

Trends in Critical Illness Risk Costs

Neil Robjohns Head of Pricing, Munich Re UK Life Branch

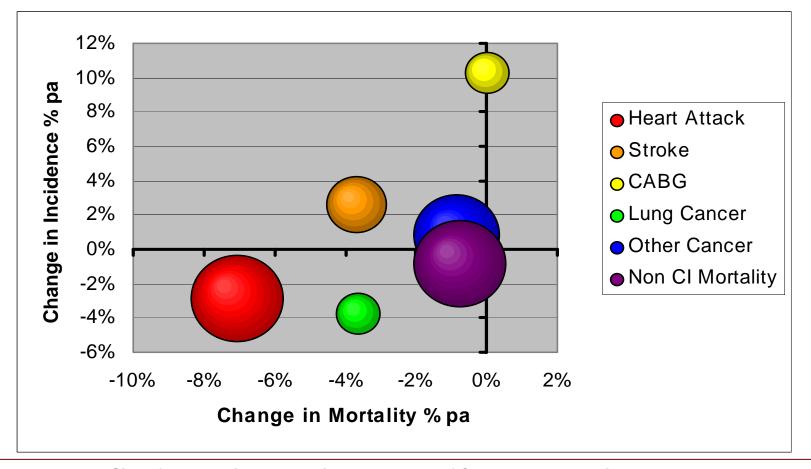
Trends in Critical Illness Risk Costs An update from the Cl Trends Research Group

- Historic trends in incidence for the major CIs
 - Variations over time, by sex, by smoker status, by socioeconomic group
 - Focussing on the age group 40 60
- Mapping a range of possible future outcomes for CI risk costs
- Based on our presentation at the Life Convention 2004

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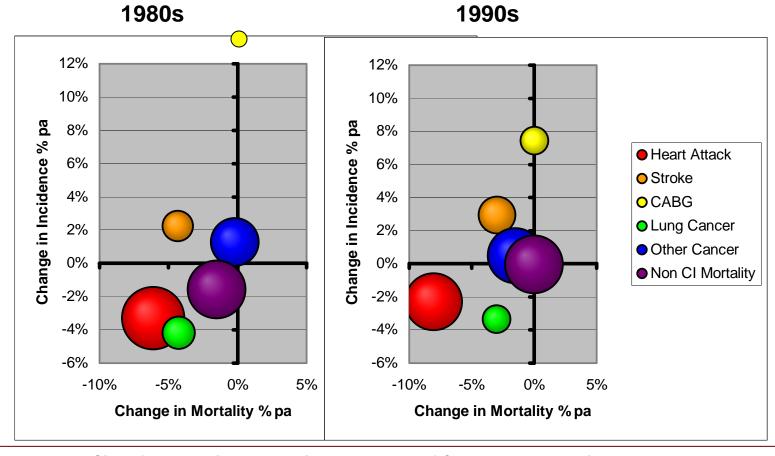
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Best Estimate Avg Change % pa, England & Wales, 1980-2000 Men, aged 40 - 60



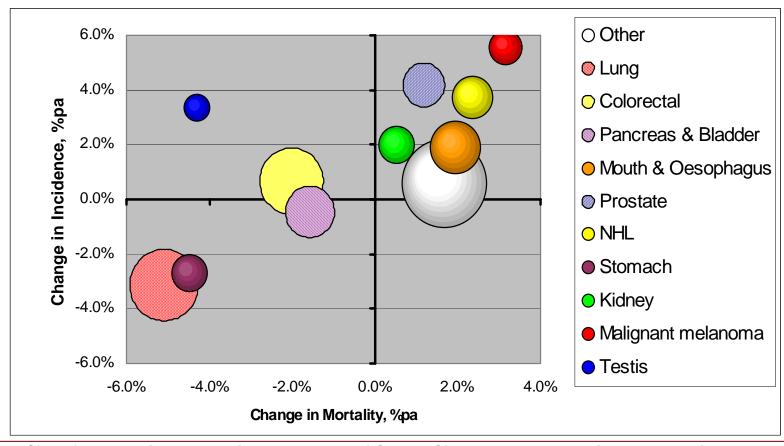
Size of Balls Indicates Relative Importance of CI Measured by Incidence Rate.

