



by Donald Victorson, CLU

## 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."

Bladder cancer is one of our most common cancers. It is estimated that over 54,000 new cases will be identified in the United States this year.

### *What are the symptoms of bladder cancer?*

The most common symptom is blood in the urine, which may appear suddenly without any apparent cause, and usually without any pain associated with it.

Early examination by the family doctor, including a urine test to determine the nature of the problem, which will almost

always prove not to be cancer is extremely important.

### *What are the different types of bladder cancer?*

#### **SUPERFICIAL BLADDER TUMORS**

Most bladder cancers are SUPERFICIAL, growing on the inside lining of the bladder. They are also referred to as papillary tumors. They may be single or multiple.

#### **INVASIVE BLADDER CANCER**

If the bladder cancer has grown deeper into the wall of the bladder, if it extends into the muscle layer or its surrounding tissue it is described as INVASIVE. Fortunately, this occurs in only a small percentage of patients. Occasionally the tumors will spread (metastases) beyond the local area to other organs such as the lungs, bones, and heart.

### *How is bladder cancer treated?*

Superficial or papillary tumors can be completely removed by cutting them off, using a cystoscope. Unfortunately, there is a high incidence of recurrence. Frequent follow up testing is therefore necessary to catch any new tumors early.

### **Surgery**

In cases of invasive bladder cancer, surgery to remove part or all of the bladder is common, especially if the cancer invades the bladder wall, or involves a large part of the bladder.

Where the cancer has spread, a radical cystectomy removes the entire bladder, nearby lymph nodes, and any surrounding organs that contain cancerous cells. In men, this may involve removal of the prostate and seminal vesicles. In women, the uterus, ovaries, and part of the vagina are removed.

### **Chemotherapy**

Anti-cancer or cytotoxic drugs are commonly used in addition to surgery. They are injected into a vein and will travel to bladder cancer cells any-

where in the body, not just in the bladder.

### **Radiation**

Frequently, in an effort to destroy the cancer cells and to relieve the symptoms caused by the cancer, radiation is used in addition to both surgery and chemotherapy.

### **To properly evaluate a client's insurability you must ask the following important questions:**

*When was the client diagnosed with bladder cancer?*

Many cases of bladder cancer are insurable, in some cases in less than one year following the cessation of treatment. It is extremely important to identify the exact date of diagnosis, and ending treatment.

*How was the bladder cancer treated?*

The size of the tumor, the tumor's aggressiveness, and the degree of invasiveness will all determine the treatment. Treatment options include: surgery, laser removal, chemotherapy, and immunotherapy.

*What medications is the client taking?*

Pay special attention to any medication being taken. Bladder cancer does not normally require ongoing medication, other than possibly immunotherapy, which may not affect insurability. *Have all follow-up examinations been normal since treatment?*

Unfortunately, superficial bladder tumors are known to recur fairly frequently. If so, they must be excised promptly as up to 20% of superficial bladder tumors may progress and become invasive.

### **PROGNOSIS**

Early detection is the key. Currently, patients with localized superficial tumors have at least a 95% five-year survival rate. Where invasive bladder cancer has spread to nearby organs, or to distant organs, the five-year survival rates drop to 50% and 6% respectively.