



Hot NotesTM

HOT NOTES • VOLUME 22, ISSUE 7 • JULY/AUGUST 2022

TABLE OF CONTENTS

Excess Non-COVID Deaths	2
Next Hot Notes = September Requirement Survey Planning Team	2
DigitalOwl - Interview with Jennifer Richards	4
Endocrine Disorders - Interview with Matt Glasow, Milliman-IntelliScript	7
Fraud - Interview with Diligence International Group	9
What Underwriters Must Know About Monkeypox	13
Parental AUD and Offspring Mortality	20
Thrombocytosis and Cancer	21
Cannabis Duet	21
Adult ADHD and Substance Abuse	23
Alcohol-Related ED Visits	25
IBS + CRC	25
COVID-19 Update	26
STUFF	28
Paradoxical Lucidity	32
June Quotes	35
Movies	36
	37

THANK YOU



Thanks to the support of these proactive firms, an in-depth review and analysis of key questions on the 2022 New Business Critical Issues Survey will be sent to all survey participants.

BURGEONING NON-COVID EXCESS DEATHS

In the US and throughout the world we are now seeing excess deaths...not caused by the pandemic virus...skyrocketing!

The full American report with excess deaths by state is accessible here:

<https://www.usmortality.com/excess-absolute>

Check out these gory details:

- California's excess death rate rose from 13.6% in 2020 to 18.7% in 2021. And just 5 months into 2022 their excess death rates breached the 20% mark.
- For the US as a whole there were 411,587 excess deaths in 2020, an increase of 13.6%. In 2021 it was 16.4% above expectations.
- Among working age Americans deaths are up 40% compared to pre-pandemic levels.
- Canada has been clobbered with a 70% excess death rate at ages 0-44 compared to 2014-2019 levels.

What could be accounting for these hefty increases?

You'll see experts in epidemiology dancing around, frenetically trying to avoid being pinned down on the cause .

They've invested so much to get to where they are and it isn't worth putting their careers in jeopardy by suggesting it might something more insidious than delayed diagnosis and treatment of life-threatening diseases.

InsureIntell

Top 10 most read articles from Insureintell.com ending June 30, 2022:

1. [Augmented Underwriting and the Evolving Role of the Underwriter](#)
2. [Cryptocurrency: The Newest Challenge to Financial Underwriting](#)
3. [The COVID Connection](#)
4. [Multiparametric MRI and Prostate Cancer](#)
5. [Key Questions on Advances in Cancer Therapy](#)
6. [What Lies Beneath: Photoplethysmography \(PPG\) Solutions for Insurance](#)
7. [Life Insurance Underwriting Reimagined: Investing in a New Breed of Talent](#)
8. [Is Long-Covid Here to Stay?](#)
9. [A Study of TrueRisk Life as a Mortality Predictor in the Contemporary United States Credit Active Population](#)
10. [The Underwriting Manual of the Future](#)

THE NEXT ISSUE OF HOT NOTES WILL BE IN SEPTEMBER

Because Hot Notes is now BIMONTHLY there won't be an August issue.

So, please don't be dismayed when Esther doesn't send you a new issue on Monday August 1.

The September/October issue will be sent to all subscribers on Thursday September 1.



IF YOUR TABS HAVE SUB-SUB- SUB-TABS **YOU MAY HAVE FOMA.**

We know what it's like to feel FOMA, or Fear Of Missing Anything.

That's why we created Medical Data and Irix®—so you can get a clearer picture of each insurance applicant, instantly revealing more hidden health conditions than ever before.

Milliman IntelliScript®
See more. Fear less.

INTRODUCING THE REQUIREMENT SURVEY PLANNING TEAM

To increase the value of our last survey, I recruited 6 expert underwriters to team up with me in selecting and designing the survey questions. Thanks to them the 2022 Critical issues survey was our best one ever!

I've doubled down on that successful experiment by recruiting a new team of experts to work with me on the 2022-23 Life Underwriting Requirements Survey.

The 4 members of the Requirement Survey Planning Team are Doreen Acampora (Milliman IntelliScript), Gina Ferraro (Mass Mutual), Kristin Ringland (SCOR Re) and Joe Rizzuto (American Family).



Doreen Acampora
Milliman IntelliScript

Doreen's vast experience in Life Insurance Underwriting and her passion for innovation brought her to the IntelliScript team in 2020. As an Underwriting Consultant in Clinical Services, she provides underwriting expertise and support to clients. In addition, she brings the underwriter's perspective to the table in the development of

new products.

Prior to joining IntelliScript, Doreen most recently held the position of Vice President of Underwriting at Health IQ, and has also had underwriting leadership roles at Security Mutual Life, Met Life, HSBC and New York Life.



Gina Ferraro
Mass Mutual

Gina Ferraro has 13 years of underwriting experience, exclusively at Mass Mutual, as an Underwriting Consultant. She also served as Underwriting Training Director and is currently one of the team's foreign risk specialists. Gina has earned a M.S degree in Organizational Development with a focus on leadership.

Gina has been a mainstage presenter at MUD meetings speaking on foreign risk, participated in several NAUSG Underwriting Study Group seminars, and she continues to pursue her FALU. She also volunteers with local organizations such as Girls, Inc. to provide mentoring opportunities to young women who are interested in pursuing STEM related careers after high school. Gina is passionate about the value of continuing education in the "art" of underwriting and opportunities to collaborate with experienced professionals industry-wide.



Kristin Ringland
SCOR Global Life Americas

Kristin is the Senior Vice President, Chief Underwriting Officer-US with SCOR Global Life Americas. She began her underwriting career at Lincoln Benefit Life and most recently worked for Empire General as an Assistant Vice President.

Kristin was Coordinator of the Survey Group, which is part of the Academy of Life Underwriting. She is also Past President of the Kansas City Risk Selectors Group, past member of the AHOU Planning Committee and the AHOU Scholarship Task Force. Kristin has a Bachelor of Arts degree from the University of Nebraska and has earned her FLMI and FALU.



Joe Rizzuto
American Family Life

Joe has been in the life insurance industry for 34 years, 23 of them with his current employer American Family Life in Madison. He's Life Chief Underwriting Manager and has been in this role for the past 8 years.

Joe began his life underwriting career at Northwestern Mutual. His industry credentials include FALU, FLMI, FFSI, and ACS. Joe resides in Sun Prairie, WI with his wife and 3 children. And he's a devout Cheesehead!

Our project is already well underway. I'm confident it will culminate in the finest requirements survey ever undertaken.

Get a fuller picture of risk with behavioral
and medical data in a single mortality score

Combine the power of behavioral and
medical data — and experience the
next-generation life mortality model.

Streamline your life insurance process with
LexisNexis® Risk Classifier with Medical Data
— an underwriting solution that helps to
improve the customer experience by minimizing
laboratory requirements and delivers results
in minutes vs. weeks.

Make more precise underwriting decisions through
stronger holistic mortality scores

Expand accelerated underwriting to broader ages
and policy values

Identify applicants who require more extensive medical
and behavioral analysis — and fast-track ones that don't

See how we combine behavioral data with prescription history, laboratory work and medical diagnoses so you can offer
a touchless, more streamlined underwriting process: risk.lexisnexis.com/products/risk-classifier-with-medical-data



Public
Records



Credit
Attributes



Driving
Behavior



Prescription
History



Clinical
Lab Data



Medical
Diagnoses

INTERVIEW WITH JENNIFER RICHARDS, VICE PRESIDENT DIGITALOWL

An accomplished underwriting professional, Jennifer Richards is now a widely acknowledged expert in new business workflow in the new age of accelerated underwriting.

When I heard she joined DigitalOwl I had to find out more. And after chatting about what Jennifer's doing in her new position, I knew I had to interview her for the benefit of Hot Notes readers.

She accepted my invitation and here are her responses to my questions:

You recently made a move to the tech start-up DigitalOwl. What does your new employer do and what prompted you to make this move?

