

Bladder Cancer: Underwriting Perspective

Underwriting Questions and Answers

Bladder cancer is common malignancy of the transitional cells lining the surface of the bladder.

There were approximately 56,000 new cases of bladder cancer diagnosed in 2002.

There were over 12,000 deaths from bladder cancer in 2002.



Bladder cancer is usually diagnosed in person 40 and older, with men being 2-3 times more likely to be affected.

The primary risk factor for bladder cancer is smoking. Cigarette smoking has been shown to increase the risk of developing bladder cancer by a factor of five when compared to non-smokers.

50% of men diagnosed with bladder cancer are smokers.

30% of women diagnosed with bladder cancer are smokers.



The most common symptom of bladder cancer is blood in the urine, called hematuria.

The work up for bladder cancer includes:

1. Urinalysis
2. Urine cytology (looking for cancer cells in the urine)
3. Cystoscopy (using an instrument to look in the bladder)
4. Bladder biopsy (taking a tissue sample during cystoscopy)
5. IVP (a dye study of the upper urinary tract to detect tumors and blockages)

Tumors are classified based on the cell type. **90% of bladder cancers are identified as transitional cell carcinomas.** The majority of the remaining cancers are called squamous cell carcinoma.



Tumors are staged based on the degree of invasion at the time of diagnosis. The following is an outline of the staging protocol:

Stage 0—This is called “superficial bladder cancer” and is limited to only the cells lining the bladder.

Stage 1—In this stage the cancer has spread deeper into the lining of the bladder but has not penetrated the muscle wall.

Stage 2—In this stage the cancer has spread into the muscle wall.

Stage 3—In this stage the cancer has spread beyond muscle wall into the local area such as the prostate in men or the uterus in women.

Stage 4—In this stage the cancer has spread to the abdominal wall or to other organs such as the lungs.

Tumors are graded based on the level of “differentiation” of the cells, which affects how quickly they grow.



Treatment of bladder cancer is based on the stage of the disease at the time of diagnosis.

Stage 0 and Stage 1 tumors are generally treated with surgical removal through a procedure called a transurethral resection (TUR). The treatment can also include chemotherapy that is delivered directly to the lining of the bladder by means of a catheter.

Stage 0 and Stage 1 tumors may also be treated with immunotherapy. As with chemotherapy, the medication is delivered via catheter directly to the lining of the bladder. The goal is to get the patient's own immune system to attack tumor cells. This form of immunotherapy is called Bacille Calmette-Guerin (BCG).

Stage 2 tumors may respond to removal of the tumor and BCG. However, most people with stage 2 and stage 3 tumors will require removal of the bladder, called radical cystectomy. Chemotherapy may also be indicated for these patients.

Surgery is not indicated for stage 4 tumors, which are generally incurable. These patients are usually offered chemotherapy to slow tumor growth.



Stage 0 tumors can be cured with a variety of treatments. However, the tendency for new tumor formation is high. Studies that have followed patients for a minimum of 20 years or until death have found that the recurrence of bladder cancer following initial surgery was 80%.



Stage 1 tumors can be cured with a variety of treatments. However, the tendency for new tumor formation is high. Studies that have followed patients for a minimum of 20 years or until death have found that the recurrence of bladder cancer following initial surgery was 80%.



Stage 2 tumors can be treated with TUR, but often removal of the bladder is the standard treatment. Radiation and chemotherapy can also be used



Stage 3 tumors are usually treated with bladder removal and radiation.



Stage 4 tumors have a poor prognosis and the goal of treatment is to reduce the symptoms, not provide a cure



Underwriting Q & A

Q: What are the essential screening questions for applicants with a history of bladder cancer?

1. **When was the bladder cancer diagnosed?** It is important to identify the exact date the cancer was diagnosed.
2. **How was the bladder cancer treated?** This offers important insight to the extent of the tumor or tumors. If the client simply had a TUR followed by BCG, then it is safe to assume the tumor was either Stage 0 or Stage 1. However, if the client had their bladder removed, then it must be assumed the client had a Stage 2 or higher tumor.
3. **Has there been a reoccurrence of the bladder cancer?** This is not an unusual finding given the high rate of recurrence. It is important to document the exact dates of the primary diagnosis as well as the date or dates of the reoccurrence.
4. **Is the client receiving regular follow up to check for new bladder tumors?** Given the high rate of reoccurrence, it is important to verify that the client is participating in a systematic follow up program.

5. **What medications is the client taking?** It is important to document all the medications the client is taking and why they are being taken

Q: How soon after being diagnosed and treated for bladder cancer is an applicant insurable?

A: Clients with Stage 0 or Stage 1 tumors can be insurable as soon as six months after treatment. How soon a client is insurable will depend on the depth of invasion of the tumor as well as its grade. Stage 2 tumors usually require a two or three year postponement from the last date of treatment. Stage 3 tumors that invade the bladder wall and penetrate the surrounding fat are postponed for five years or more.