

Avoiding **Early** Cancer Claims

Presentation #4

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Hematology

and

High Risk of Early Cancer Claims

Mild Anemia in elders is underpriced by insurers most likely because of its high prevalence (> 30% at > age 80) and also because it is largely overlooked in primary care as a marker “....with no independent effect on health”

This accounts for a significant portion of avoidable early cancer claims following underwriting

Mild Anemia in Elderly

- Defined as Hb 11-12.9 in males and 10-11.9 in females
- Low hemoglobin is NEVER normal even in elderly; there is always a cause
- Microcytic (MCV < 80) anemia in elders is mainly caused to Fe deficiency due to blood loss
- Macrocytic (MCV > 100) anemia in elders is largely due to 1 of 4 mechanisms: B-12 or folate deficiency, alcohol abuse and myelodysplastic syndrome (MDS)

“The presence of iron deficiency anemia markedly increases the likelihood of gastrointestinal malignancy, especially in persons age 65 and older. Even in asymptomatic patients, more than half have a bleeding-related lesion on endoscopic evaluation with esophagogastroduodenoscopy and colonoscopy”

Michael H. Bross, MD
University of Colorado Denver Medical College
American Family Physician
82(2010):481

- Primary care physicians (that do not simply ignore mild Fe anemia) often prescribe iron supplements
- It is Fe anemia only if low ferritin is also present
- The risk of cancer is only significant if both low ferritin and anemia are present
- Cancer risk is highest at lower ferritin levels
- Many GPs now do endoscopy...but either sigmoidoscopy or colonoscopy is insufficient unless a bleeding lesion is identified

In one series of 120 asymptomatic elders, 45% had serious GI lesions including 15 unsuspected carcinomas

In another study, this was the % with Fe anemia who had cancer:

Ages 60-69	8.0%
Ages 70-79	21.6%!
Ages 80+	55.6%!!

No applicant ≥ 55 with anemia,
MCV < 80 and ferritin < 50
should be insured until a clinical
workup has been completed,
including adequate GI endoscopy

Acute Leukemia in Adults

- 25% incidentally discovered
- 2 most common symptoms are fatigue and weakness
- Diagnosis as late as > 1 year after symptom onset
- 50% saw GP first and 36% of these cases were not referred to a specialist

RED FLAGS

- Decreased or occasionally increased reticulocyte count
- Sideroblasts in peripheral blood
- Basophilia
- Thrombocytosis
- Unexplained ESR elevation ≥ 50
- Immature granulocytes in peripheral blood (metamyelocytes, etc.)
- Nucleated erythrocytes in peripheral blood
- Elevated RDW with any of foregoing findings

“The presence of basophilia, with few exceptions, is associated with myeloid neoplasia and requires careful evaluation”*

Brent L. Wood, MD, PhD
University of Washington Cancer Center
Clinical Laboratory Medicine
27(2007):551

***Based on absolute count; determined by multiply WBC count by % basophiles in differential count**

Myelodysplastic Syndrome (MDS)

**A Gold Opportunity for Incidental
and Intentional Nondisclosure!**

MDS

- 35,000 cases annually; 60,000 currently living with MDS
- Median age 70; rare < 60
- 9 subtypes
- > 50% diagnosed incidentally on CBC
- Most do not have diagnostic assessment initially; just observed periodically
- Bone marrow Bx usually not done early on
- Many are not treated initially, especially if asymptomatic
- Only cure is in those few cases eligible for bone marrow transplant; otherwise, 90% death in 1-5 years

CBC Clues to MDS

- Mild anemia
- Macrocytosis in > 95%; MCV often ≥ 110 ; 8-15% of elders with macrocytosis have probable/definite MDS
- Monocytosis
- Basophilia
- Marked cytopenias in any lineage, pancytopenia and odds increase 3-fold if elevated RDW
- Immature white or red blood cells in peripheral blood

- **Over 40% of physicians do not think of MDS as cancer**
- **90% of MDS patients do not describe themselves as having cancer!**
- **Application: “*Mild anemia, no treatment needed*”**

Steensma. Cancer. 120(2014):1670

McQuiten. Cancer. 120(2014):1686

Bottom line:

If you adopt a careful underwriting position on mild anemia at older ages, you will avoid cancer claims by declining/postponing **RED FLAG** cases of occult cancer and precancer