Ovarian Cancer

Ovarian cancer accounts for 5% of all cancers in women and is most common in the 40-70 year age group. The incidence is increasing in highly industrialized countries and it is more common in women of higher socioeconomic status. The latter may be due to the smaller number of pregnancies in that group. Women who have not borne children are at an increased risk of ovarian cancer. Other risk factors include: early menopause, high fat diet, positive family history, and previous irradiation of the pelvic organs. Factors that suppress ovulation, such as pregnancy and the use of birth control pills, protect against this cancer. The mortality risk associated with ovarian cancer varies with the stage (extent) of the cancer and the length of time since treatment was completed.

Stage	Definition	5 year Prognosis
Stage I	Limited to ovary	70-90%
Stage II	Limited to pelvis	50-70%
Stage III	Limited to abdominal cavity	25%
Stage IV	Distant metastasis	10%

Surgical treatment of this cancer, consisting of total abdominal hysterectomy, bilateral salpingo-oophorectomy, and omentectomy (TAH BSO-O-A), is recommended for all stages of ovarian cancer. This is the removal of the uterus, fallopian tubes, ovaries, omentum, and appendix. At the time of diagnosis, most patients have advanced (other than Stage I) disease. The more undifferentiated the tumor, (i.e. Grade III or called high grade) the worse the prognosis.

A category of ovarian tumors of low-malignant potential (LMP) or borderline tumors exists. Under the microscope, these tumors are between benign tumors and those with invasive (malignant) characteristics. They constitute 10-20% of all ovarian epithelial tumors. The staging is the same. 80% of ovarian LMP tumors are limited to the ovary and have an improved prognosis compared to other types of ovarian cancer.

A blood test, CA125 (tumor marker), can be used to monitor disease progression and regression with treatment. It is not helpful as a screening test since 50% of Stage I disease cases have normal levels.

The reverse side of this handout shows our malignant tumor-rating schedule.

	A	B	C	D
Within 1st year	R	R	R	$5x3
2nd year	R	R	$7.50x5	$5 x 2
3rd year	R	$10x6	$7.50x4	$5x1
4th year	$15x6	$10x5	$7.50x3	0
5th year	$15x5	$10x4	$7.50x2	0
6th year	$15x4	$10x3	$7.50x1	0
7th year	$15x3	$10x2	0	0
8th year	$15x2	$10x1	0	0
9th year	$15x1	0	0	0

Without other significant health impairment and with good follow-up medical care and observations, Stage I (localized) ovarian cancer would be rated Tumor Table B. Localized borderline (low malignant potential) ovarian cancers would be rated Tumor Table C. Localized ovarian sarcomas are rated Tumor Table A. Non-localized ovarian cancers (Stage II, III or IV) are declined.

> For example: A Stage I ovarian tumor in the third year following treatment would be rated Tumor Table B: +$10 per thousand for the first 6 years.

To get an idea of how a client with Ovarian Cancer would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter, on the attached page, for an informal quote.