IMPAIRED RISK
REFERENCES
Issue 33

Underwriting A Problem Esophagus

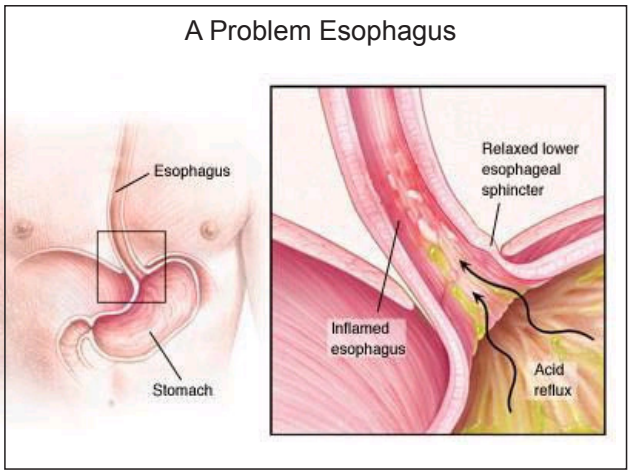
THE CASE

STUDY FOR

THIS MONTH

A 45-year-old non-smoking woman is looking for $600,000 of term life insurance. Her medical problem has been gastro esophageal reflux disease (GERD) for three years. The APS notes a small area of Barrett's Esophagus, which has been stable on repeat studies. She takes Nexium for relief.

The most frequent disorder of the esophagus is GERD. Twenty percent of adults experience this regularly. It is receiving more and more medical attention and it is commonly encountered in underwriting.



GERD is the regurgitation of the stomach content, particularly acid, which reverses flow from the stomach into the esophagus (see illustration). This happens because there is a hiatal hernia or abnormal function of the muscle at the location where the esophagus and stomach meet. This muscle, the esophageal sphincter, is crucial in keeping acid in the stomach and not allowing it into the sensitive tissue of the esophagus.

Acid that reaches the esophagus can damage the lining. This damage can lead to Barrett's Esophagus, a microscopic change in the normal lining (also called intestinal metaplasia). Further damage can affect the DNA. The cells genetic material (DNA) protects us from cancer unless it is damaged. All cancer is associated with genetic alteration by some cause. In this case it is acid.

While it is still uncommon, cancer of the esophagus is the fastest increasing cancer. It is a particularly deadly cancer. Most of its victims die within a year of onset. Ninety percent of those affected with this cancer die in five years. As you can tell, it is best to prevent this cancer.

GERD can be diagnosed by its symptoms of heartburn and food regurgitation. However it requires a special test called EGD in which a tube is placed in the esophagus, stomach and duodenum. This test allows the doctor to see if the acid has affected the lining. Ten percent of those with GERD have Barrett's Esophagus. In time, the Barrett's cells may develop dysplasia, which is the further change of the lining that can lead to the risk of esophageal cancer.

Treatment can be affective with acid blockers, like Nexium, as in the case study. Recent studies suggest that this treatment can decrease the progression of Barrett's to dysplasia. However, it is not definite that this treatment can prevent Barrett's or cancer.

In the case study, the most likely offer would be standard non-tobacco. The limited extent of Barrett's, called the short segment or small area, together with treatment and good surveillance, help this case. The risk could even improve after a longer track record. If there were a "long segment," a more extensive disease, this risk would more likely be rated Table 2 on standard plus due to the increased risk of cancer of the esophagus.

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