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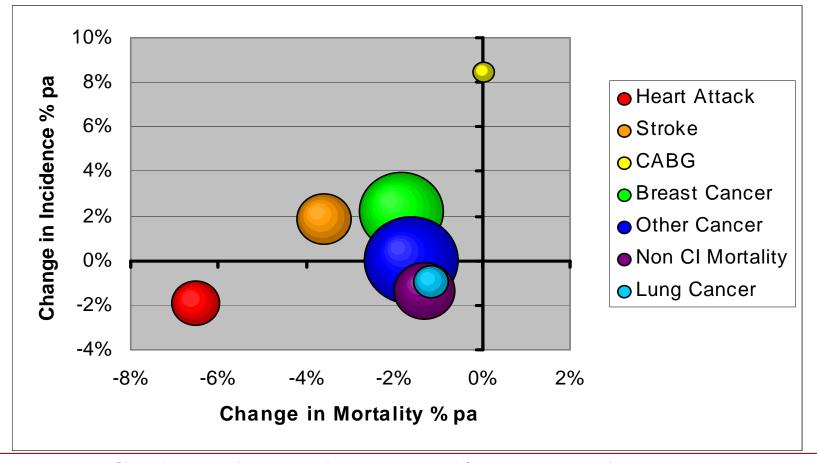
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Summary of Trends in Cancer Incidence and Mortality Average Change % pa, for Men, aged 40 - 59, over 1971 - 97



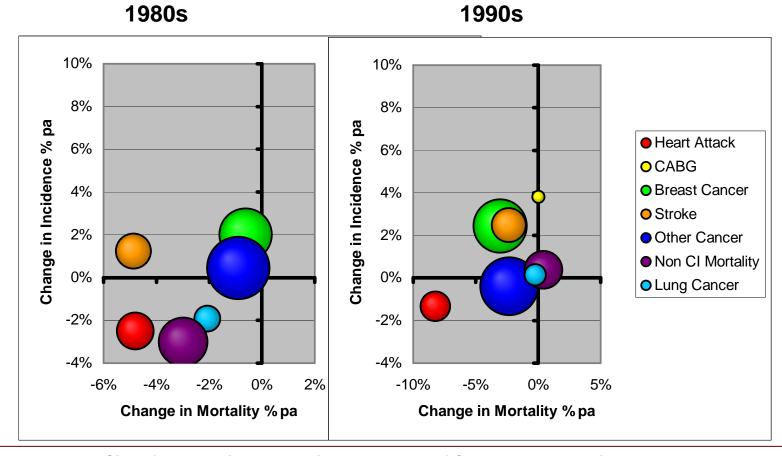
Size of Balls Indicates Relative Importance of Cancer Site, Measured by Incidence Rates in 1997.

