



UNDERWRITING 201: SKIN CANCER

Skin Cancer is the most common form of human cancer. The most common cause of skin cancer is overexposure to the sun. Ninety percent of all skin cancers occur on sun exposed skin. People most likely to have skin cancer have;

- A family history of melanoma
- Fair skin which burns easily and tans poorly
- Red or blonde hair
- Blistering sunburns in childhood or adolescence
- Dysplastic nevi (*atypical moles*)

There are three types of skin cancer; Basal Cell Carcinoma, Squamous Cell Carcinoma and Malignant Melanoma.

Basal cell carcinoma is the most common type and has the best prognosis. It usually looks like a small pearly nodule that slowly grows. Lesions are surgically removed. Recurrences are common, but it rarely metastasizes (*spreads to distant sites*). Localized and basal cell cancers, after excision, are non-rated.

Squamous cell carcinoma can be a nodule or a reddish patch. Recurrences are also common and 3% to 10% will metastasize. Localized squamous cell cancers, after excision, are non-rated.

Malignant melanoma is the least common, but the most serious and can start as a mole. Lesions are surgically removed. Melanoma metastasizes early and widely. Even after surgical removal, recurrences can occur. Prognostic factors include lesion thickness, Clark's level of invasion, growth pattern, skin ulceration (*the superficial loss of tissue on the surface of the skin or lesion*), number of melanomas, number and size of positive nodes, intralymphatic metastases and distant metastases.

The staging system for cutaneous (*skin*) melanoma puts emphasis on ulceration (*as reported in the pathology or surgeon's report*) and on information obtained from new technology that can detect minute lymphatic metastases. Staging is based on the TNM (*Tumor, Node, Metastasis*) classification, and ratings are based on the TNM staging system, specifically tumor characteristics (*aka T1a, T1b, T2a etc.*).

Applicants with positive lymph nodes or metastases are not insurable.

The ratings for malignant melanoma ranges from no rating for in-situ cancers to postpone for 4 years for Clark levels IV and V.

TUMOR – ALL CRITERIA MUST FIT	THICKNESS	CLARK’S LEVEL	ULCERATION
Tis	≤1.0mm	Level I in-situ	NA
T1a	≤1.0mm	Clark’s level II or III	No
T1b	≤1.0mm	Clark’s level II or III	Yes
T1b	≤1.0mm	Clark’s level IV or V	Yes/No
T2a	1.01 to 2.0mm	NA	No
T2b	1.01 to 2.0mm	NA	Yes
T3a	2.01 to 4.0mm	NA	No
T3b	2.01 to 4.0mm	NA	Yes
T4a	>4.0mm	NA	No
T4b	>4.0mm	NA	Yes

TUMOR	TIS	T1A	T1B	T2A	T2B	T3A	T3B, T4A
1st yr	0	0	\$7.50x5	\$7.50x6	\$10x6	R	R
2nd yr	0	0	\$7.50x4	\$7.50x5	\$10x5	R	R
3rd yr	0	0	\$7.50x3	\$7.50x4	\$10x4	R	R
4th yr	0	0	\$7.50x2	\$7.50x3	\$10x3	R	R
5th yr	0	0	\$7.50x1	\$7.50x2	\$10x2	\$15x6	R
6th yr	0	0	0	\$7.50x1	\$10x1	\$15x5	\$20x5
7th yr	0	0	0	0	0	\$15x4	\$20x4
8th yr	0	0	0	0	0	\$15x3	\$20x3
9th yr	0	0	0	0	0	\$15x2	\$20x2
10th yr	0	0	0	0	0	\$15x1	\$20x1
After 10yr	0	0	0	0	0	0	0

- Only Tis through T4a will be considered in underwriting. There must be no evidence of distant or node metastases. Satellite lesions and lesions-in-transit (*i.e. within the lymph channels*) are considered metastatic.
- Recurrent melanomas are declined.

[CLICK HERE](#) to download our Skin Cancer Questionnaire. Complete it and fax or email it to us and let us help you get the case!



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