

## KIDNEY 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."

Each year more than 28,000 people in the United States are diagnosed with Carcinoma of the Kidney.

The kidneys are two bean-shaped organs located on each side of the spine. Part of the urinary system, their main function is to filter blood and produce urine to rid the body of waste. Urine drains from each kidney through the ureter, into the bladder where it is stored. The kidneys also produce substances that help control blood pressure and regulate the formation of red blood cells.

Normally, cells grow and divide to produce more cells, as the body needs them. Sometimes cells keep dividing when new cells are not needed, and a mass of extra tissue forms. This mass is called a growth or tumor. Tumors may be either benign or malignant.

*Benign Tumors* are not cancerous. They have the potential to become malignant. They can be removed and in most cases do not recur. Cells in benign tumors do not spread to other parts of the body and are rarely a threat to life.

*Malignant Tumors* are cancer. Cells in malignant tumors are abnormal and divide without control. These cancer cells can invade and destroy tissue around them. Cancer cells can also break away and enter the bloodstream or lymphatic system. This is how cancer spreads from the original tumor to form other tumors in other parts of the body. The spread of cancer is called metastasis.

In its early stages, kidney cancer usually causes no symptoms. However, as the tumor grows, symptoms may occur including: BLOOD IN THE URINE. A LUMP OR MASS IN THE KIDNEY AREA. FATIGUE, LOSS OF APPETITE, WEIGHT LOSS, RECURRENT FEVERS. A PAIN IN THE SIDE THAT DOESN'T GO AWAY. A GENERAL FEELING OF POOR HEALTH.

### Treatment Options

*Surgery* is the most common treatment for kidney cancer. The operation is called a nephrectomy. Usually, the surgeon removes the entire kidney along with the adrenal gland and the tissue around the kidney. Some lymph nodes may also be removed. Sometimes, the surgeon removes just the part of the kidney containing the tumor.

*Radiation Therapy* is used to kill the cancer cells. Sometimes, radiation therapy is used when the cancer has spread to the bone.

*Biological Therapy* (immunotherapy) that uses the body's natural immune system to fight cancer. Interleuken-2 and other biological therapies are used to fight advanced kidney cancer.

*Chemotherapy* is the use of drugs to kill cancer cells. Chemotherapy unfortunately has not been found to be as effective with kidney cancer as it has in the treatment of other cancers.

*Hormone Therapy* is used with a small number of patients with advanced kidney cancer to try to control the growth of the cancer cells.

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

*When was the client diagnosed with kidney cancer?*

Kidney cancer can be insurable, in some cases in less than two 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 kidney cancer and when did it end?*

The size of 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 kidney, surgery should be effective, and neither chemotherapy nor radiation is usually required. Tumors that spread beyond the kidney, into the lymph nodes may require more aggressive treatment in addition to surgery.

*What current medications is the client taking?*

Successful surgery for kidney cancer 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.**