# UNDERWRITING:
# Cervical Cancer

**by Donald V. Victorson, CLU**

Cervical cancer is largely preventable, yet according to the American Cancer Society, 13,000 new cases of invasive cervical cancer will be diagnosed and about 4,100 women will die of the disease in 2002.

It is the third most common cancer world wide, and the leading cause of death from cancer among women in developing countries. An estimated 190,000 die from the disease each year, and roughly 470,000 new cases are identified each year; 80% are in developing countries.

Unlike many cancers, cervical cancer can be prevented by screening and early treatment to detect and treat abnormal cervical tissue before it progresses to invasive cancer.

Cervical cancer is cancer of the cervix, the lower end of a woman's uterus. It is preceded by a precancerous condition called CIN (cervical intraepithelial neoplasia), which may develop into cancer. If left untreated, more than half of CIN cases may eventually develop into invasive cervical cancer.

Prior to 1930, the death rate from cervical cancer was higher than from breast cancer. Today it's less than half the death rate of breast cancer and dropping, due to the widespread adoption of the Pap Test, which is a microscopic examination of cells, able to detect either a precancerous stage or a malignancy in a pre-invasive state.

The vast majority of cases are caused by human papillomavirus (HPV), a sexually transmitted agent, which infects the cells of the cervix and slowly causes cellular changes (dysplasia) that can result in cancer. Frequently these are mild and do not progress. Severe dysplasia is more likely to progress to cancer. The disease can take up to 20 years to develop. Cervical cancer starts with an in situ stage, which can be treated, but then progresses to invasive disease that can be fatal.

**CARCINOMA IN SITU**

**Small malignant non-invasive tumors.**

**Stage Ia**
The cancer is strictly confined to the cervix and is less than five millimeters deep and less than 7 millimeters wide.

Stage Ia presents no risk for lymph node metastasis and is treated with hysterectomy.

**Stage Ib**
The cancer is strictly confined to the cervix but is larger.

**Stage II**
The tumor extends beyond the cervix to the vagina wall.

Stage Ib and Stage II tumors require more radical surgery, hysterectomy and lymph node removal are called for, and/or frequently radiation therapy.

**Stage III**
The tumor extends to the pelvic walls.

**Stage IV**
The tumor has expanded beyond the pelvis.

Stage and III and IV tumors are more invasive and are treated with radiation and radioactive implants.

**UNDERWRITING PROGNOSIS**

Adverse factors for cervical cancer include: large tumor size, high microscopic grade, and any lymph node metastasis. The prognosis is worse for those diagnosed under the age of 40.

The five year survival rate for Stage I tumors is 90%, 70-80 % for Stage II, 40% for Stage III, and 10% for Stage IV.

Stage Ia tumors, surgically treated are insurable even within the first year following surgery.

Stage Ib tumors, surgically treated are insurable usually after one or two years following surgery at higher ratings.

Stage II, III, and IV tumors are likely to be declined or severely sub-standard.

It is absolutely essential to obtain the Pathology Report (Biopsy) so that the Underwriter can properly assess the Grade and Stage of the cancer.

UNDERWRITER:
Defined as someone sitting in an ivory tower 900 miles from here, trained to say, "NO."

YOUR JOB:
To convince that underwriter, with truthful information, presented in as favorable a light as possible that it is desirable, even possible to say "YES."