DigitalOwl's key differentiator is we're able to extract data from traditional APSs and provide underwriters with a highly readable abstract including all the information needed to underwrite both preferred and key impairments. We can also provide carriers with the extracted data. In other words, we're providing the ability to fully digitize traditional APSs.

Our vision is to be able to provide underwriters with a FULL file summary to include EMR, APSs, and other data such as applications, exams/blood profiles, etc. We can even help carriers digitize files they underwrote 10-15 years ago to better understand their mortality by impairment, build models, value a block—the sky's the limit!

I've spent most of my career focusing on new data sources and solutions that can help drive the industry forward. I joined DigitalOwl because I saw a huge potential to help streamline the underwriting process by empowering underwriters with exactly the data they need, versus a stack of paper. Plus we can help carriers data mine their inforce block, which will ultimately be a game changer.

How has what you've done for leading insurers like Mass Mutual and New York Life impacted your new position with DigitalOwl?

I think you learn something from every carrier you work for, and I've had the good fortune to work for three excellent traditional carriers—including Principal -- where I learned the craft of underwriting. I most recently worked at Bestow—my first startup experience.

The key takeaway is that everyone is eager to streamline the process and develop a better customer experience. But it's very important to make sure you keep customer experience and mortality in balance; if you ignore mortality, the results and price of your product will suffer.

Automated extraction of relevant e-medical record content is a high priority. How are meaningful data points defined in DigitalOwl's system?

Our system was trained over three years by 10 medical students tagging more than 30M pages of unstructured medical records. Ingesting the structured data from EMRs and exams or blood profiles is a piece of cake after that!

EMR is certainly the future, but I'm hearing from carriers that they're maxing out at ~35% hit rate. So that means 65% of their medical records are still traditional APSs, which is a huge opportunity for

carriers to digitize.

Do you think we've gone a "bridge too far" in terms of the face amounts and ages at which a growing number of prominent insurers now offer accelerated underwriting?

For the most part I think carriers are carefully monitoring their results and adjusting programs and/or price as needed. But there are certainly carriers who are finding their A/E is a bit off.

One of the ways carriers are monitoring is via Post Issue Audits, i.e. APSs ordered after issue. DigitalOwl is developing a Digital Audit Report to help streamline this process for carriers, which can enable them to do more reviews with the same level of resourcing—or redeploy those underwriters to handling current applications.

Regulators in key states are pushing back on the use of predictive modeling and some of the data sources being used in underwriting. Do you expect the regulatory environment to change in the next several years and if so in what ways?

I think we're just at the tip of the iceberg here with the states on regulatory challenges. And more importantly, the more aggressive we are with our underwriting practices, the more we risk greater regulatory limits being placed on our ability to underwrite.

As you know, I led building Principal's Accelerated Program, which was one of the first predictive models in the industry, so this comment might sound odd: I don't know that the value to underwriting of predictive models is much greater than traditional rules. I definitely think we will help preserve our right to underwrite by sticking to data sources and techniques producing underwriting decisions that are intuitive to both customers AND

regulators.



Jennifer Richards

Jennifer Richards has served as an underwriting leader at three of the largest companies in the industry: Principal Financial Group, New York Life, and MassMutual, plus most recently at Insure Tech Bestow. Her notable accomplishments include playing a lead role in developing Tele-Underwriting, Principal's Accelerated Underwriting Program, the use of Electronic Health Records, and start-up Principal National, a 49-state insurance company.

As Vice President, Life Insurance, JR leads DigitalOwl's growth strategy for life by developing meaningful relationships with life insurance carriers, reinsurers and others in the industry. DigitalOwl's product is the first in the industry to fully digitize traditional APSs, making the data accessible to production underwriting but also for mortality study and analysis.

ENDOCRINE DISORDERS: PERSPECTIVES FOR UNDERWRITERS AN INTERVIEW WITH MATT GLASOW, MILLIMAN INTELLIScript

Life underwriters should be well-acquainted with diabetes mellitus as it is one of the leading contributors to excess mortality. Most other endocrinopathies are encountered far less often in risk appraisal.

Milliman IntelliScript Clinical Consultant Matt Glasgow is well versed in this intriguing subject. So I was pleased when he agreed to do an interview on aspects that matter to underwriters.

From your clinical experience, other than diabetes, which endocrine disorders are both prevalent and significant for mortality?

Luckily, most are either prevalent or have high mortality but not both. As far as higher mortality is concerned, pay attention to secondary hyperparathyroidism. It causes excess release of parathyroid hormone (PTH) in response to an underlying condition such as chronic kidney disease, which is concerning to underwriters. Then there's Cushing's disease, which is an excess release of cortisol from a pituitary tumor; it's not prevalent but can pose significant mortality risk. And of course, underwriters should also be familiar with disorders that are commonly seen in the insurable population but present low mortality risk and often don't require additional investigation, such as hypothyroidism.

What happens when the endocrine system goes awry?

The effects of the endocrine system are far-reaching, and related disorders can present in a variety of ways depending on whether hormone levels are too high or too low. For example, disorders of the parathyroid gland can result in painful muscle spasms and a burning feeling in extremities in individuals with insufficient parathyroid hormone (PTH) release, categorized as hypoparathyroidism. Meanwhile the elevated PTH in hyperparathyroidism can lead to osteoporosis, kidney stones, and excessive urination. As I said, the latter condition is often associated with chronic kidney disease, which presents its own problems and risks.

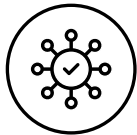
Cushing's disease can cause upper body obesity, easy bruising, and an increased risk of infection and mood disorders because of excess cortisol in the blood—all troubling in their own right. The thyroid gland is involved in many metabolic processes, so disorders can lead to complications with weight, heart rate, mood, bowel movements, temperature regulation, and more. You can see that endocrine disorders trigger many concerning health issues, and there is a lot to keep in check.

Which modalities are used to manage these conditions?

Thankfully, effective treatment options are available for most endocrine disorders. Conditions resulting from insufficient hormone levels, such as hypothyroidism, can often be treated with hormone replacement drug therapy. Hyperthyroidism and Cushing's disease may require surgical intervention to remove the overactive gland or hormone-secreting tumor. With hyperthyroidism, drug therapy may precede this process, but endocrine conditions like Cushing's disease and primary hyperparathyroidism call for surgical intervention as first-line therapy. That makes them difficult to identify using prescription drug information alone.



More medical records
for faster underwriting—
from a partner you
know and trust.



**SINGLE POINT
OF ACCESS**



**LARGEST
US EHR**



**5,400+ PATIENT
PORTALS**



**REFLEX TO
AN APS**

Now available to Distribution

**The insurance
industry's
one-stop-shop
for medical
records.**

The MIB Electronic Medical Data service (Formerly MIB EHR) provides a single point of access to records from multiple data sources, across EHRs, HIEs, patient portals and can systematically reflex to a traditional APS retrieval process. MIB is the only third-party provider in the life insurance market offering access to all of the top three EHR systems in the US* such as Epic, Cerner and Allscripts plus over 5,400 patient portals.

We deliver the medical information your underwriters need efficiently, all through one uniform interface, so that when you ask for a record, you find one.** And as a trusted industry partner for more than a century, only MIB brings industry expertise focused solely on improving underwriting.

MIB—the clear choice for medical records for underwriting.

*With patient consent **Release rates vary by state

© 2021 MIB Group Holdings, Inc. All rights reserved. MIB Electronic Medical Data service is provided by MIB Services, LLC.

Contact us today for more information

info@mib.com | mibgroup.com | 781.751.6130

What kinds of medications should we look for to identify these conditions?

One of the most common is levothyroxine (Synthroid), which is indicative of hypothyroidism treatment. Another is calcitriol (Rocaltrol), which may be used in either hypoparathyroidism or secondary hyperparathyroidism associated with chronic kidney disease.

