

Breast Cancer

Heart disease affects 1 in 3 women and is the leading cause of death of women in the US. It is Breast Cancer however that most women seem to fear the most.

Approximately one in nine American women will develop breast cancer sometime during their lifetime. It is the most common cancer in women, excluding skin cancer. It is the second leading cause of cancer deaths in women. Breast cancer is responsible for 18% of cancer deaths in women. It is a significant health hazard which medicine hasn't been able to alter much. Breast cancer does occur in males but it is much less common.

The diagnosis of breast cancer is made in basically two ways – physical exam or mammography. The patient or physician feels an abnormality in one of the breasts. It may be a firm lump, something different compared to the other breast, or just something new.

Although new, improved treatment is helping breast cancer patients live longer than before, breast cancer can spread to other sites throughout the body. Sometimes cancer returns even after the entire tumor is removed and nearby lymph nodes are found to be cancer free.

What are some of the Risk Factors for Breast cancer?

- *Being female.* Males do develop breast cancer, but rarely.
- *Age.* Risk increases with age, especially after age 60.
- *Past history* of breast cancer increases the risk of developing cancer in the other breast.
- *Family history* of breast cancer unfortunately increases the chances of being diagnosed with breast cancer yourself.
- *Radiation.* Exposure increases likelihood of developing breast cancer later in life.
- *Obesity.* Definitely increases breast cancer risk.
- *Late Childbearing.* Having a first child after age 35 increases the risk of breast cancer.
- *Alcohol consumption.* Excessive drinking can increase the risk of breast cancer.



By Donald V. Victorson, CLU

ed in a large increase in breast cancers being discovered early while they are still Stage 0 (in situ), or Stage 1 (invasive but quite small).

- *Stage 0* Usual treatment is either Lumpectomy plus radiation or Mastectomy.
- *Stages I and II* Usual treatment is either Lumpectomy plus radiation or Mastectomy plus lymph node removal. Frequently hormone treatment and/or chemotherapy following surgery.
- *Stages III and IV* Surgery, usually followed by radiation and/or chemotherapy and hormonal therapy.

In order to determine insurability for someone with a history of breast cancer it is important for you to know:

When was the breast cancer first diagnosed?

Breast cancer can be insurable, in many cases, in less than one year following the end of treatment. The exact date of diagnosis is very important in evaluating insurability.

What kind of treatment was done for the breast cancer and when did treatment end?

The size of the tumor, the tumor's aggressiveness, and the degree of the tumor's invasiveness will determine the kind of treatment. Small tumors that are confined to the breast can usually be treated successfully with a partial removal of the breast. This is called a LUMPECTOMY. A course of radiation frequently follows surgery. Larger tumors with greater invasion may require the complete removal of the breast. This is called a MASTECTOMY.

Frequently the lymph nodes in the armpit on the same side as the cancerous breast are also removed to check for cancer. In cases where the cancer has spread to one or more lymph nodes, additional treatment in the form of chemotherapy or radiation may be necessary. In very severe cases a BONE MARROW TRANSPLANT may be necessary.

What current medications are being taken?

Successful treatment of breast cancer can also involve ongoing maintenance chemotherapy such as Tamoxifen. This may be taken for many years following the surgical treatment. The use of Tamoxifen as a maintenance or preventive medication does not preclude insurability.

Have all follow-up mammograms been normal since the end of

Underwriting Concerns with Breast Cancer.

The common use of screening Mammograms has result-

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YOUR QUESTIONS ANSWERED

treatment?

Mammogram studies are used to monitor breast cancer patients following the completion of initial treatment. These are usually done on a six month basis in the first three years of follow-up. Any abnormality in a follow-up mammogram suggests the possible return of the cancer.

Underwriting Prognosis

In addition to the Stage of the cancer at the time of discovery, the underwriter is very much concerned with the kind of tumor discovered, the family history of breast cancer, and the age at diagnosis.

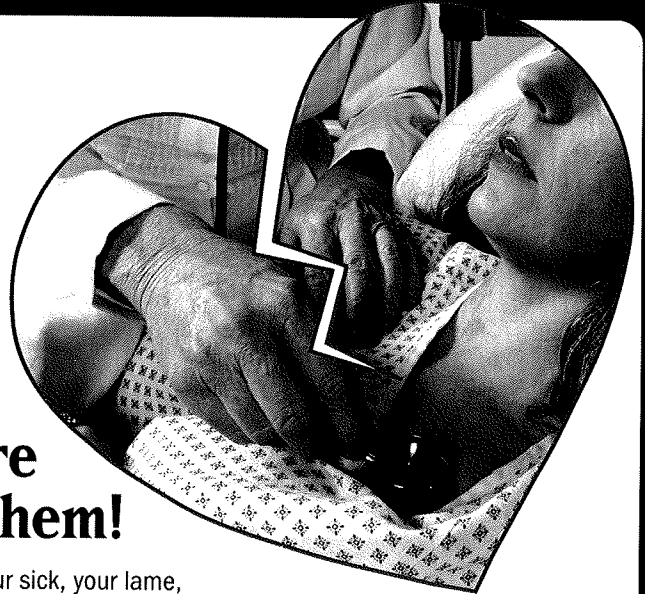
He is also concerned with "compliance". How often is the doctor seen? How often are mammograms, MRI's and other tests performed?

Needless to say, the earlier the cancer has been detected and the smaller it is at the time of detection, the more likely is a favorable offer.

- *Stage 0 (in situ)*: Usually insurable sub-standard shortly after treatment ends.
- *Stages I, II and III*: Most area insurable after a waiting period of two to five years at significantly sub-standard rates.
- *Stage IV*: Usually Uninsurable.

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. ❖

We Don't Mend Broken Hearts...



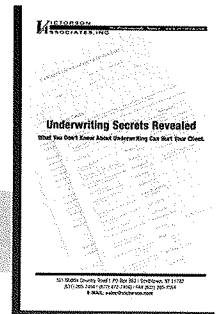
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