



Learning  
Series - #12



Making sense of Prostate Cancer

Prostate cancer is the most common cancer in Canadian men. Because it usually is slow growing, it often presents asymptotically. It can, however, be completely removed or successfully managed when it is diagnosed. It is often a disease that older men die with and not from. It is rare in men under 50, but prevalence increases with advanced age. There is an increased risk for developing prostate cancer if a first degree relative has been diagnosed (father or brother).

Changes to prostate cells can cause:

- **Benign conditions:** prostatitis and benign prostatic hyperplasia (BPH)
- **Precancerous conditions:** prostatic intraepithelial neoplasia (PIN), atypical small acinar proliferation (ASAP) and proliferative inflammatory atrophy (PIA).
- **Cancer:**
  - › Acinar adenocarcinoma (more common): adenocarcinoma, foamy gland carcinoma, atrophic carcinoma, pseudo-hyperplastic carcinoma, microcystic carcinoma, PIN-like
  - › Non-acinar adenocarcinoma (less common): ductal and intraductal adenocarcinomas, urothelial carcinoma (transitional cell carcinoma), sarcoma and small cell carcinoma, mucinous adenocarcinoma, signet-ring

Treatment

Active surveillance, Watchful waiting, Surgery, Radiotherapy, Androgen deprivation therapy (ADT), Chemotherapy

**Prostate specific antigen (PSA)** is a serum protein produced by the prostate gland, normally present in all men. Elevations may occur due to benign conditions as well as due to prostate cancer. Normal PSA ranges increase with age. The following helps to clarify those ranges. Values outside of these ranges should be investigated with an ultrasound or urologic assessment.



Age 40-49



Age 50-59



Age 60-69

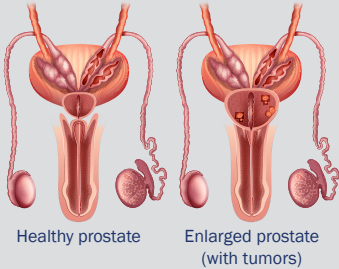


Age 70-79

Diagnostic tools

- PSA Blood Test
- Digital Rectal Exam (DRE)
- Biopsy
- Imaging Technology (Ultrasound and MRI)
- Grading: classifies prostate cancer cells as low, intermediate or high-grade
- Gleason score: predictor of the progression and growth
- Staging: how far the cancer has spread? TNM staging system: T- tumor size, N-lymph nodes involved; M- metastasized; cancer past the lymph node

Prostate Cancer



Underwriting Considerations

- PSAV (PSA velocity): changes in serial PSA values year over year - upward trends should be underwritten cautiously
- There are often no symptoms of prostate cancer, especially in its early stages. As the cancer grows, some people may have symptoms such as urinary complaints, painful ejaculation, or blood in the urine or semen
- If the DRE indicates coarse texture or asymmetrical findings (unilateral nodules, firmness, bulky, etc), this should be investigated with imaging and blood testing
- Clients on BPH medications typically will have reduced PSA values. If PSA is upper normal or elevated while on these medications then the real value could be upwards of 2 times this current level and this is should be cleared by a urologist
- Longstanding elevations in PSA that are stable/similar to current findings on insurance labs with urologic follow up can be good candidates for offer.
- Up to approximately 1/2 of clinically staged prostate cancers are under-staged and about 1/3 of Gleason scores determined clinically (T1 stages) are falsely low
- When prostate cancer is caught early, 5-year survival is close to 100%.

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