

Did you know?



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Big 4 trauma claims - cancer

The “Big 4” traumas traditionally refer to cancer, heart attack, stroke and heart bypass surgery. Our 2009 incidence rates show us that whilst 95 per cent of trauma claims fit within these four categories, cancer is by far the largest contributor to claims experience. In the first of our Big 4 series, we look at cancer and how it is defined in trauma insurance contracts

In this week's *Did you know?* CommInsure's Manager of Medical Research and Development, Aamer Fattah, shares his knowledge on how cancer is defined in trauma insurance contracts. Whilst many different measures exist, it is important to note that only the main cancer classification and staging techniques are discussed below.

Peter: Let's start at the beginning – how is cancer defined in medical terminology?

Aamer: Cancer may be defined as any malignant growth or tumour resulting from the abnormal and uncontrolled division of body cells.¹ The many medical and layman's dictionaries have varying definitions of cancer, as do trauma policies, making it very important for advisers to fully understand what is, and what is not, covered under a specific policy definition.

Given the variety of cells in the human body and the hundreds of different types of malignancy, medical or pathology classification guidelines have been published and available for many years. These allow physicians to describe different types of cancers according to their unique characteristics and features.

Peter: How is cancer classified?

Aamer: Classifying cancers begins with identifying the primary site, typically via 'histological typing', a diagnostic process for describing the type of tissue in which the cancer originated. From a histology viewpoint, hundreds of different cancers exist.

It's important to highlight that not all tumours or growths are cancerous by default: such growths may be completely benign, malignant or somewhere in between (for example, benign with 'malignant potential'). When it comes to histological typing, there are five main categories:

1. carcinoma: a new growth of malignant cells of 'epithelial origin', or malignant growths of the internal or external lining of the body (this represents most cancers)
2. sarcoma: cancers originating in supportive and connective tissues, such as the bones, tendons, cartilage, muscle and fat
3. myeloma: cancers originating in the plasma cells of the bone marrow
4. leukaemia: cancers of the bone marrow (the site of blood cell production)
5. lymphoma: cancers originating in the glands or 'nodes' of the lymphatic system.

Peter: How do the cancer 'staging' classification systems work?

Aamer: Staging describes the extent of cancer progression based on the size of the primary tumour, whether it has spread (or metastases) and if yes, the extent and location of metastases. Summary staging is the most basic method of categorising how far a cancer has spread from its point of origin. Several different staging methods or 'systems' are used by clinicians, which typically share the following five main staging categories:

1. in situ
2. localised
3. regional metastases
4. distant metastases

5. unknown (metastases).

The American Joint Committee on Cancer (AJCC) Tumour, Node, Metastases (or TNM) staging system is a commonly-used method, for example, to stage prostate cancer. The TNM staging system encompasses the extent of growth of the primary tumour (T), whether metastases (M) were found in nearby (or 'regional') lymph nodes (N) and/or at a more distant site in the body. The TNM staging system is also used for determining a patient's treatment options and provides an indication of the prognosis.

The table below outlines the TNM staging system for prostate cancer:

TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
T1	Clinically inapparent tumour not palpable nor visible by imaging
T1a	Tumour incidental histologic finding in 5 per cent or less of tissue resected
T1b	Tumour incidental histologic finding in more than 5 per cent of tissue resected
T1c	Tumour identified by needle biopsy (e.g. because of elevated PSA)
T2	Tumour confined within prostate*
T2a	Tumour involves one lobe
T2b	Tumour involves both lobes
T3	Tumour extends through the prostatic capsule**
T3a	Extracapsular extension (unilateral or bilateral)
T3b	Tumour invades seminal vesicle(s)
T4	Tumour is fixed or invades adjacent structures other than seminal vesicles: bladder neck, external sphincter, rectum, levator muscles, and/or pelvic wall
NX	Regional lymph nodes were not assessed
N0	No regional lymph node metastasis
N1	Metastasis in regional lymph node(s)
MX	Distant metastasis cannot be assessed (not evaluated by any modality)
M0	No distant metastasis
M1	Distant metastasis:
M1a	Non-regional lymph node(s)
M1b	Bone(s)
M1c	Other site(s) with or without bone disease

* Note: a tumour found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging, is classified as T1c.

** Note: invasion into the prostatic apex or into (but not beyond) the prostatic capsule is not classified as T3, but as T2.

Retrieved online on 9 July 2010 from the National Cancer Institute website. Source:
<http://www.cancer.gov/cancertopics/pdq/treatment/prostate/HealthProfessional/page4>

Summary

In 2009, cancer was the single leading cause of trauma claims paid by CommInsure. Accordingly, a thorough understanding of the breadth and scope of cancer definitions is an important part of an adviser's role.

Whilst we have briefly outlined how malignant cancer is defined in layman's and medical terms, insurers who offer cancer benefits under trauma cover usually define the condition more specifically, by listing the exact requirements that would intimate, or otherwise preclude, payment of a claim.

For example, a typical cancer benefit definition may include a list of the medical features and characteristics of malignant tumours or growths, together with specific exclusions for cancers which are not "life-threatening" or have negligible to minimal overall impact on survival (for example, a 'carcinoma in situ').

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¹ According to The Australian Concise Oxford Dictionary 3rd edition