

## Non-Hodgkin's Lymphoma

### What is Non-Hodgkin's Lymphoma?

Any of a large group of cancers that starts in the lymphatic system, the disease fighting network spread throughout the body. Non-Hodgkin's Lymphoma, where tumors develop from lymphocytes (a type of white blood cell) is many times more common than Hodgkin's Disease.

Lymphoid tissue is found in many parts of the body, therefore lymphomas can start almost anywhere especially in:

- Lymph nodes, small organs found underneath the skin in the neck, underarm, and groin, and as well in many other places in the body, make and store infection-fighting



By Donald V. Victorson, CLU

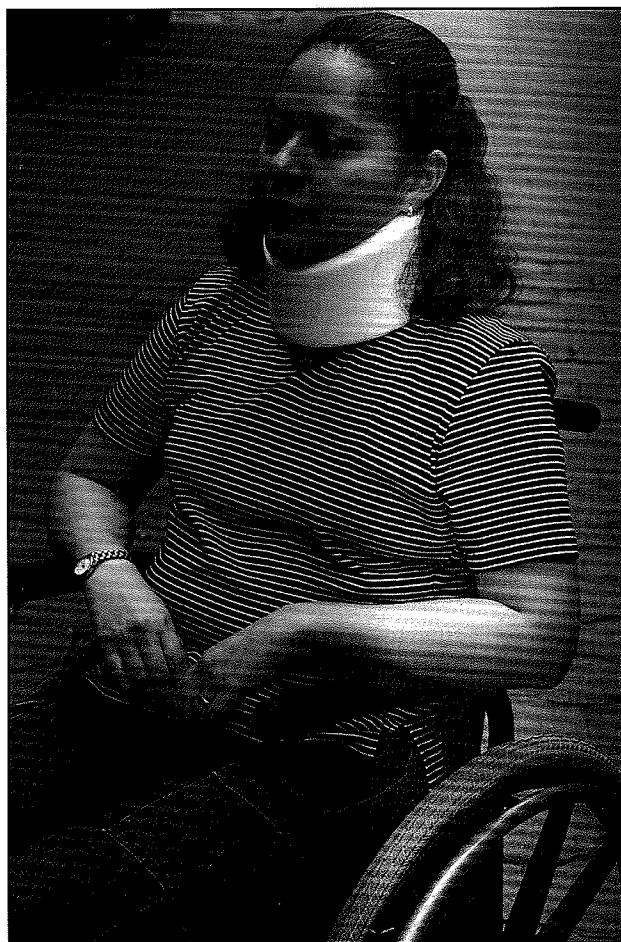
white blood cells. The spleen, the bone marrow, and the thymus are also part of the lymphatic system.

- The Spleen is an organ in the left side of the upper abdomen that removes old cells and debris from the blood.
- The Bone Marrow is the spongy tissue inside the bones that creates new red and white blood cells including lymphocytes.
- The Thymus Gland, a small organ in the chest, important in developing a special lymphocyte called a T cell.
- Adenoids and Tonsils, a collection of lymphoid tissue found in the back of the throat that manufactures antibodies to fight germs that are breathed in or swallowed.

### What are the types of Non-Hodgkin's Lymphoma?

#### B-Cell Lymphomas

About 85% of Non-Hodgkin's Lymphoma is B-Cell Lymphoma. It is slow growing and affects mostly older people. Often it is localized and therefore more curable than if it has spread to other parts of the body. It responds well to chemotherapy.



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## **Follicular Lymphoma**

Rare in young people, it is usually slow growing, but is considered to be incurable with a five year survival rate of about 65%.

## **Chronic Lymphocytic Leukemia**

Slow growing, incurable, but depending upon the stage of the disease, most patients can live up to 10 years.

## **Mantle Cell Lymphoma**

Usually widespread upon diagnosis. The lymph nodes, bone marrow and often the spleen are usually involved. Only about 20% of patients survive five years.

## **Marginal Zone B-cell Lymphomas**

These lymphomas start in places other than the lymph nodes, are usually slow growing and are frequently curable if diagnosed in the early stages.

## **Primary Mediastinal B-cell Lymphoma**

Starts in the area around the heart, is usually localized, and most common in young women. It is fast growing but curable in about 50% of patients.

## **Burkitt Lymphoma**

Fast growing, often starts in the jaw or abdomen. Can also start in the ovaries, testes, or other organs and can spread to the brain or spinal fluid. Responds to intensive chemotherapy.

## **Lymphoplasmacytic Lymphoma**

Headache, dizziness, confusion, tiredness and weakness are common. Slow growing, incurable, but most

patients live more than five years.

## **Hairy Cell Leukemia**

A rare slow growing lymphoma typically found in the bone marrow and spleen, primarily found in older patients. Responds well to treatment.

## **Primary Central Nervous System Lymphoma**

Usually involves the brain and spinal cord, over time spreads throughout the central nervous system. Common among AIDS patients. Outlook fairly poor.

## **T-Cell Lymphomas**

Fast growing, often starts in the thymus gland and can develop into a large tumor around the heart that interferes with breathing. Most patients are young males. If it has spread to the bone marrow less than 50% of patients can be cured.

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

### ***When Was the Client Diagnosed with Non-Hodgkin's Lymphoma?***

Non-Hodgkin's Lymphoma can be insurable, in some cases in less than two years following the end of treatment. The exact date of diagnosis, date when treatment began, and when it ended is extremely important in determining the starting point for risk assessment.

### ***What Treatment Did the Client have and has it Ended?***

The type of lymphoma, the treatment required, and when treatment

ended are all critical in determining whether your client is insurable, and if so on what basis.

### ***What Current Medications is the Client Taking?***

Try to document all medications currently being taken with dosages, and as well what medications were previously prescribed during treatment as this will assist the underwriter greatly in evaluating your case.

### ***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 Non-Hodgkin's Lymphoma may be insurable on some reasonable sub-standard basis.

### ***HOWEVER There is still always Guaranteed Issue Life Insurance***

Guaranteed Issue Life Insurance is available today in amounts of up to \$100,000 and more. This may be the only recommendation that you can make. We suggest that your client buy as much Guaranteed Issue as you can find, or they can afford to purchase. ♦

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