

Breast Cancer

Heat disease affects 1 in 3 women and is the leading cause of death of women in the U.S. According to the American Heart Association, 50% of all women will eventually die of heart disease or stroke.

However it is Breast Cancer that most women seem to fear the most.

Approximately one in nine American women will develop breast cancer some time in her life. It is the most common cancer in women, excluding skin cancer. It is the second leading cause of cancer deaths in women. Breast cancer is responsible for 18% of cancer deaths in women. It is a significant health hazard which medicine hasn't been able to alter much. Breast cancer does occur in males but it is much more uncommon.

The diagnosis of breast cancer is made in basically two ways – physical exam or mammography. The patient or physician feels an abnormality in one of the breasts. It may be a firm lump, something different compared to the other breast, or just something new.

In order to determine insurability for someone with a history of breast cancer you need to know:

When was the breast cancer first diagnosed?

Breast cancer can be insurable, in many cases, in less than one year following the end of treatment. The exact date of diagnosis is very important in evaluating insurability.

What kind of treatment was done for the breast cancer and when did treatment end?

The size of the tumor, the tumor's aggressiveness, and the degree of the tumor's invasiveness will determine the kind of treatment. Small tumors that are confined to the breast can usually be treated successfully with a partial removal of the breast. This is called a *lumpectomy*. A course of radiation frequently follows surgery. Larger tumors with greater invasion may require the complete removal of the breast. This is called a

mastectomy.

Frequently the lymph nodes in the armpit on the same side as the cancerous breast are also removed to check for cancer. In cases where the cancer has spread to one or more lymph nodes, additional treatment in the form of chemotherapy or radiation may be necessary. In very severe cases a *bone marrow transplant* may be necessary.

What current medications are being taken?

Successful treatment of breast cancer can also involve on-going maintenance chemotherapy such as TAMOXIFEN. This may be taken for many years following the surgical treatment. The use of TAMOXIFEN as a maintenance or preventive medication does not preclude insurability.

Have all follow-up mammograms been normal since the end of treatment?

Mammogram studies are used to monitor breast cancer patients following the completion of initial treatment. These are usually done on a six-month basis in the first three years of follow-up. Any abnormality in a follow-up mammogram suggests the possible return of the cancer.

REMEMBER: The "waiting period" for clients with a history of cancer before they are insurable for coverage begins with the last date of all forms of active treatment.

UNDERWRITING PROGNOSIS: Early detection is critical both to survival and to underwriting.

Best cases involve tumors of 2 cm or less in size with no lymph node involvement.

Tumors of 2-5 cm in size with only 1 or 2 lymph nodes involved will be more highly rated.

Tumors over 5 cm in size, or with a large number of lymph nodes involved will frequently be uninsurable.

If the cancer has spread to other tissue, or if too many lymph nodes are involved, a declination or lengthy postponement is highly likely. In these cases *GUARANTEED ISSUE* may be the only option.

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."



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