



## Prostatic Intraepithelial Neoplasia (PIN) and Atypia

Prostatic Intraepithelial Neoplasia (PIN), which is dysplasia of the epithelium lining of the prostate glands, is now recognized as the most likely precursor of invasive prostate cancer. The appearance of PIN may precede carcinoma by as much as 10 or more years. PIN has also been known by the following terms:

- ▶ dysplasia
- ▶ intraductal dysplasia
- ▶ large acinar atypical hyperplasia
- ▶ hyperplasia with malignant change
- ▶ marked atypia
- ▶ duct-acinar dysplasia

While PIN is diagnosed only by biopsy, it can be associated with a high PSA level. Its severity is given in grades: low grade (Grade 1) and high grade (Grades 2 and 3). Because of its high predictive value for adenocarcinoma, men with PIN of all grades should be followed closely, and those with high grade PIN will likely need repeated biopsies. There is no treatment for PIN beyond close observation.

### Underwriting Considerations:

Ratings for PIN will depend on age, Grade, and PSA levels.

Low grade PIN	
Age < 50	Usually decline
Age 50-64 and current PSA < 4.5	Table B
Age 65 + and current PSA < 6.5	Non-rated
High grade PIN or atypia	
Age < 50	Usually decline
Age 50-64 and current PSA < 4.5	Table D
Age 65 + and current PSA < 6.5	Table B

Factors that may further influence the rating (up or down) include: length of observation, past PSA pattern, rising PSA, PSA > 15, or free PSA < 15%.

*To get an idea of how a client with PIN and Atypia would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the attached 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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**Prostatic Intraepithelial Neoplasia (PIN) and Atypia - Ask "Rx" pert underwriter  
(ask our experts)**

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

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

If your client has PIN, please answer the following:

1. Please list date when first diagnosed: \_\_\_\_\_

2. If any of the following have been done, please give details and result(s):

prostate biopsy

\_\_\_\_\_

prostate ultrasound \_\_\_\_\_

TURP (transurethral prostatectomy) \_\_\_\_\_

3. What is the grade of the PIN?

low grade (grade 1)

high grade (grade 2 or 3)

4. Please describe frequency of attacks:

\_\_\_\_\_  
\_\_\_\_\_

4. Please give result and date of most recent PSA Test: \_\_\_\_\_

5. Is your client on any medications?

yes, please give details \_\_\_\_\_

no

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

yes

no

7. 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 Prostatic Intraepithelial Neoplasia (PIN) and Atypia, please feel free to use the Ask "Rx" pert underwriter on the attached page for an informal quote.*

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