Risk assessment, whether overall or focused on a particular case, is vital for an insurer seeking to cover as closely as possible the risk actually incurred. Appreciation of the risk is based primarily on medical data which are constantly changing; real medical breakthroughs are often mixed with short-lived headlined events and the information must be sorted objectively.

With this in mind, SCOR Global Life has built up close links with leading medical teams in the main specialty areas. These contacts enable us to review our approach to the medical risk whenever necessary, using front-line information collected by our Substandard Risks Research and Development team.

But collaboration is fruitful only if it is balanced and reciprocal, therefore SCOR Global Life’s medical consultants feel it is important to explain to our medical partners the methods used and constraints involved in personal insurance.

To that end, we have reprinted an extract from an article published in a specialised medical magazine “Le Courrier de la Transplantation”. It was written on the request of Professor Eric Thervet, a specialist in renal transplantation at the Necker Hospital in Paris, who spoke about “Chronic Kidney Failure, Haemodialysis and Kidney Transplants; The Risk for the Insurer” at SCOR Global Life’s medical seminar.

This perfectly illustrates the way SCOR Global Life and leading medical teams work together to give patients or former patients access to insurance under the best possible conditions.

We would also like to thank Professor Françoise Mignon, head of the nephrology and haemodialysis department at the Bichat Hospital in Paris, for her valuable contribution to the medical seminar.

For further information on the subject, please contact your regular SCOR Global Life correspondents.

Uwe Eymer, Chief Executive Officer of SCOR Global Life

The Kidney Transplant Population: The Risks for the Insurer

The potential risks affecting the life of an insured with a kidney transplant must be analysed and answers given to the following questions:

What was the cause of the end-stage renal failure which led to the transplant?

The risk may be the result of an underlying renal disease. It may be a systemic disease affecting several organs, isolated chronic glomerulonephritis, kidney disease in a diabetic patient with a polyvascular effect or a post-traumatic nephrectomy on a single kidney in a person otherwise in excellent health. Understandably, the vital risk is very different in each case.
Is there a risk that a relapse of the underlying disease will affect the kidney graft?

In this case, there is an increased risk of a return to dialysis. A relapse also occurs more frequently if a new transplant is attempted.

Is a return to dialysis or a new kidney transplant imminent?

A kidney transplant has a limited lifespan. Apart from the risk of death with a functional kidney, an insured with a kidney transplant may have to return to dialysis or undergo a new transplant operation. Renal transplantation is a medical and surgical operation for which overall mortality during or in the few months following the operation is about 1%.

It is therefore impossible to accept an application for insurance shortly before a new transplantation because adverse selection may be high. The application for insurance can be considered six months after the operation.

On the other hand, we accept patients in dialysis on the waiting list for a kidney transplant because we know these waiting lists sometimes have a delay of several years and we consider that such an applicant has already been “selected” by the nephrologists as being medically capable of undergoing a major surgical operation.

What is the cardiovascular state of the applicant with a kidney transplant?

The mortality of transplant patients is above all due to cardiovascular disease, and in particular, myocardial infarction. The insurer must therefore start with a precise assessment of the applicant’s cardiovascular state by procuring the most recent cardiovascular check-up, comprising an ECG, a stress test, an echocardiography and, if appropriate, a coronaryography. We know that the longer the period of renal failure, the longer the period of dialysis before transplantation and therefore the greater the likelihood that the applicant’s cardiovascular state has been affected. These factors must be taken into account in our assessment of the risk.

Have there been any recent medical or surgical breakthroughs which could significantly influence the overall prognosis of transplant patients?

Medical consultants working in a medical department which studies substandard risks must monitor developments and progress in medicine and regularly revise their approach to the risk for a particular disease. They must prudently anticipate the impact that medical and surgical breakthroughs are expected to have on the occurrence of future claims.

