



## Testicular Cancer

Although overall it is uncommon, testicular cancer is the most common type of cancer in young men age (15-35). The incidence of testicular cancer has been increasing, but mortality rates are improving due to dramatic advances in its treatment. The usual presentation of this cancer is a painless mass.

### Risk Factors

- ▶ Cryptorchidism (*undescended testicle*)
- ▶ Previous testicular cancer in opposite testis
- ▶ Testicular atrophy (*shrunk*) or dysgenesis (*congenitally abnormal*)
- ▶ Family history of testicular cancer

Germ cell cancers account for 95% of testicular cancer and can be subdivided into seminomas and nonseminomas. Non-germ cell cancers such as lymphoma account for the other 5% and can be from several different cell types.

Tumor markers for testicular cancer are AFP (alpha fetoprotein) and hCG (*human chorionic-gonadotropin*). The best use of these tumor markers is for the early detection of cancer relapse.

### Staging

<b>Stage I</b>	Tumor confined to the testis
<b>Stage II</b>	Metastasis to retroperitoneal lymph nodes
<b>Stage III</b>	Metastasis to supradiaphragmatic lymph nodes or other organs

Radical orchiectomy (*removal of the testis*) is the initial treatment for testicular cancer. Those with early seminomas are treated with radiation, while advanced seminomas and nonseminomas are treated with chemotherapy.

### Underwriting considerations for testicular cancer absent other impairments, with no further evidence of cancer and adequate routine follow-up care:

Stage I testicular cancer can be considered as soon as treatment is completed. The first year rating is Tumor Table D at \$5x3; second year \$5x2; third year \$5x1.

Stage II testicular cancers will be postponed for 0-2 years following completion of treatment; and Stage III will be postponed 2 - 4 years, depending on the severity of the disease. There will be an additional permanent +55 and the temporary extra will be higher than for Stage I disease.

To get an idea of how a client with a history of testicular cancer would be viewed in the underwriting process, feel free to use the Ask "Rx" *per underwriter* on the reverse side for an informal quote.

*This material is intended for insurance informational purposes only and is not personal medical advice for clients.*

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

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

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

1. Please list date of first diagnosis \_\_\_\_\_

2. How was the cancer treated (check all that apply)?

- surgery
- chemotherapy
- radiation therapy

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 I
- Stage II
- Stage III

6. Has there been any evidence of recurrence?

- yes, please give details \_\_\_\_\_
- no

7. Please give date and result of most recent AFP or hCG test:

\_\_\_\_\_

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

- yes
- no

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

- yes, please give details \_\_\_\_\_
- no

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