Since secondary hyperparathyroidism presents a much higher mortality risk than hypoparathyroidism, you should fully evaluate which condition calcitriol is being used for. Consider the prescriber's specialty, other drugs on the profile, and medical claims information to help draw your conclusions. And note that drugs like methimazole (Tapazole) and propylthiouracil are used in hyperthyroidism in those who have not received surgery or are waiting for radioactive iodine to kick in.

As mentioned previously, you can't always rely on drug therapy to identify endocrine disorders. In Cushing's disease, for example, individuals are generally treated first with surgery to remove the hormone-secreting tumor. Unfortunately, these individuals are not easily identified based on drug therapy alone, which can result in many of these applicants flying under the radar.

Recurrence of this condition can be common, warranting follow-up treatment with medications such as ketoconazole (Nizoral) and pasireotide (Signifor), but underwriters are likely interested in these individuals before they reach this stage of the disease. Using additional data streams, such as medical claims information, can ensure these individuals are readily identified before it's too late.

How do we determine if a drug truly signifies a hormonal problem or if applicants are using it for something benign?

You have to consider all the information you have

on the applicant. The dose, prescriber specialty, and combinations with other medications on the profile can illuminate the likely condition.

Medical claims records are especially helpful. Providers are required to include diagnosis codes and procedure codes for billing all patient encounters, so medical claims alongside prescription histories will reveal a lot about an applicant's condition.

When it comes to endocrine disorders specifically, a fairly common medication like letrozole (brand Femara) is one that shouldn't be taken at face value. Its only FDA-approved indication is for breast cancer treatment, but it is also used off-label as a first-line agent in more benign endocrine conditions like polycystic ovarian syndrome.

Relying on prescriber specialty (such as endocrinologist vs. oncologist) and other medications on the profile (e.g., clomiphene/Clomid vs. tamoxifen/Soltamox) may help you determine the likely use case for this multi-use medication. And when you use medical claims information, you can confirm the likely diagnosis and get clues about the severity of the condition, such as breast cancer that's in remission vs. breast cancer that has spread to other organs.

How can underwriters discern the severity of these conditions?

The most important consideration for underwriting endocrine disorders is proper treatment that restores the applicant's hormone levels to normal ranges. Those with untreated disease present the highest risk. For Cushing's disease or acromegaly, which is excess release of growth hormone, it is important to determine whether the underlying cause has been corrected. In many cases, this involves finding out if surgery occurred and if hormone levels have

returned to normal.

Those without proper treatment may present with higher mortality risk and increased morbidity related to hospitalizations or future procedure costs. Those with insufficient endocrine gland function should be monitored for adherence to therapy. Occasional blood tests can ensure treatment is sufficiently controlling their hormone levels.

- - - - -

Thank you, Matt, for this pitch perfect learning experience!



Matt Glasow, PharmD, MBA

Matt earned MBA and PharmD degrees from Drake University. His professional experience includes working with patients, as well as making formulary decisions for a health plan. Those two very different perspectives are both valuable in his role as Clinical Consultant on Milliman IntelliScript's Clinical Services team.

FRAUD AND LIFE UNDERWRITING AN INTERVIEW WITH KEVIN GLASGOW AND PAUL MARQUEZ, DILIGENCE INTERNATIONAL GROUP

I became interested in fraud when I presented on antiselection at the 1st and 2nd RGA fraud conferences. Over the intervening years insurer concern for fraud has escalated, making effective prevention of this crime a high priority.

A good friend who attended the AHOU in Denver told me about a more recent resource in this domain known as Prodigy. After visiting the website I knew this would be of huge interest to Hot Notes readers. The result is this in-depth interview with Digital International Group executives Kevin Glasgow and Paul Marquez.

Why has insurers' concern for verifying applicants' identities become more prominent in recent years?

Kevin: Underwriting paradigms have changed, and many of these changes have allowed nefarious actors to purchase policies using the credentials of others. Traditionally, most insurance was "sold" and involved an agent of the company who met with the applicant to complete the application. The physical contact with the agent, and possibly a paramedical examiner, helped ensure that the applicant was who they said they were.

Today's, emphasis on contactless sales and direct-to-consumer sales removes the in-person aspect from the sale. Illicit actors can take advantage of this

and purchase wagering policies on unsuspecting, unhealthy persons.

The digital transformation has exposed a blind spot which has increased the ability to perpetrate this type of fraud. This will lead to increased mortality costs, perhaps not immediately, but soon.

Please briefly explain the features of your identity verification system.

Paul: We offer insurers several levels of protection to positively identify the applicant. We currently offer a comprehensive verification process using OSCINT and proprietary data sources to ensure that the information presented on the application is complete and accurate. This provides a lot of protective value, but it is most suited for large cases. For non-large cases, we are still seeing a lot of claims from fraudulent applicants get through the underwriting process. Because of this, we developed Prodigy, a tool which is inexpensive, quick, and cannot be spoofed.

Prodigy offers a suite of digital features that allow an insurer to tailor their underwriting identification solution to match their desired customer experience profile. At the heart of it, key information from an application is matched to a variety of data sources to confirm the applicant's digital profile. We do not stop there. We also use other features, such as pinpointing the location of the applicant's device using advanced geolocation technology, obtaining the applicant's government ID to validate the identity, and also comparing the photo on the government ID to a selfie we ask the applicant to provide. We can also collect a voice signature of the applicant which can be used for future voice authentication throughout the life of the policy. All data collected is then passed through our algorithms and custom database sources to ensure it is consistent with the information provided on the application.

MISSING APPLICANT DATA?

CRL PLUS Rx™ can help.



PHARMACEUTICAL DATA FOR LIFE INSURANCE CARRIERS

An expanded source of prescription histories that integrates with your current system to score, assess risk, and provide results.

PLUS RX™ FEATURES

- ✓ **Access More Data**
Locate hard-to-find data including physicians, address & recent Rx. Great for new business, rechecks & claims.
- ✓ **Leverage Higher Hit Rates**
Get more recent and hard-to-find data, especially on Eligibles and No Hits.
- ✓ **Seamlessly Integrate**
Our vendor neutral system is modifiable for carrier rules and products; also available as secondary source.

**Ask About Pilot
Options for
Rechecks &
Claims**

CALL YOUR SALES REP TODAY | 855-850-PLUS (7587)

If an insurer chooses to use all the features, the combination of the digital background check including criminal, geolocation, voice, selfie and government ID will give the insurer an unequivocal level of confidence that their applicant is who they say they are. One of the beauties of Prodigy is that the insurer picks which features are appropriate for them. As an example, we have identified cases where the insured was in a medical facility or incarcerated at the time of the application. Applications such as this would be flagged by multiple features in Prodigy.

How is material representation distinguished from fraud? Is it fraud if an applicant lies about tobacco use because he knows it will get him a lower premium rate?

Kevin: All fraud involves material misrepresentation, but not all material misrepresentation is fraud. The key difference is intent. Policies within the contestable period can generally be rescinded without proving intent, but insurers must prove intent if they are to void a policy outside of the contestable period.

As to smoking, it is such a critical factor in assessing mortality and morbidity risk. If someone lies about their smoking habit within the contestable period, then that lie certainly qualifies as material misrepresentation. It may also be deemed de facto fraud depending on the legal jurisdiction hence allowing insurers to void a policy outside the contestable period.

I read a court decision years ago that was about voiding a policy due to smoking misrepresentation outside the contestable period. The judge, in ruling on the case, stated that lying about smoking is de facto fraud since everyone knows whether they smoke and also know that insurance companies will charge higher rates for smokers hence lying about smoking must be deemed an intentional, fraudulent act. The judge further stated that if the only ramification for a smoker who lies about their smoking is that the death benefit gets adjusted based on smoker rates, then there is no incentive for a smoker to tell the truth about their habit. The judge allowed the policy to be voided based on fraud. It was


an older case, but it illustrates that fraud can be a grounds for defense outside of the contestable period, at least in some jurisdictions

What are the key predictors of an increased risk of fraud?

