

Rx - Prostate Cancer

The prostate is a walnut-sized gland that surrounds the urethra at the base of the bladder. Risk of cancer increases based on family history and advancing age. Most prostate tumors are adenocarcinomas. These guidelines do not apply to rare forms of prostate cancer, such as lymphoma and sarcoma. Prostate cancer is the most common cancer in men (after skin tumors). In terms of cancer deaths in men, prostate cancer ranks second (lung cancer being first). Currently available screening tests are prostate specific antigen (PSA) and digital rectal exam (DRE). PSA is a tumor marker specific to the prostate. The “normal” range varies with age. However, these ranges have been questioned and may miss a large proportion of cancers.

< 50	<	2.5 ng/ml
50 – 59	<	3.5 ng/ml
60 – 70	<	4.5 ng/ml
> 70	<	6.5 ng/ml

In underwriting, prostate cancer is assessed by stage and grade. Stage refers to the extent of the cancer (tumor size and/or spread). The Gleason system grades the aggressiveness of the tumor from 2 to 10. The higher the Gleason score the more likely a tumor will spread beyond the gland to other sites. Gleason 2 – 4 is non-aggressive while Gleason 8 – 10 is aggressive.

Treatment most often consists of prostate resection (called a radical prostatectomy) or radiation. Hormonal treatment is offered to elderly men, for metastatic disease, or to men with poor health. Localized low-grade prostate cancer is sometimes not treated but followed with close observation. This option is known as “active surveillance.”

After diagnosis and treatment, PSA levels are followed over time. A rising PSA suggests that a tumor is currently present and a persistently low (preferably undetectable) PSA suggests successful control.

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Case examples of prostate adenocarcinoma in underwriting:

Client A—best case after radical prostatectomy	Cancer confined to prostate (completely excised with negative surgical margins), more than one year after surgery, age at application ≥ 50 yrs, Gleason score ≤ 6 , and current PSA at undetectable levels	No rating
Client B—best case after radiation	Cancer confined to prostate, more than one year after radiation treatment, age at application ≥ 50 yrs, Gleason score ≤ 6 , and PSA ≤ 0.2 for at least one year with no rise	No rating
Client C—best case under close active surveillance by a urologist	Cancer confined to prostate, age at application ≥ 60 yrs, Gleason score ≤ 6 , and PSA < 10 that is not rising	Postpone 3 years after diagnosis, then Table C. (Lower rating may be available for ages ≥ 70 .)

For others, longer postponement and ratings may be required. This will depend on stage, treatment choice, Gleason score, and PSA levels.

To get an idea of how a client with a history of prostate cancer would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.

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Ask "Rx"pert Underwriter (Ask Our Expert)

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

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

If your client has Prostate Cancer, please answer the following:

1. Please list date of first diagnosis.

2. How was the cancer treated?

- Observation only
- TURP (transurethral prostatectomy)
- Radical prostatectomy
- Radiation therapy (seed implant or external beam radiation)
- Hormone therapy
- Other. Please specify. _____

3. Is your client on any medications?

- Yes. Please give details. _____
- No

4. What stage was the cancer? Please provide all pathology reports, if available.

5. What was the Gleason score?

6. Please give the date and result of the most recent PSA test.

7. Does your client have any other major health problems (e.g., heart disease, etc.)?

- Yes. Please give details. _____
- No

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