

New CI conditions

Neuroendocrine tumours

Neuroendocrine tumours ('NETs') are tumours that start in cells of the neuroendocrine system, found in most organs. Neuroendocrine cells are similar to nerve cells: they receive signals from the nerves and respond by producing and releasing hormones. These hormones control many body functions such as digestion and breathing.

While NETs can occur anywhere in the body, the most common sites are the small and large bowel, appendix, pancreas, stomach and lungs. More rarely, they can occur in the liver, gall bladder, bile duct, kidneys, ovaries or testis.

CI coverage

Most critical illness protection providers now cover NETs of 'low malignant potential' with specified surgery as an additional payment.

Some insurers cover NETs of low malignant potential of the breast as standard and all other named sites in their upgraded option. Others cover NETs only in their upgraded product, but may include a catch-all definition to cover all sites rather than restricting cover to named organs.

Common wording

"Neuroendocrine tumour (NET) of low malignant potential diagnosed by histological confirmation and that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered: tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment."

Our view

After research, Hannover Re UK Life Branch believes that **all NETs meet the criteria for a full payment under the ABI cancer definition.**

Using 'low malignant potential' to differentiate NETs from other malignant cancers is not effective because the medical profession has not used this term with reference to NETs for around fifteen years. In time, all NETs would metastasise and oncologists consider all NETs to be malignant. It is therefore very likely that a policyholder with a histology report stating they had a neuroendocrine tumour could successfully appeal to the ombudsman that they qualify for a full payment under their policy.

We understand the rationale for wanting to differentiate the amount paid depending on the severity of the NET, but insurers may wish to carefully consider their NETs definition in conjunction with their standard full payment cancer definition and question whether the additional payment definition adds value for their customers. Ultimately, we may need a complete rethink of the ABI cancer definition to bring benefit payments in line with severity.

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