

Prostate Cancer

Client Questionnaire



Prostatic Cancer has become the most common malignancy in men and the second leading cause of death from cancer, after lung cancer. Prostate cancer is rarely diagnosed under the age of 40 years, but the incidence rises rapidly with each decade thereafter. A family history of prostate cancer increases the risk two-fold if a father or brother has the disease and five- to eleven- fold with two or more relatives affected.

Important to know:

- **Details and dates of diagnosis, including PSA values**
- **Complete biopsy and surgical pathology reports**
- **Details of primary and additional treatments**
- **Follow-up details including PSA value within six weeks of application**

Helpful terms:

PSA: Prostate specific antigen (PSA) is a glycoprotein produced by normal and malignant prostatic tissue. In addition to prostate cancer, PSA elevations may also be due to benign prostatic hypertrophy (BPH), prostate trauma (digital rectal examination, cystoscopy, prostate biopsy) and prostatitis.

Prostatic Intraepithelial Neoplasia (PIN): is a premalignant finding on prostate biopsy, and can reflect an increasing risk for the presence or future development of invasive carcinoma.

Gleason Score: Histological differentiation of prostatic cancer is most commonly based on the Gleason system. Higher scores, reflecting poor differentiation correlate with a higher probability of extracapsular spread, nodal involvement and subsequent metastases. A score of six or less is regarded as favorable.

Name: _____ DOB: _____

Producer's name: _____ Date: _____

Date of diagnosis: _____ PSA at diagnosis: _____

How was the cancer treated? (check all that apply)

- Observation only Radical prostatectomy TURP (transurethral prostatectomy)
 Hormone therapy Radiation therapy Other, please specify: _____

Please give details, including dates of treatment, number of treatments and date of last treatment:

What was the stage of the cancer: T: _____ N: _____ M: _____

What was the Gleason score (primary and secondary, i.e. 3+4)? _____

Check all that apply: Extracapsula extention Extention to surgical margins
 Seminal vessel involvement Lymph node *If yes, how many?* _____

Any metastasis (spreading to other parts of the body)? Yes No
If yes, where did it spread? _____

Have your PSA readings been stable over the last 12 months? Yes No
Please give date and results of most recent known PSA test results: _____

Is there a family history of cancer? Yes No
If yes, please explain the nature of the cancer, their relationship to you, etc.: _____

Are you taking any medications? Yes No
If yes, please give details: _____

Has there been any evidence of recurrence? Yes No
If yes, please give details: _____

Please give date and result of most recent PSA test: _____

Have you used tobacco in the last 12 months? Yes No
If yes, please give details: _____

Do you have any other major health problems (e.g., heart disease, diabetes, etc.)? Yes No
If yes, please give details: _____

***For most accurate offer, obtain pathology report from insured for review.**

This is not an application for insurance and in no way guarantees a specific underwriting class or binds any insurance coverage with any insurance carrier. This form is used exclusively to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classification. Information contained herein is for informational purposes only and is not intended to be a substitute for medical advice. Please refer to the Preliminary Risk Evaluator for information regarding Information Practices and the required HIPAA Authorization.