

Think about this: **“Underwriting Skin Cancer”**

Skin cancer is the most common form of cancer. The three common types of skin cancer and their underwriting are as below:

1. **Basal cell carcinoma** (small, round cells in the base of the outer layer of skin) - are the most common. They occur mainly on sun exposed areas in fair skinned individuals and may start as early as the first decade of life. Most are slow growing and small. Most doctors can diagnose a basal cell carcinoma just by looking at it. It is often removed surgically soon after development. The client could be considered for preferred rates.
2. **Squamous cell carcinoma** (flat cells that form the surface of the skin) - most often develops in areas that have been exposed to the sun. But it can develop in scars, areas of skin burnt in the past or areas of skin that have been ulcerated for a long time. If it spreads, it is most often to the deeper layers of the skin. Occasionally, it can also spread to nearby lymph nodes and other organs. Recurrence might occur and surgical excision is the best form of treatment. Underwriting offers depend on aggressiveness of the cancer cells and stage of cancer. The offer could be anywhere between a standard to a decline if there is evidence of spreading of cancer.
3. **Melanoma**- occurs in the melanocytes (cells that produce pigment) and is less common than squamous or basal cell carcinoma, but more dangerous. It is the leading cause of death from skin disease. It may be cured if caught and treated in its early stages when it affects only the skin. In more advanced stages, it may spread, or metastasize, through the blood or lymph system making cure less likely. The warning signs that a mole may be a melanoma are enlarged pigmented spots (usually black or dark blue), and changes in the color of an existing mole. The less deeply a melanoma grows into skin, the more curable it is. Underwriting offer depends on the level of invasion into the skin (measured as Clark’s level) and vertical thickness. If it is confined to the epidermis, standard offer is likely. Temporary flat extras and in some cases, postponement is common. Vertical thickness of the lesion beyond 4mm is a decline.

It is suggested that the client’s pathology report be submitted for review and a preliminary offer be considered before an application is submitted.

Reference: Medical Journal, Cancer society statistics and GenRe.

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