



CONNECTIONS

News from the Underwriting Department
of Munich American Reassurance Company



A message from the chief underwriter



It's a changing world—we all know that. Lifestyles and workstyles are evolving faster and faster. At Munich Re, we are committed to helping you keep up with the pace of the times.

In April, Munich Re introduced a new web-based underwriting manual—EDGE—to the US life insurance market. EDGE was developed by underwriters for underwriters. It brings the latest in science to underwriting decisions. Sometimes the science has led to new and innovative approaches to commonly seen impairments.

In this issue of Connections, we would like to share some of the science behind the ratings contained in EDGE and describe some of the features that make it especially helpful and easy to use.

If you have not had an opportunity to see EDGE in action, please contact us so that we can arrange a demonstration.

Bill Mow

The science behind the ratings



Rob Lund, MD
Vice President &
Medical Director

A fresh approach: liver function

Development of the liver function test rating section in EDGE took a new approach. We were guided by a goal of assessing the mortality risk represented by liver test abnormalities according to the most likely etiology rather than by the magnitude of the liver test abnormality.

Benign fatty liver (steatosis) is the most common cause of screening liver test (transaminase - AST and/or ALT) abnormalities and is associated with no increased mortality risk. Body mass index (BMI) is used to help identify individuals more likely to have steatosis.

The ratio of AST/ALT provides additional help in identifying those having benign steatosis and also assists in the categorization of other causes of hepatocellular inflammation. Applicants having ALT elevations with AST/ALT ratios less than one, a hepatocellular inflammatory pattern of liver test abnormalities, and BMI's of 25 or greater are highly likely to have benign steatosis.

We recognize that, with ALT elevations up to four times normal, this situation is associated with no increased mortality risk. In fact, evidence supports an assessment of + 0 for ALT elevations up to 180 IU/L.

When the AST/ALT ratio is between 1 and 2, the BMI, along with other risk factors for non-alcoholic steatohepatitis (NASH), are all considered in determining whether or not NASH is likely present rather than other possible etiologies representing somewhat worse mortality risk.

The other main causes of hepatocellular inflammation—hepatitis and alcohol—are also rated according to actual impairment. When an obstructive/infiltrative pattern of screening liver test abnormalities is present (e.g., alkaline phosphatase and/or GGT elevated disproportionately greater than the transaminases) the



rating recommendation is again considered in the context of possible etiologies.

A unique calculator: CAD suspected

We applied a unique three-step process to assessing risk in applicants possibly having coronary atherosclerotic heart disease (CAD Suspected). This approach interprets the significance of various CAD screening test results in the context of risk for CAD in the individual undergoing the test. It produces more accurate mortality risk assessments than traditional methods.

We first determine the initial “pre-test risk” using an adaptation of the Framingham risk algorithm and then apply Bayesian analysis to various cardiac diagnostic test results and chest pain patterns. The final “post-test risk” is then coupled with the individual’s age group to determine the mortality risk.

A streamlined method: CAD confirmed

Assessment of the mortality risk represented by those applicants already diagnosed with CAD (CAD Confirmed) has been simplified.

It is now possible to make an appropriate assessment even if only the age of the individual and whether or not he or she has had a myocardial infarction is known. Coronary artery anatomy is now more simply classified as “unknown,” “single” or “multi-vessel,” with no additional evaluation or calculation of degrees of stenosis or determination of stenotic locations in the coronary artery tree required.

In addition to this streamlined format the usual modifiers considered in CAD are assessed to arrive at the final rating determination.

The sections concerning liver function tests, CAD Suspected and CAD Confirmed are supported by mortality research of the medical literature as well as assessment of selected insurance industry data. Each of these sections is available in the manual text and in calculator form, which greatly facilitates efficiency in processing information concerned with these respective impairments.

Additional guidelines: prostate cancer

The section on prostate cancer features updated evidence-based rating guidelines for those being followed with “active surveillance” (watchful waiting) and those demonstrating “PSA failure” after prior surgical or radiation treatment. Rating guidelines have been updated for the other categories of prostate cancer as well.

Faster, easier, more accurate

EDGE was developed so that you can quickly and easily access the information you need to make the right decision, fast. After all it was developed by underwriters for underwriters. You can access EDGE when and where you need it with the most recent information just a few mouse clicks away—always available, always up-to-date. You can even make it your own with the annotations feature for company specific information, like your preferred underwriting guides, allowing you to ensure consistency. EDGE is quite simply the most com-

plete reference guide in an underwriter’s tool kit.

EDGE can make your life easier. Please contact us to see what all the talk is about.



What EDGE users are saying...

“EDGE is a very impressive tool. You guys definitely did it right.”

“Love it! Very user friendly and up-to-date. It makes the underwriting process much quicker and fun!”

“I’m very impressed with the impairment descriptions. I love that you can collapse the content—it allows you to expand your knowledge or mentor another.”

“One of the best. Sign me up!”

“It works great and is very easy to navigate. Search provides a list of prefilled words. Top 10 gives you quick access to the sections you use the most.”

“Congratulations regarding your excellent new manual...which is a model for other companies.”

“This is very exciting. You have obviously put a huge amount of work into this state-of-the-art manual”