



Rx FOR SUCCESS

Lymphoma

Lymphomas are a heterogeneous group of malignant solid tumors with in the immune/lymph system. Lymph tissue is distributed throughout the body so a lymphoma can develop in almost any location. Prognosis depends on many factors, including type of lymphoma, age at diagnosis, stage at diagnosis, and type of treatment. Some treatments are intended to be curative; some treatments are intended to be suppressive. Even after successful treatment, concerns about health and longevity persist indefinitely. On-going concerns include heart disease, lung disease, and second malignancies among many others.

Stage I	Involvement of a single lymph node region or organ
Stage II	Involvement of two or more regions on the same side of the diaphragm
Stage III	Disease on both sides of the diaphragm involving lymph nodes and localized involvement of other organs
Stage IV	Diffuse or disseminated involvement of one or more extra-lymphatic organs such as bone marrow

Each stage is further divided into two groups. Type A is asymptomatic and has a better prognosis. The presence of Type B symptoms (fever, weight loss, and/or night sweats) is unfavorable. Stage may also be designated as X if there is a large and bulky tumor within the chest.

There are a multitude of lymphomas with a wide range of behaviors, prognoses, and response to treatment. Low grade (also called “indolent”) lymphomas have slow-growing behavior with few symptoms and tend to present in advanced stages. They often relapse after treatment or require on-going or intermittent rounds of suppressive chemotherapy. Intermediate-high grade (also called “aggressive”) lymphomas have rapid growth, also tending to present in advanced stages, but are more likely to respond to chemotherapy. Underwriting considerations for three common types are provided on the next page.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion.

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UNDERWRITING CONSIDERATION FOR HODGKIN LYMPHOMA AND DIFFUSE LARGE B CELL LYMPHOMA-GERMINAL B CELL LIKE (DLBCL-GBC TYPE)

Applicants under age 25 will not be considered. For those current age >25 who have undergone curative treatment with chemotherapy and/or radiation, the following table applies:

	POSTPONE	RATING
Non-bulky Stage IA and Stage 2A	6 years	Table B
Other stages or relapses	10 years	Table C for years 10-20yr Table B for years 20+

For applicants currently under age 40, ratings are adjusted up by one table if treatment ended before age 25. For applicants over age 65, ratings are adjusted down by one table if treatment ended more than 15 years ago. Applicants cured by hematopoietic stem cell transplant are postponed 10 years from transplant, then ratings are adjusted up by another table.

UNDERWRITING CONSIDERATION FOR LOW GRADE FOLLICULAR LYMPHOMA

Applicants under age 60 will not be considered. For those current age >60 with non-progressive and asymptomatic disease, the following table applies:

	POSTPONE	RATING
Non-bulky Stage I	6 years	Table E
Other stages	6 years	Table F

For applicants over age 75, ratings are adjusted down by one table if disease has been stable and asymptomatic for more than 10 years.

UNDERWRITING CONSIDERATION FOR MYCOSIS FUNGOIDES

Applicants under age 40 will not be considered. For those current age >40 with non-progressive disease, the following table applies:

	POSTPONE	RATING
Stage 1A – patchy involvement of <10% of skin surface	2 years	Table C
Other stages	NA	Reject

For applicants over age 65, ratings are adjusted down by one table if disease has been stable and asymptomatic for more than 10 years.

Example #1

An applicant age 45 with a history of non-bulky Stage 2A Hodgkin lymphoma, and now in the sixth year following curative treatment, would be rated Table B.

Example #2

An applicant age 65 with a history of non-bulky Stage 2A Hodgkin lymphoma, and now in the fifteenth year following curative treatment, would be rated Table A.

Example #3

An applicant age 45 with non-progressive Stage IA mycosis fungoides Stage 2A, that was diagnosed two years ago, would be rated Table C.

Example #4

An applicant age 65 with non-progressive and asymptomatic follicular lymphoma Stage III, that was diagnosed six years ago, would be rated Table F.

To get an idea of how a client with Lymphoma would be viewed in the underwriting process, use the Ask "Rx"pert Underwriter on the next page for an informal quote.

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Lymphoma, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
 Client _____ Age/DOB _____ Sex _____

If your client is known to have a history of Lymphoma, please answer the following:

1. Please indicate the type of Lymphoma and the date of diagnosis.

2. What was the staging at the time of diagnosis?

Stage I Stage II Stage III Stage IV/relapse

3. Please note if any of the following were present at time of diagnosis (check all that apply).

Type B symptoms (fever, weight loss and/or night sweats)
 Large ("bulky") disease

4. What treatment did your client receive? (check all that apply).

Chemotherapy Radiation HCT

Please note date of last treatment: _____

5. Is your client on any other medications?

Yes. Please give details. _____
 No

6. Has your client smoked cigarettes in the last 12 months?

Yes
 No

7. Does your client have any other major health problems (e.g., cancer, heart disease, etc.)?

Yes. Please give details. _____
 No