



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."

Testicular Cancer

Cancer of the testicles – sex glands in the scrotum that secrete male hormones and produce sperm account for only about 1% of all cancers in men, according to the National Cancer Institute. However, in men between the ages of 15 to 34, it is the most common cancer, and for unknown reasons it is much more common in white men than in black men.

Today, due to advances in therapeutic drugs, improved diagnosis, and better testing, testicular cancer is often completely curable, especially if detected and treated early.

Stages of Testicular Cancer

Stage 1 - Cancer is confined to the testicle.

Stage 2 - Cancer has spread beyond the lymph nodes, located below the diaphragm.

Stage 3 - Cancer has spread beyond the lymph nodes to remote organs in the body.

What is the treatment for testicular cancer?

Surgery - In most cases, surgery is performed to remove the testicle. If the cancer has spread to the lymph nodes in the abdomen, they will be surgically removed as well. If tumors have spread to other parts of the body they may also be removed by surgery.

Radiation - High energy x-rays are frequently used locally to help stop the growth of the cancer.

Chemotherapy - Anticancer drugs are frequently utilized where there are signs that the cancer has spread, or where the physician suspects that undetected cancer cells remain following surgery or radiation.

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

When was the client diagnosed with testicular cancer?

Testicular cancer can be insurable, in some cases in less than two years fol-

lowing 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 testicular cancer and when did it end?

The type of testicular cancer, the size of the tumor, the aggressiveness of the tumor, the extent to which it has spread to other parts of the body, will all be considered by the physician in determining the course of treatment. Was the testicle surgically removed? Totally, or partially? Did the client also undergo chemotherapy? Radiation?

What current medications is the client taking?

Hormone therapy is common following surgery. In addition are other medications required?

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 recurrence of the tumor.

PROGNOSIS

The cure rate for all types and stages of testicular cancer is high. The earlier the cancer is detected however, the better. Late stage testicular cancer is much harder to eradicate, requiring much more radical surgery, and more frequent resort to chemotherapy and/or radiation with their attendant side effects.

With early detection and prompt treatment the cure rate is excellent, consequently underwriting offers for testicular cancer tend to be very favorable.

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.*