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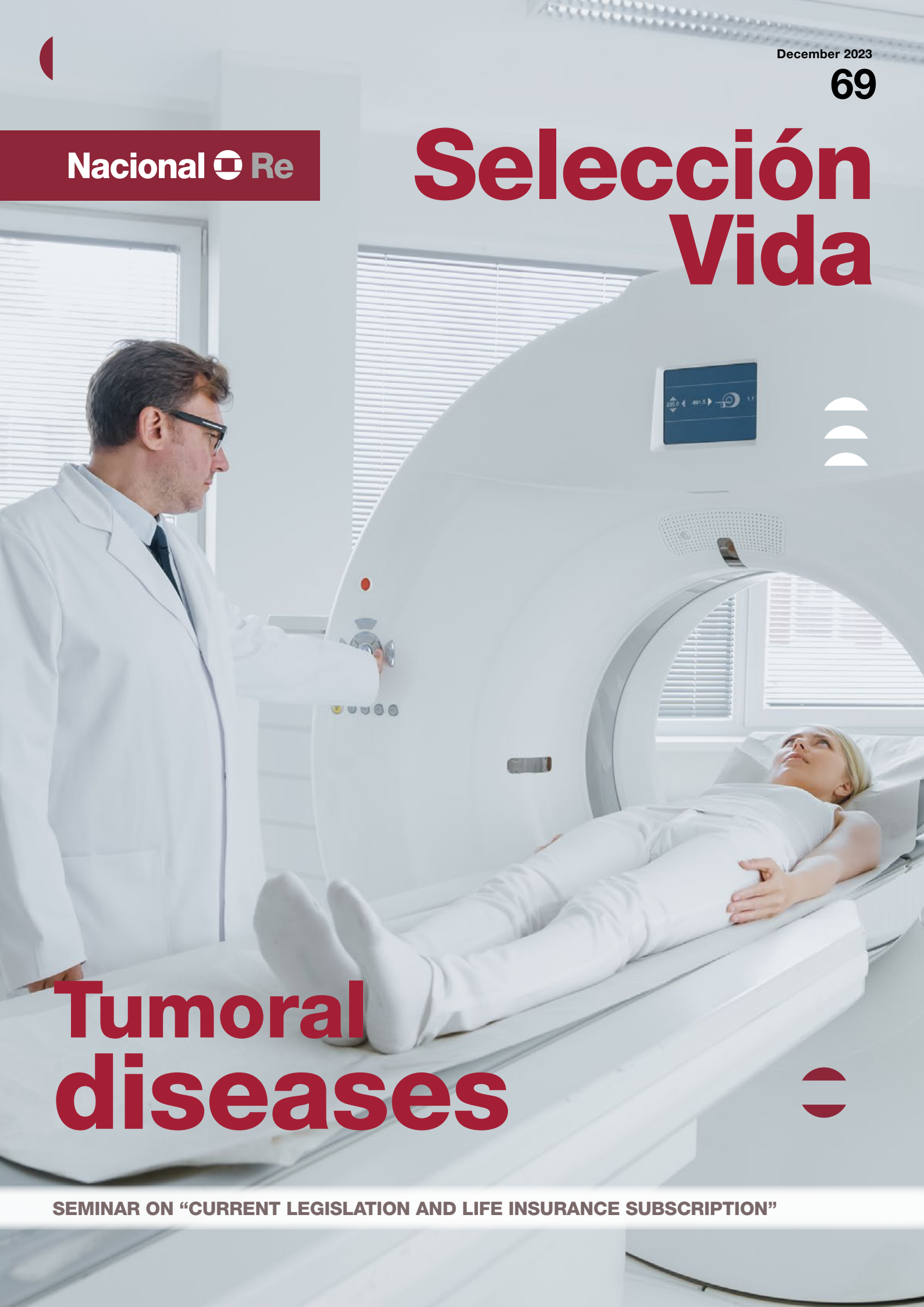
Nacional Re

Selección Vida



Tumoral diseases

SEMINAR ON "CURRENT LEGISLATION AND LIFE INSURANCE SUBSCRIPTION"

