# Rx FOR SUCCESS

## Bladder Cancer

In industrialized nations, 90% of urinary bladder cancer is transitional cell carcinoma. Other less common types include squamous cell carcinoma, adenocarcinoma, small cell carcinoma, and sarcoma. Squamous cell carcinoma and adenocarcinomas have a poorer prognosis than transitional cell cancers. Men are affected more frequently than women, and it is rare in individuals who are younger than 40. Those demonstrating an increased risk are smokers and workers in the dye, chemical, and rubber industries. The tumors have a tendency to recur following removal and may become more invasive upon recurrence.

The major prognostic features are the depth of invasion into the bladder wall (stage) and the degree of cellular differentiation of the tumor (grade). A deeper level of invasion means a higher tumor stage and a poorer prognosis. If the tumor is confined to the epithelial layer (superficial lining of the bladder), it can be removed through a cystoscope. The prognosis of survival following superficial tumor removal is good. Treatment of invasive bladder cancer may include chemotherapy (placed in the bladder), or the surgical removal of the bladder (cystectomy). If the tumor has gone through the bladder wall, 5-year survival is 45% with treatment. With metastatic disease, patients have a less than 2-year survival.

Because the recurrence rate of bladder cancer is high, routine follow-up with cystoscopy and urine cytology is necessary. Patients with the greatest risk for recurrence are those with large, high grade (II & III), or multiple tumors present on initial presentation.

Bacillus Calmette-Guerin (BCG), a protein, may be placed in the bladder as chemotherapy for bladder cancer. The first course is weekly for six weeks. BCG may be given as three-week maintenance therapy every three to six months as part of the surveillance follow up for a three-year period.



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## UNDERWRITING CONSIDERATIONS

For underwriting consideration, a history of bladder cancer absent other significant impairment with no further evidence of cancer, and adequate routine follow-up care would be rated as follows:

| RATINGS | |
|---|---|
| **Transitional cell carcinoma** | |
| Very low risk tumors: Papillary urothelial neoplasm of low malignant potential, with or without recurrence (any number of lesions or recurrences) | No rating |
| Low risk tumors: Ta, grade 1-2, with or without recurrence, 3 or fewer tumors at one time and all tumors 3 cm or less in size | Malignant Tumor Rating Schedule D, dating from latest occurrence |
| Moderate risk tumors:<br>• Low risk tumors with more than 3 tumors at one time or greater than 3 cm in size<br>• Papillary urothelial carcinoma, low grade<br>• T1, grade 1<br>• Ta, grade 3 | Malignant Tumor Rating Schedule C.<br>If recurrent, date from latest occurrence and add Class B.<br>Decline if 5 or more occurrences |
| High risk tumors:<br>• Tis<br>• High grade intraurothelial neoplasm<br>• Papillary urothelial carcinoma, high grade<br>• T1, grade 2-3 | • One occurrence, with or without BCG, Cancer B plus rating required in Malignant Tumor Rating Schedule B.<br>• Two occurrences, with BCG: Class B plus rating required in Malignant Tumor Rating Schedule B.<br>• More than two occurrences or two occurrences and no BCG: Decline. |
| T2—without total cystectomy | Decline |
| T2 or high risk tumors—with total cystectomy | Postpone 3 years, then Class B |
| Without high quality surveillance | Individual Consideration |
| T3, T4 or node positive | Decline |
| **OTHER BLADDER CANCER** | |
| **Squamous cell carcinoma**<br>**Adenocarcinoma**<br>**Small cell carcinoma**<br>**Sarcoma** | Malignant Tumor Rating Schedule A |

## SURVEILLANCE

All transitional cell bladder tumors must be postponed until there has been at least one follow-up visit (to include both cystoscopy and cytology that are not suspicious for recurrent tumor) after initial diagnosis. Then, ratings shown require high quality surveillance (defined as the following and dating from latest occurrence):

- For very low and low risk tumors, the proposed insured must follow urologist's recommended surveillance.
- For moderate and high risk tumors cystoscopy and cytology must be completed every 3 months for the first 2 years, then every 6 months for the next 3 years, then yearly.
- Without high quality surveillance, individual consideration is warranted.

| MALIGNANT TUMOR RATING SCHEDULE | | | | |
|---|---|---|---|---|
| | A | B | C | D |
| Within 1st year | Decline | Decline | Decline | $5x3 |
| 2nd year | Decline | Decline | $7.50x5 | $5x2 |
| 3rd year | Decline | $10x6 | $7.50x4 | $5x1 |
| 4th year | $15x6 | $10x5 | $7.50x3 | 0 |
| 5th year | $15x5 | $10x4 | $7.50x2 | 0 |
| 6th year | $15x4 | $10x3 | $7.50x1 | 0 |
| 7th year | $15x3 | $10x2 | 0 | 0 |
| 8th year | $15x2 | $10x1 | 0 | 0 |
| 9th year | $15x1 | 0 | 0 | 0 |

## Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Bladder Cancer, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

Cancer is rated by the organ of origin, the extent of the cancer (Stage) and the length of time since treatment. **Please send the pathology and surgical reports.**

### 1. Please list type of cancer and date of diagnosis.

_____

### 2. How was the cancer treated? (Check all that apply.)

- ☐ Lumpectomy
- ☐ Total excision (mastectomy, prostatectomy)
- ☐ Node dissection
- ☐ Chemotherapy
- ☐ Radiation therapy
- ☐ Hormonal therapy
- ☐ Stem cell transplant

### 3. Please list date treatment completed.

_____

### 4. Is your client on any medications?

- ☐ Yes. Please give details. _____
- ☐ No

### 5. What stage was the cancer?

- ☐ Stage 0 (*in-situ*)
- ☐ Stage I
- ☐ Stage II
- ☐ Stage III
- ☐ Stage IV

### 6. Were lymph nodes involved? If yes, how many?

_____

### 7. Has there been any evidence of recurrence?

- ☐ Yes. Please give details. _____
- ☐ No

### 8. Date and results of last follow up imaging studies and/or lab testing.

_____

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

- ☐ Yes
- ☐ No

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

- ☐ Yes. Please give details. _____
- ☐ No