



Breast Cancer

Breast cancer is the most common cancer in women in the United States and second to lung cancer as cause of cancer deaths. The National Cancer Institute estimates that the risk of a woman developing breast cancer in her lifetime is 1 in 8 (*more than half of the lifetime risk is after age 65*). Some cancers are discovered when the woman finds a palpable mass in her breast. Other 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 for reporting 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. There is risk of recurrence if no treatment is given beyond removing the tumor. The risk is less for DCIS (ductal cancer in-situ) than for (LCIS) lobular cancer in-situ.

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

Stage	Tumor Size	Lymph Node Involvement	Metastasis	Rating Age at Diagnosis
0	in-situ	no	no	<40 yr. old use Tumor Table D >40 yr. old use Standard
I	* 2 cm	no	no	age <45 yr. old PP 5 yrs then enter Tumor Table A, 6th yr. age 45-65 yr. old use Tumor Table B age > 65 yr. old use Tumor Table D
II	> 2 cm	no	no	some cases may be considered moveable axillary LN if size >2 cm but no LN or if size < 2 cm and only 1-2 LNs involved
III	chestwall or skin involvement	fixed axillary LN or internal mammary LN	no	decline
IV	any size	yes/no	any distant metastasis	decline

Lifelong follow-up is required to detect recurrences which can occur as late as 30 years after the initial diagnosis of cancer.

This handout shows our malignant tumor rating schedule absent other significant health problems for individual policies. Other prognostic factors besides lymph node involvement and tumor size which can affect the underwriting rating include: adequate follow-up care, hormone receptor status, grade, vascular or lymphatic invasion, and menopausal status and DNA appearance.

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Malignant Tumor Rating Schedule

	A	B	C	D
Within 1st year	Decline	Decline	Decline	\$5x3
2nd year	Decline	Decline	\$7.50x5	\$5x2
3rd year	Decline	\$10x6	\$7.50x4	\$5x1
4th year	\$15x6	\$10x5	\$7.50x3	0
5th year	\$15x5	\$10x4	\$7.50x2	0
6th year	\$15x4	\$10x3	\$7.50x1	0
7th year	\$15x3	\$10x2	0	0
8th year	\$15x2	\$10x1	0	0
9th year	\$15x1	0	0	0

For example, Stage I breast cancer diagnosed in a woman age 60 who is now in the third year following treatment would be rated under Tumor Table B: \$10x6

To get an idea of how a client with a history of breast cancer would be viewed in the underwriting process, feel free to use the attached Ask "Rx" pert underwriter for an informal quote

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Breast Cancer - Ask "Rx" pert underwriter (ask our experts)

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
- lumpectomy or wide excision
- mastectomy
- radiation therapy
- chemotherapy
- hormonal therapy (tamoxifen)

3. Please list date treatment completed: _____

4. Is your client on any medications?

- yes, please give details _____
- no

5. What stage was the cancer?

- Stage 0 (in-situ) Stage III
- Stage I Stage IV
- Stage II

6. Were lymph nodes involved? If yes, how many? _____

7. Has there been any evidence of recurrence?

- yes, please give details _____
- no

8. Date and results of last mammogram: _____

7. When was your client's last colonoscopy and CEA level? Please give date and results: _____

8. Has your client smoked cigarettes in the last 12 months?

- yes
- no

9. Does your client have any other major health problems (ex: cancer, etc.)?

- yes, please give details _____
- no

Please include the pathology report of the breast cancer.

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

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