



By
Hank George

Hear disease is a leading cause of death. The efforts to identify insurance seekers at high risk of premature cardiac-related demise claim the lion's share of precious dollars allocated to medical-risk selection.

Now, life underwriting is blessed with a new marker for cardiac impairments. It is totally unlike—and vastly superior to—any test we have ever had to address this vital aspect of risk assessment.

The test is for the protein NT-

much ballyhooed by another reader as a grievous harbinger of foreshortened survival.

NT-proBNP is wholly objective. Either it is abnormal (significantly elevated) or it isn't.

Is it because EKGs and treadmills get us in fewer firefights with physicians who care for our applicants?

No, only with those not yet as well-acquainted with NT-proBNP as they should be. Besides, any underwriter can write an eloquently airtight defense for an insurability decision based on NT-proBNP.

There is burgeoning literature on this new marker. It is being hailed by expert cardiologists as a formidable “red flag” for everything

from coronary disease and heart valve damage to the odds of surviving non-cardiac surgery or developing insidious heart malfunctions decades after cancer therapy.

What question should we be asking?

If clinical medicine walked away from routine screening with treadmills 25 years ago, why are we still imposing this antiquated practice on financial services customers?

Is it because some underwriters and medical directors fight back tears at the very thought of sacrificing the intellectual gratification of divining “deep meaning” from squiggles on strips of specially treated paper?

Treadmill tests and resting EKGs cannot stand toe-to-toe with NT-proBNP on any reasoned basis.

Therefore, those who rail against its deployment must have hidden agendas—agendas at odds with making overdue progress in 21st-century life underwriting.

This underwriter has challenged any and all who cleave to the ways of the past to a debate at an appropriate public forum. Their silence is understandably deafening.

When CEOs, producers and customers shake their heads—then, their fists—at the arcane conditions we impose, this suddenly mute minority should be compelled to justify their intransigence in the face of progress. **BR**

The Mute Minority

Some underwriters and medical directors stick to EKGs and treadmill tests despite the emergence of a superior blood test.

proBNP. The protein is released solely by the heart muscle, and in excessive amounts in the presence of cardiac malfunction, the menacing consequence of heart damage.

Despite its rare merits and common-sense appeal as a driver of heart-disease underwriting, there are those who argue for continuing to use electrocardiographs and treadmill stress tests instead. Is it because these alternatives are less costly than NT-proBNP?

No. A resting EKG costs, on average, three times as much and a treadmill is 40-fold more expensive.

Is it because EKGs and treadmills are more conveniently obtained?

No. They are labor-intensively undertaken to the considerable inconvenience of the proposed insured. NT-proBNP, on the other hand, is precisely quantified in the blood specimen already needed for the screening blood profile.

Is it because these relics are more easily analyzed at the home office?

No. EKGs and treadmills are largely subjective. All too often what one interpreter considers insignificant is

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