Rx FOR SUCCESS

Sickle Cell Anemia

Sickle cell anemia (SS) is a chronic hemolytic (red cells break up with physical stress) anemia (low red cell count). Sickle cell diseases are caused by congenital abnormalities in hemoglobin structure. Red blood cells have hemoglobin that carries oxygen to all the cells of the body. Sickle cell predominantly affects African Americans and typically manifests in childhood. The red cells assume an abnormal sickle shape and are destroyed by the liver and spleen, causing anemia. Occlusion of small arterioles by the rigid sickle-shaped cells causes complications and residual impairments. These are painful crises, aseptic necrosis of bones (particularly the femoral head), leg ulcers, heart enlargement, pulmonary embolism, and thrombosis of major vessels. The prognosis for patients who have sickle cell disease varies, but many live into adulthood. The morbidity among these patients is significant.

Sickle cell trait (SA), a carrier state, is not usually manifested by complications. Other hemoglobinopathies include Hemoglobin SC disease, which can be associated with mild to moderate anemia, and homozygous hemoglobin C, which has a mild clinical state.

We must have evidence of stability for one year—that is, stable hemoglobin/hematocrit without transfusions and no recent crisis.

UNDERWRITING CONSIDERATIONS AND RATINGS	
Sickle cell anemia (SS) Under age 15	Decline
Age 15 and over	
Severe (Hb less than 10g/dl or HCT less than 32%)	Decline
Mild to moderate (Hb 10 or over g/dl and HCT 32% or over)	Class D
With complications as stated above	Individual consideration
After successful bone marrow transplantation or Stem cell transplantation (SCT); no further crises, no further need for transfusions; Hb consistently ≥10	Postpone 5 years
6 – 10 years	Rate as Sickle Cell Anemia
After 10 years	Rate for residual impairments only, but not less than Class B (See text above)
Sickle cell (SC) Under 4 years old	Decline
Age 4 and over:	
Severe (Hb less than 10 g/dl or HCT less than 32%)	Decline
Mild to Moderate (Hb 10 or over g/dl and HCT 32% or over)	Class B
No anemia or crises	No rating
Sickle cell trait (SA)	No rating
Hemoglobin C (CA)	No rating
Homozygous hemoglobin C (Hemoglobin CC disease)	Rate as (SC) above

To get an idea of how a client with a history of Sickle Cell Anemia 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 Sickle Cell Anemia, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has Sickle Cell Anemia, please answer the following:

1. What is the age of the client?

_____

2. What type of sickle cell anemia does your client have?

- ☐ Sickle cell anemia (SS)
- ☐ Sickle cell (SC)
- ☐ Sickle cell trait (SA)
- ☐ Hemoglobin C

3. Is there a history of complications?

- ☐ Yes
- ☐ No

4. If Yes, check those that apply and give the date of the last episode.

- ☐ Painful crisis (Date) _____
- ☐ Aseptic necrosis of bones (Date) _____
- ☐ Leg ulcers (Date) _____
- ☐ Lung scarring (Date) _____
- ☐ Thrombosis (Date) _____
- ☐ Enlarged heart (Date) _____
- ☐ Other (Date) _____

5. What is the current hemoglobin?

_____

6. Are there other medical conditions?

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

7. Is your client on any medications (prescription and/or non-prescription)?

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

8. Does your client smoke cigarettes?

- ☐ Yes
- ☐ No