Kevin: I wish there was one, single predictor of fraud – that is the holy grail of underwriting. Unfortunately, fraud comes in so many forms, and the methods to perpetrate fraud change over time. Cases where the applicant is reacting to a recent calamity or event such as a cancer diagnosis, crosses all economic and social levels. These are nearly impossible to predict and difficult to catch without getting the traditional requirements; however, some of the items to watch for are a sudden unjustified need for insurance; applications for amounts that are not financially justified, and a need to get insurance in place immediately.

On the other hand, systemic fraud is most often takes the form of wagering contracts or stolen identities. Some of the things to look for are applicants with a limited digital footprint, beneficiaries with many addresses in their history, applicants with key identifiers that are slightly mismatched such as a transposed social security number or a date of birth that is exact, or hesitancy on the part of the applicant to provide identification.

Paul: We have experienced that small inconsistencies or “errors” in applications are often associated with deception. What may be seen as a benign mistake on an application may be intentional. Accurate records may be overlooked if those identifiers are entered incorrectly since many data searches are dependent on an exact set of identifiers. In many fraudulent cases, the provided phone number comes back to an individual with no apparent association with applicant and the proposed insured is completely Unaware of the pending policy.

A man in a dark suit and glasses stands with his arms crossed, looking out a large window in a modern office. The office interior is visible in the background, including a desk and another window.

Consistency. Accuracy. Professionalism.

EXPERT MEDICAL DIRECTOR SERVICES

- 18 Medical Directors with Clinical & Insurance Medicine experience
- Former Chief Medical Directors of highly regarded life companies such as New York Life, Genworth (First Colony) and Ameritas Life
- Let us help you with:
 - EKG interpretations
 - Underwriter consults
 - Claims adjudication
 - Life Expectancies for Accelerated Death Benefit Evaluations
 - MIB representation
- A cost effective full or part-time Medical Director solution

**For more information please
contact Fasano Associates
at (202) 457-8188 or
www.fasanoassociates.com.**

**FASANO ASSOCIATES
Underwriting Central®**

1201 15th Street, Suite 250, Washington, D.C. 20005
(202) 457-8188 | fax (202) 457-8198

www.fasanoassociates.com

Has the incidence of fraud decreased with the onset of the pandemic? Has the pandemic encumbered your efforts to pinpoint fraud?

Paul: That is a loaded question. Fraud in general skyrocketed during the pandemic – all one has to do is look at the news about fraudulent applications for COVID relief money. Financial stress is a powerful motivator to commit fraud, and COVID was the cause of a lot of stress. Insurance fraud was just one of the vehicles used to commit fraud during the pandemic.

Initially, we saw a decrease in the gross number of international cases referred to verify, but the cases we got were more complex and the rate of fraud increased. The decrease was due to a decrease in travel, but that did not last long. In many fraudulent cases, we were seeing COVID being provided as the cause of death when, in fact, no death had occurred.

Aside from that, at time of claims, we are also seeing an increase in medical misrepresentations on applications which we attribute to fewer medical records being obtained at underwriting compared to the pre-COVID period. We have also seen multiple domestic cases where the insured was already dead when the application was taken out. That would have been more difficult to accomplish in the pre-accelerated, traditional underwriting processes.

As to detecting fraud during the pandemic, it was a challenge initially due to businesses being closed or short-staffed. Fortunately, those impacts dissipated quickly and are no longer an issue.

Has widespread embrace of accelerated underwriting impacted the incidence of fraud?

Paul: In my view, accelerated underwriting foregoes many of the requirements that added protective value, and there are gaps that are being exploited. I have heard some say that insurers can rely on the contestable period to detect fraud but this simply

isn't the case. We also know from experience that systemic fraudsters are intimately familiar with the mechanics of insurance processes. Insurers need to ensure that they know their customer, and this goes beyond analytics and database searches.

Kevin: I think the answer to that has to be “Absolutely.” Frank Abagnale, the subject of the movie “Catch Me If You Can,” is a frequent speaker, and two things he has said have really stuck with me. First, it is much easier to commit fraud today than it was when he was living a life of fraud. Second, he observed that there will always be those who will exploit change for their own self-interest. This fits perfectly with what we are seeing with accelerated underwriting. I am 100% behind the efforts to issue policies quickly, but it does come with risk that needs mitigating.

As mentioned earlier, we are seeing more contestable claims with medical misrepresentations, but with medical technology today, most people with a grave diagnosis can live beyond the contestable period. One can take out a policy, lie about their health, and hope to live more than two years. I am concerned about the wagering contracts where the unhealthy insured survives beyond the contestable period hence the applications are not investigated. We must do a better job of positively identifying our insureds at issue to prevent losses from fraudulent misinformation.

Thanks guys!

I learned a lot and I wager most Hot Notes readers have as well.



Kevin Glasgow

VP Diligence International Group

Kevin is VP of Investigation Solutions with Diligence international Group. Prior to joining Diligence, He spent over 35 years leading direct and reinsurance claim teams with such companies as GE, Reassure America, Swiss Re and Munich Re. As a claims leader, he has had to defend companies against fraudulently procured policies and has worked with underwriters to help identify and manage risks.

Academically, Kevin holds a Bachelor's and Master's degree in Business Administration from Roanoke College and Radford University respectively. He is also a Certified Fraud Examiner and has multiple industry designations: ARA, FLMI, FLHC, CFE and CLU.



Paul Marquez

VP Diligence International Group

Paul works and partners extensively with professionals in the Life, Disability and Long-Term Care insurance markets. He is responsible for the analysis and management of claim investigations and special projects from inception to resolution. Paul works with underwriting departments analyzing new business to assist in capturing potential fraud and inconsistencies at the time of the application. He also assists with the company's latest initiatives developing automated solutions that provide protective value in an increasingly digital marketplace.



Thank You

for being a part of our past, present, and future

Since 1972, we have proudly served our clients and provided solutions that empower the important decisions you make every day. Over the last 50 years we've helped life insurers protect more than 100 million people and their loved ones

We are proud of this legacy and the relationships that have been built and strengthened over the years. ExamOne is here today because of your support, our dedicated and diverse employees, and our ability as an industry to adapt and innovate.

The spirit of collaboration, quality, innovation, and integrity has served us well for the last 50 years. Thank you for being a part of our past, present and future.

See major milestones we have experienced over the years at <https://cutt.ly/ExamOneMilestones>

CROCKPOX: WHAT YOU NEED TO KNOW ABOUT MONKEYPOX

"Oh! What a tangled web we weave, when first we practice to deceive"

Sir Walter Scott
Marmion: a Tale of Flodden Field
1808

Monkeypox is a virus.

I'm using the term CROCKPOX to call attention to all the monkeypox hullabaloo...

...because there is stuff underwriters need to know in order to have an informed perspective despite all the "sky is falling" hype from corporate media.

Monkeypox is a zoonotic virus that was first identified in 1958.

It has been in America before (2003) courtesy of prairie dogs infected by African pouched rats brought here for God knows what reason.

Since 2000, cases have diagnosed outside Africa with increasing frequency. The driver here has been African rodents sold worldwide as pets.

Johns Hopkins infectious disease experts say the #1 challenge is to "...unravel the epidemiology" of this latest outbreak.

A brand-new study by Portugal's National Institute of Health has discovered evidence that monkeypox:

1. "...has been heavily manipulated in a lab by scientists"
2. And that it has been "...released intentionally."

The Wuhan Institute of Virology did a research project involving monkeypox in August 2021:

<https://virological.org/t/multi-country-outbreak-of-monkeypox-virus-genetic-divergence-and-first-signs-of-microevolution/806>

In 2020, The National Institute of Allergy and Infectious Disease under the leadership of Dr. Anthony Fauci awarded a \$9.8 million grant to researchers to study the use of the drug tecovirimat was a potential treatment of monkeypox.

In March 2021 there was a simulation of a deadly monkeypox outbreak initiated by terrorists. There were four scenarios modeled. The worst-case scenario was downright Armageddon-esque with 3.2 billion cases and 271 million deaths.

CRIKEY!

