Underwriter's Corner

Competitive Offers (part 2)

- **Metabolic syndrome:** Before deciding on a rating, should we consider the age of the applicant? Does it always make sense to rate for metabolic syndrome, even if an applicant is over age 70? In the elderly, we don't typically need to rate for metabolic syndrome. We however should rate for metabolic syndrome at the younger ages because we are concerned with the mortality implications of an applicant becoming a diabetic. Also, for more competitive offers, consider using the normal ECG credit (-25) or the normal treadmill credits (-50) as seen in the diabetes section. As we underwrite metabolic syndrome, it can be helpful to know what the industry is doing. Come companies allow standard offers for metabolic syndrome in most situations.
- **Microadenoma:** Our manual suggests low substd for asymptomatic applicants within 2 years of diagnosis and on medication. However, should the size of the microadenoma to be considered? A small or incidential microadenoma is unlikely to grow very quickly. For microadenomas, we should consider the size before assuming that a rating is absolutely required. Some could be standard due to the small size with the appropriate MD referral.
- **Microalbuminuria:** Our diabetic section provides instruction about which is more reliable: the random microalbumin or the microalbumin/creatinine ratio. The diabetes section states that the microalbumin/ creatinine ratio should be used in priority over the random microalbumin. However, please note that if the creatiniine is low on the urine, the ratio will not be very reliable, and you might want to rate from the random microalbumin on those files.
- **Murmurs:** Although the manual usually suggests a small rating for most heart murmurs, we can consider most mild murmurs at standard with the appropriate MD referral. This is true even when there are several mild valve findings. Unfavorable findings such as mild pulmonary hypertension (those with an elevated RVSP or pulmonary artery pressure) or left atrial enlargement (typically those with a reading greater than 4) though could still require a rating.
- **Pneumonia:** A recent episode of pneumonia which is admitted on an exam or application may be handled differently, depending on the age of the applicant. If you have a young individual with a one time occurrence of pneumonia disclosed, no further information is typically needed. This would also apply to a recent episode of pneumonia seen in an APS. If there is no follow-up in a young applicant, it is safe to assume that a once time occurrence of pneumonia has resolved. However, for an elderly applicant, an APS is advisable for a recent pneumonia episode. In an elderly applicant, if there is no follow-up after the pneumonia, we should confirm that the pneumonia is fully resolved before offering.
- **Prostate cancer with recurrence:** Prostate cancer can sometime be hard to underwrite when there has been a biological occurrence after prostatectomy (a PSA above the normal range of .1). When an applicant has been treated with radiation for this biological occurrence, an offer can typically still be made, depending on the original Gleason score and staging. How should we rate for this biological recurrence? A starting point would be reviewing the original cancer rating and then determining if any additional rating is required. What if the biological recurrence is simply being monitored? If the biological recurrence is only being monitored, it can easily be treated with radiation when the applicant and physician are ready. A good place to start in considering the biological recurrence without treatment would be the watchful waiting section of our manual.

Underwriter's Corner

Case Studies

Case Study #1 Male age 72 for 400,000

Current labs show Hba1c of 6.2 with triglycerides 224 and HDL 35 with cholesterol/HDL of 5.9 and BP readings of 132/90. He has a normal ECG.

The manual suggests low substd for applicants with metabolic syndrome defined as an elevated Hba1c with two or more risk factors, for age 51 and up. He has risk factors of a low HDL, elevated triglycerides, and borderline elevated BP readings. Making a standard offer is possibly more reasonable at this age. Also, ECG credits could be allowed as well.

Case Study #2 Female age 45 for 1,000,000

An MRI done one year ago for a migraine showed an incidental 3 mm prolactinoma. She was started on Bromocriptine for a slightly elevated prolactin level and has a normal prolactin value now.

The manual suggests to rate low substd for this since it was diagnosed within two years. However since this lesion is so small and is very unlikely to grow quickly, with referral to the medical director a rating may not be and preferred is even a possiblity on this applicant.

Case Study #3 Female age 35 for 300,000

An MRI done 10 year ago and a repeat 4 years ago showed a small microadenoma. She discloses no symptoms on her application and is on no medication. She has not been seen for a follow-up MRI since 4 years ago.

The case was postponed. Another way to look at this file would be to consider the size of the microadenoma and growth pattern between the two MRI's. You should also consider if she was symptomatic. After two years from the time of diagnosis of a microadenoma, our manual suggests standard and does not require a current MRI to make this offer. In this situation, a more competitive offer at standard was possible. After 10 years, it is safe to assume that this microadenoma is not going to cause any mortality implications.

Underwriter's Corner

Case Studies

Case Study #4 Male age 68 for 2 million

There is an admitted history of diabetes onset age 65 with current labs showing an Hba1c of 6.5 and a random microalbumin of 6.3 mg/dl with a microalbumin/creatinine ratio of 2.5.

What is the best rating available on this file? The manual would suggest +50 for diabetes. On review of the urine findings, the random microalbumin would result in a rating of +100 but the microalbumin/creatinine ratio would result in no rating. The diabetes section suggests to rate first on the 24 hour (not available) and then on the microalbumin/creatinine ratio. In this case, the urine findings would result in no additional rating.

Case Study #5 Male age 65 for 350,000

He had a Prostatectomy 9 years ago for T3N0, Gleason 7 prostate cancer and has been well-followed by a urologist. His PSA values started to rise from 0 to .3 due to a biological recurrence 4 years ago. He was then treated with radiation. His PSA levels are now consistently in the 0 range with no further recurrence.

The manual would suggest rating +0 for his original prostate cancer. How should we consider the radiation treatment done 4 years ago for a biological recurrence? Should it be considered as treatment by radiation? No, not in this situation since the treatment was for a biological microscopic recurrence only.

With the original cancer at +0, it would be reasonable to consider this still at +0 with the assumption that the biological recurrence was just microscopic and has now been treated. Special consideration needs to be paid to the original Gleason score when there has been a recurrence.