



## Polycythemia Vera

Polycythemia Vera (PV) is a chronic, bone marrow disorder characterized by an increase in red cell mass (erythrocytosis) and hemoglobin/hematocrit concentration. Onset is usually after mid-life. Symptoms include weakness, fatigue, dizziness, ringing in the ear, irritability, pain of extremities, headaches, and itching. Thick blood and increased platelet count can lead to clotting, causing strokes and heart attacks. Other complications include neurological symptoms, hypertension, and splenomegaly (enlargement of the spleen).

The diagnosis of PV is considered if the hematocrit is > 52% for males, > 49% for females. Other major criteria are increased RBC mass with an arterial oxygen saturation > 92% and splenomegaly.

Treatment of PV improves symptoms and prolongs life by reducing the incidence of clotting and bleeding. Phlebotomy (withdrawing blood from the vein) is the initial treatment and will control PV for some time. Radioactive phosphorus and alkylating agents (chemotherapy) have been used; however, this form of treatment can lead to leukemia. Hydroxyurea or recombinant interferon is used to lower the platelet count or to reduce splenomegaly. Unresponsive massive splenomegaly may require splenectomy.

Untreated, 50% of symptomatic patients die within 18 months of diagnosis. Persons treated by phlebotomy alone have a survival of 8 to 15 years. Death is usually due to myelofibrosis (bone marrow failure), leukemia, or clotting.

### Underwriting Consideration:

PV absent other significant impairments:

|  |          |
|--|----------|
| Untreated  | Postpone |
| Treated with phlebotomy, recent* hemoglobin under 20 g/dL, hematocrit under 55%, platelet count under 750,000 and WBC under 20,000   | Class D  |
| If hemoglobin over 20 g/dL, hematocrit over 55, WBC over 20,000, platelet count over 750,000 or treated with splenectomy, hydroxyurea, interferon, radioactive phosphorus, or chemotherapy | Decline  |
| Treated with phlebotomy, after 2 years with normal CBC and platelet count  | Class B  |

\*Recent (within 3 months) complete blood count (CBC) including platelet count is required in all cases

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

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

This marketing material includes an expiration date and use of this material must be discontinued as of the expiration date.

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Your Success Matters.

{Name  
Phone Number  
E-mail Address  
Website Address}



**Prudential**

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**Polycythemia Vera - Ask "Rx" pert underwriter  
(ask our experts)**

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client is known to have a history of Polycythemia Vera, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_

2. Please indicate the type of lymphoma:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Phlebotomy             | <input type="checkbox"/> Splenectomy  |
| <input type="checkbox"/> Hydroxyurea            | <input type="checkbox"/> Interferon   |
| <input type="checkbox"/> Radioactive Phosphorus | <input type="checkbox"/> Chemotherapy |

3. What is current therapy? \_\_\_\_\_

4. Please provide the date and results of the most recent CBC:

- |   |       |
|---|-------|
| <input type="checkbox"/> Hematocrit (Hct)       | _____ |
| <input type="checkbox"/> Hemoglobin (Hb)        | _____ |
| <input type="checkbox"/> Platelet Count         | _____ |
| <input type="checkbox"/> White Blood Cell (WBC) | _____ |

5. Is your client on any medications?

- |   |       |
|---|-------|
| <input type="checkbox"/> yes, please give details | _____ |
| <input type="checkbox"/> no                       |       |

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

- |   |       |
|---|-------|
| <input type="checkbox"/> yes, please give details | _____ |
| <input type="checkbox"/> no                       |       |

7. Does your client have any other major health problems (ex: cancer, etc.)?

- |   |       |
|---|-------|
| <input type="checkbox"/> yes, please give details | _____ |
| <input type="checkbox"/> no                       |       |

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

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