President Biden said that monkeypox was "something we all should be concerned about" and then put our money where his mouth is by placing a \$119 million order for smallpox vaccine, which is said to be 85% effective in monkeypox.

Imagine the windfall for Big Pharma! 70% of 6.6 billion earthlings are not deemed to be vaccinated adequately against smallpox!

Monkeypox mutates slowly. One reason: monkeypox is a DNA rather than an RNA virus like COVID-19.

Critics refer to corporate media statements alleging that "monkeypox is spreading like wildfire" and "1 in 10 will die" from it as "fear porn" because it serves only to weaponize fear, ratcheting up public angst.

They were even caught attributing pictures of smallpox lesions to monkeypox!

Moderna announced that it is working a monkeypox vaccine.

There are 2 varieties (clades) of monkeypox, arising in Nigeria/Cameroon and the Democratic Republic of Congo respectively. The first clade has a mortality rate somewhere between 1% and 3.6%.

The global outbreak cases appear to be from the Congo clade, which is more transmissible in humans and has mortality conveniently cited as > 10%.

However, a study by Congolese public health experts reported just 58 deaths in a series of 1284 cases, which equates to a death rate of just 4.5%.

Clearly there is a lot of ambiguity here.

What is better known is that deaths have occurred for the most part in immunocompromised individuals, especially with HIV patients, men who have sex with men and in young children. [Ogoma]

We'll keep an eye on monkeypox and report new developments.

Adalija. *Annals of Infectious Disease*. 223(2021):1839
 Heymann. *Journal of Infectious Disease*. 223(2021):1839
 Leon-Figueroa. *Travel Medicine and infectious Disease*. 49(2022):102362
 Ogoma. *Clinical Infectious Disease*. 71(2020):e210
 Reynolds. *Current Opinion in Virology*. 2(2012):335

PARENTAL AUD + ALL-CAUSE MORTALITY IN OFFSPRING

We underwriters know that a family history of parental alcohol abuse/dependence increases the odds of ETOH-related problems in their children.

Now, Holst (University of Southern Denmark) and her colleagues report compelling evidence of **RED FLAG** consequences per se for the offspring of parents afflicted with alcohol use disorder (AUD).

They dissected the histories of over 14,000 subjects - born between 1962 and 2003 to parents harboring AUD - followed after their 15th birthday and matched to controls with negative family histories.

1. **Their adjusted all-cause mortality was 80% higher than that documented in controls.**
2. **Alcohol-related mortality was 3.3 times greater when a parental AUD history was reported.**

Should AUD in parents be rated per se?

Even though these findings say YES, this is just one study. Most insurers will want to see these results more or less duplicated in a second investigation, by others.

But either way it sure looks like alcohol use could well be the most impactful routine family history question we can ask!

Holst. *Addiction*. 117(2022):905

THROMBOCYTOSIS + NEW CANCER DIAGNOSES

Thrombocytosis (an elevated platelet count) has a number of potential causes including 2 neoplastic myeloproliferative disorders - thrombocythemia and polycythemia vera - as well as iron deficiency anemia, cancer, etc..

Platelet counts in the 500,000/m³ to 750,000/m³ constitute the thrombocytosis gray zone where malignant solid tumors constitute a major but by no means solitary explanation.

A team of 8 Torontonians investigators reviewed the records of individuals enrolled in the provincial health insurance plan between 2007 and 2012 that had at least one routine CBC. Median age at first CBC was 46,



RGA FRAUD CONFERENCE 2022

AUGUST 15 - 18 • ONLINE

SAVE YOUR SEAT FOR THIS CRUCIAL EVENT

Join the Worldwide Fight Against Fraud

As insurance fraudsters strive to advance their destructive work, our industry must continue to share experience, knowledge, and ideas to combat their efforts.

To help ensure the industry stays connected in the fight against fraud, RGA will be hosting the **10th Annual RGA Fraud Conference virtually, August 15-18**. The event will consist of two morning sessions each day featuring subject matter experts covering today's most pressing fraud-related issues. And as always, there is **no cost to attend**.

This global event will be translated live in more than 15 languages, including Arabic, Chinese, Dutch, English, French, German, Hindi, Italian, Japanese, Korean, Portuguese, and Spanish. The content covered may also be eligible for CE/CPE credit among numerous industry associations and certifying bodies.

Register now to ensure you receive conference updates and login information for this prominent event!

VIEW THE AGENDA AND REGISTER TO ATTEND
www.rgare.com/fraud-conference



During follow-up to end of 2018 5.6% of these patients were diagnosed with the “Big C.”

97% of those with new malignancies were individually matched to 3 cancer-free controls.

The authors crafted a table of malignant solid tumor odds ratios based on 2 key variables: magnitude of platelet count and time to cancer diagnosis.

Cancer odds ratios were substantially elevated when platelet counts within 6 months were said to be “high” or “very high”, and also when deemed “very high” up to 1 year from study onset.

Based on change in platelet counts over the follow-up interval, a “large” platelet increase within the first 6 months correlated with a 2.6-fold greater cancer risk. and a 1.5-fold increase between 6 months and 1 year

My take on these findings is: absent a work-up to essentially rule out occult/undiagnosed cancer, platelet counts between 500,000/m³ and 750,000/m³ within 12 months are either rated or postponed up to 1 year.

Those exceeding 750,000/m³ are uninsurable.

Giannakeas. JAMA Network Open. 5(2022):e2141633

CANNABIS DUET

Recreational Pot Use and Prescription Rx

Recreational cannabis consumption has been legalized in a growing number of states.

American insurers have been progressively changing how they underwrite pot use in these 2 contexts.

In the 2022 New Business Critical Issues survey, 78% of companies offer non-tobacco rates and well over 2/3rd of them condone preferred status for these cases.

Raman and Bradford at Cornell University investigated the impact of legalized recreational cannabis use on prescription drug use.

They used State Drug Utilization Data (SDUD), which addresses utilization levels for 9 medical drugs.

They found significant decreases in the use of 6 drug groupings:

- Depression
- Anxiety
- Pain
- Seizures
- Psychosis
- Sleep

These findings support our proactive underwriting practices for recreational cannabis users.

Medical Cannabis Use Nondisclosure

How often do you think applicants will fail to disclose purely medicinal use of Cannabis sativa?

Lapham (Kaiser Permanente) and her 17 coinvestigators from various health institutions compared the prevalence of medical cannabis disclosure in a confidential survey to documented use in e-health records (EHRs).

They invited 5000 randomly selected patients to complete a confidential cannabis use survey. 1688 did so.

The prevalence of explicit medical cannabis use was 26.5%, 40% of whom said they also used pot



somewhat
different

Reduce policy issue time & costs, achieve consistent decisions and meet consumer expectations with hr | ReFlex

The digital hub for underwriting

hr | ReFlex
Underwriting automation

hr | ReFlex is at the forefront of supporting new underwriting programs for life insurance and enabling carriers' web, mobile and digital strategies to meet the demands of today's consumers. Designed for flexibility, hr | ReFlex supports multiple distribution channels and new business processes, from insurtech-enabled direct-to-consumer products to legacy carriers' agent sold business.

With hr | ReFlex, Hannover Re is at the forefront of incorporating new and innovative risk selection tools to augment the automated underwriting process. The latest Hannover Re solution includes customized, digital rule sets for over 3,000 LabPiQture lab tests. This innovative solution is incorporated into our hr | ReFlex automated underwriting engine and is also now available as a stand-alone API solution through our new hr | ReFlex Select service.

With leading speed to market performance and low cost to entry, hr | ReFlex is also consistently recognized for an efficient and on-time implementation process, according to industry surveys.

Hannover Re is trusted by carriers and insurtechs alike for mortality expertise and a spirit of partnership, creating industry-changing accelerated underwriting programs with hr | ReFlex. Contact us to learn more about how to transform your business with hr | ReFlex.

Hannover Life Reassurance Company of America
200 South Orange Avenue, Suite 1900
Orlando, Florida 32801, USA
jim.mcardle@hlramerica.com
www.hannover-re.com
Member of the Hannover Re Group

hannover re[®]

recreationally.

