



## Rx FOR SUCCESS

## Sarcoidosis

Sarcoidosis is predominantly a lung disorder, characterized by rounded microscopic, tumor-like masses of inflammatory cells in the lungs or lymph nodes. It is a chronic disease of unknown cause. Patients may exhibit signs of cough, difficulty breathing, or skin lesions called erythema nodosa. Frequently they are asymptomatic and present when an abnormal chest x-ray is taken for another reason. Besides the lungs and lymph nodes, sarcoidosis may involve the skin, liver, spleen, salivary glands, eyes, heart and nervous system. Sarcoidosis most commonly affects individuals between the ages of 20 and 40 and affects men twice as often as women.

SARCOIDOSIS PRESENTS AS:	% IN REMISSION AFTER 2 YEARS
Stage I: bilateral enlarged chest lymph nodes	75%
Stage II: enlarged chest lymph nodes and diffuse lung disease	50%
Stage III: diffuse infiltrative lung disease alone	33%

The diagnosis is made by history, chest x-ray and microscopic findings of non-caseating granulomas (round masses). Transbronchial biopsy will establish the diagnosis in 90% of those with Stage II or III disease. If that biopsy is negative, a mediastinal node biopsy will establish the diagnosis in 95 – 100% of the patients.

Low dose corticosteroid is the standard therapy for symptomatic sarcoid. Because of the high rate of spontaneous remission, asymptomatic patients even with positive X-rays are not treated. The prognosis is good for 85 – 90% of patients with only 10 – 15% having progressive disease. Progressive disease can result in extensive lung disease documented by chest x-ray and PFT's. Stage IV is severe sarcoid lung disease.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion.

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## UNDERWRITING CONSIDERATIONS

- ▶ Stage II and Stage III patients who have gone into remission will have their mortality affected by the extent of their residual impairment evaluated by pulmonary function tests. This could impact the following underwriting guidelines.

STABLE SARCOID	6 MONTHS TO 2 YEARS	AFTER 2 YEARS
Stage I	Table B	Non-Rated
Stage II	Table E	Rated by PFT's
Stage III	Decline	Rated by PFT's—if extreme decline
Stage IV	Decline	Decline

- ▶ If currently on steroid medication, add one to two tables to above rate. Sarcoid cases with involvement of other than lung, hilar nodes, eye, skin or liver are individually considered.
- ▶ Patients with active sarcoidosis, arrested sarcoid of less than 6 month duration, progressive sarcoidosis, end stage lung disease or heart involvement are declined.

*To get an idea of how a client with a history of Sarcoidosis would be viewed in the underwriting process, use the Ask "Rx"pert Underwriter on the next page for an informal quote.*

## Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Sarcoidosis, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had Sarcoidosis, please answer the following:

## 1. Please list date of first diagnosis, whether or not a biopsy was done, and Stage.

Date of first diagnosis \_\_\_\_\_ Was a biopsy done? \_\_\_\_\_ Stage \_\_\_\_\_

## 2. How was the sarcoid treated?

- Date treatment was completed \_\_\_\_\_  
 No treatment  
 Prednisone

## 3. Is your client on any medications including inhalers?

- Yes. Please give details. \_\_\_\_\_  
 No

## 4. What organs were involved? (Check all that apply.)

- Lung  Kidney  
 Heart  Central nervous system  
 Liver or spleen  Skin  
 Eyes  Lymph nodes

## 5. Please give results of the most recent pulmonary function tests (if available).

FVC \_\_\_\_\_ FEV1 \_\_\_\_\_

## 6. Has there been any evidence of recurrence/progression?

- Yes. Please give details. \_\_\_\_\_  
 No

## 7. Has your client smoked cigarettes in the last 12 months?

- Yes. Please give details. \_\_\_\_\_  
 No

## 8. Does your client have any other major health problems (e.g., cancer, etc.)?

- Yes. Please give details. \_\_\_\_\_  
 No