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Life Insurance Underwriting Strategy Memo

Re: Abnormal PSA Levels

The most common cancer in men, other than relatively common and harmless forms of skin cancer, is prostate cancer. Key risk factors for the development of prostate cancer include age, family history, race, ethnic origin, hormonal factors, and diet. There is some evidence that recurrent benign prostate inflammation can increase the likelihood of cancer in the future.

Most men who live into the later decades will show some evidence of the disease. Some studies show prostate cancer cell development roughly correlates with age. Approximately half of all men in their 5th decade of life will have some evidence of prostate cancer; similarly, approximately 80% of men who reach their 8th decade of life will be found to have prostate cancer.

Dangerous invasive forms of prostate cancer are mostly seen in men above age 50. Clinically relevant forms of prostate cancer are primarily diagnosed in men age 60 and older.

Testing for Prostate Cancer

Given the prevalence of prostate cancer, most life insurers routinely screen for early evidence of the disease. They analyze blood profiles for levels of prostate-specific antigen or PSA. This protein is often elevated in men with prostate cancer. However, a number of common benign conditions can also lead to elevated PSA levels.

PSA is a protein produced by cells of the prostate gland. Available since the late 1980s, PSA testing has evolved into the most widely used cancer screening tool. In a clinical setting, proactive screening for prostate cancer is inconsistent and highly controversial.

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Some physicians and urological associations believe PSA screening, even in the absence of symptoms, is important. They point to the occasional early discovery of potentially aggressive prostate cancers. Treatment can be initiated before cancer causes significant damage or spreads.

For men who have their annual physicals by doctors with this approach, there are few surprises in life insurance underwriting. They have well-established PSA histories and related prostate cancer screening test results. Elevated levels of PSA found on an insurance company exam may be consistent with levels found by the personal physician who has probably documented a benign cause.

Other physicians prefer a different approach. Since many prostate cancers are very slow growing and of little clinical relevance, an increasing number of urological associations recommend against routine PSA testing in asymptomatic men. They take the position that the benefits provided by widespread PSA testing are outweighed by the potentially serious complications resulting from the over-treatment of cancers in men whose disease may never evolve into a dangerous form.

For men who have their annual physicals by doctors who do not routinely test for PSA, there can be surprises during underwriting for life insurance. If an elevated PSA is found, what does it mean?

Regardless of the clinical debate, life insurers find it cost-effective to screen men age 50 and above who apply for significant amounts of life insurance. If this testing produces unusual results, absent prior diagnosis and track record, an insurer will usually insist on a urological workup before offering large amounts of insurance.

PSA Screening Levels

The prostate tends to enlarge as men age, leading to steadily rising levels of PSA. Cancer cells tend to release more PSA than normal prostate cells. Thus, PSA levels

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above certain age-appropriate norms is considered an early indicator of possible prostate cancer.

Traditionally, a PSA level above 4.0 ng/ml, regardless of age, led to further inquiry. Today, age-adjusted PSA values are sometimes used:

- Up to age 49: 2.5
- Up to age 59: 3.5
- Up to age 69: 4.5
- Up to age 79: 6.5

The above reference range is used in reference to Caucasian men. Since prostate cancers are more common in African Americans and certain other population groups, age-based reference ranges for these “at risk” groups are adjusted down by .5 ng/ml.

Variations of “Normal” PSA Levels

Benign conditions, such as benign prostatic hypertrophy (BPH), inflammation of the prostate, external irritation of the prostate, and prostate studies themselves, can also lead to increased PSA levels. Conversely, common drugs used to treat BPH, can lower PSA levels.

Red Flags for Life Insurers

Life insurers typically measure PSA levels as part of the underwriting of men aged 50 and above. Most insurers use the traditional 4.0 ng/ml threshold. Readings above that level, especially at younger ages, usually lead to additional questions.

If medical records provided by a personal physician include PSA testing and other urological examinations that suggest a benign cause, underwriting can usually proceed without pricing adjustment.

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If, on the other hand, there are no comparative historical analyses that explain an elevated PSA, an underwriter will likely postpone an offer of life insurance until a more complete urological workup can explain the new findings.

Impact on Life Insurance Pricing

The good news is that most findings of elevated PSA levels in men with chronic benign prostate conditions do not lead to underwriting challenges. Preferred and standard rates are common, given a track record of periodic PSA testing with appropriate regular urological follow-up.

Underwriting gets trickier with the availability of previous prostate biopsies that show evidence of high-grade prostatic intraepithelial neoplasia (HGPIN or PIN) or atypical small acinar proliferations (ASAP). Negotiations for preferred rates are still sometimes possible at some specialty insurers. Standard pricing and extra premium assessments are more common.

Even completely benign prostate biopsies are not always successful in convincing life insurers that there is no cancer. It can be very difficult to find coverage for an individual whose blood profile shows a PSA in the 10 – 20 ng/ml range, even with a negative biopsy. Insurers are often concerned the biopsy has missed the tissue with cancer cells. Some insurers may still be willing to offer coverage but do so with some additional risk premium.

Insurer Selection

Given the prevalence of abnormal PSAs and related prostate conditions, a number of life insurers have specialized in underwriting abnormal PSA findings. They have monitored actual claims experience over decades, developing proprietary underwriting guidelines. Those in turn now reward the insurers with a competitive underwriting edge. Therefore, matching applicants with insurers that are comfortable in assessing prostate-related concerns will usually result in the most favorable insurance pricing.

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Intelligent Life Insurance Underwriting Strategy

With a bit of effort and strategy, it is often possible to negotiate acceptable offers of life insurance for individuals with prostate conditions. Successful underwriting outcomes result from the:

- Development of relevant information, especially prior prostate studies
- Selection of the most suitable impaired risk insurer(s)
- Negotiations with underwriters who have access to favorable guidelines
- Preliminary Pricing Assessment
- The first step in identifying favorable underwriting solutions involves the gathering of relevant data. Ideally, this can be done in advance of a formal application for life insurance.

The review of this preliminary data makes it easy for multiple insurers to simultaneously develop approximate pricing assessments. The applicant saves time by being able to limit the completion of a formal application to the insurer that has given the most favorable preliminary pricing assessment. The following information will provide a good starting point for discussions with underwriters:

- Current tobacco use (or use within the past 3 years):
- Date of first abnormal prostate findings:
- What was found (e.g. PSA, enlarged prostate on DRE):
- Formal diagnosis:
- Highest ever PSA with date, Current total PSA level:
- Current free PSA level:
- Ratio of free PSA to total PSA:
- Evidence of high-grade prostatic intraepithelial neoplasia (HGPIN or PIN)?
- Evidence of atypical small acinar proliferations (ASAP)?
- Use of finasteride (Proscar), Use of dutasteride (Avodart):
- Date of most recent biopsy, Date of most recent MRI:
- Date of most recent follow-up with urologist:
- Other prescription medications (and prescribed for what):

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Some of the information requested might not be readily accessible. In those cases, a call to the physician or urologist should provide the necessary detail – and perhaps even the most recent biopsy pathology report, if one was completed.

Developing Life Insurance Options

We underwrite several cases with elevated PSAs at any given time. We have a good feel for which medical directors view specific fact patterns most favorably. We guide applicants to the most appropriate insurer(s) for underwriting consideration.

I offer to review whatever information is available now. If appropriate, we can ask our underwriters to negotiate details with the medical directors at several insurers. If you have a prostate-related underwriting challenge, let's connect and identify our industry's most competitive solution.

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