TUMORAL DISEASES

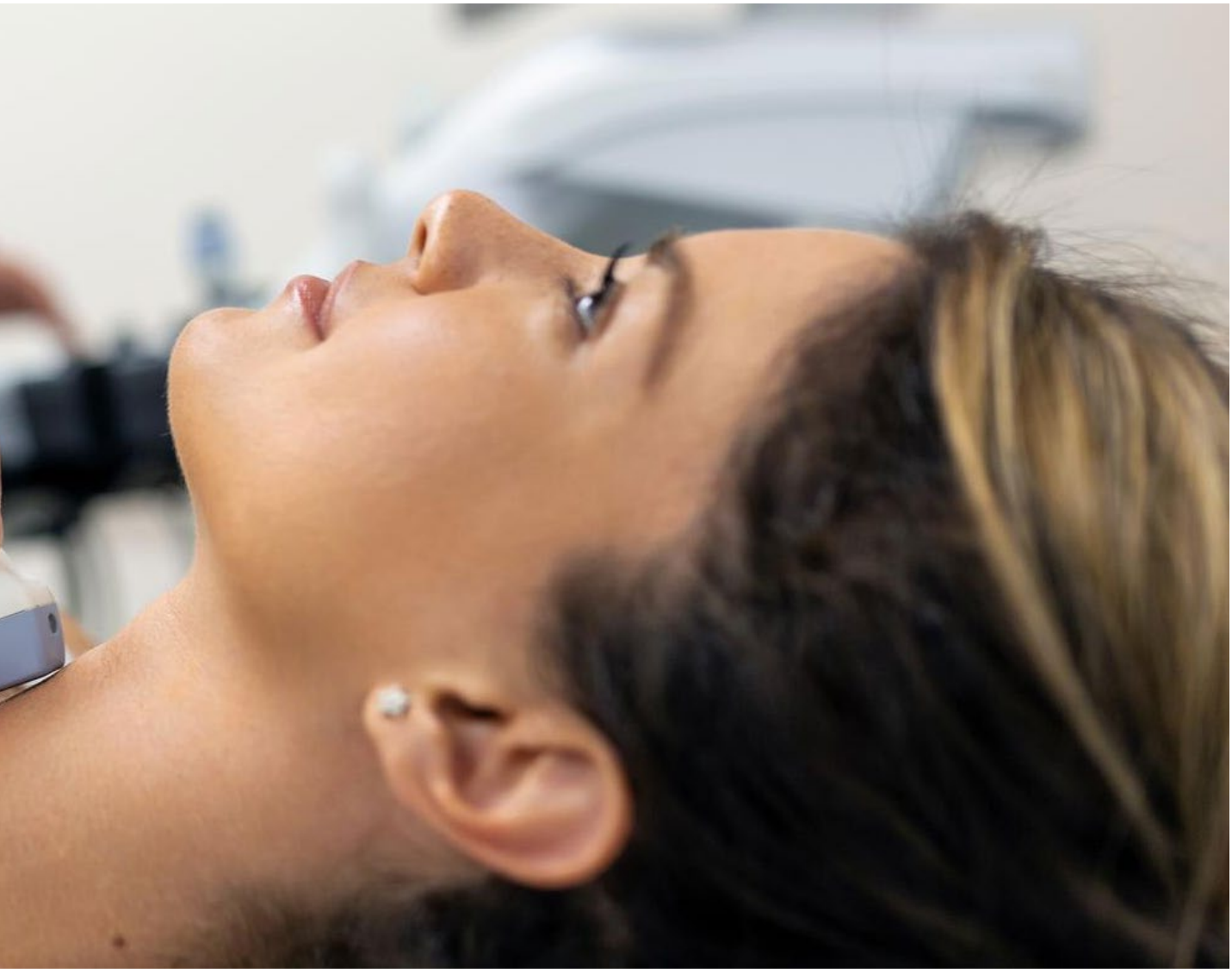
Tumors are abnormal masses of tissue that develop when cells start to grow uncontrollably. These anomalous cells can form either benign or malignant tumors.

BENIGN TUMORS

These tumors are non-cancerous and generally do not spread to other parts of the body. They are often surrounded by a capsule and tend to grow more slowly than malignant tumors. Despite being non-cancerous, benign tumors can cause problems if they press on nearby organs or affect bodily functions.

