.

RECURRENT: Recurrent means that the cancer has come back (recurred) after it has been treated. It may come back in the original site or in another part of the body.

To properly evaluate insurability you must obtain answers to the following important questions.

When did the client first have the cancer diagnosed?

The exact date of diagnosis is the starting point for risk assessment.

What kind of treatment was done and when did it end?

Superficial skin tumors that only invade the upper portion of the skin require only simple surgical excision. Tumors that penetrate deeper may require more sophisticated surgery. Melanomas that spread to lymph nodes or other body organs require aggressive treatment including chemotherapy.

Remember: The waiting period for prospects with a history of cancer before they can be considered for coverage begins with the last date of all forms of treatment.

What current medications are being taken?

Successful treatment of melanoma generally does not involve on-going medication.

Has there been any reoccurrence of the original melanoma?

Any reoccurrence of the melanoma lesion or any new secondary melanoma almost always indicates total uninsurability.

Underwriting Prognosis

Skin cancer is not to be taken lightly. *Actinic Keratosis, Basal Cell and Squamous Cell Carcinoma* if detected early are easily cured. Many of the better cases can be issued Standard.

Malignant Melanoma, the rarest and most virulent form of skin cancer is responsible for 75% of all deaths from skin cancer.

To evaluate insurability it is essential to obtain the pathology report.

Depending upon the Stage and Treatment, rated issues are possible. Stage IV and Recurrent are likely to be totally uninsurable.