

***Beyond the Disease:
The Impact of Cancer Survivorship on Employers***



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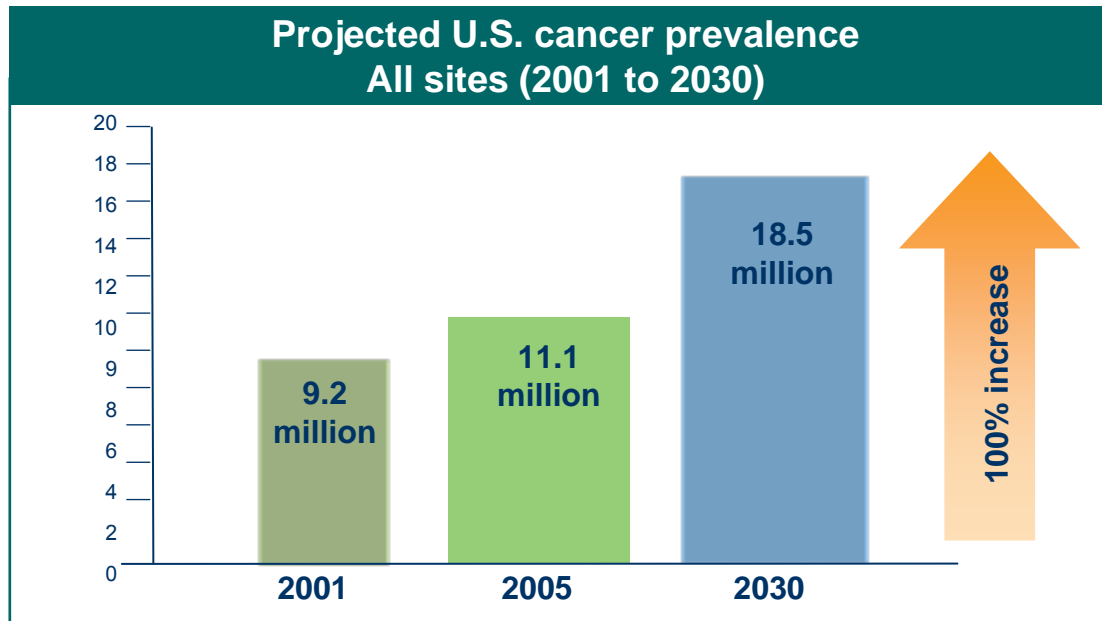
Cancer in the workplace – trends and insights

Cancer leading cause of long term disability

- May 2010 – “For the ninth consecutive year, cancer is the leading cause of LTD claims for Unum, followed by complicated pregnancies”.
- Cancer represents 11.8% of LTD claims.
- Breast cancer accounts for nearly one in four long term disability cancer claims
- October 2010 – “Return-to-work rates for people on Unum STD claims due to breast cancer more than doubled from 2001 to 2007, rising from 28.8% to 59.4%.
- In cases of long term disability for Unum customers diagnosed with breast cancer, the return to work rates rose more than 6%, from 47% to 54%.

“We know from helping our own customers how devastating the diagnosis can be. We see every day the difference disability benefits and critical illness coverage can make in supporting people through this fight.”

Survivorship increases 4-fold over the last 30 years*



Prevalence is expected to double by 2030

*American Cancer Society, 2009

Five-year Relative Survival (%)* during Three Time Periods by Cancer Site

Sites	1975-1977	1984-1986	1996-2004
All sites	50	53	66
Breast (female)	75	79	89
Colon	51	59	65
Leukemia	35	42	51
Lung and bronchus	13	13	16
Melanoma	82	86	92
Non-Hodgkin lymphoma	48	53	65
Ovary	37	40	46 [†]
Pancreas	2	3	5
Prostate	69	76	99
Rectum	49	57	67
Urinary bladder	73	78	81

*5-year relative survival rates based on follow up of patients through 2004.

