



Lymphoma

Lymphomas are a heterogeneous group of cancers of the immune/lymph system. They are usually divided into Hodgkin's disease and Non-Hodgkin's lymphomas.

Hodgkin's Disease

Prognosis depends on many factors, but the most important is the stage of the disease at the time of diagnosis. Hodgkin's disease is staged as follows:

Stage I	Involvement in a single lymph node region or organ
Stage II	Involvement of two or more regions on the same side of the diaphragm
Stage III	Disease on both sides of the diaphragm involving lymph nodes and localized involvement of other organs
Stage IV	Diffuse or disseminated involvement of one or more extra-lymphatic organs such as bone marrow

Each stage is further divided into two groups. Type A is asymptomatic and has a better prognosis. The presence of Type B symptoms (fever, weight loss and/or night sweats) in Hodgkin's lymphoma is unfavorable.

Underwriting Consideration:

In complete remission and following cessation of therapy:

	Postpone Additional	Then enter Tumor Table
Stage I*	1 year	C, first year plus Table B
Stage II*	1 year	B, first year plus Table B
Stage III	1 year	A, first year plus Table B
Stage IV	3 years	3 years A, first year plus Table B

*For Stage I or II, those with "bulky" (i.e. tumor > 7.5 cm) mediastinal chest disease or those with Type B symptoms present at diagnosis will be rated as Stage III.

Recurrences:	0-10 years After 10 years	Usually decline Individual Consideration
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Non-Hodgkin's Lymphoma

Non-Hodgkin's Lymphoma (*NHL*) is much less predictable than Hodgkin's disease and has a far greater likelihood of spreading to extranodal sites. Staging is similar to that of Hodgkin's disease, but most cases are already in an advanced stage of disease when diagnosed. There are several grades of disease: low grade, intermediate, or high grade. Low grade NHL progresses slowly but often is in an advanced stage when diagnosed and many will relapse after treatment. Intermediate and high grades of NHL have more rapid growth but are more likely to respond to chemotherapy.:

Underwriting Consideration:

Low grade Non-Hodgkin's lymphoma	Individual Consideration
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Intermediate or High grade Non-Hodgkin's lymphoma in complete remission following cessation of therapy:

Underwriting Consideration:

In complete remission and following cessation of therapy:

	Postpone Additional	Then enter Tumor Table
Stage I	3 years	C*, first year plus Table B
Stage II	3 years	B*, first year plus Table B
Stage III, IV	3 years	A*, first year plus Table B

*If more than one of the following adverse risk factors are known to have been present at the time of diagnosis, PP 5 years, then individual consideration:

- ▶ elevated LDH (blood test)
- ▶ advanced stage (III or IV)
- ▶ more than 1 extranodal site involved
- ▶ poor performance status (symptomatic at time of diagnosis such that bedridden at least part of the day)

Recurrences:	0-10 years	Usually decline
	After 10 years	Individual Consideration

The attached page of this handout shows our malignant tumor rating schedule (*Tumor Table A-D*). In addition to the temporary extra's applied in the tumor tables, there is a permanent Table B applied to lymphomas for 20 years.

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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

For example, Stage I Hodgkin's disease in the third year following completion of treatment with no current evidence of disease would be rated under Tumor Table C, second year (due to additional 1 year postponement): Table B + \$7.50x5.

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

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