Rx FOR SUCCESS   Breast Cancer

Breast cancer is the most common cancer in women in the United States and second only to lung cancer as a cause of cancer deaths. Some cancers are discovered when a woman finds a palpable mass in her breast. Most cases are diagnosed by screening mammography (breast X-ray). The diagnosis of breast cancer is made by biopsy.

Staging is done to determine the prognosis, to direct therapies, and to report results in treatment research studies. The staging system of the American Joint Committee on Cancer Staging uses TNM (tumor, node, metastasis) classification. The primary tumor is evaluated by size, involvement of other tissues, status node, and presence or absence of distant metastasis.

Non-invasive cancer (aka *in-situ*) has a better prognosis than invasive tumors. Tumor size is an independent prognostic factor. Each involved node worsens the prognosis.

For breast cancer, the mortality risk varies with the stage of the cancer.

CANCER STAGE/GRADE	RATING
Stage 0 = in-situ = DCIS or LCIS = Tis N0	
▸ Low grade and estrogen receptor (ER) positive	Standard
▸ Intermediate grade or high grade or estrogen receptor (ER) negative or comedo or pleomorphic (from end of treatment)	$5.00 per thousand X 3 years
Stage 1A = T1 N0	
▸ **Low grade, ER+ AND age at diagnosis ≥40:** ▸ DCIS, LCIS with microscopic invasion (≤1mm invasive disease, T1mic) ▸ T1a, T1b (invasive tumor 1.1 – 10mm)	Standard
▸ **Others** ▸ Within 2 years from end of treatment	Postpone (PP)
▸ DCIS, LCIS with microscopic invasion (≤ 1mm invasive disease, T1mic)	$5.00 per thousand X 3 years (after the 2-year PP period)
▸ T1a, T1b (invasive tumor 1.1 – 10mm [1 cm])	$7.50 per thousand X 3 years (after the 2-year PP period)
▸ T1c (invasive tumor 1.1 – 2cm)	$10.00 per thousand X 3 years (after the 2-year PP period)

Prudential
Bring Your Challenges®

CANCER STAGE/GRADE	RATING
Stage 1B = T0-1 N1mic	
▸ Within 2 years from end of treatment	Postpone (PP)
▸ Tumor ≤2cm with 1 to 3 nodes positive (axillary or intramammary only) by immunochemistry or PCR	Table B and $10.00 per thousand X 3 years (after the 2-year PP period)
▸ Tumor ≤2cm with 1 to 3 nodes positive (axillary or intramammary only) for microscopic disease (≤2mm)	Table B and $10.00 per thousand X 4 years (after the 2-year PP period)
▸ >3 nodes positive or nodes other than axillary or intramammary	Postpone 15 years, then individual consideration
Stage 2A = T0-1 N1 or T2 N0	
▸ Within 5 years from end of treatment	Postpone (PP)
▸ Tumor 2.1 – 5cm with no positive nodes	Table B and $10.00 per thousand X 5 years (after the 5-year PP period)
▸ Tumor <2cm with 1 to 3 nodes positive (axillary or intramammary only)	Table B and $10.00 per thousand X 6 years (after the 5-year PP period)
▸ >3 nodes positive or nodes other than axillary or intramammary	Postpone 15 years, then individual consideration
Stage 2B = T2 N1 or T3 N0	
▸ Tumor 2.1 – 5cm with 1 to 3 nodes positive (axillary or intramammary only)	Postpone 10 years, then individual consideration
▸ Tumor >5cm with no positive nodes	Postpone 10 years, then individual consideration
▸ >3 nodes positive or nodes other than axillary/intramammary	Postpone 15 years, then individual consideration
Stages 3 and 4	Postpone 15 years, then individual consideration

Additional two Tables is age < 40 at time of diagnosis.
Credit one to two Tables at 10-year if tumor was estrogen receptor negative.
Credit one to two Tables at 20-year if tumor was estrogen receptor positive.

Lifelong follow-up is required to detect recurrences, which can occur as late as decades after the initial diagnosis of cancer.

This flyer shows our malignant tumor rating schedule absent other significant health problems for individual policies. Other prognostic factors besides lymph node involvement and tumor size that can affect the underwriting rating include adequate follow-up care, hormone receptor status, grade, and age at diagnosis.

Example: Stage 1A breast cancer, tumor size very small (T1mic) and N0 (no nodal involvement), Hi grade, estrogen receptor (ER) negative diagnosed in a woman age 44 who is now in the third year following treatment would be rated with a Temporary Extra of $5.00 per thousand for 3 years.

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

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on breast cancer, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had breast cancer, please answer the following:

1. Please list date of diagnosis.

_____

2. How was the cancer treated?

☐ Removing the tumor only　　　☐ Radiation therapy

☐ Lumpectomy or wide excision　　☐ Chemotherapy

☐ Mastectomy　　　　　　　　　☐ Hormonal therapy (tamoxifen)

3. Please list the date treatment was completed.

_____

4. Is your client on any medications?

☐ Yes. Please give details. _____

☐ No

5. What stage was the cancer and what was the size of the tumor?

☐ Stage 0 (in-situ)　　☐ Stage III

☐ Stage I　　　　　　☐ Stage IV

☐ Stage II　　　　　　Size_____

6. Were lymph nodes involved?

☐ Yes. How many? _____

☐ No

7. Has there been any evidence of recurrence?

☐ Yes. Please give details. _____

☐ No

8. Date and results of last mammogram.

Date _____ Results _____

9. Has you client smoked cigarettes in the last 12 months?

☐ Yes

☐ No

10. Does your client have any other major health problems (e.g., other types of cancer, etc.)?

☐ Yes. Please give details. _____

☐ No

Pathology and surgical reports provide the best information in providing a proper classification.