MALIGNANT TUMORS

These tumors are cancerous and can invade surrounding tissues and spread to other parts of the body through a process called metástasis.



CLASSIFICATION OF TUMORS

Tumors can also be classified in many other ways. Thus, by their origin, they can be:

- **Primary Tumors:** They originate in the tissue where they are found and have not spread from another site in the body.
- **Secondary or Metastatic Tumors:** These tumors have spread from their original site (primary tumor) to other parts of the body through metastasis.

By their location, they can be classified as:

- **Solid Tumors:** Found in solid tissues, such as internal organs, muscles, and bones.
- **Liquid or Hematologic Tumors:** Develop in blood or tissues related to blood, such as bone marrow and lymph nodes. Examples include leukemia and lymphoma.

By their tissue type, they are classified as:

- **Carcinomas:** Originate in epithelial cells, which cover the body's surface and line internal organs. Carcinomas are the most common type of cancer and can be found in the skin, lungs, breasts, colon, among others.
- **Sarcomas:** Originate in connective tissue, such as bones, muscles, and cartilage.
- **Nervous System Tumors:** Can be gliomas (brain tissue tumors) or neuroblastomas (peripheral nervous system tumors).
- **Hematologic Tumors:** Affect blood and blood-related tissues, such as bone marrow.

RISK FACTORS

Cancer is a multifactorial disease, and its development generally involves a combination of risk factors. The most common predisposing factors include:

Genetic Factors:

Genetic predisposition plays a significant role in some types of cancer. Inherited mutations in certain genes, such as BRCA1 and BRCA2 in breast and colon cancer, can increase the risk of developing the disease.

Family History:

Having relatives with a history of cancer can increase the risk of developing the disease.

Infections:

Some viral infections, such as human papillomavirus (HPV), hepatitis B and C viruses, and HIV, increase the risk of certain types of cancer.

Diet and Nutrition:

A diet rich in processed foods, low in fruits, vegetables, and fiber, and high in saturated fats can increase the risk of cancer. Additionally, excessive alcohol consumption has also been associated with a higher risk of some types of neoplasia.

Age:

The risk of cancer increases with age..

Exposure to Carcinogens:

Exposure to chemicals, radiation, and environmental toxins can increase the risk of cancer. This includes exposure to tobacco, industrial chemicals, ultraviolet radiation, ionizing radiation, and asbestos.

Smoking:

Tobacco use is one of the most significant risk factors for various types of cancer, such as lung, mouth, throat, and esophageal cancer.

Overweight and Obesity:

