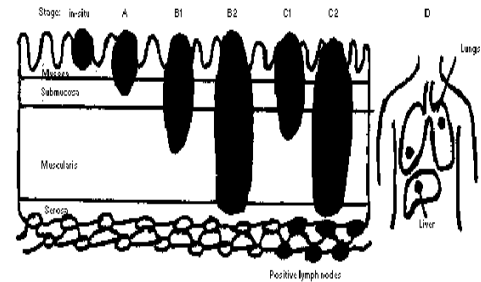




Colorectal Cancer

Cancer of the colon is the second leading cause of cancer mortality in the United States (after lung cancer). Most colon cancers are adenocarcinomas. Mucinous carcinoma and signet ring cell carcinoma are rare and carry a poor prognosis. Risk factors for developing colorectal cancer include family history, diet, age, history of inflammatory bowel disease (ulcerative colitis or Crohn's disease) and colorectal polyps.

The wall of the colon consists of four layers: **mucosa** (adjacent to the lumen), **submucosa**, **muscularis**, and **serosa** (outermost, farthest from the lumen). Colon cancer usually originates in the mucosa and then spreads through the wall of the colon towards the surrounding abdominal organs. The prognosis worsens as each additional layer of the colon wall is invaded. Dukes' Staging refers to the extension of cancer. Duke's stage rises as the cancer invades through the layers of the colon wall into any lymph nodes or metastasizes to distant sites.



The mortality risk associated with colorectal cancer varies with the stage of the cancer and the length of time since treatment was completed.

Stage	Rating Age ≤ 65 at diagnosis		Rating Age > 65 at diagnosis	
	Carcinoma in situ	Tumor table D		Non-rated
Stage A or B1 (infiltration of submucosa and/or muscularis layer)	Tumor table C		Tumor table D	
Stage B2 (extension through the colon wall)	Tumor table B		Tumor table C	
Stage C (lymph nodes positive) - Best case scenario with ≤ 2 positive lymph nodes and normal CEA level within the past year	0-5 years	Decline	0-2 years	Decline
	6 th year	+55+\$10x5	3 rd year	+55+\$10x5
	7 th year	+55+\$10x4	4 th year	+55+\$10x4
	8 th year	+55+\$10x3	5 th year	+55+\$10x3
	9 th year	+55+\$10x2	6 th year	+55+\$10x2
	10 th year	+55+\$10x1	7 th year	+55+\$10x1
	thereafter	+55	thereafter	+55
Stage C (>2+ LNs) and Stage D (distant metastasis)	Decline		Decline	

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Other prognostic features which can affect the overall rating of a colorectal cancer case include: adequate routine follow-up care, grade of tumor, venous invasion by the cancer, history of bowel perforation, history of elevated CEA (carcinoembryonic antigen, a tumor marker), and tumor DNA ploidy. A history of recurrent colorectal cancer would be a decline, as would a history of rising CEA level following treatment for colorectal cancer.

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, an applicant diagnosed at age 55 with Dukes' stage B₂ 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, feel free to use the attached *Ask "Rx" pert underwriter* for an informal quote.

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