

Brain Tumors

Each year 200,000 people in the United States and Canada are diagnosed with a brain tumor.

Brain tumors are the leading cause of tumor death in children under age 20, and the third leading cause of cancer death at ages 20-39.

Brain tumor patients, including many with "benign" brain tumors have poorer survival rates than breast cancer patients.

The Five Year survival rate for adults with a malignant brain tumor is approximately 30%. In children, while 69% will survive, many are left with long term side effects.



By Donald V. Victorson,
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What are the symptoms of a brain tumor?

Symptoms can include: headaches, seizures in persons with no history of seizures, cognitive or personality changes, eye weakness, nausea or vomiting, speech problems, or memory loss.

How are Brain Tumors Treated?

Surgery is the primary treatment for brain tumors that can be removed without damaging critical neurological functions. Because the tumor is likely to recur if any cancer cells remain, the goal is to remove the entire tumor wherever possible.

Radiation therapy and Chemotherapy are also utilized for tumors that cannot be managed with surgery alone, and also where the tumor is inoperable.

What medications are prescribed for Brain Tumor Patients?

- Steroids are commonly prescribed for edema. (brain swelling)
- Anti-epileptic drugs are frequently prescribed to control seizures.
- Chemotherapy, if prescribed is intended to help shrink or kill the cancer cells.

What are the Types of Brain Tumor?

There are more than 120 different types of brain tumors. The World Health Organization classifies brain tumors by cell origin, and how the cells behave, from the least aggressive (benign) to the most aggressive (malignant), and by the tumors grade and location.

- **Grade I:** Slow growing with relatively well defined borders. Occurs most often in children and teens. Accounts for 2% of all brain tumors.
- **Grade II:** Slow growing, rarely spreads, borders not well defined. Common in patients ages 20 – 50.
- **Grade III:** Growth faster and more aggressive than Grade II. Tumor cells not uniform in appearance. Invades neighboring tissue. Common in patients ages 30 – 50. Accounts for 4% of all brain tumors.
- **Grade IV:** Most invasive type of tumor, commonly spreads to nearby tissue, grows rapidly. May be composed of several different kinds of cells. Common in patients ages 50- 70. Accounts for 23% of brain tumors.

What is a Metastatic Brain Tumor?

A secondary brain tumor that began as cancer elsewhere in the body. The cancer cells have been carried by the blood or lymphatic fluid to the brain, or may have spread from adjacent tissue.

The primary cancer is most commonly in the lung, breast, colon, kidney, or skin (melanoma), but can originate anywhere. Increasingly seen among elderly patients as they survive primary cancers for longer periods of time.

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

When Was the Client Diagnosed with a Brain Tumor?

Brain Tumors can be insurable, in some cases in a number of years following the end of treatment. The exact date of diagnosis is extremely important in determining the starting point for risk assessment.

What Kind of Treatment Did the Client have for the Brain Tumor and When did it End?

The size of the tumor, the tumor's aggressiveness, and the degree of the tumor's invasion will determine the kind of treatment needed. If the tumor was confined to the brain, surgery should be effective, and neither chemotherapy nor radiation is usually required. Tumors that have metastasized (spread elsewhere) usually require more aggressive treatment in addition to surgery.

What Current Medications is the Client Taking?

Successful surgery for Brain Tumors does not usually require ongoing medication.

Have all Studies and Follow-Up Visits Been Normal Since the end of Treatment?

Blood testing is commonly used during the follow-up period to detect the presence of a reoccurrence of the tumor.

Remember: The "waiting period" for clients with a history of cancer before they are insurable for coverage begins with the last date of all forms of active treatment.

Underwriting Prognosis

After a reasonable recovery period, many applicants with Brain Tumors that are clearly defined as Grade I or Grade II may be insurable on some reasonable sub-standard basis.

Unfortunately, Grade III and Grade IV cases of Brain Tumor are almost certainly uninsurable on any basis.

HOWEVER There is always Guaranteed Issue Life Insurance

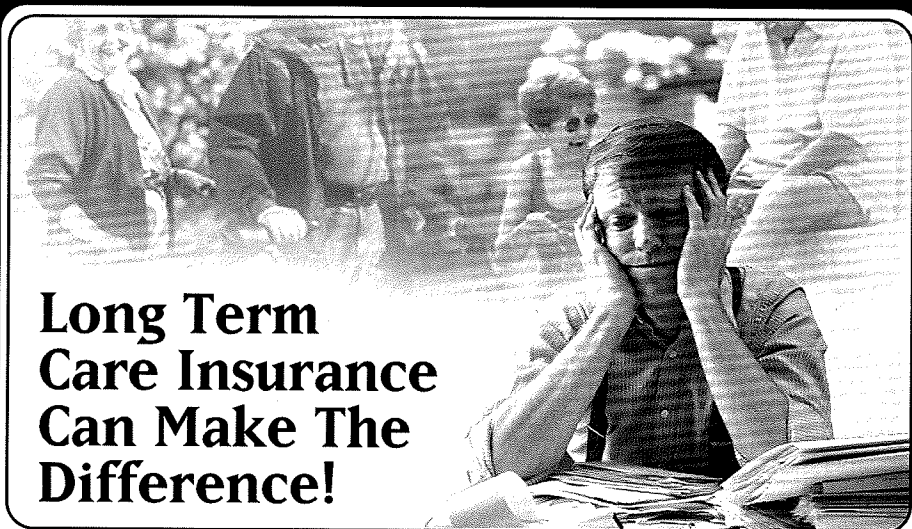
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