In the field of renal transplantation, nephrologists have told us that in recent years the donors’ particular characteristics have been more satisfactorily taken into account, and there has been an increase in the donation of organs by living donors. Efficacy and tolerance of anti-rejection drugs has improved and treatment against infection, for example, cytomegalovirus

The overall prognosis of kidney transplant patients has improved markedly in recent years.
The new kidney is implanted in the lower abdomen, in front of the ilium. The diseased kidneys are usually left in place.

Surgical approach for a kidney transplant

Survival of transplant patients


Insuring Kidney Transplant Patients: A Practical Approach

Those are the general guidelines. Now let us see how a medical consultant in the medical section of a substandard risks department goes about his work. After studying the medical file of an applicant with a kidney transplant, he has to give a technical opinion. He bases his opinion on the mortality statistics from reliable scientific studies. In France, the statistics published by the “Etablissement Français des Greffes” are particularly useful. Of course, the insurer and the reinsurer also rely on their own statistics based on the insurance record of applicants with kidney transplants who have already been insured. Lastly, the theoretical and scientific assessment of the risk for a given disease must be modified by studying claim files. The study of previous loss experience is the “moment of truth” for the medical consultant; it is often a valuable source of information and may in some cases modify the insurer’s position.

To form a technical opinion, the medical consultant must integrate the theory, the answers to the questions listed above and his own experience. He then quantifies the risk between two limits defined by applicants presenting both major and minimal risks:

Profile of an applicant with a kidney transplant presenting a major risk for the insurer:

For example, an applicant with kidney failure due to diabetes, amyloidosis or a systemic disease affecting several organs, who has already been through a long period of chronic kidney failure or dialysis preceding transplantation. As well, it could be a patient who has received multiple grafts or who has already been grafted as a result of severe dysfunction of the kidney graft or a poor cardiovascular state.

Profile of an applicant with a kidney transplant presenting a minimal risk for the insurer:

For example, a young applicant, with only short period of chronic kidney failure and dialysis, a properly functioning renal graft and excellent cardiac state.

Between these extremes the medical consultant can draw on a wide range of possibilities for rating the risk, in accordance with his analysis of each case. His technical advice should now enable the insurer to accept, admittedly with an extra premium, most applicants with kidney transplants at rates reflecting the mortality statistics for this group of applicants.

Precise, objective assessment of the risk is difficult and nephrologists who think that it is easy might do well to think about the medical insurance file of a person with Berger’s disease, haematuria, creatininemia at
36 mg/l, under treatment for hypertension and no other relevant information. What technical opinion would they give for an application for an insurance duration of over 20 years: Postponement, Refusal, Rating, and if so, at what rate?

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Taken from “Le Courrier de la Transplantation” Vol. IV, page 169

SCOR Global Life and Kidney Transplants

SCOR Global Life’s teams who rate substandard risks have built up recognised expertise from regularly studying applications for insurance all over the world. Close collaboration with specialised medical teams enables the Substandard Risks Research & Development Department to rapidly take into account the most recent medical data on renal transplantation.

The assessment of an applicant’s kidney transplant is also based on the analysis of a specially designed medical questionnaire. The questionnaire is filled in by the nephrologist and must be accompanied by the results of the most recent biological tests which include, in particular, evaluation of renal function.

After analysing the medical documents, our response will fall into one of three rating categories:

- **The most favourable case**
  
  An applicant with a first transplant carried out within the previous ten years with a graft from a living donor. Renal function is satisfactory, the cardiovascular check-up is normal. No dialysis for over five years and no immunosuppressive treatment before the transplant operation.

- **Very substandard case justifying postponement or refusal**
  
  An applicant over age 65 with a transplant following chronic renal failure as a complication of diabetes, or an applicant with a substandard vascular diathesis: infarction, arteritis or cerebrovascular neurological disease.
  
  The case is postponed if the transplant is very recent – e.g. under six months – or if a new transplant or haemodialysis is scheduled.

- **Intermediate case**
  
  A patient with a kidney transplant with stable renal function, and no sign of renal or extra renal complications.

*Users of Sar®, our online risk rating system, will find a full rating diagram for applicants with kidney transplants.*