The main health reasons using cannabis were pain, sleep, stress, worry/anxiety and sadness/depression.

Now contrast this with 4.8% prevalence of past year medical marijuana use cited in EHRs.

Is it realistic to expect insurance applicants to suffer from medical marijuana use amnesia?

Raman. Health Economics. E-published April 4.
Lapham. JAMA Network One. 5(2022):e2211677

YOUNG ADULT ADHD + SUBSTANCE USE DISORDERS

ADHD is a common psychiatric disorder in adolescents and young adult males.

Fuller-Thomson and 2 Toronto coworkers sought to document the odds of alcohol use disorder as well as drug use disorders among 20-39-year-old individuals suffering from ADHD.

Their subjects were 270 ADHD cases identified in the Canadian Community Health Service Survey on mental health.

36% had alcohol use disorder compared to 19% in those free of known ADHD.

After full adjustment, those with ADHD were also 38% more likely to eventually develop an alcohol problem.

They also had significantly greater risks of cannabis and other substance use disorders. Indeed “other SUDs” were over twice as prevalent in the presence of ADHD.

I’ve reported on this subject several times in

the last decade. And without exception every investigation of young adult ADHD portended high midlife mortality.

Bottom line: Adult ADHD is a crapshoot... made all the worse if you don’t have current/recent alcohol and drug tests. The former must include GGT. MCV and blood alcohol are also highly desirable, along with cocaine and methamphetamine urine tests.

Thomson. Alcohol Abuse and Alcoholism, 57(2022):385

ALCOHOL-RELATED EMERGENCY DEPARTMENT VISITS

Myran (Ottawa Hospital Research Institute) and 5 colleagues dissected the risk of death within 12 months of an alcohol-associated ED visit.

This study encompassed over 10 million Canadians, average age of 36.

Just under 300,000 had 1 or more alcohol-related ED visits with at least 12 months follow-up. Average age in this subset was 3 years younger (33).

Overall mortality was 4 times higher in the ED visit subset despite the fact that just 1 in 4 had more than a single booze-based visit.

The authors provided a breakdown of their data that adds an exclamation point!

Vists	Incidence Rate Ratio 12-Month All-Cause	
	Males	Females
Ages 15-29		
1	2.6	3.2
2	5.9	10.0
3+	12.2	22.2
Ages 30-44		
1	5.2	6.1
2	9.8	12.7
3+	14.5	18.2
Ages 45-59		
1	3.2	3.3
2	5.0	6.0
3+	6.3	7.1

Key revelations:

1. The mortality risk is huge.
2. For the most part it peaks in midlife
3. Medical records are highly desirable
4. So are GGT and AST:ALT ratio

Myran. JAMA Network Open. 5(2022):e225499

IBS + CRC

Irritable bowel syndrome (IBS) is best described as a chronic functional syndrome, similar to fibromyalgia. It is not premalignant.

Wu and his Chinese colleagues did a review and meta-analysis to determine if IBS has an increased risk of colorectal carcinoma (CRC).

They included 6 studies with a total of 1,085,024 participants.

The relative risk (RR) of detecting CRC in the wake of an IBS diagnosis was 52% higher than in IBS-free controls.

However, the RR of CRC was increased only within 12 months of a IBS diagnosis

During that first year the RR was 6.84.

The RR was twice as high under age 50 but, as in young ages, it evaporated 1 year later.

Bottom line: when an applicant says he's been diagnosed with IBS within the last year, consider asking these questions:

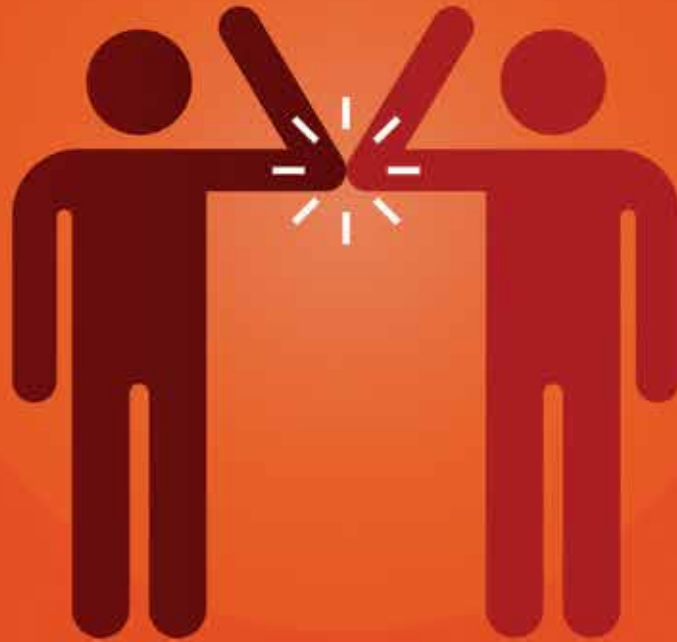
- What were the symptoms when IBS was diagnosed. GI bleeding is a **RED FLAG** here!
- Were any tests were done before the IBS diagnosis and if so, which ones?
- Does the applicant have a family history of CRC? If yes, to what extent?
- Was the advised to see an internist or GI specialist for further evaluation?

You can cut down on the number of IBS cases requiring further questioning by setting minimum age (30) and/or face amount (\$100,000) thresholds.

Bottom line: if the proposed insured answers "no" to these 4 questions you've done as much as one can justify in a recently diagnosed IBS case.

Wu. Front Medicine (Lausanne). 9(2022):819122

PartnerRe



Your solutions partner.

As you navigate today's changing market, you'll need a partner who you can count on for innovative solutions – a partner who listens to your challenges in order to uncover new opportunities that foster your ongoing success – because strong partnerships bring success both today and for years to come.

PartnerRe

Your reinsurance partner.

COVID-19 UPDATE

Note: COVID-19 is abbreviated as C-19 throughout this section

Source of COVID-19

According to a Stanford University medical school professor, stored blood specimens from September and November 2019, that were tested in Italy and France, contained C-19 antibodies.

Dr, Jay Bhattacharya said that these findings disqualify Wuhan as the source of the pandemic virus.

<https://www.lifesitenews.com/news/we-have-wasted-2-years-on-lockdowns-stanford-medical-professor-blasts-govts-after-covid-antibodies-found-in-blood-sample-from-september-2019/>

Puzzling

Why would the CEO of a large Spanish pharmaceutical company pay \$200,000 and risk a long prison sentence to avoid taking a “perfectly safe” vaccine that would keep him from dying of C-19?

<https://www.epe.es/es/sucesos/20220524/presidente-pharmamar-lista-falsos-vacunados-covid-13698623>
<https://www.sott.net/article/468242-Police-charge-big-pharma-boss-with-falsifying-his-Covid-vaccination-status>

Sharing Information on C-19

“Medical Professionals are actively sharing knowledge on Covid-19 and its pathophysiology, epidemiology, treatment and prognosis”

Regina Rosace MD
VP and Medical Director, SCOR Re

I agree.

With one huge caveat: they are only permitted to share information that supports the official narrative. Everything that disagrees is summarily trashed, labeled disinformation (or worse) and dismissed without consideration of its merits.

C-19 Deaths in the United Kingdom (UK)

The Mail on Sunday is one of Britain's leading Sunday papers.

A March 21 investigative report by Eve Simmons, Deputy Health Editor of The Mail on Sunday, had the distinguished temerity to ask if officials overstated Britain's Covid death toll.

She made an emphatic point about the ways - using 14 distinctly different terms - that death may be officially blamed on the pandemic virus. My personal favorite is: death, regardless of circumstances, within 60 days of a positive PCR test.

Ms. Simmons shared this a comment by epidemiology professor Dr. Tom Jefferson:

“It means we can't trust what is written on the [death] certificate.”

She mentions how patients that died following hospital admission for “extreme blood loss following a traumatic injury”, who incidentally tested C-19 positive, made their way on to the roster of COVID-19 deaths.

