

Avoiding **Early** Cancer Claims

Presentation # 2

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WEIGHT & CANCER

Weight Loss

- **Highly significant** = $\geq 10\%$ of pre-loss weight; less if weight not stabilized.
- Unintentional is always a **RED FLAG**; 30-35% due to cancer.
- In elderly, “intentional” is often unintentional.
- Ask: would their pre-loss weight and contextual circumstances justify intentional weight loss?
- *Usually the answer is NO.*

RED FLAGS in Suspicious Weight Loss Cases

- Pre-loss BMI < 20
- Appetite loss also present; twice as predictive as weight loss only
- Recent/uninvestigated GI symptoms
- Low/falling cholesterol, low/falling serum albumin, elevated alkaline phosphatase
- Anemia present
- ≥ 40 pack years
- ESR markedly elevated (≥ 50 mm); no other explanation available.

Localized Pain
and
Occult Cancer

Bone Pain

- Highly localized
- Mainly lower back, pelvis, long bones and ribs
- May be mild, moderate or severe; progressive severity
- *“Gnawing, aching, nagging”*
- Worsening despite analgesics, other treatment
- Isolated symptom, except for fatigue
- Often exacerbated by weight-bearing
- Awakening from sleep...

- Mostly metastases, not bone primary
- 80% due to breast, prostate or lung cancer
- **RED FLAG:** applicant with breast or prostate cancer history, even if remote
- **RED FLAG:** hypercalcemia
- **RED FLAG:** elevated alkaline phosphatase...

- Unexplained bisphosphonate use
- Nerve root/spinal cord compression
- **RED FLAG**: kyphoplasty (“cementoplasty”) surgery, often done for pain due to pathologic fracture in myeloma, bone metastases
- Use of gadolinium-enhanced or technetium bone scintigraphy at any time

Cancer in Low Back Pain

- < 1% due to cancer
- Initial sign in 96% of spinal metastases cases
- Lung, breast, thyroid, kidney and prostate carcinomas; myeloma
- No relief from bed rest
- Constant and progressive
- Failure to improve in 1 month despite conventional treatments
- ESR \geq 50

Cancer in Headaches

- Brain metastases or primary
- Nocturnal onset
- Induced by assuming erect posture
- Induced or worsened by exertion, bending, straining
- Focal neurological signs including incoordination, localized weakness
- New onset headaches accompanying by emesis
- New onset severe headaches < age 15 or > age 70
- Insidious worsening of a mild/moderate localized headache
- Recommended neuroimaging not (yet) done

Cancer in Abdominal Pain

- Early satiety; reduced appetite
- Unexplained weight loss
- Dull, episodic pain radiating into back
- Repeated bouts of vomiting with persistent nausea
- Bruit or friction rub over liver
- Recommended CT/PET or MRI not done
- Fe/microcytic anemia...more on this later

Cancer-Related Lymphadenopathy

When are lymph nodes malignant until proven otherwise?

- ≥ 2 cm in diameter
- Stony hard, not freely moveable
- Fixed to underlying structures, matted together
- Painless or not; pain typically with rapid enlargement
- Supraclavicular, hilar, mediastinal, epitrochlear sites
- Occurring with unexplained weight loss
- Palpable spleen
- Prior cancer history, no matter how remote

Marjolin Ulcer

- Skin cancer arising in a site of major tissue injury
- Typically burn scar, wound site, venous stasis ulcer
- #1 is squamous cell carcinoma
- Highly aggressive, high % with metastases
- Poor prognosis even if surgically excised

High Mortality Leukoplakia

- Most leukoplakia has diploid (normal) DNA
- **Aneuploid** DNA cases have an 84% chance of later invasive carcinoma with a 16% disease-free survival rate in these cases
- This is because of diffuse dysplasia in oral cavity
- If flow cytometry is done, we must know the results

Urine Cytology Atypia

- Defined as atypical cells, not confirmed as malignant vs. wholly benign
- 8% incidence at older ages
- Over 30% followed by high-grade, poor prognosis urothelial carcinoma
- If you use *QuestCheck*, you will see periodic urine cytology reports without medical history details

Deep Venous Thromboembolism (DVT) Cancer Risk

A controversial issue with
sufficient evidence to warrant
careful underwriting

- Unprovoked DVT only = no clear cause of DVT
- 1 in 10 will have cancer present or arise within 12 months
- Risk dwindles to insignificance thereafter
- Adequate surveillance often ignored

What's in your manual?

Nonalcoholic Fatty Liver Disease **NAFLD**

- 10-20% progress to nonalcoholic steatohepatitis (NASH)
- Significantly increases risk of **hepatocellular carcinoma** (HCC), especially in longstanding cases, > age 50 at discovery and/or with comorbid T2DM
- **RED FLAG**: screening with AFP (alpha-fetoprotein)
- **RED FLAG**: screening with ultrasound
- Use of same tests to screen chronic hepatitis B or C suggests cirrhosis present = higher risk of HCC

Further **RED FLAGS**

- Urinary retention – mainly over age 60 without definite diagnosis
- Colectomy for ulcerative colitis without path report – dysplasia is a motive for colectomy and high risk of carcinoma, which may not be disclosed
- Ethanol injections and/or stenting in esophagus = unresectable carcinoma