Best Estimate Avg Change % pa, England & Wales, 1980-2000 Women, aged 40 - 60



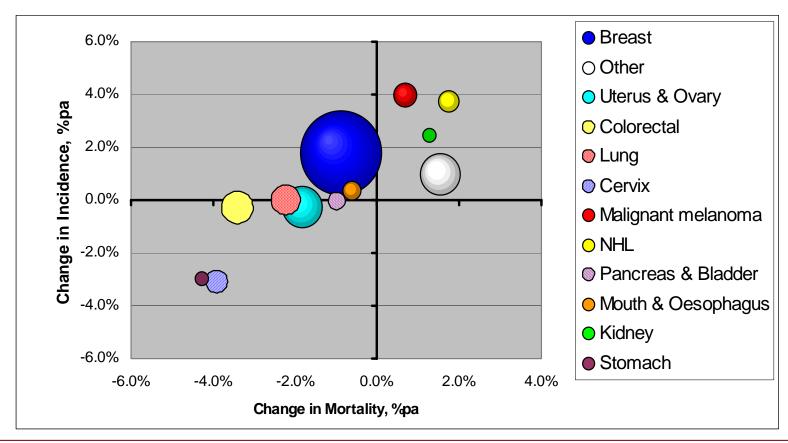
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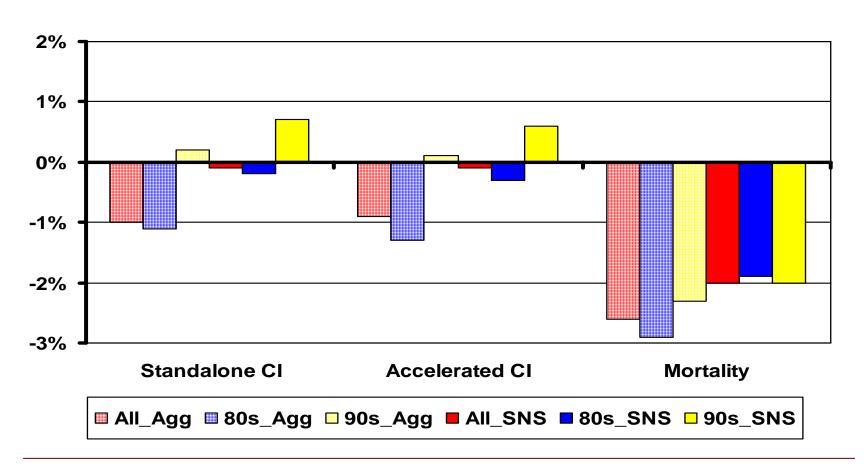
Size of Balls Indicates Relative Importance of Cancer Site, Measured by Incidence Rates in 1997.

Summary of Trends in Cl Incidence and Mortality Impact of Changes in Smoking Prevalence

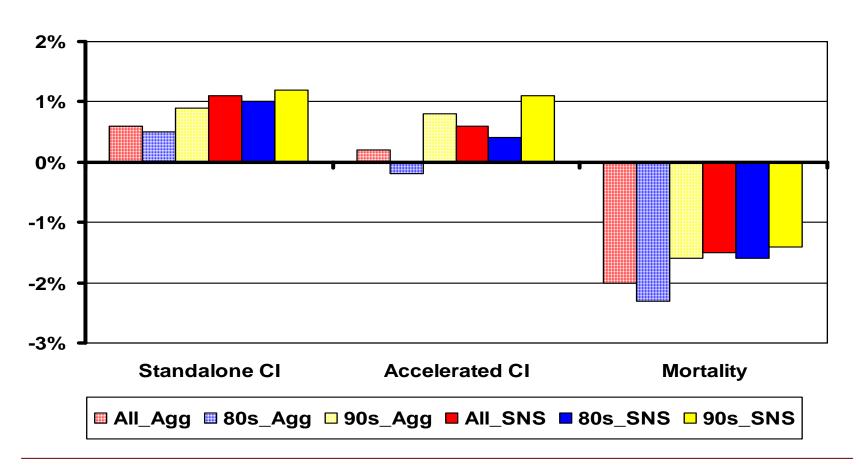
Rough estimates of the risks faced by 'typical' smokers relative to those who have never smoked are:

- Heart Attack risk 2 to 3 times higher
- Stroke risk 2 to 4 times higher
- Overall Cancer risk around double
- Lung Cancer risk 10 to 15 times higher