Just like here in America.

<https://www.dailymail.co.uk/health/article-10630753/Chaotic-death-recording-pandemic-mean-thousands-WRONGLY-blamed-Covid.html>

Axillary Lymphadenopathy From C-19 Vaccine Injection

In a July investigation 3 Stanford University Medical School radiologists reported that 308 of 3008 females, mean age 52, developed ipsilateral lymph node enlargement in the left axilla caused by C-19 vaccination. Ipsilateral means the enlarged nodes occur on the side of the body where the C-19 vaccine was administered.

Under normal circumstances, these enlarged nodes would greatly concern physicians because they're similar to those in metastatic breast cancer.

The good news is that all biopsies in 2 studies have revealed benign reactive lymphoid hyperplasia. And the average interval from discovery to spontaneous disappearance was 97 days in one study.

Some cases will get ongoing observation and potentially additional imaging out of concern for subclinical carcinoma. However, there haven't been any cases associated with cancer even after protracted follow-up.

Lane. American Journal of Radiology. E-published 5/18
Zhou. JAMA Network Open. 5(2022):e2216172

Pandemic Impact On Melanoma

Shaikh (University of Pittsburgh) and 8 associates investigated how staging was impacted in patients seen at a large melanoma referral center.

They compared 246 cases diagnosed in the 4 months prior to the pandemic to the same number seen between March 20, 2020 and January 12, 2021:

	Pre-Covid	After March 19
Metastases at diagnosis	15%	19%
Stage III at diagnosis	21%	31%
Brain mets present at diagnosis	1.6%	6.1%
Average depth of invasion (mm)	1.4	2.0
SLN Biopsy positive	30%	38%

The statistically significant less favorable findings in melanomas diagnosed during the pandemic were the result of delayed MD consultations.

These cases will have higher disease-specific mortality.

Scharf (Italy) and 13 peers from 5 European countries reviewed melanoma path reports at participating melanoma centers that were prepared 12 months prior to the pandemic and those done 1 year after the beginning of lockdowns.

There were 1722 melanoma cases diagnosed during lockdowns and 2311 prior to the pandemic.

Mean levels of invasion were 2.0 mm and 1.7 mm.

There was also a significant drop-off in noninvasive (in situ) melanomas and a sizeable increase in stage 2 (vs, stage 1) cases when diagnoses were made during the pandemic.

This study also argues for a higher melanoma death rate because physician consultations were delayed by worthless lockdowns.

RED FLAG = invasive melanoma diagnosed during C-19 pandemic.

Shaikh. Journal of the American Academy of Dermatology.
E-published May 19.
Scharf. Journal of the American Academy of Dermatology.
E-published May 16.



HOW CAN YOU TEST FOR ALCOHOL CONSUMPTION

and still follow social
distancing guidelines?

Accurately measure alcohol consumption levels with Alcohol Signature™

Our simple process leads to precise
consumption results while keeping
everyone safe.

1. Our easy-to-use kit is sent to the applicant so they can collect a saliva specimen at home
2. The applicant uses our secure, prepaid mailer to send the specimen to our Iowa-based lab
3. Within three business days, you receive easy-to-read, confidential results that analyze alcohol consumption across 60 days or longer

Smoking and C-19 Outcomes

We've reported on a number of papers investigating sundry aspects of the relationship between cigarette smoking and C-19

A new study by Clift (Oxford) and her 9 colleagues adds an important missing dimension. It is based on data for 421,459 individuals in the UK Biobank Study.

The authors reported the impact of cigarette consumption levels on mortality, after extensive adjustment for lung, liver, kidney and cardiac diseases:

	Multivariate Odds Ratio
Never smoker	1.00
Former Smoker	1.60
Current Smoker	
1-9 day	2.14
10-19 day	5.91
20+/da	6.11

Bottom lines:

1. Moderate/heavy smoking is a major contributor to mortality in COVID-19.
2. Ex-smokers have 60% higher risk of death than never-smokers

Clift. Thorax. 77(2022):65

Characteristics And Impact Of Long COVID

Ziadden (University of Southampton) and 6 UK colleagues explored initial and ongoing manifestations of Long COVID.

This was accomplished with an online survey of adults with C-19 who were not hospitalized during the first 2 weeks of their viral illness.

They had data on 2550 individuals with a median illness duration of 7.6 months and average age 46.5 years old. 77% had a university degree.

90% reported their pre-infection health as good, very good or excellent.

5 most prevalent ongoing symptoms reported by study subjects:

Exhaustion	73%
Brain fog	59%
Dyspnea	54%
Headache	46%
Poor concentration	45%

6 most common triggers for symptom recurrence or exacerbation:

Physical activity	77%
Stress	55%
Sleep disturbance	47%
Cognitive activity	42%
Domestic chores	35%
Work	29%

Dominant patterns of illness:

Fluctuating	57.7%
Relapsing	17.6%

Symptom frequency: Daily = 73%

Post-COVID functional status after 6 weeks:

Unable to perform activities/duties	64%
Unable to live alone	32%

Post-COVID magnitude of functional impairment at 6 weeks:

Moderate	35%
Severe	32%
Slight	23%

Negligible/none 10%

Median annual illness-related time off: 60 sick days

These data help us further understand Long COVID and appreciate the magnitude of its morbidity implications.

This concludes our July/August COVID-19 Update

STUFF

The STUFF section of Hot Notes accommodates short reports of findings from recent investigations and other new underwriting-salient revelations on any medical subject.

Increased Non-Liver Malignancy in NAFLD

Mantovani (University of Verona and her 6 colleagues did a meta-analysis of 10 cohort studies on this subject.

Over a median follow-up interval of 5.8 years, compared to controls free of nonalcoholic fatty liver disease, NAFLD patients exhibited a 50% greater incidence of GI cancer and a 20-50% higher risks of lung, breast, gynecological and urinary tract malignancies.

These risks were independent of age, gender, smoking history, obesity, diabetes, etc.

Another reason why we need medical records on NAFLD cases!

Mantovani. *Gut*. 71(2022):778

Flu Vaccine and CV Risk

Behrouzi and 7 coworkers did a meta-analysis of the association between seasonal flu vaccination and CV events.

Their analysis was based on 6 randomized, controlled subjects encompassing 9001 patients. Mean age was 65.5 and just over half had existing CV disease.

Overall, getting the recommended flu shots decreased their risk of new circulatory events by 34%.

Flu vaccinated patients with a recent ACS (acute coronary syndrome = MI or unstable angina) event had a 56% reduction in cardiac death compared to ACS survivors that shunned seasonal flu vaccine.

Behrouzi. *JAMA Network Open*. 5(2022):e228873

Sleep Apnea And Cancer: A Meta-Analysis

This month's STUFF has a lot of meta-analysis reports.

The US National Cancer Institute defines a meta-analysis as:

"...a process that analyzes data from different studies done about the same subject. The results of a meta-analysis are usually stronger than the results of any study by itself."

To determine if obstructive sleep apnea (OSA) has a heightened risk of cancer, Cheng and Li (Shenzhen, Guangdong China) did a meta-analysis of 12 individual studies with 184,915 participants.

The aggregate cancer risk in obstructive sleep apnea patients was 52% greater than in control

Consider HOVIN when planning for 2023.



HOVIN provides Life Underwriting services.

Quick Quotes | Informals/Formals | APS Summaries | Audits | Projects

- We underwrite and process your business your way.
- We have an experienced, dedicated underwriting staff ready to help.
- We are flexible and adaptable to meet your deadlines and implementation.

Contact us and see what makes us different and how we can assist.

info@hovinpartners.com | Toll free 866-454-6846 | www.hovinpartners.com

subjects that did not have OSA.

That risk increased with the severity of OSA:

OSA Severity	Relative Cancer Risk
Mild	1.14
Moderate	1.36
Severe	1.59

Cheng. Sleep Medicine. 88(2021):274

TERT Gene Mutations And Melanoma Survival

Several prevalent gene mutations - most notably BRAF, NRAS and TERT - have prognostic implications in melanoma.

