

CANCER — OVARIES

Overview:

Ovarian cancer is the fourth leading cause of cancer deaths among women in the United States; it accounts for 5% of all cancers in women. Approximately one in every 70 women will be diagnosed with ovarian cancer. In 1992 there were 21,000 new diagnosis for ovarian cancer, with 13,000 reported deaths. Ovarian cancer is most common among women age 50 to 59 and only a small percentage of them occur before age 40 or after age 70.

Ovarian cancer frequently does not lead to symptoms until it is fairly advanced and has spread beyond the ovaries. Thus, unfortunately, the survival rates for ovarian cancer are not good. Like many cancers, ovarian cancer is staged according to it's size at the time of diagnosis. The lower the stage, the earlier the tumor has been detected, the less likely it has spread to other tissues, and the greater the chances for long term of survival. The table to the right gives an indication of current survival rates by stage of disease.

Stage	Definition	5 Year Survival
I	Limited to ovaries	70% - 90%
II	Limited to pelvis	50% - 70%
III	Limited to abdominal cavity	25%
IV	Distant metastasis	10%

Surgical treatment is recommended for all varieties and stages of ovarian cancer. A pathology report following surgical removal indicates the aggressiveness of the cancer cells, indicated as the cancer's grade. As with other cancers, the higher the grade, the more aggressive the cancer, and the poorer the prognosis. Grade I or II is much more favorable than III or IV. Depending on the stage and grade of the cancer, radiation and chemotherapy may supplement the surgery.

Impact on Life Underwriting:

As many ovarian cancers are discovered in advanced stages, meaning only after it has spread beyond the ovaries, most cases are postponed for at least several years from the date of last treatment. The table below gives an estimate of possible underwriting actions. In addition to establishing the stage and grade of the cancer, it is also important to get the exact name of the cancer cells found. While 90% of ovarian cancers are *epithelial carcinomas*, there are other varieties and underwriting may vary. Ideally you can obtain the one or two page pathology report. The details within this report will enable us to determine which carriers are likely interested in your client's risk, and at what premium level. This will give you and your client a reasonably good idea what to expect post underwriting, and enable you to apply accordingly.

Ovarian cancer is typically underwritten, after a period of postponement ranging from 1 to 5 years, with either standard rates or a low table rating (the latter especially if chemotherapy was used as part of the treatment program), with additional flat extras that are determined considering the time since last treatment. Flat extras should be expected for approximately 10 years following the date of last treatment. These flat extras will be very steep during the first few years following treatment but they may gradually decrease and drop as time progresses without recurrence. Stages I – IV of the following table refer to *epithelial ovarian tumors* only (as discussed above, this includes 90% of all ovarian cancers). Other forms of ovarian cancers, including germ cell tumors, stromal cancers, and other cancers of non-specific mesenchymal origin typically carry similar postponements to those illustrated in the table below, but their underwriting varies from standard base rates to moderate table ratings to declines. SB 04/10/2001

Type/Stage	Typical Characteristics	Possible Underwriting Action
I	Cancer in one or both ovaries.	<i>PP 1 year, then Std to T2 plus \$5 to \$10/\$1,000 for 5 years.</i>
II	Cancer spread to other areas in pelvis.	<i>PP 3 years, then Std to T2 plus \$10/\$1,000 for 5 years.</i>
III	Cancer spread to lymph nodes and may have spread to the abdomen.	<i>PP 5 years, then Std to T2 plus \$15/\$1,000 for 5 more years.</i>
IV	Cancer spread beyond the lymph nodes and beyond the abdomen.	<i>Typically uninsurable, but individual consideration is sometimes given after a minimum postponement of 5 years.</i>