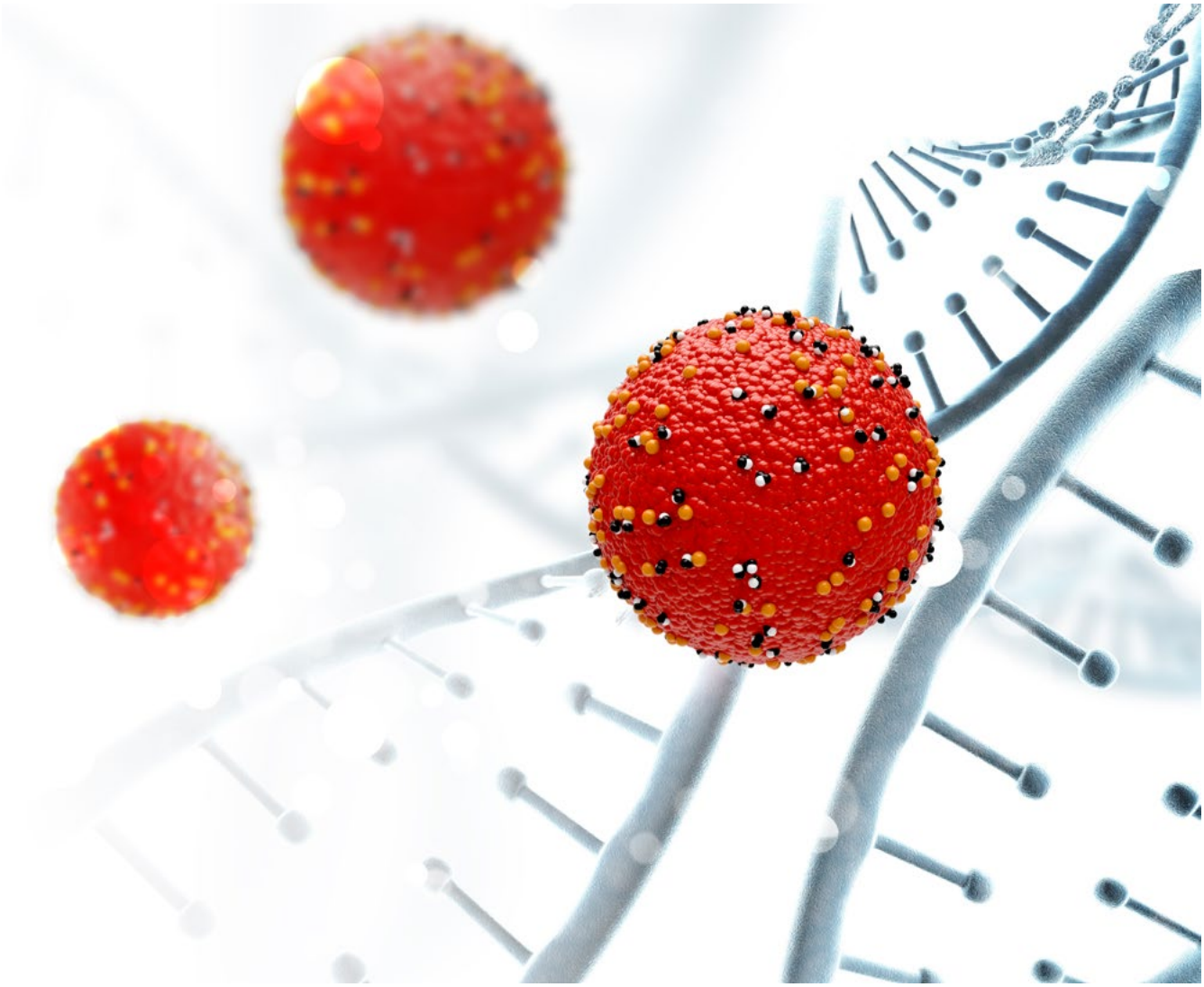
Excess body weight, especially in the abdominal area, has been linked to breast, colon, and kidney cancer.

Radiation:

Exposure to high doses of ionizing radiation, such as radiotherapy in the treatment of other diseases, can increase the risk of cancer in the irradiated area.

Hormones:

The use of hormone therapies, such as hormone replacement therapy in postmenopausal women, can increase the risk of this condition.



TNM CLASSIFICATION

The TNM classification is a staging system used in oncology to describe the extent and severity of a solid cancer. The TNM system is based on three main components to assess a tumor:

1. **T (Tumor)**
   Describes the size and extent of the primary tumor. It is classified into various categories indicating the size and invasion of the tumor into the organ or tissue where it originated. It usually ranges from T1 (small tumor) to T4 (large tumor and/or advanced local invasion).

2. **N (Lymph Nodes)**
   Indicates the extent of cancer to regional lymph nodes. Lymph nodes are part of the lymphatic system and act as filters that can trap cancer cells traveling through the lymphatic system. The N classification includes categories ranging from N0 (no lymph node involvement) to N3 (invasion of multiple lymph nodes or distant lymph nodes).

3. **M (Metastasis)**
   Reports on the presence or absence of metastasis, i.e., whether cancer has spread to other parts of the body beyond the primary site. It is classified as M0 (no metastasis) or M1 (presence of metastasis).

The TNM system is used to determine the stage of cancer, which provides information about the severity of the disease.

TREATMENT

Cancer treatment is based on various therapeutic approaches that can be used individually or in combination, depending on the type and stage of cancer, as well as the individual characteristics and needs of the patient. Among the most common treatments are:

1. **Surgery:** It can be used to remove the primary tumor and, in some cases, surrounding lymph nodes. Surgery is especially effective in early stages of cancer.

2. **Radiotherapy:** Uses high-energy radiation to damage and destroy cancer cells. It can be used before surgery to shrink the tumor (preoperative radiotherapy) or after surgery to eliminate residual cancer cells. Additionally, it can be a primary treatment option in some cases.