Chang (NYU) and coworkers from 11 New York medical centers ascertained the impact of the TERT mutation in 408 superficial-spreading and nodular melanoma.

TERT mutations were bad news = increased incidences of thicker tumors, ulceration, mitotic activity, CNS metastases and the nodular subtype.

In a multivariate model harboring the TERT mutation was an independent predictor of shorter recurrence-free (hazard ratio 2.58) and overall (HR 2.47) survival.

Is the TERT mutation included in your melanoma calculator?

Chang. Journal of Investigational Dermatology. E-pub April 22.

Nuts

A team of 7 Chinese and American epidemiologists followed 3449 long-term breast cancer survivors to find out whether nut consumption correlated with

mortality.

10-years after their BC diagnosis, when compared to nut-shunning peers, those with nut consumption above the median quantity had a multivariate-adjusted disease-free survival hazard ratio of 0.48.

That is a 52% lessening of all-cause mortality!

And this outcome did not vary by the type of nut consumed.

Wang. International Journal of Cancer. 150(2022):572

Did you find any of this STUFF interesting?

PARADOXICAL LUCIDITY

Neurology researchers searching in vain for a brain-based source of human consciousness have investigated a bizarre phenomenon dubbed paradoxical lucidity.

According to a team of 10 American and European psychiatric coworkers paradoxical lucidity is best defined as:

An episode of unexpected, spontaneous, meaningful and relevant communication or connectedness with a patient who is assumed to have permanently lost the capacity for coherent interaction due to a progressive dementing process.

According to hospice workers and others who work with dying subjects, most episodes of terminal lucidity occur during the last few days of life.

In a series of 38 cases, 3% of these lucid episodes lasted less than 5 minutes and 16% persisted at least one day. They even occurred in comatose subjects where, for example, a person on the cusp of death will suddenly open his eyes and start talking to those at his bedside.

The authors discuss and discard potential “acceptable” explanations while disingenuously ignoring the most likely reason this occurs:

Conscious arises and remains outside of the brain.

Mashour. *Alzheimer's and Dementia*. 15(2019):1107.

JULY QUOTES

*Democracy don't rule the world
You'd better get that through your head
This world is ruled by violence
But I guess that's better left unsaid...*

Bob Dylan

It is as simple as black and white. You're vaccinated, you're safe. You're unvaccinated, you're not.

Anthony Fauci, MD
MSNBC Chris Haynes Show
June 20, 2021

Woe to those who make unjust laws, to those who issue oppressive decrees, to deprive the poor of their rights and withhold justice from the oppressed, making widows their prey and robbing the fatherless. What will you do on the day of reckoning, when disaster comes from afar? To whom will you run for help? Where will you leave your riches?

Isaiah 10:1

MOVIES

Ida, Aisha and Ben - preteens residing in a Norwegian housing project - are the leads in

THE INNOCENTS

★★★★

They are victims of parental abuse and bullying by peers.

They are also amateur sadists,,,

...and Ben, who eerily resembles a miniaturized M. Night Shyamalan, is a homicidal psychopath.

Never a dull moment at communal barbeques!

Easily the most upsetting film I've ever seen.

It realized an inexplicable 97% "thumbs up" on the critics' tomatometer and a "Best...Whatever" nod from a major film festival.

If I cannot dissuade you from seeing this "ingeniously crafted parable" with its "atmospheric cinematography", it would prudent to take a poddy break when Ben, clutching a neighbor's pussycat, reaches the apartment building's top floor.

THELMA

★★★★

is a coming-of-age horror story that sneaks up on you.

Thelma is a trepidatious college freshman admonished by her physician/ father to call homed EVERY DAY with a meticulous accounting of that day's events.

Rules: day: no boys and no booze, lest they catalyze Thelma's distinctive brand of psychic unraveling.

Do her EEG-negative grand mal seizures that defy

clinical explanation portend demonic possession?

Eili Harboe's bravura performance did not escape critics' scrutiny (Tomatometer 92%).

On the other hand, Scandinavian pacing (ill-suited for this twitchy kind of horror) and subtitles (loathed by youthful US viewers) accounted for the meh 77% audience response.

This is not formulaic Hollywood drivel!

THELMA rewards attentive viewing. Sit back. Let it unfold.

Sean Wallace is just a guy befuddled by his fiancée's disappearance.

Half a century earlier several hundred aliens - variant Homo sapiens actually - are apprehended after their ship crashes, then sequestered in Guantanamo-like circumstances.

Sean's irrepressible search soon finds him embroiled with these aliens, and US President Ramirez, among others.

THE EVENT

★★★★

defines the state of the art in TV-based alien invasion binge-ables.

I was enthralled by its multidimensionality I couldn't wait to jump in where I left off the previous afternoon (which is my evening!).

From endearing alien honcho Sophia to a despicable scheming Vice President, each character fit like a jigsaw tapestry.

All those years assuring myself everything on American television was inherently a dead zone were now debunked as obstinate hogwash.

So it goes.

- - - - -

THE RIVER



afforded another opportunity for immersion in a grand adventure, this time steaming down the Amazon with his spouse, son, selected in-laws, et al, on the slim chance Dr. Emmet Cole has survived the imposing adversities arising from his frenetic pursuit of the unknown.

The cast was forgettable, as were the patchwork of quasi-adventurous episodes awash in half-baked stereotypes.

Supernatural elements drizzled in randomly.

THE RIVER, alas, comes up dry. as reflected in its low 60s Tomatometry.

Fascinated by all things Amazonian and with a nagging curiosity I hung on to its unredeemably “Goofy Gus” ending.

Shame on me.

- - - - -

HIT & RUN



is the real deal.

Tel Aviv tour bus driver Segev Azulai is married to an eye-candy dancer whose stated intention of flying to New York for an audition is abruptly terminated by a hit and run driver.

Ex-Mossad, Segev isn't the sort of bloke who mourns, then moves on. And as he gears up to take down the “errant” drivers, the plot erupts exponentially.

Is it suspicious that late Mrs. Azulai has dozens of passports?

Binge-ables often sink vs. swim on the back of their supporting cast, which happens to be a “10” in this saga.

Let keep this short and sweet: HIT & RUN is in my all-time top 5 binge-ables.

And...it's on NETFLIX.

Hunker down and savor this one!

- - - - -

A disembodied voice calls itself Drill.

In THE WHISPERS



self-absorbed moms dismiss Drill as their kiddies' imaginary friend...

...while it insidiously recruits a legion of pint-sized loyalists thrilled with executing it's nefarious agenda.

Drill must find a source of electrical energy sufficient to spare its volt-craving kindred an extinction event:

Namely, their sun going super nova.

The only viable way to release the quantum of energy Drill requires a complete meltdown of a nuclear power plant.

Save for the tykes, the cast is “persistently nondescript.”

I “credit” my pertinacity here to pervasive dispiriting malaise born of the inconsequentiality of my existence.

Should you happen to watch > 5 minutes of this, how can you salvage your equilibrium?

Immediately call 911 and ask for gray Poupon.

Thank you for sticking with us through these challenging times.

Peace to you, brothers and sisters.

Hank and the HGI Team

Author/Editor-in-Chief

Hank George, FALU, CLU, FLMI

hank@hankgeorge.com

Managing Editor

Rachel Taylor, MBA

rachel@hankgeorge.com

Advertising

Esther Ledesma

esther@hankgeorge.com

IT Manager

Rick Taylor

rick@hankgeorge.com

Insureintell.com Manager

Matt George

matt@hankgeorge.com



Hank's HOT NOTES is an independent publication designed to provide business information and opinion to life and health insurance underwriters. It is intended to encourage discussion and further research.

Hank's HOT NOTES does not recommend any specific action or risk appraisal in any individual life or health insurance application. All information and opinion published should undergo formal scrutiny by underwriting officers, medical directors, actuaries, legal counsel and other insurance professionals as appropriate.