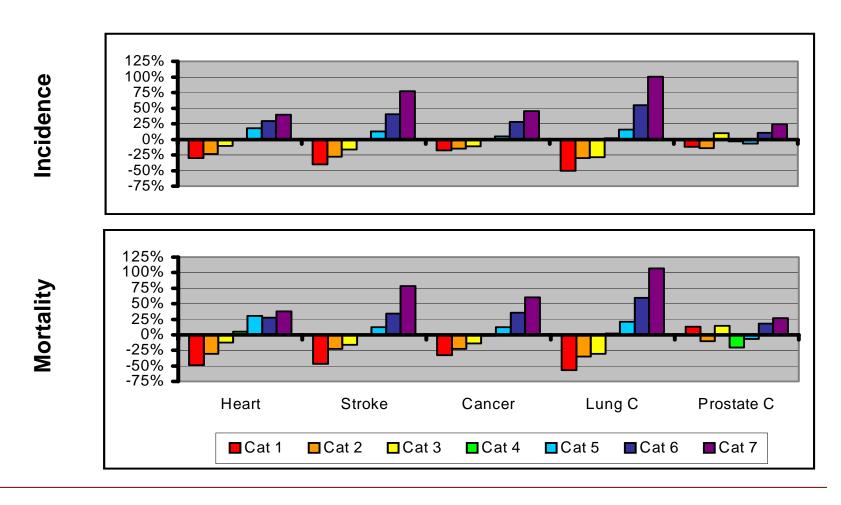
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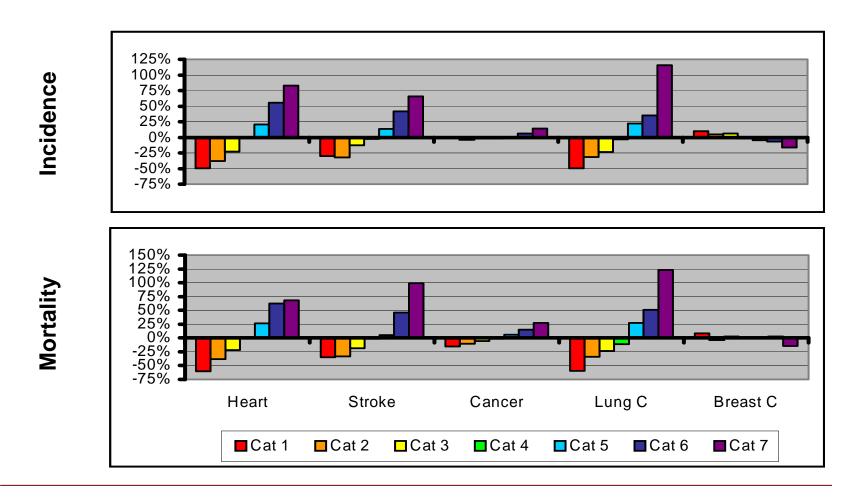
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Relative CI Rates by Deprivation Category Scotland, 1989 – 93, Ages 40 – 59, Males



Relative CI Rates by Deprivation Category Scotland, 1989 – 93, Ages 40 – 59, Females



Summary of Trends in CI Incidence and Mortality Estimates for 40 – 60 age group, England & Wales, 1980-2000

At aggregate population level:

- Mortality rates have fallen 2½%pa for men, 2%pa for women.
- CI incidence fell 1%pa for men, but has risen ½%pa for women.

But:

- Trends for the 1990's were worse than for the 1980's.
- Changes in smoking prevalence account for falls of a little under 1%pa for men and ½%pa for women, but are waning.
- Cancer is a larger part of total cost for insured lives than population.

So, for smoker-segregated rates in the 1990's the picture looks far worse:

- CI incidence rose by ½ to 1%pa for men
- CI incidence rose by 1 to 1½%pa for women

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Mapping a range of possible future outcomes for CI risk costs

Summarize and compare a selection of scenarios we have evaluated

Cautions:

- Illustrative, but very rough, estimates
- Still "work in progress"
- Focus on cancer, heart attack, CABG and stroke only
- Far from exhaustive, even for the CIs partially covered
- Mix of high and low likelihood
- Many overlaps and lots of gaps
- Modelled individually how might the scenarios combine ?