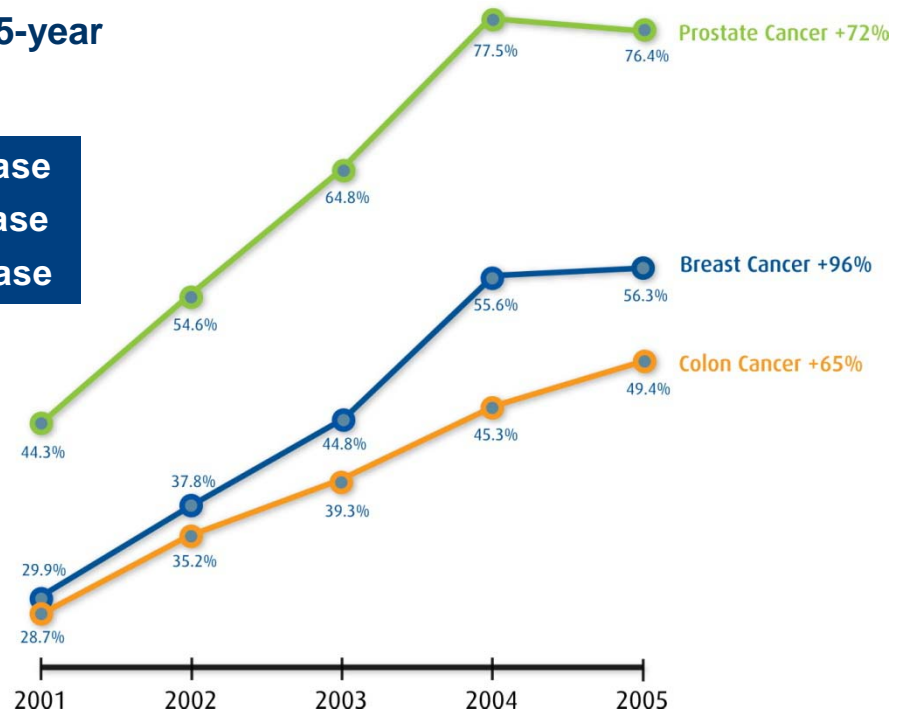
†Recent changes in classification of ovarian cancer have affected 1996-2004 survival rates.

Source: Surveillance, Epidemiology, and End Results Program, 1975-2003, Division of Cancer Control and Population Sciences, National Cancer Institute, 2008.

STD RTW Rates

- Return to work, STD by year of claim receipt
- Increased STD RTW success over 5-year claims period

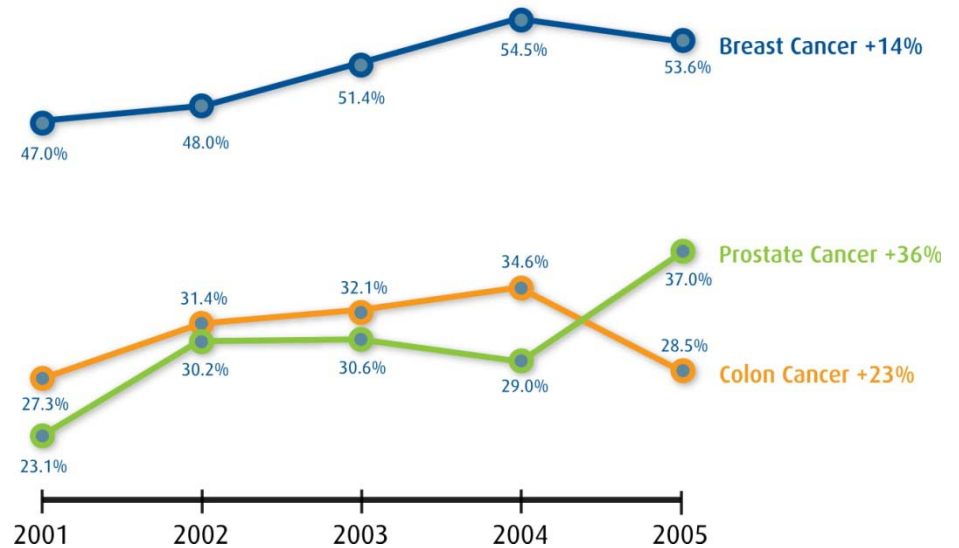
STD Breast cancer	96% increase
STD Colon cancer	65% increase
STD Prostate cancer	72% increase



LTD RTW Rates

- Return to work, LTD by year of claim receipt
- Increased LTD RTW success over 5-year claims period

LTD Breast cancer 14% increase
LTD Colon cancer 23% increase
LTD Prostate cancer 36% increase



Coping at Work

Coping Mechanisms

What works?

Are there predictable patterns on the impact of productivity?

What and how do I share with co-workers, employer?

Types of coping found in cancer patients/survivors*

- Engagement
 - Attempting to find a solution for the problem
 - Seeking support
 - Better quality of life
- Disengagement
 - Avoidance
 - Distancing
 - Poorer quality of life

Mediated by personal, situational characteristics dependent on a cognitive appraisal process

- Impact of events within a well-defined life context: e.g. work, family, social
- Vocational and career development stages
- Super coping - Poor coping - Cyclic coping

Silent Productivity Saboteurs: “Chemo Brain”

“Chemo Brain”

aka Neurocognitive changes

Chemo Brain – a **perceived or actual** decline in cognitive functioning that may have a negative impact on not only quality of work life, but on adjustment following cancer treatments.

