

DIALOGUE.

Authored by Legal & General America's medical and underwriting specialists.
Published for like-minded agency professionals.

Melanoma

Melanoma, a cancer of melanocytes, which are cells that produce skin pigmentation, is the most serious type of skin cancer encountered in the underwriting process. The National Cancer Institute estimated that for 2011 70,230 people in the United States would be diagnosed with melanoma and that 8,790 would die from this cancer. Annual spending on melanoma treatment was estimated to be about \$1.9 billion in 2010. The incidence rate of melanoma has been steadily rising.

Risk Factors

Some risk factors for the development of melanoma include ultraviolet light exposure, including sunlight, atypical (also known as dysplastic) moles, multiple benign moles, fair complexion, a family or personal history of melanoma, and conditions and medications that suppress the immune system.



Melanoma mole

After Diagnoses

Once melanoma has been diagnosed, a number of factors help predict prognosis, including thickness (thicker tumors are more serious); the mitotic rate, which reflects how rapidly the cancer cells are dividing (a higher mitotic rate has a worse prognosis); whether ulceration is present, which means that the top layer of skin over the melanoma is missing (ulceration is associated with a worse outcome); and whether the melanoma has spread to lymph nodes or to other areas of the body.

These factors are used to help determine the melanoma's stage, which is closely tied to expected survival. For example, according to the American Cancer Society, Stage IA melanoma, which is less than 1.0 mm in thickness, is not ulcerated, has a low mitotic rate, and has not spread to lymph nodes or distant organs, has a ten year survival rate of around 95%. However, if the melanoma is Stage IV, meaning that it has spread to other organs or distant parts of the body, the ten year survival is only about 10% to 15%.

Sometimes the doctor may biopsy the sentinel lymph node, which is considered to be the first lymph node that would contain metastatic disease, and if negative then spread to other lymph nodes is considered to be unlikely.

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A melanoma diagnosis doesn't automatically mean declined coverage. Include all the facts to assure a best offer.

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➔ Know your **ABC**'s for Melanoma Indicators

A	is for Asymmetry . Check the asymmetry of the mole. Does one half not match the other?
B	is for Border . Is the border of the mole irregular, ragged, poorly defined, etc?
C	is for Color . Is the mole's color not the same throughout?
D	is for Diameter . Is the mole more than the size of a pencil eraser or 6mm?
E	is for Evolving or Enlargement . Has the shape, size, or color changed?

When applicants have a history of melanoma, review of pathology reports and evidence of favorable dermatologic follow up are important in the underwriting process.

Case Studies

Applicant 1 had Stage IA melanoma removed four years ago. There is no family history of melanoma and annual checkups with the dermatologist have been normal. *This case can be Standard Plus.*

Applicant 2 had a 3 mm melanoma with ulceration removed just over five years ago. Follow up visits with the dermatologist have been favorable.

Due to the thickness of the cancer and the ulceration the prognosis here is worse. *This requires a two table rating plus a flat extra of \$10 per thousand for three years.*

Applicant 3 was treated two years ago for melanoma metastatic to three lymph nodes. A parent and sibling died from melanoma. The applicant has not seen a doctor for eighteen months. *This case is a decline.*



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