



Rx FOR SUCCESS

Endometrial (Uterine Cancer)

Endometrial (uterine) cancer is diagnosed in almost 39,300 women/year in the U.S. Although cancer death rates have been declining since the 1930's due primarily to earlier diagnosis, endometrial cancer still accounts for approximately 6,600 cancer deaths each year. It occurs most frequently in women between the ages of 50 and 70.

Risk Factors for endometrial cancer include:

menstrual irregularities	never being pregnant and infertility
hypertension	diabetes mellitus
obesity	tamoxifen treatment of breast cancer
aging	estrogen replacement therapy (if not combined with progesterone)
late menopause (after age 52)	
early menses (before age 12)	history of colon or breast cancer

Women generally present with vaginal bleeding, and the evaluation usually involves a dilatation and curettage (D&C). The D&C obtains tissue for examination from the uterine cavity. If cancer is diagnosed, a hysterectomy is required to determine the degree of invasion.

Endometrial cancer is classified by stages (*which is the extent or invasion of the tumor*).

STAGE	DESCRIPTION	5 YEAR SURIVAL
0	in situ	up to 100%
I	confined to body of uterus	83%
II	body of uterus and cervix	73%
III	extension into pelvis	52%
IV	extension beyond pelvis including bladder or rectum	27%

Treatment includes a total hysterectomy; more advanced disease also receives radiation. Hormonal therapy and/or chemotherapy are generally used only for metastatic disease.

The next page shows our malignant tumor rating schedule for individual policies where no other significant health problems are present. In situ or Stage 0 endometrial cancer would be rated Tumor Table D (\$5x3 if in first year post treatment). Stage I would be rated Tumor Table C (see reverse). Stage II would be individual consideration and Stages III - IV are generally declined.

This material is designed to provide general information about the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting, or tax advice. Such services should be provided by the client's professional advisors. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

Insurance issued by The Prudential Insurance Company of America and its affiliates, Newark, NJ.

NOT FOR CONSUMER USE.

© 2012 Prudential Financial, Inc. and its related entities.
0192126-00002-00 Ed. 12/2012 Exp. 12/17/2014 Rx 060

Securities and Insurance Products:
Not Insured by FDIC or Any Federal Government Agency.
May Lose Value.
Not a Deposit of or Guaranteed by Any Bank or Bank Affiliate.



Besides stage, other prognostic features which could affect the underwriting rating include: adequate routine follow-up care, tumor grade, progesterone receptor status, DNA ploidy and vascular invasion.

MALIGNANT TUMOR RATING SCHEDULE				
	A	B	C	D
Within 1st year	R	R	R	\$5x3
2nd year	R	R	\$7.50x5	\$5x2
3rd year	R	\$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

For example, Stage I Endometrial (Uterine) Cancer in the 3rd year following treatment would be rated under Tumor Table C: \$7.50x4.

To get an idea of how a client with Endometrial (Uterine) Cancer would be viewed in the underwriting process, use the Ask "Rx"pert Underwriter on the next page for an informal quote.

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Endometrial (Uterine) 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.)

- | | |
|---|--|
| <input type="checkbox"/> Lumpectomy | <input type="checkbox"/> Radiation therapy |
| <input type="checkbox"/> Total excision (mastectomy, prostatectomy) | <input type="checkbox"/> Hormonal therapy (tamoxifen, Lupron etc.) |
| <input type="checkbox"/> Node dissection | <input type="checkbox"/> Stem cell transplant |
| <input type="checkbox"/> Chemotherapy | |

3. Please list date treatment completed.

4. Is your client on any medications?

- Yes. Please give details. _____
- No

5. What stage was the cancer?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Stage 0 (in-situ) | <input type="checkbox"/> Stage III |
| <input type="checkbox"/> Stage I | <input type="checkbox"/> Stage IV |
| <input type="checkbox"/> Stage II | |

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