Sickle Cell Anemia

Sickle cell anemia (SS) is a chronic hemolytic (red cells break up with physical stress) anemia (low red cell count). Sickle cell diseases are caused by congenital abnormalities in hemoglobin structure. Red blood cells have hemoglobin that carries oxygen to all the cells of the body. Sickle cell predominantly affects African Americans and typically manifests in childhood. The red cells assume an abnormal sickle shape and are destroyed by the liver and spleen, causing anemia. Occlusion of small arterioles by the rigid sickle shaped cells causes complications and residual impairments. These are painful crises, aseptic necrosis of bones (*particularly the femoral head*), leg ulcers, heart enlargement, pulmonary embolism, and thrombosis of major vessels. The prognosis for patients who have sickle cell disease varies, but many live into adulthood. The morbidity among these patients is significant.

Sickle cell trait (*SA*), a carrier state, is not usually manifested by complications. Other hemoglobinopathies include Hemoglobin SC disease, which can be associated with mild to moderate anemia, and homozygous hemoglobin C which has a mild clinical state.

We must have evidence of stability for 1 year; that is, stable hemoglobin/hematocrit without transfusions and no recent crisis. Underwriting considerations and ratings are given in the table below.

Sickle cell anemia (SS) Under age 15	Decline
Age 15 and over	
Severe (*Hb less than 10g/dl or HCT less than32%*)	Decline
Mild-Moderate (*Hb 10 or over g/dl and HCT 32% or over*)	Class D
With complications as stated above	Individual consideration
After successful bone marrow transplant; no further crises, no further need for transfusions; Hb consistently >/= 10	Postpone 5 years
• 6 – 10 years	Rate as Sickle Cell Anemia
• After 10 years	Rate for residual impairments only, but no less than Class B (*see text above*)
Sickle cell (SC) Under 4 years old	Decline
Age 4 and over:	
Severe (*Hb less than 10 g/dl or HCT less than 32%*)	Decline
Mild to Moderate (*Hb 10 or over g/dl and HCT 32% or over*)	Class B
No anemia or crises	0
Sickle cell trait (*SA*)	0
Hemoglobin C (*CA*)	0
Homozygous hemoglobin C (*Hemoglobin CC disease*)	Rate as (*SC*) above

After reading the Rx for Success on Sickle Cell Anemia, please feel free to use the Ask "Rx" pert underwriter on the reverse side for an informal quote.

Your Success Matters.

{Name
Phone Number
E-mail Address
Website Address}

Prudential

Sickle Cell Anemia - Ask "Rx" pert underwriter
(*ask our experts*)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has sickle cell anemia, please answer the following:

1. What is the age of the client: _____
2. What type of sickle cell anemia does your client have?
   - ☐ sickle cell anemia (SS)
   - ☐ sickle cell (SC)
   - ☐ sickle cell trait (SA)
   - ☐ hemoglobin C
3. Is there a history of complications?
   - ☐ yes ☐ no
4. If Yes, check those that apply and give the date of the last episode.
   - ☐ painful crisis
   - ☐ aseptic necrosis of bones
   - ☐ leg ulcers
   - ☐ lung scar ring
   - ☐ thrombosis
   - ☐ enlarged heart
   - ☐ other
5. What is the current hemoglobin? _____
6. Are there other medical conditions?
   - ☐ yes ☐ no
   - ☐ if yes, please list: _____
7. Is your client on any medications (prescription and/or non-prescription)?
   - ☐ yes, please give details _____
   - ☐ no
8. Does your client smoke cigarettes?
   - ☐ yes ☐ no

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