

Gynaecological Oncology News

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Life Insurance for Carriers of Familial Cancer Genes

BRCA or Lynch carriers are eligible for Life Insurance

It is common belief amongst patients and doctors that people with hereditary cancer syndromes (BRCA1, BRCA2, Lynch) are not eligible for Life Insurance. As a result, a large number of women with a heavy family history of breast/ovarian/uterine or bowel cancer decline genetic testing to remain eligible for life insurance.

I met with the Chief Underwriter of one of the largest Life Insurers in Australia. She clarified the complex issues revealing some serious information deficits.

Any pre-existing condition is an exclusion criteria for life insurance. For example, a (fictional) woman has a coagulopathy leaving her with an increased risk of thrombo-embolic events. Her risk of dying from a Pulmonary Embolus is increased. Her life insurer would put an exclusion (loading) on death from thrombo-embolic complications on her life insurance policy. However, if this woman agrees to blood thinning medication to reverse her coagulopathy, she would still have a loading due to the increased risk, but her life insurance would pay in case she still develops a thrombo-embolic complication (despite she was on treatment) and dies. If the same person died from a car accident, her insurance would pay out. The same principles and criteria apply to cancer.

If a woman has a strong family history of cancer (breast, ovarian, uterine or bowel), she will be advised to test for an underlying hereditary cancer syndrome.

If this woman declines genetic testing, cancer will be exclusion criteria for her life insurance policy. If this woman agrees to have genetic testing (which is recommended) and she returns a negative result, she will be covered in the case she develops and dies from cancer. However, if this woman returns a positive test result (BRCA1, BRCA2, Lynch), she will not be covered unless she takes appropriate preventative steps.

If a woman with genetically confirmed BRCA proceeds to prophylactic surgery (ovaries, breast) to reduce her hereditary cancer risk, she automatically becomes eligible for life insurance. In case she developed cancer after her surgery (likelihood of peritoneal cancer is approx 3%), she will be covered by her life insurance policy.

If a woman with Lynch agrees to a prophylactic, laparoscopic hysterectomy and salpingo-oophorectomy, she will be covered by life insurance. However, bowel cancer would still be an exclusion criteria to this policy.

LACE Trial completed enrolment for Endometrial Cancer

Quality of Life and Postoperative recovery favour Laparoscopic Surgery

The first data of the LACE Trial (Laparoscopic Approach to Carcinoma of the Endometrium) will be published in The Lancet Oncology. The LACE Trial was launched in Queensland in 2005 and a total of 760 patients were recruited throughout Australia, New Zealand, Hong Kong and Scotland. The LACE trial is one of the biggest surgical trials ever completed in Australia.

Our study has shown that quality of life and postoperative recovery are significantly better in the laparoscopic group, which is expected. The rate of intraoperative complications was similar between the groups, which means that our surgeons on the LACE trial were well trained. The rate of postoperative complications was approximately half in the laparoscopic group. The main concern in the open group was the rate of wound infections (9.9%), which is not surprising given that 85% of all patients were overweight or obese. The main aim of the study is to compare recurrences and survival in both treatment arms. These results will be available in approximately 4 years.

All gynaecological oncologists involved in the LACE trial will continue to offer patients safe laparoscopic surgery for an ever increasing spectrum of indications.

Updates on the LACE trial and other current clinical research studies sponsored by the Queensland Centre for Gynaecological Cancer can be obtained through our website www.gyncan.org.

Recommendations:

Genetic testing is essential to determine an individual's risk for one of the hereditary gynaecological cancer syndromes. It is especially important for women with a strong family cancer history.

Women with confirmed hereditary gynaecological cancer (BRCA, Lynch) are covered by life insurance provided they take appropriate steps to reduce their cancer risk. Appropriate steps include prophylactic surgery.

Ovarian surveillance (ultrasound, CA-125) is proven unreliable and does not reduce a woman's ovarian cancer risk.

Please do not hesitate to give me a call if you wish to discuss an aspect of the above or a specific patient with me.

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