

## **DermPath Update**

Volume 2 Number 1 - March 9, 1996

### **Insurance for Melanoma Patients**

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A survey of 85 British melanoma patients found 11 who were rejected for mortgage or life insurance, one for a pension plan, and one for inheritance tax. One patient had been refused emigration and three had been refused entrance into the armed forces.<sup>1</sup> Difficulties with insurance, mortgages, emigration, and entrance into the armed forces are not limited to patients in Britain.<sup>2,3</sup> We have all heard of a patient with melanoma who has been denied insurance. There is very little information in the medical literature regarding these issues. Sometimes we are asked what a diagnosis of melanoma will do to a person's insurability. We have also heard from colleagues who suggest that pathologic diagnoses should be tailored to best serve patients in their life circumstances. What is going on in the Knoxville area? I asked two local insurance agents to help me.

Life insurance companies have guidelines for underwriting melanoma patients based upon the time interval since diagnosis, the microscopic and clinical stage of the tumor and the anatomic location. Clark level and Breslow thickness have been used to place melanoma patients in rating classes. Availability and cost of policies are then based upon these ratings.<sup>4,5,6</sup>

Northwestern Mutual Life Insurance may underwrite life and disability insurance for melanoma patients. Insurability is related to microscopic and clinical stage of tumor and to the interval since diagnosis. Patients with multiple tumors, metastasis or more than one recurrence within five years would be declined. Patients with Stage I disease (no metastasis) would be considered for standard disability and for select life insurance. They could be reconsidered for standard. Patients with Stage II disease are rated in 4 levels depending on thickness of tumor in millimeters. If the thickness is not known, the insurance might be declined or would probably be highest rating (very expensive). The cost for select insurance for melanoma patients is based upon their rating. After 5 or more years since diagnosis, the patients may be reconsidered and some may qualify for standard policies.<sup>4</sup>

Aetna and The Guardian also may insure melanoma patients. I sent brief descriptions of three hypothetical melanoma patients who are applying for life insurance. The responses from Aetna and The Guardian follow each below.<sup>7</sup>

<u>CASE</u>	<u>AETNA</u>	<u>THE GUARDIAN</u>
1. 28 YOM, superficial spreading melanoma, Level II, 0.68 mm. No clinical evidence of nodal or distant disease.	Term: Standard plus extra \$5.00/thousand for three years. Universal life: Standard.	Insurable, annual extra \$5.00/thousand for three years from the date of treatment.
2. 43 YOM, superficial spreading melanoma, Level III, 1.2 mm on shoulder. Removed two years ago, no evidence of recurrence or metastasis.	Standard with \$10.00/thousand for four years.	Not insurable until two years from removal. Thereafter, insurable with extra \$10.00/thousand for four years.
3. 48 YOM, nodular melanoma removed from cheek. Level III, 2.8 mm. Disease free for six months.	Declined for first two years; postponed one additional year. After three years, standard with extra \$15.00/thousand for five years.	Not insurable for first three years. Thereafter, extra \$15.00/thousand for five years.

I was advised that "ratings for melanoma patients vary from company to company based on underwriting philosophy, mortality assumptions, and other factors".<sup>5</sup> It is interesting to see how similar the responses from Aetna and The Guardian are. It seems that insurance companies are aware of vagaries of diagnostic terminology in melanoma pathology. For example, patients with a diagnosis of "atypical melanocytic hyperplasia" are rated similar to patients with "melanoma in situ".

Are melanoma patients allowed to enter service in the Armed Forces? According to the Army Recruiting and Processing Center in Knoxville, any history of melanoma disqualifies an individual for entrance into the Armed Forces of the United States.

We should all be aware of the social implications that our diagnoses have for our patients. It is disconcerting to know that some patients with thin melanomas may be adversely effected or

penalized socially for a diagnosis that may carry no risk for morbidity or mortality. In our laboratory, however, pathologic diagnoses are based upon published microscopic criteria for melanoma. We do not "adjust" our diagnoses to social circumstances. We believe that this is the proper practice to ensure uniformity to melanoma diagnoses and to provide unbiased and meaningful information to our patients and their physicians. Hopefully, other institutions will follow the insurance industry in offering services and privileges to melanoma patients.

**PBG**

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