Here are just some of the facts and statistics on breast cancer:

1. One in 35 women will get breast cancer.
2. Breast cancer is the most common cancer among South African women.
3. 90% of women with early (stage 1) breast cancer will be alive after five years; those who survive five years will most likely live out their normal lifespan.
4. When breast cancer is detected early the survival rate is very high.
5. Most breast lumps are not cancerous.
6. Many women presenting with breast cancer did not have any risks for breast cancer development.
7. Most breast lumps are detected by the woman herself (rather than a doctor), so monthly self-examinations are vital.
8. In South Africa, however, many women diagnosed with breast cancer present with lumps bigger than 5cm. This means that self-examinations are probably not being done as often.
Risk factors for breast cancer

**Age:** The risk for developing breast cancer increases as women get older. Most advanced breast cancer cases occur in women older than 50.

**Lack of physical activity:** A sedentary lifestyle with little physical activity can increase the breast cancer risk.

**Being overweight:** Being severely overweight has been shown to double the risk of breast cancer in postmenopausal women. Increased body fat appears to be associated with raised oestrogen levels.

**Diet:** There is a correlation between the intake of saturated fats and the incidence of breast cancer.

**Alcohol:** Studies indicate that the more alcohol a woman drinks, the greater the risk of breast cancer. More than 2 units of alcohol a day increase the risk by more than 20%.

**Race:** Overall, white women are more likely to get breast cancer than black women.

**Family history of breast cancer:** There is a higher risk for breast cancer if there is a history of a close relative who has had breast, uterine, skin, prostate, ovarian, or colon cancer. If a mother or sister has or had breast cancer at a young age (before age 40) then the woman’s risk doubles. About 20% of women with breast cancer have a family history of the disease.

**Having babies later:** Women who have never had children or who had them only after the age of 30, have an increased risk for breast cancer. This is thought to be due to the long-term exposure to oestrogen. (Being pregnant more than once or becoming pregnant at an early age reduces the risk of breast cancer.)

**Dense breast tissue:** Dense breast tissue means there is more gland tissue and less fatty tissue. Women with denser breast tissue have a higher risk of breast cancer, and it can be harder for doctors to spot problems on mammograms.

**Hormone replacement therapy (HRT):** There is a higher risk of breast cancer in women who have had hormone replacement therapy with oestrogen for several years. Women on HRT should be monitored for breast cancer while on treatment.

**Sources:**
Sanlam Dread Disease provides a simple, effective solution for this risk, with enough options to suit your needs. It provides excellent cover against the more serious and prevalent diseases that can have a significant impact on your quality of life.

With Sanlam Dread Disease your claim is usually based on the diagnosis of a disease, and not on the degree of permanent damage or impairment sustained.

Sanlam Dread Disease pays a generous fixed percentage of the cover amount, with only limited use of sliding scales.

Sanlam Life determines your risk profile on application for the policy, and continues to carry the risk of future changes on your behalf. If your occupation, income, part-time activities or smoking habits change in the future, you still enjoy the peace of mind that your benefits, premiums, terms and conditions continue unchanged.

If Sanlam Life admitted a claim in the case of a stand-alone benefit, the cover amount of the benefit will not automatically be reduced by the claim amount. You may therefore submit another claim for certain remaining unrelated diseases.

Sanlam Dread Disease allows you to combine the different dread disease options for the same life insured, so you can tailor your policy to not only suit your needs, but also your pocket.

Four options are available, and each can be selected as a stand-alone or an accelerator benefit:
- Core Dread Disease (to age 65)
- Whole-life Core Dread Disease
- Comprehensive Dread Disease (to age 65)
- Whole-life Comprehensive Dread Disease

The Core Dread Disease benefit covers cancer, myocardial infarction, stroke and coronary artery bypass graft.
The Comprehensive Dread Disease benefit covers cancer, myocardial infarction, heart valve surgery, valvotomy by endoscopic procedures, aortic artery surgery, arrhythmia, cardiomyopathy, stroke, blindness, organ transplant, renal failure, liver failure, end-stage lung disease, coronary artery surgery, sero-positive rheumatoid arthritis, multiple sclerosis, Parkinson’s disease, loss of limb function, paraplegia, quadriplegia, benign brain tumour, pulmonary embolism, hearing loss, burns, coma, accidental HIV infection, Alzheimer’s disease, motor neurone disease, muscular dystrophy and aplastic anaemia. The benefit also has a catch-all claim event covering events that also cause severe impairment, but that are not specifically listed.

We now also offer a Child: Illness and Injury benefit providing cover when an insured child suffers a defined dread disease, injury, impairment or infection-type claim event. The dread diseases covered under this benefit are not merely diseases covered by our adult dread disease benefits, but are diseases typically associated with children, like epilepsy and anorexia.

Under all our Dread Disease benefits, as well as our Child: Illness and injury benefit, we cover Cancer as follows:

- Cancer, except the cancers excluded by SCIDEP: 100%
- Cancer in situ of the breast or fibrocystic disease of the breasts in the presence of a strong family history, that according to best medical practice at the time, requires a total unilateral or bilateral mastectomy: 30%

The table below indicates the percentage of the cover amount we will pay for a claim for the severity levels of the following claim events as identified by the Standardised Critical Illness Definitions Project (SCIDEP) of the Association for Savings and Investment South Africa (ASISA):

<table>
<thead>
<tr>
<th>Claim event</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Level D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer, except the cancers excluded by SCIDEP</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Myocardial infarction (Heart attack)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Stroke resulting in permanent impairment</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Coronary artery bypass graft (CABG)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>