

UNDERWRITING: Melanoma

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Skin Cancer is the most common form of cancer, and in most cases it is easily curable by a dermatologist.

Melanoma, the most serious type of skin cancer, if caught early can be easily removed surgically, if neglected it can develop into a life-threatening condition.

It is important to detect melanoma early. For that reason the American Cancer Society recommends that persons ages 20 to 40 have a skin check-up every three years, and that people over age 40 have one every year.

In men, melanoma is most often found in the area between the shoulders and hips, and on the head and neck. In women, melanoma often develops on the lower legs. The likelihood of developing melanoma increases with age, but it is found in all age groups, and is one of the most common cancers in young adults. Although rare in African-Americans and others with dark skin, melanoma may also appear under the fingernails or toenails, or on the palms and soles of the feet of persons with dark pigmented skin.

Melanoma begins in certain cells in the skin called melanocytes, found in the deeper part of the epidermis. They produce melanin, the pigment that gives the skin its coloration. Frequently, clusters of melanocytes form benign growths called moles or nevi that can be flat or raised.

Melanoma occurs when melanocytes become malignant. When melanoma begins in the skin it is called cutaneous melanoma. It can also occur in the eye and is referred to as ocular melanoma. In addition, melanoma is occasionally found in the digestive tract, lymph nodes, or elsewhere where melanocytes are found.

Excessive exposure to sunlight is the

key risk factor in developing melanoma. Even benign nevi are believed to increase the likelihood of eventual transformation into malignant melanoma.

Dysplastic nevi are usually larger, display multiple colorations within the same lesion, and have highly irregular borders. Dermatologists classify these nevi on a probability scale of developing melanoma from A to D2. B and C nevi involve a family history of melanoma. D nevi lesions frequently involve a history of previous of malignant melanoma.

People with dysplastic nevi should be checked regularly by a dermatologist, as their risk of developing malignant melanoma is high and a regular physician may not recognize the problem until it is too late and they have turned malignant. In addition, anyone who has had a malignant melanoma should be checked frequently by a dermatologist as the risk of a repeat malignancy is high.

Once a melanoma turns malignant it is classified by both the thickness of the lesion in millimeters (a Breslow number) and the level of invasion in the skin (a Clark stage).

Whenever a Melanoma has been surgically removed, a pathology report including both Breslow and Clark staging is essential for the case to be considered for underwriting.

UNDERWRITING PROGNOSIS

Melanoma if caught early before it has spread has a cure rate by excision of virtually 100%.

Once the cancer has spread through the lymph nodes or blood stream, the chance of a cure drops dramatically. Chemotherapy and radiation are not very effective except in prolonging short-term survival.



Remember: Melanoma can kill you!

While most benign growths have no effect on longevity, malignant melanoma is an entirely different story.

Malignant Melanomas that are Stage 1A growths, (the lesion is less than one millimeter and not very deep) have virtually a 100% 5 year survival rate. A moderate rating will usually apply.

Malignant Melanoma that are more than one millimeter in size and/or deeper into the skin will usually require a flat extra rating until 2 to 5 years of recovery after which Standard is possible.

Whenever the cancer has spread to the lymph nodes or blood stream, the case will almost always be declined.

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."