3. **Chemotherapy:** Involves the use of drugs (chemotherapeutics) that circulate throughout the body to destroy cancer **c**ells or prevent them from reproducing.

4. **Immunotherapy:** Stimulates the patient's immune system to more effectively fight cancer. It may include the use of monoclonal antibodies, immune checkpoint inhibitors, and T-cell-based therapies.

5. **Targeted Therapy:** Targeted drugs are designed to attack specific characteristics of cancer cells, such as abnormal proteins or genes. These drugs are more selective and may have fewer side effects than conventional chemotherapy.

6. **Hormone Therapy:** Used in cancers that are sensitive to hormones, such as breast and prostate cancer.

7. **Molecular and Genetic Therapy:** In some cases, genetic and molecular testing is performed to identify specific mutations in cancer cells.

8. **Bone Marrow or Stem Cell Transplantation:** Used in cases of leukemia and lymphoma, involving replacing the patient's bone marrow with healthy stem cells.

9. **Palliative Therapies:** These therapies focus on improving the quality of life for cancer patients and alleviating symptoms, pain, and discomfort associated with the disease. They do not aim to cure cancer but are fundamental for the well-being of patients.

In any case, cancer treatment is highly personalized and is decided upon evaluating the type and stage of cancer, the overall health of the patient, and other individual factors. In many cases, a combination of treatments is used to comprehensively address the disease.

RIGHT TO ONCOLOGICAL FORGETFULNESS

The oncological right to be forgotten is the right for someone's history of having had cancer not to be taken into account in different situations, such as applying for life insurance or requesting a loan. This right prevents these individuals from having to justify their medical history and avoids discrimination against them.

To enforce this new right, modifications have been introduced in the Consolidated Text of the General Law for the Defense of Consumers and Users and other complementary laws, as well as in Law 50/1980, of October 8, on Insurance Contracts. The approved royal decree-law establishes the oncological right to be forgotten in the contracting of insurance and banking products for patients with oncological pathologies once 5 years have elapsed since the end of treatment without relapse.

The law of the right to be forgotten does not imply that all candidates can benefit from this measure. Here are four different situations

CASE 1

Candidate who had colon cancer diagnosed in 2020. They underwent surgical treatment and postoperative chemotherapy. At this moment, they are in complete remission. Comment: The five years required by the royal decree-law have not yet passed, therefore, they are required to declare it, and the tariff will be applied using the National Reinsurance cancer tariff.

CASE 2

Candidate who had breast cancer diagnosed in 2018. They underwent surgical treatment and chemotherapy. A year ago, they had a recurrence. Comment: Since the recurrence occurred within a period of less than five years, they are required to declare it, and the tariff will be applied using the National Reinsurance cancer tariff.

CASO 3

Candidate who had Hodgkin's lymphoma 10 years ago. They received chemotherapy treatment. They are currently disease-free and have had no relapses since diagnosis. Comment: They can benefit from the royal decree-law and do not need to declare it.

CASO 4

Candidate who had colon cancer 7 years ago, received surgery and chemotherapy during the first year. For the past five years, they have undergone annual follow-ups and are disease-free. Comment: They can benefit from the royal decree-law and do not need to declare it.

SEMINAR ON "CURRENT LEGISLATION AND LIFE INSURANCE SUBSCRIPTION"

On November 23, part of the Personal Lines team from Nacional Re, in collaboration with the Collegi D'Actuaris de Catalunya, conducted a seminar on "CURRENT LEGISLATION AND LIFE INSURANCE SUBSCRIPTION."

Marcos Acosta (Director of Personal Lines) began the presentation by discussing the figures for AIDS, HIV, and neoplasms at the national level in recent years, along with the most commonly diagnosed tumors worldwide and nationally.

Dr. Pedro Gargantilla (Medical advisor of Nacional Re) and Miguel Angel Pinilla (Risk selection Manager) addressed topics such as the Right to be Forgotten

From left to right Dr. Pedro Gargantilla, Miguel Ángel Pinilla and Marcos Acosta, speakers at the seminar.

Law in Spain and Europe, cancer, its classifications, HIV, AIDS, and how to rate these diseases, especially cancer. Several examples of how the Right to be Forgotten Law is applied were reviewed.

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