



## Rx FOR SUCCESS

## Ovarian Cancer

Ovarian cancer accounts for 5% of all cancers in women and is most common in the 40–70 year age group. The incidence is increasing in highly industrialized countries and it is more common in women of higher socioeconomic status. The latter may be due to the smaller number of pregnancies in that group. Women who have not borne children are at an increased risk of ovarian cancer. Other risk factors include: early menopause, high fat diet, positive family history, and previous irradiation of the pelvic organs. Factors that suppress ovulation, such as pregnancy and the use of birth control pills, protect against this cancer. The mortality risk associated with ovarian cancer varies with the stage (extent) of the cancer and the length of time since treatment was completed.

STAGE	DEFINITION	5 YEAR PROGNOSIS
Stage I	Limited to ovary	70 – 90%
Stage II	Limited to pelvis	50 – 70%
Stage III	Limited to abdominal cavity	25%
Stage IV	Distant metastasis	10%

Surgical treatment of this cancer, consisting of total abdominal hysterectomy, bilateral salpingo-oophorectomy, and omentectomy (TAH BSO-O-A), is recommended for all stages of ovarian cancer. This is the removal of the uterus, fallopian tubes, ovaries, omentum, and appendix. At the time of diagnosis, most patients have advanced (other than Stage I) disease. The more undifferentiated the tumor, (i.e. Grade III or called high grade) the worse the prognosis.

A category of ovarian tumors of low-malignant potential (LMP) or borderline tumors exists. Under the microscope, these tumors are between benign tumors and those with invasive (malignant) characteristics. They constitute 10–20% of all ovarian epithelial tumors. The staging is the same. 80% of ovarian LMP tumors are limited to the ovary and have an improved prognosis compared to other types of ovarian cancer.

A blood test, CA125 (tumor marker), can be used to monitor disease progression and regression with treatment. It is not helpful as a screening test since 50% of Stage I disease cases have normal levels.

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.

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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

Without other significant health impairment and with good follow-up medical care and observations, Stage I (localized) ovarian cancer would be rated Tumor Table B. Localized borderline (low malignant potential) ovarian cancers would be rated Tumor Table C. Localized ovarian sarcomas are rated Tumor Table A. Non-localized ovarian cancers (Stage II, III or IV) are declined.

For example: A Stage I ovarian tumor in the third year following treatment would be rated Tumor Table B: +\$10 per thousand for the first 6 years.

*To get an idea of how a client with a history of Ovarian 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 Ovarian 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     |
| <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