Rx FOR SUCCESS

Cervical Cancer

The cervix is located at the lower end of the uterus. In 1999, about 5,000 women died from cervical cancer with an overall incidence of 12,800. Prior to 1930, the death rate was higher than for breast cancer. By 1946, the death rate had fallen below that for breast cancer, and currently it's less than half the death rate of breast cancer. The favorable trend is attributed to the widespread adoption of the pap smear in the early 1940's. The pap smear is a microscopic examination of cells able to detect a pre-cancerous stage or a malignancy in a preinvasive state. Carcinoma of the cervix often produces no symptoms but can be found in an abnormal pap smear done during gynecological examinations. Most cervical cancers are squamous cell carcinomas.

Carcinoma *in situ* is a small malignant tumor that is non-invasive. In stage I, the cancer is strictly confined to the cervix. Stage I is subdivided into stage Ia (less than 5mm in depth and 7mm in width) and stage Ib (larger lesions). Stage II extends beyond the cervix to the vagina wall; stage III extends to the pelvic walls; and stage IV extends beyond the pelvis.

Treatment of cervical cancer depends on its stage (i.e., the extent to which the cancer has spread). For women who wish to have children, stage I is treated with cone biopsy with meticulous evaluation of excised specimen. Stage Ia presents no risk for lymph node metastasis and is treated with simple hysterectomy. Stage Ib and stage II are treated with radical surgery (hysterectomy and lymph node removal) or radiation therapy. Stage III or IV tumors are more invasive and are treated with radiation and radioactive implants.

Adverse prognostic factors for cervical cancer include large tumor size, high microscopic grade, and any lymph node metastasis. The prognosis is worse for those diagnosed under 40 years of age. The five year survival rate is 90% for stage I cancers, 70 to 80% for stage II, 40% for stage III, and 10% for stage IV cancers.

Underwriting consideration absent other impairments, with no further evidence of cancer and adequate routine follow-up care:

Carcinoma *in situ*, surgically treated	Non-rated
Carcinoma *in situ*, other	Tumor table D
Stage Ia	Tumor table D
Other stage I, localized	Tumor table C
Stage II, III, IV	Decline

See Malignant Tumor Rating Schedule on next page (Tumor Table A – D).

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Malignant Tumor Rating Schedule

	A	B	C	D
Within 1st year	R	R	R	$5x3
2nd year	R	R	$7.50x5	$5x2
3rd year	R	$10x6	$7.40x4	$5x1
4th year	$15x6	$10x5	$7.20x3	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 Ia cervical cancer in the 2nd year following treatment would be rated under Tumor Table D: $5x2.

To get an idea of how a client with a history of Cervical 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 Cervical Cancer, use this Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had Cervical Cancer, please answer the following:

1. Please list date of first diagnosis.

_____

2. What stage was the cancer?

- ☐ Stage 0
- ☐ Stage Ia
- ☐ Stage Ib
- ☐ Stage II
- ☐ Stage III
- ☐ Stage IV

3. How has the cancer been treated? (Check all that apply.)

- ☐ Cone surgery
- ☐ Total hysterectomy
- ☐ Radiation therapy
- ☐ Chemotherapy

4. Please list the date treatment was completed.

_____

5. Is your client on any medications?

- ☐ Yes. Please give details: _____
- ☐ No

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

☐ Yes ☐ No

7. Does your client have any other major health problems (e.g., heart disease, etc.)?

- ☐ Yes. Please give details: _____
- ☐ No