



HIGHLAND
CAPITAL BROKERAGE



Underwriting Prostate Cancer and the PSA

If you are selling insurance to males ages 50 and older you are likely to encounter prostate cancer or an abnormal Prostate Specific Antigen (PSA) test.

Prostate cancer is the most common cancer found in men and is the second leading cause of cancer deaths in men.

The PSA Test

- The PSA test is routinely performed by insurance carriers on males age 50 and older.
- What is PSA? It is a protein produced by the cells of the prostate gland. It is produced for nutrition and provides lubrication for sperm to more easily swim. Some of the PSA leaks into the bloodstream which is how it is measured.
- An elevated PSA does not absolutely confirm cancer but a significant percentage of men with elevated PSA have cancer. Conversely, prostate cancer can be found in a male with a normal PSA. However, there is a correlation between the level of PSA and the risk of prostate cancer. This is what makes discovery of an elevated PSA an underwriting problem. Generally if there is no prior history of urological consultation, a carrier will postpone until a urological evaluation is complete.
- PSA generally increases with increased prostate tissue mass.
- Benign prostate hypertrophy or a prostate infection can elevate the PSA.
- Just as concerning as an elevated PSA is the rapid increase of an elevated PSA (defined as velocity). This can be highly indicative of prostate cancer developing. Generally, velocity is measured with at least three readings over a year and a half period.

Prostate Testing

- DRE — digital rectal exam checking for size, asymmetry and nodules. Nodules, induration of the surface, and asymmetry are more indicative of cancer.
- TRUS — transrectal ultrasound - nodules are suggestive of cancer as are areas conducting sound poorly (hypoechoic).
- Needle biopsy — typically 12 samples are taken, six from each side of the gland, three from each lobe.

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Prostate Cancer

- If a needle biopsy is positive for cancer, clinical staging is done.
- The most common cancer is an adenocarcinoma and is pathologically evaluated by its stage and grade.
- Stage is “how far has it gone” and grade is “how fast did it get there.”
- Stage is the TNM system with T being the extent of the primary tumor, N representing if it has spread to the nearby lymph nodes, and M representing the absence or presence of metastasis.
- Grade is determined by using the Gleason system, which grades the tumor by evaluating the primary and secondary patterns with a score of 1-5 which are then added together for a total score. (example: 3+3=6). A score of 1 represents a well differentiated tumor while a score of 3-4 represents a poorly differentiated tumor. Higher scores correlate to a higher probability of the cancer spreading out of the prostate capsule with nodal involvement and metastasis. The most common metastasis is to the skeleton.
- Gleason scores of less than 7 are generally considered more favorable.
- If the prostate has been removed (prostatectomy), the surgical pathology trumps the clinical pathology and is used for the underwriting offer.

Most Common Treatment Options

- Radical prostatectomy — complete removal of the gland. Usually curable if cancer is localized to the prostate gland. PSA post-surgery should be negligible (<0.02).
- Radiotherapy — this is radiation therapy generally done by inserting radioactive seeds in the prostate gland or by external beam radiation.
- Hormonal therapy — typically done for elderly men, metastatic disease and men with poor health who are not good candidates for surgery or radiation.
- Watchful waiting — most common in older men with low grade and stage cancer. Requires careful monitoring of PSA levels for velocity.
- Quality of life issues can greatly influence treatment options.

Underwriting Prostate Cancer

- Important factors — must have the stage, grade, treatment details, pre-treatment PSA, and current PSA level.
- Rated by duration from completion of treatment, grade and stage, current PSA level, and the age of the client.
- Post radiation PSAs are best evaluated for significance after two years post-treatment.
- Continually rising PSAs post-surgery are indicative of recurrence or metastasis.
- Most favorable underwriting offers are for T2 (localized, organ confined), Gleason score 6 or less, age 70 and older.
- Ratings by most carriers are a flat extra per thousand of face amount for a temporary period.
- Very suitable for a quick quote if important factors are known.
- Needle biopsies can show precancerous changes — Prostatic Intraepithelial Neoplasm (PIN) which can also be postponed or rated.
- Some carriers are now looking a better than standard after 5-10 years from treatment if the cancer was localized and low grade with no recurrence.

