



PULMONARY NODULES

The main worry over unexplained pulmonary lesions is malignancy. The risk that a newly found lesion is cancerous is greatest in smokers (past or current) and those who have a history of cancer (because most cancers have the potential to metastasize to the lung). Fear of malignancy lessens as the time of documented stability lengthens, and a minimum of two years is ideal. Growth in small nodules (<1cm) is hard to detect so they require a longer period of observation.

With the availability of total body scans and UFCT/EBCT for coronary calcium, the number of incidental nodules has blossomed. Because this technology is new, the risk associated with these lesions (as well as their proper clinical handling) is uncertain. If there is no smoking or cancer history, most newly found small nodules are benign. Yet, because malignancy can be devastating, no new lung nodule is safely ignored.

Benign features	Suspicious features
<ul style="list-style-type: none"> • Calcification: central, popcorn, or laminated • Margin: smooth 	<ul style="list-style-type: none"> • Margin: scalloped, corona radiata, or spiculated • Calcification: stippled/eccentric • Radiologist recommends biopsy or declares suspicious for malignancy

Underwriting requirements: APS is required for 5yrs after any admission of lung nodule. (A CXR should not be ordered unless required by age/amount.)

RATINGS	
Low risk for malignancy <ul style="list-style-type: none"> • Has both benign features (see above) and stable* x 6months, or • Radiologist declares benign (no follow-up recommended) 	0
Not clearly benign but is a non-tobacco user (or has not used any form of tobacco for over 7 years), no cancer history (other than basal cell or squamous cell skin), radiologist does not recommend follow-up and no known suspicious features (see above): <ul style="list-style-type: none"> • <4mm • ≥4mm 	0
Not clearly benign, but has no known suspicious features (see above) <ul style="list-style-type: none"> • Tobacco user (or tobacco use within 7 years), or • Has cancer history (other than basal cell or squamous cell skin) 	Postpone until declared benign by radiologist, and at least one year stability*
With any suspicious feature (see above)	Individual consideration will be given depending on age, size, length of stability* (minimum of 2yr), and smoking status.
With conclusive biopsy	Rate for final diagnosis (cancer, TB, sarcoid, fungus, etc.)

* Stability is defined as no change in size, shape, or radiographic features on repeat testing.

To get an idea of how a client with a history of a pulmonary nodule on chest x-ray tests 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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Pulmonary Nodules Tests - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ FAX _____

Client _____ Age/DOB _____ Sex _____

If your client has history of a pulmonary nodule on chest x-ray, CXR or scan (such as CT or MRI)

1. Please provide:

Date initially found _____

Size _____

Date of last follow-up _____

2. Please note if any of the following have occurred (check all that apply):

CT scan or MRI -- give findings _____

Biopsy -- give pathology report _____

Surgery -- give pathology report _____

PET scan – give findings _____

3. Is your client on any medications?

yes, please give details _____

no

4. Has your client ever had cancer?

yes, please give details _____

no

5. Has your client smoked cigarettes?

In the last 12 months?

yes

no

In the last 7 years?

yes

no

6. 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 Pulmonary Nodules Tests, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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751 Broad Street, Newark, NJ 07102-3777
Rx140 IFS-A098507 Ed. 10/08 Exp. 04/10