



Bladder Cancer

Approximately 56,500 new cases of bladder cancer are diagnosed annually resulting in 12,600 deaths in the U.S. Men are affected more frequently than women, but it is rare in individuals who are younger than 40. Those demonstrating an increased risk are smokers and workers in the dye, chemical, and rubber industries. The tumors have a tendency to recur following removal and may become more invasive with each recurrence.

The major prognostic features are the depth of invasion into the bladder wall (*stage*) and the degree of cellular differentiation of the tumor (*grade*). A deeper level of invasion means a higher tumor stage and a poorer prognosis. If the tumor is confined to the epithelial layer (*superficial lining of the bladder*), it can be removed through a cystoscope. The prognosis of survival following superficial tumor removal is good. Treatment of invasive bladder cancer may include chemotherapy (*instilled in the bladder*), radiation therapy, and/or the surgical removal of the bladder (*cystectomy*). If the tumor has gone through the bladder wall, 5 year survival is 45% with treatment. With metastatic disease, patients have a less than a 2 year survival.

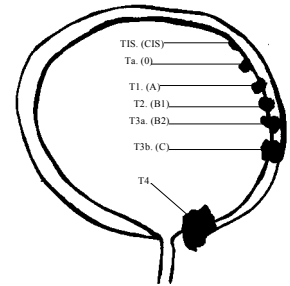
TNM Stage	Old Classification	New Classification	5 year Survival
Tis	Carcinoma in situ: flat tumor	High-grade intraurothelial neoplasm	
Ta	Non-invasive papillary carcinoma	Papillary urothelial neoplasm of low malignant potential	<ul style="list-style-type: none"> • Non-invasive • 70% of total bladder cancer • 5 year survival = 88%
T1	Tumor invades lamina propria (subepithelial connective tissue - submucosa), grade 1	Papillary urothelial carcinoma, low grade	
	Tumor invades lamina propria (subepithelial connective tissue - submucosa), grade 2-3	Papillary urothelial carcinoma, high grade	
T2	Tumor invades superficial muscle (inner half)	Papillary urothelial carcinoma, deep	
T3a	Tumor invades deep muscle (outer half)		<ul style="list-style-type: none"> • Invasive • 5 year survival = 45% (with a range of 60% to 10%)
T3b	Tumor invades perivesical fat		
T4	Tumor invades adjacent structures (prostate, uterus, vagina, pelvic wall, or abdominal wall)		

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

This marketing material includes an expiration date and use of this material must be discontinued as of the expiration date.

FOR INTERNAL USE ONLY. NOT FOR USE WITH THE PUBLIC

The recurrence rate of bladder cancer was 80% in one study following patients for 20 years. Therefore, routine follow-up with cystoscopy and urine cytology is necessary. Patients with greatest risk for recurrence are those with large, high grade (II & III), or multiple tumors present on initial presentation. Patients with additional sites of carcinoma in situ found in normal looking bladder lining have a poorer prognosis. The typical bladder cancer pathology is transitional cell carcinoma. Squamous cell carcinoma and adenocarcinomas have a poorer prognosis than transitional cell cancers.



For underwriting consideration, a history of bladder cancer absent other significant impairment with no further evidence of cancer and adequate routine follow-up care would be rated as follows:

Bladder Cancer	Tumor Table
In situ(Tis), Ta, 1-2 lesions, Grade 1, no recurrences	D
<ul style="list-style-type: none"> Non-invasive or superficial invasion (T₁, T₂) Tis, Ta that is recurrent or that is Grade II-III 	A
More than superficial invasion such as into deep muscle (T _{3a} , T _{3b} , T ₄)	Decline

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, in-situ bladder cancer, one/two lesions, Grade I, no recurrence, first year would be Tumor Table D: \$5x3.

To get an idea of how a client with a history of bladder cancer would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the next page.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

This marketing material includes an expiration date and use of this material must be discontinued as of the expiration date.
FOR INTERNAL USE ONLY. NOT FOR USE WITH THE PUBLIC

©2005 The Prudential Insurance Company of America
 751 Broad Street, Newark, NJ 07102-3777
 Rx050 IFS-A010754 Ed. 10/05 Exp. 04/07

