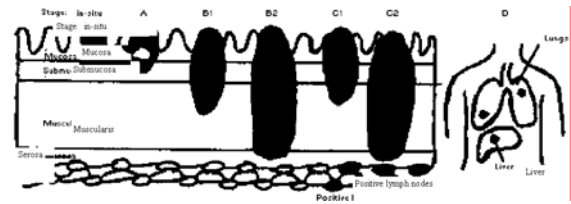




## Colorectal Cancer

Colorectal cancer is the third most common cancer in men and women and the second leading cause of cancer death in the United States. Most colorectal cancer arises slowly from an adenomatous polyp over 7 to 15 years. Incidence and mortality rates have been decreasing due to screening for and subsequent removal of polyps via colonoscopy. Most are adenocarcinomas. Risk factors for developing colorectal cancer include family history of cancer or polyps, inherited conditions (such as familial adenomatous polyposis and hereditary nonpolyposis), diet, age, inflammatory bowel disease (such as ulcerative colitis or Crohn’s disease), and a personal history of polyps. A prior history of colorectal cancer increases the risk of other colon tumors.

The wall of the colon consists of four layers: **mucosa** (adjacent to the lumen), **submucosa**, **muscularis propria**, and **serosa** (outermost, farthest from the lumen). The prognosis worsens as deeper layers of the colon wall are invaded. Staging of colorectal cancer is based on invasion through these layers and on any spread to other tissues, and is given per the TNM system. The Duke’s system is an older staging system.



The table below describes the old and new staging classifications.

Stage	TNM	Duke’s	Description
0	Tis, N0, M0		In-situ, tumor confined to mucosa
I	T1, N0, M0	A	Tumor through the mucosa into submucosa
II	T2, N0, M0	A	Tumor through submucosa in muscularis propria
IIA	T3, N0, M0	B1	Tumor through muscularis propria and into subserosa but not into neighboring tissues
IIB	T4, N0, M0	B2	Tumor into nearby tissues or organs, but nodes remain negative
IIIA	T1, N1, M0	C1	T1 or T2 plus 1-3 nodes positive
IIIB	T2, N1, M0	C1	T2 plus 1-3 nodes positive
IIIC	T3, N1, M0	C2	T3 or T4 plus 1-3 nodes positive
IIID	T4, N1, M0	C2	T4 plus 1-3 nodes positive
IV	M1	D	Spread to distant sites such as liver, lung, peritoneum, ovary, etc.

A colonoscopy should be done one year after curative resection. If clear of polyps and tumor, the next colonoscopy can be performed in 3yr, then every 5yr. Closer surveillance is needed in those at high risk (hereditary syndromes and inflammatory bowel disease).

Ratings will depend on stage and time since the end of treatment. An additional rating or postponement may be necessary if the applicant does not follow surveillance recommendations. The rating table is on the next page.

This material is designed to provide general information in regard to the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting or tax advice. Such services should be provided by the client’s own advisor. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

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Stage	Rating Age ≤ 65 at diagnosis		Rating Age > 65 at diagnosis	
Carcinoma in situ, Tis	No rating		No rating	
Stage I and Stage IIA	Tumor table C		Tumor table D	
Stage IIB	Tumor table B		Tumor table C	
Stage III - Best case only with ≤2 positive lymph nodes and normal CEA	0-5 years	Decline	0-2 years	Decline
	6 <sup>th</sup> year	+55+\$10x5	3 <sup>rd</sup> year	+55+\$10x5
	7 <sup>th</sup> year	+55+\$10x4	4 <sup>th</sup> year	+55+\$10x4
	8 <sup>th</sup> year	+55+\$10x3	5 <sup>th</sup> year	+55+\$10x3
	9 <sup>th</sup> year	+55+\$10x2	6 <sup>th</sup> year	+55+\$10x2
	10 <sup>th</sup> year	+55+\$10x1	7 <sup>th</sup> year	+55+\$10x1
	thereafter	+55	thereafter	+55
Stage III (>2 lymph nodes positive) and Stage IV	Decline		Decline	

For example: State 0, colon cancer in situ is not rated and would be eligible for Non-Smoker Plus if otherwise qualified. An applicant diagnosed at age 55 with Stage IIB 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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## Colorectal Cancer - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had colorectal cancer, please answer the following:

1. Please list date of diagnosis and send the pathological report. \_\_\_\_\_
2. How was the cancer treated?  
 surgery  
 surgery plus chemotherapy and/or radiation
3. Please list date treatment completed: \_\_\_\_\_
4. Is your client on any medications?  
 yes, please give details \_\_\_\_\_  
 no
5. What stage was the cancer?  
 Stage Tis     Stage IIB  
 Stage I       Stage III  
 Stage IIA     Stage IV
6. Has there been any evidence of recurrence?  
 yes, please give details: \_\_\_\_\_  
 no
7. When was your client's last colonoscopy and CEA level? Please give date and results:  
\_\_\_\_\_
8. Has your client smoked cigarettes in the last 12 months?  
 yes  
 no
9. Does your client have any other major health problems (ex: inflammatory bowel disease, heart disease, etc.)?  
 yes, please give details: \_\_\_\_\_  
 no

Please include the pathology report of the colorectal cancer.

After reading the *Rx for Success* on Colorectal Cancer, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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