Rx FOR SUCCESS

Colorectal Cancer

Colorectal cancer is the third most common cancer in men and women and the second leading cause of cancer death in the United States. Most colorectal cancer arises slowly from an adenomatous polyp over 7 to 15 years. Incidence and mortality rates have been decreasing due to screening for, and subsequent removal of, polyps via colonoscopy. Most are adenocarcinomas. Risk factors for developing colorectal cancer include family history of cancer or polyps, inherited conditions (such as familial adenomatous polyposis and hereditary nonpolyposis), diet, age, inflammatory bowel disease (such as ulcerative colitis or Crohn's disease), and a personal history of polyps. A prior history of colorectal cancer increases the risk of other colon tumors.

The wall of the colon consists of four layers: mucosa (adjacent to the lumen), submucosa, muscularis propria, and serosa (outermost, farthest from the lumen). The prognosis worsens as deeper layers of the colon wall are invaded. Staging of colorectal cancer is based on invasion through these layers and on any spread to other tissues, and is given per the TNM system. The Duke's system is an older staging system.

The table below describes the old and new staging classifications.

STAGE	TNM	DUKE'S	DESCRIPTION
0	Tis, N0, M0		*In-situ*, tumor confined to mucosa
1	T1, N0, M0	A	Tumor through the mucosa into submucosa
1	T2, N0, M0	A	Tumor through submucosa in muscularis propria
IIA	T3, N0, M0	B1	Tumor through muscularis propria and into subserosa but not into neighboring tissues
IIB	T4, N0, M0	B2	Tumor into nearby tissues or organs, but nodes remain negative
IIIA	T1, N1, MO T2, N1, MO	C1	T1 or T2 plus 1-3 nodes positive
IIIB	T3, N1, MO T4, N1, MO	C2	T3 or T4 plus 1-3 nodes positive
IV	M1	D	Spread to distant sites such as liver, lung, peritoneum, ovary, etc.

A colonoscopy should be done one year after curative resection. If clear of polyps and tumor, the next colonoscopy can be performed in year three, then every five years. Closer surveillance is needed in those at high risk (hereditary syndromes and inflammatory bowel disease).

Ratings will depend on stage and time since the end of treatment. An additional rating or postponement may be necessary if the applicant does not follow surveillance recommendations. The rating table is on the next page.

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STAGE	RATING AGE 65 OR YOUNGER AT DIAGNOSIS		RATING AGE OLDER THAN 65 AT DIAGNOSIS	
Carcinoma *in situ*, Tis	No rating		No rating	
Stage I and Stage IIA	Tumor table C		Tumor table D*	
Stage IIB	Tumor table B		Tumor table C	
Stage III - Best case only with two or fewer positive lymph nodes and normal CEA	0-5 years 6th year 7th year 8th year 9th year 10th year Thereafter	Decline Table B + $10x5 Table B + $10x4 Table B + $10x3 Table B + $10x2 Table B + $10x1 Table B	0-2 years 3rd year 4th year 5th year 6th year 7th year Thereafter	Decline Table B + $10x5 Table B + $10x4 Table B + $10x3 Table B + $10x2 Table B + $10x1 Table B
Stage III (More than two lymph nodes positive) and Stage IV	Decline		Decline	

*For Stage T1, N0, M0 only - if diagnosis was at age 70 or older, there is no rating required.

Malignant Tumor Table Rating Schedule

A		B	C	D
Within 1st year	Decline	Decline	Decline	$5x3
2nd year	Decline	Decline	$7.50x5	$5x2
3rd year	Declne	$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 0, colon cancer *in situ* is not rated and would be eligible for Non-Smoker Plus if otherwise qualified. An applicant diagnosed at age 55 with Stage IIB cancer in the third year following treatment would be rated under Tumor Table B: $10x6.

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

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had Colorectal Cancer, please answer the following:

1. Please list date of diagnosis and send pathological report.

_____

2. How was the cancer treated?

☐ Surgery

☐ Surgery plus chemotherapy and/or radiation

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 Tis ☐ Stage IIB

☐ Stage I ☐ Stage III

☐ Stage IIA ☐ Stage IV

6. Has there been any evidence of recurrence?

☐ Yes. Please give details. _____

☐ No

7. When was your client's last colonscopy and CEA level? Please give date and results.

_____

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

☐ Yes. Please give details. _____

☐ No

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

☐ Yes. Please give details. _____

☐ No