



Prostate Cancer

The prostate is a walnut sized gland that surrounds the urethra at the base of the bladder. Risk of cancer increases based on family history and advancing age. Most prostate tumors are adenocarcinomas. Another form of tumors seen in the prostate gland is sarcoma, which has a worse prognosis. Prostate cancer is the most common cancer in men. In terms of cancer deaths in men, prostate cancer ranks second (*lung cancer being first.*) About 3/4 of men in their 80s have cancer at biopsy. Currently available screening tests are prostate specific antigen (*PSA*) and digital rectal exam (*DRE*). PSA is a tumor marker specific to the prostate. The “normal” range varies with age. However, these ranges have been questioned and may miss a large proportion of cancers.

< 50	<	2.5 ng/ml
50-59	<	3.5 ng/ml
60-70 yr	<	4.5 ng/ml
> 70 yr	<	6.5 ng/ml

In underwriting, prostate cancer is assessed by stage and grade. Stage refers to the extent of the cancer (*tumor size and/or spread*). The Gleason system grades the aggressiveness of the tumor from 2 to 10. The higher the Gleason Score the more likely a tumor will spread beyond the gland to other sites. Gleason 2-4 is non-aggressive while Gleason 8-10 is aggressive.

Treatment most often consists of prostate resection (*called a radical prostatectomy*) or radiation. Hormonal treatment is offered for metastatic disease, to elderly men, or to men with poor health.

Localized low grade prostate cancer is sometimes not treated but followed with close observation. This fourth treatment option is often referred to as “watchful waiting”.

PSA levels are followed after treatment of cancer. A rising PSA suggests that tumor is currently present and a persistently low PSA suggests successful control.

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Clients with prostatic adenocarcinoma are considered after they have completed treatment, show no current evidence of disease, and have adequate follow-up care. In most cases, men who underwent radical prostatectomy will be considered after one year. If radiation treatment (*external radiation or seed implants*) was given, underwriting is usually delayed for 2 years.

For example:

Client A Stage T2* Best case	More than one year after radical resection of the prostate with pretreatment PSA < 20, Gleason score < 6, and current PSA undetectable	No rating
Client B Stage T2* Best case	More than 2 years after radiation treatment with pretreatment PSA < 10, Gleason score < 6, and current PSA < 0.5 with no rise in PSA since treatment	No rating
Client C Stage T2*	Radical resection of the prostate, Gleason 7, pretreatment PSA <20, and PSA undetectable at time of application	Postpone the first then temporary extras year after surgery, are applied through the 6th year

*Stage 2 is disease that is confined within the prostate.

For others, longer postponement and ratings may be required. This will depend on stage, Gleason score, and PSA levels before and after treatment.

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

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