

## COLON CANCER



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."

Cancer, the second most common cause of death in the U.S. after heart disease, is a disease that results from a malignant overgrowth of cells.

Approximately 160,000 Americans are diagnosed with colorectal cancer annually, and almost 60,000 die each year from the disease.

Most cases of colon cancer arise from cells in the inner mucus lining of the colon (large bowel). Polyps or adenomas are benign growths in the mucosa, which have the potential to become malignant given enough time. Once a colon cancer becomes invasive it may penetrate deeply into the wall of the colon and eventually spread to the lymph nodes. Later these malignant cells can spread to liver, lung, brain, or other organs. It is the spread of cancer to other organs that causes death from this disease.

### RISK FACTORS FOR COLON CANCER

**AGE:** Risk increases with age. It is the most common cause of death from cancer in people over the age of 75.

**PREVIOUS HISTORY:** Someone who has had cancer in one portion of the colon is at higher risk of having cancer in other parts of the colon.

**FAMILY HISTORY:** Someone with relatives who had colon cancer is at higher risk of having colon cancer as well as other cancers.

**ULCERATIVE COLITIS:** Persons with ulcerative colitis have five to ten times the general risk for developing colon cancer. The younger a person is when first diagnosed with ulcerative colitis, the higher the risk of eventually developing colon cancer.

**DIET AND OBESITY:** Excessive body weight increases colon cancer risk. Diets low in fat and high in fiber are believed to be helpful in minimizing the risk of colon cancer.

### STAGES OF COLON CANCER

**STAGE A:** Cancer has penetrated only the most superficial layer of the bowel wall (the mucosa).

**STAGE B:** Cancer has penetrated deeper into the muscular layer of the bowel wall.

**STAGE C:** Cancer has spread to nearby

lymph nodes.

**STAGE D:** Cancer has spread beyond the lymph nodes to vital organs, such as the liver, lung, or brain.

### TO PROPERLY EVALUATE A CLIENT'S INSURABILITY YOU MUST ASK THE FOLLOWING IMPORTANT QUESTIONS:

*When was the Colon Cancer First Diagnosed?*

Colon Cancer is frequently insurable, sometimes in less than two years following the end of treatment. The exact date of diagnosis is extremely important in the risk assessment process.

*What kind of treatment was performed and when did it end?*

The size of the tumor, the tumor's aggressiveness, the degree of the tumor's invasion (its STAGE) will determine treatment. Small tumors confined to the inside wall of the colon can be successfully surgically removed. Larger tumors that have invaded into the wall of the colon, or beyond into the lymph nodes, may in addition to surgery require chemotherapy and/or radiation.

*What medications is the client currently taking?*

Successful treatment of colon cancer does not generally require continuing medication.

*Have all follow-up studies since the end of treatment been normal?*

Colonoscopy is commonly used to monitor cancer patients following the completion of initial treatment. These are generally done every six months during the first three years following surgery, and less frequently thereafter.

**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.