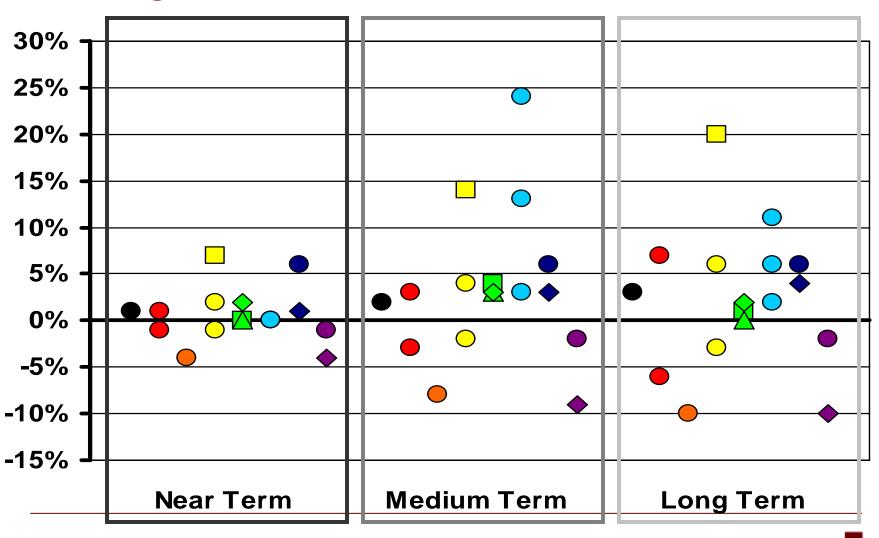
Mapping a range of possible future outcomes for CI risk costs Key - Part 1

- Extrapolation of trends from the 1990's
- Obesity "optimistic" and "pessimistic" scenarios
- Smoking continuation of recent trends in smoking habits
- Convergence to USA CI incidence rates
- Convergence to EU CI incidence rates "best" and "worst"
- Cancer Screening Breast (extended down to age 40)
- Cancer Screening Bowel Cancer No polyps detected
- Cancer Screening Bowel Cancer 10% polyps detected
- Cancer Screening Prostate (similar to USA experience)

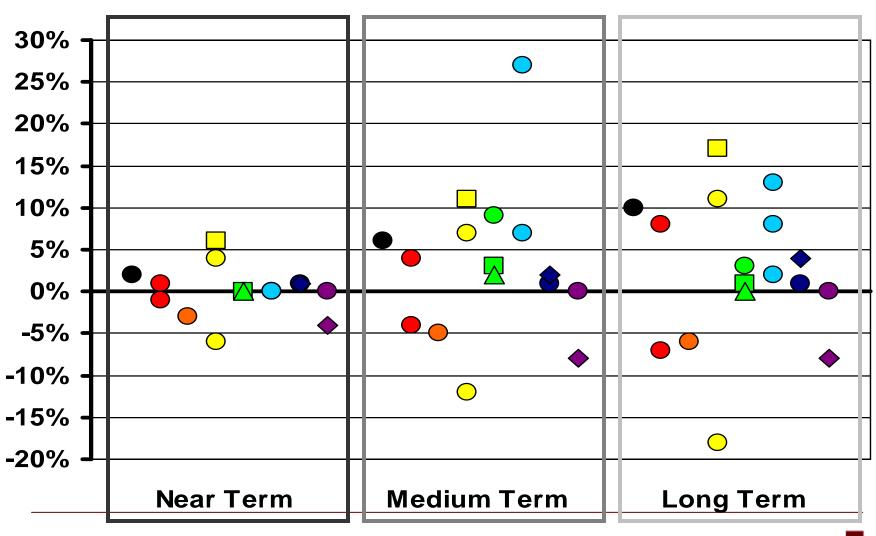
Mapping a range of possible future outcomes for CI risk costs Key - Part 2

- Cancer Screening "1 year" advancement in detection
- Cancer Screening "3 year" advancement in detection
- Cancer Screening "5 year" advancement in detection
- Impact of Troponin on heart attack diagnoses
- Definition drift on Strokes / TIAs
- Impact of Statins on heart attack rates
- Blue sky polypills and cancer vaccinations

