

What Should I Ask a Client with a History of Breast Cancer? Screening Questionnaire

Breast cancer is the most common cancer occurring in women (excluding cancers of the skin) and the second most common cause of death from cancer in women. Lung cancer still remains the number one cause of cancer deaths in women.

Breast Cancer Statistics

- Every three minutes a woman in the United States is diagnosed with breast cancer.
- In 2003 an estimated 210,000 new cases of invasive breast cancer were diagnosed. In addition, there were 55,000 new cases of noninvasive breast cancer.
- An estimated 40,000 in 2003 died from breast cancer.
- A women's level of risk for developing breast cancer increases as she ages. It is unusual for a woman younger than age 35 to get the disease.

Early detection is the key to survival. If diagnosed at an early stage, breast cancer has an encouraging cure rate: up to 97% of women diagnosed with localized breast cancer will survive five years after their diagnosis.

The following screening questions will help producers in the initial screening of applicants with history of breast cancer.



1) When was the breast cancer diagnosed?

Women in remission following treatment for breast cancer are insurable depending on the extent of their original tumor and the length of time of their remission. In some cases this can be less than one year following the end of treatment. **The exact date of diagnosis is the starting point for the risk assessment process.**



2) What type of treatment was done for the breast cancer and when did it end?

The size of the tumor, the tumor's aggressiveness and the degree of the tumor's invasion will determine the treatment options. Small tumors that are confined to the breast can be successfully treated with a partial removal of the breast called a LUPECTOMY. This may or may not be followed by a course of radiation. Larger tumors with greater invasion may require the complete removal of the breast called a MASTECTOMY. In cases where a mastectomy is necessary, the local lymph nodes (glands) in the armpit on the same side as the cancerous breast are also removed to check for cancer. In cases where the cancer has spread to these lymph nodes, additional treatment in the form of chemotherapy or radiation may be necessary. In very advanced cases the client may be required to undergo a BONE MARROW TRANSPLANT.

The "waiting period" required for clients with a history of cancer before they are insurable for individual coverage begins from the last date of all treatment.



3) What are the current medications that the client is taking?

Successful treatment of breast cancer can also involve on going “preventative” chemotherapy in the form of an oral medications. These include:

Tamoxifen

This medication was first used in the initial treatment of breast cancer. However, researchers found it could also prevent breast cancer by as much as 40 percent. **It is currently the one medication approved by the FDA for the prevention of reoccurrence of breast cancer.**

Evista

This medication is chemically related to Tamoxifen. This drug was initially developed for the prevention and treatment of osteoporosis. However, it appears that it may also lower the risk of breast cancer. There is a large study currently underway comparing Tamoxifen and Evista.

Arimidex, Aromasin, Femara

These medications are known as “aromatase inhibitors.” They were originally developed to treat advanced breast cancer, but it is now thought they can lower a woman’s risk of developing breast cancer. Because of the serious side effects, use of these medications is limited.

The use of these types of medications in the post-operative period does not imply a worse outcome for pricing for life insurance.



4) Have all of the follow-up mammograms been normal since the end of treatment?

Mammogram studies are used to monitor breast cancer patients following the completion of their initial treatment. These are generally done every six-months in the first three years of follow-up. Any abnormality in a follow-up mammogram suggests the possible return of the cancer