

Solutions

Medical Underwriting At Work For You



MetLife

Underwriting Prostate Cancer *The Art and Science of Assessing the Risks*

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MetLife Medical Director

Vincent, 57, an executive, was told he had a prostate nodule three years ago at his annual examination. A biopsy revealed cancer in one small area. The Gleason Score (GS), a 10-point scale of cancer aggressiveness, was 6. His PSA, a blood test for prostate cancer, was normal and there was no sign of cancer spreading beyond the prostate. Vincent's physician explained the possible side effects of treatments and Vincent opted for monitoring for cancer growth. His PSA has increased only slightly since then. Vincent is applying for a \$3 million term life policy and a \$5,000 per month disability income insurance policy.

Albert, 56, a mechanical engineer, had been told by his internist almost six years ago that his PSA was moderately elevated. A biopsy showed prostate cancer. After weighing the relative treatment risks and benefits, Albert decided on surgery. Cancer was present in two areas within one side of the prostate. His GS was 6. At a follow-up exam two months ago, Albert had no major symptoms and his PSA was so low that it was immeasurable. He is applying for \$5 million in permanent life coverage and \$10,000 per month in disability income insurance.

Putting Treatments in Perspective

The extent to which prostate cancer has spread is categorized by staging, usually determined by examination, ultrasound or MRI. However, examining tissue removed by surgery gives a more definitive picture of the stage of the cancer.

A bone scan is sometimes performed to determine if the cancer has metastasized, that is, spread distantly from its origin.

Think of the stage as a car's odometer and the Gleason Score as its speedometer. Generally, the lower the stage, the more likely that treatment will succeed with no recurrence of cancer.

The GS indicates the tendency for rapid growth, recurrence or metastasis of prostate cancer, with 2 being the least worrisome and scores of 8 to 10 being the most aggressive.

The common treatments for prostate cancer are:

1. Surgery, usually radical prostatectomy. Short- or long-term complications may include:
 - Short-term: post-operative bleeding, infection, and cardiac or pulmonary complications.
 - Long-term: urinary incontinence, strictures (the narrowing of the urethra) or impotence.
2. Radiation therapy, either by external beam or implants.
 - Radiation presents some long-term risks that may include various rectal or urinary symptoms, rectal or bladder cancer and impotence.

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If Your Client has a History of Prostate Cancer . . .

Here are a few questions you should ask a client diagnosed with prostate cancer:

- Stage? Gleason score?
- Any treatment administered? If so, what? When? Where?
- Any recurrence?
- Most recent PSA? What? When tested?
- Who is the physician following you for prostate cancer?

Underwriting Prostate Cancer

The Art and Science of Assessing the Risks

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3. Watchful waiting:

- Prostate cancer may be diagnosed in men whose life expectancy is short, or whose risk of death from aggressive treatment is high, due to their being of advanced age or having other illness. These men are often given non-aggressive treatment only after they develop symptoms of advancing cancer.
- Some men with low- to medium-risk prostate cancer choose to undergo “active surveillance,” a form of watchful waiting, in order to avoid complications of treatment until clearly necessary. These men receive close observation with exams, PSAs, ultrasounds and biopsies, and undergo aggressive treatment only after there is an indication of significant progression.

4. Hormonal therapy, usually androgen deprivation:

- This is sometimes administered in addition to surgery or radiation or to treat those undergoing watchful waiting with signs of cancer growth.
- Risks may include muscle loss, osteoporosis, fatigue, depression, memory difficulties, hot flashes, diabetes and cardiovascular disease.

Despite treatment, there generally remains, for many years, some risk of local or distant cancer recurrence, either because some cancer cells were left behind at surgery or not all were destroyed by radiation. Treatment then may include surgery, radiation, hormonal treatment or chemotherapy.

Mortality and Morbidity Risks

The primary mortality risk is death due to metastatic disease, but there is also a risk of future life-threatening treatment complications in those who choose active surveillance.

The morbidity risks are mainly treatment side effects, as well as symptoms from advanced cancer in those who are treated by watchful waiting or who have had a recurrence. Psychiatric issues such as depression and anxiety may also develop.

Life Underwriting

Vincent’s early stage, moderately aggressive cancer is being managed with active surveillance. He would qualify for life insurance at high substandard rates.

Having been treated several years ago for his early-stage, moderately aggressive cancer and showing no signs of recurrence, Albert would qualify for a life policy at Standard rates.

Disability Income Underwriting

Because the possibility of significant complications from treatment or symptoms from cancer lay ahead, Vincent would not be eligible for DI insurance.

Just over five years beyond completion of treatment, with no signs of recurrence or severe complications, Albert would qualify for a DI policy at moderately substandard rating with a 90- or 180-day elimination period, a two-year limited benefit period and an exclusion rider.

The cases presented here are hypothetical. Specific ratings will vary based on a client’s complete medical history.

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