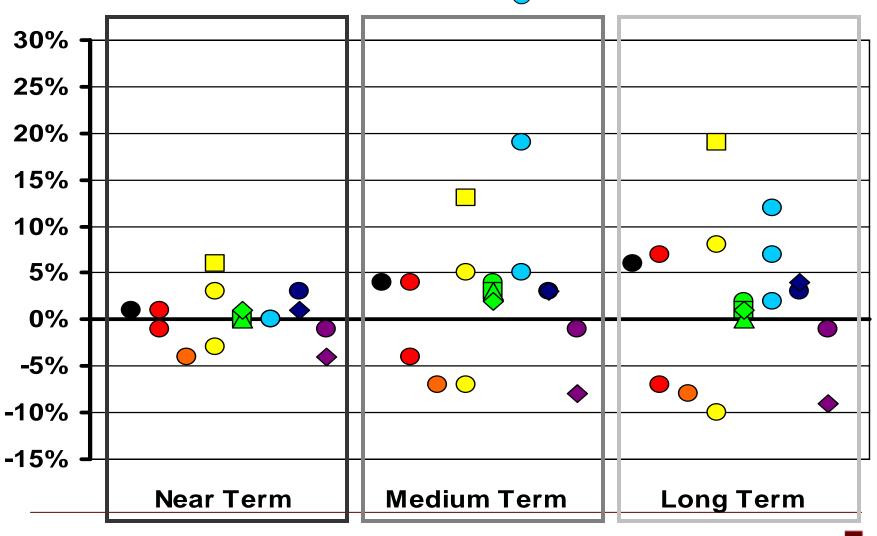
Scenario Impact on Over CI Risk Rates for Males % Change in Overall CI risk Rate



Scenario Impact on Over CI Risk Rates for Females % Change in Overall CI risk Rate



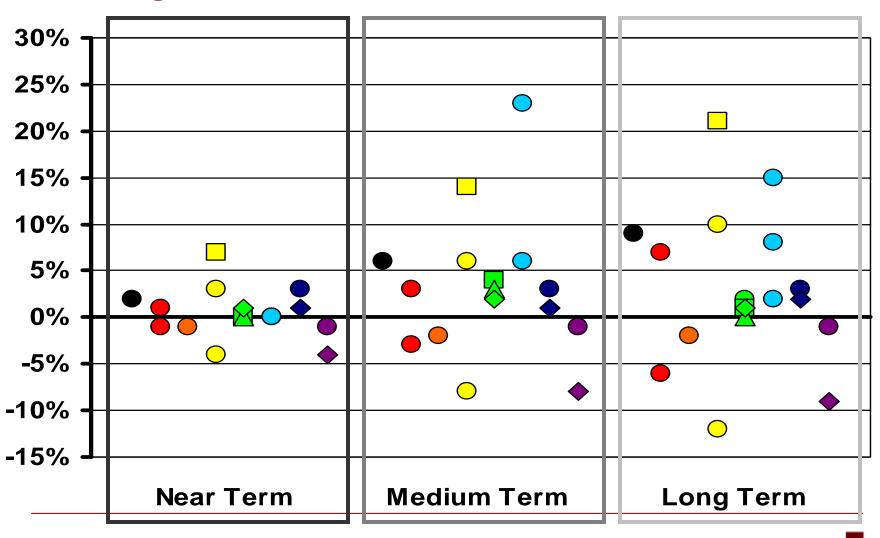
Scenario Impact on Over CI Risk Rates for All Lives % Change in Overall CI risk Rate



Mapping a range of possible future outcomes for CI risk costs Shifting viewpoint from Population to Insured Lives

- Segregated non-smoker / smoker rates
 - Remove past beneficial trend in smoking prevalence
 - Affects extrapolation scenario and future impact of smoking habits
- Different socio-economic mix
 - Cancer gains in importance at expense of heart attack and stroke
 - Different access and attitudes to medical checks and treatment
- Different mix by sex
- Possible impacts from policyholder actions
 - Non-disclosure; anti-selective lapses

Scenario Impact on Over CI RisRRates for Insured % Change in Overall CI risk Rate



Mapping a range of possible future outcomes for CI risk costs - Key Observations

- Caution: Work-in-progress and incomplete!
- Many of the illustrated scenarios have relatively small impact +/-5% ...
- ... but we can readily can envisage most dramatic scenarios
- Balance or imbalance of competing forces is critical
- Of the work so far, convergence with international rates perhaps gives the best indication of possible future ranges
- Typically, shifting from a population to an insured portfolio view magnifies the impact of any cancer-related scenarios



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We welcome your

- Questions and Discussion Points
- Proposals for Further Research