



Rx FOR SUCCESS

Barrett's Esophagus

The esophagus is a muscular tube connecting the throat to the stomach. Barrett's esophagus is a pre-malignant condition, sometimes leading to adenocarcinoma of the esophagus. Esophageal cancer is rarely curable with a poor five year survival. When Barrett's esophagus is found, periodic endoscopic surveillance is recommended so biopsy can identify dysplasia or pre-cancerous lesions and thereby prevent progression to overt cancer through resection.

Barrett's esophagus is typically found upon endoscopic evaluation of patients with symptoms of heartburn, reflux (back wash of stomach acid irritating the esophagus), or other upper gastrointestinal symptoms. But it can also be found in persons with no symptoms. It is easily recognized visually by a characteristic salmon color. The diagnosis is confirmed at biopsy with the finding of a change in the esophageal epithelium called "intestinal metapase." The biopsy report will also include whether there is dysplasia present and, if dysplasia is present, whether it is high-grade or low-grade. Cancer risk is highest in those with high-grade dysplasia and lowest in those with no dysplasia. The risk is also higher in those with involvement of a long segment of esophagus as compared to those with short segment involvement. Because Barrett's esophagus is common, the overall risk of cancer is low in persons with short segment involvement and no dysplasia.

If there is no dysplasia, follow-up endoscopy and biopsy are recommended every 3 years. If high-grade dysplasia is present, intense surveillance (every 3 months) is required and possibly surgical resection of the esophagus. Low-grade dysplasia requires yearly surveillance. Barrett's esophagus may be treated with anti-reflux therapy, but there is no clear evidence that medical treatment alters the course of the disorder. Sometimes, surgery is undertaken to prevent reflux.

UNDERWRITING CONSIDERATIONS

▶ Present without dysplasia	Non-rated*
▶ Present with history of dysplasia	Decline
▶ History of Barrett's, resolution documented by endoscopy	Non-rated

*Preferred Best, Preferred Non-Tobacco, Non-Smoker Plus, and Preferred Tobacco not available.

To get an idea of how a client with a history of Barrett's Esophagus would be viewed in the underwriting process, use the Ask "Rx"pert Underwriter on the next page for an informal quote.

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Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Barrett's Esophagus, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of Barrett's Esophagus, please answer the following:

1. Please list date of first diagnosis.

2. Has your client had any of the following treatments? (If yes, please note dates.)

- Follow-up endoscopy(ies) (Date(s)) _____
 Surgery (Date) _____

3. Are any of the following present (please provide pathology report)?

- Dysplasia, low grade
 Dysplasia, high grade

4. Is your client on any medications?

- Yes. Please give details. _____
 No

5. Has your client smoked cigarettes in the last 12 months?

- Yes
 No

6. Does your client have any other major health problems (e.g., heart disease, etc.)?

- Yes. Please give details. _____
 No