



Endometrial (Uterine) Cancer

Endometrial (*uterine*) cancer is diagnosed in almost 39,300 women/year in the U.S. Although cancer death rates have been declining since the 1930's due primarily to earlier diagnosis, endometrial cancer still accounts for approximately 6,600 cancer deaths each year. It occurs most frequently in women between the ages of 50 and 70.

Risk Factors for endometrial cancer include:

• menstrual irregularities	• never being pregnant and infertility
• hypertension	• diabetes mellitus
• obesity	• tamoxifen treatment of breast cancer
• aging	• estrogen replacement therapy (if not combined with progesterone)
• late menopause (after age 52)	
• early menses (before age 12)	• history of colon or breast cancer

Women generally present with vaginal bleeding, and the evaluation usually involves a dilatation and curettage (D & C). The D & C obtains tissue for examination from the uterine cavity. If cancer is diagnosed, a hysterectomy is required to determine the degree of invasion.

Endometrial cancer is classified by stages (*which is the extent or invasion of the tumor*).

Stage	Description	5 year survival
0	in situ	up to 100%
I	confined to body of uterus	83%
II	body of uterus and cervix	73%
III	extension into pelvis	52%
IV	extension beyond pelvis including bladder or rectum	27%

Treatment includes a total hysterectomy; more advanced disease also receives radiation. Hormonal therapy and/or chemotherapy are generally used only for metastatic disease.

The next page shows our malignant tumor rating schedule for individual policies where no other significant health problems are present. In situ or Stage 0 endometrial cancer would be rated Tumor Table D (*\$5x3 if in first year post treatment*). Stage I would be rated Tumor Table C (*see reverse*). Stage II would be individual consideration and Stages III - IV are generally declined.

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Besides stage, other prognostic features which could affect the underwriting rating include: adequate routine follow-up care, tumor grade, progesterone receptor status, DNA ploidy and vascular invasion.

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 endometrial (*uterine*) cancer in the 3rd year following treatment would be rated under Tumor Table C: \$7.50x4.

To get an idea of how a client with Endometrial (Uterine) Cancer would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the reverse side for an informal quote.

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Endometrial (Uterine) Cancer - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Endometrial (Uterine) Cancer, please answer the following:

1. Please list date of diagnosis: _____

2. What stage was the cancer?

- Stage 0 (in-situ)
- Stage I
- Stage II
- Stage III
- Stage IV

3. How was the cancer treated? (check all that apply):

- total hysterectomy
- radiation therapy
- chemotherapy
- hormonal therapy

4. Please list date treatment was completed: _____

5. Is your client on any medications?

- yes, please give details _____
- no

6. Has there been any evidence of recurrence?

- yes, please give details _____
- no

7. Has your client smoked cigarettes in the last 12 months?

- yes, please give details _____
- no

8. Does your client have any other major health problems (ex: heart disease, etc.)?

- yes, please give details _____
- no

After reading the Rx for Success on "Endometrial (Uterine) Cancer", please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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