What do we know?¹

- Slowed reaction time
- Reduced attention and concentration
- Difficulties in reasoning and problem-solving
- Memory impairment
- Information processing speed
- Executive functioning i.e. planning
- No deterioration of cognitive function after a median follow-up of 27 months
- Mild to moderate cognitive impairment in 60%. Selective attention and executive function

Functioning & Chemo-induced Cognitive Changes

- **Memory**
 - Working memory – the ability to temporarily store and manipulate information
 - **Episodic memory – the ability to learn and retain new context-dependent information**
 - Remote memory – the ability to retrieve memories from the past
- **Modality-specific memory**
 - Verbal memory – memory for words and narrative material presented verbally or in writing
 - Visual memory – memory for objects, faces, figures or locations presented visually
- **Executive function**
 - The control system that manages other cognitive processes, including planning, rule acquisition, initiating appropriate action, inhibiting completing responses and selecting relevant information
- **Processing speed**
 - The speed and efficiency with which information is used in completing a task
- **Visual, spatial and constructional ability**
 - The ability to visualize and manipulate two and three-dimensional objects
- **Attention and concentration**
 - Attention is the ability to focus on certain information or stimuli at the same time as ignoring other information of stimuli. Concentration refers to the ability to maintain attention without being distracted by competing stimuli
- **Reaction time**
 - Simple reaction time is the time it takes for a person to react to stimuli, whereas complex or choice reaction time is the period of latency before a decision is made regarding a stimulus
- **Motor speed and dexterity**
 - The speed and accuracy with which a person can perform simple motor tasks and manipulate objects

Silent Productivity Saboteurs: Fatigue

Fatigue

Fatigue is the most common unmanaged symptom in patients with cancer.

A review of the literature indicates that fatigue affects between 70-100% of individuals diagnosed and being treated for various cancers.

The National Comprehensive Cancer Network Fatigue Practice Guidelines Panel defines fatigue as:

“An unusual, persistent, subjective sense of tiredness related to cancer or cancer treatment that interferes with usual functioning.”

“Pervasive, unusual, excessive tiredness which involves the whole body, is disproportionate to or unrelated to activity level or exertion and is usually not relieved by rest or sleep.”

Case study: What are your HR options?

- **Case Study Poor Performance** A 42 year old accounting manager was often confused at work during and following chemotherapy treatments.
 - The employer made suggested schedule adjustments following the employee's cancer surgery and a limited short term disability period.
 - The employee continued to make errors in her work.
 - She became recognized as a high risk for costly errors and deemed to be “unmotivated” or unwilling to learn new skills or change jobs.
 - ***Motivation Paradox Discussion***
 - Ambivalence*** – Employee saw herself as a competent, long term good employee; performance feedback suggested otherwise. She was confused. She did not want to or could afford to lose her job. She didn't feel she was disabled even though she would be on long term chemotherapy
 - Resistance*** – Employee was unwilling to change jobs. Changing jobs meant separating from her loyal friends who supported her during the cancer treatment. She was not confident she could learn new skills with the subtle, but real memory and attention deficits generated by the chemotherapy.
 - The WorkRx*** – Employer, employee and oncologist objectively evaluated and discussed impact of chemo brain, i.e., impact of chemotherapy on productivity, work and specifically cognitive functions. A back up plan was designed to identify and correct mistakes. Expected improvement occurred when current chemotherapy was reduced to maintenance levels.

FML, Productivity and Presenteeism

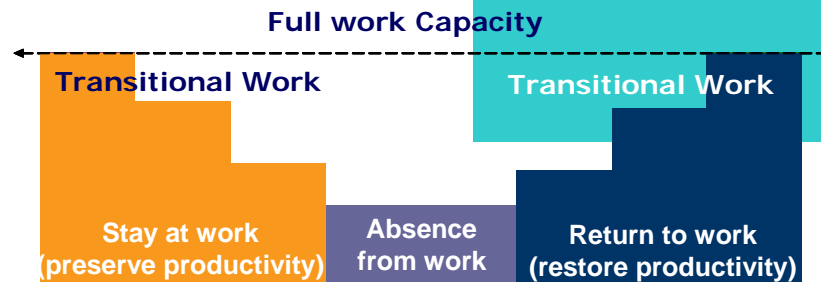
- **Caregivers face stresses as well – many are similar to those faced by the cancer patient him / herself**
 - Increased risk for own disability or WC claim
 - Can programs be developed to support these individuals?
 - Flexible schedules
 - PTO donation
 - Access to EAP programs
 - Participation in support groups
- **Coping Fatigue**
 - Simply tired of the engagement
 - Respite care

Employer & Insurer Message: A Productivity Rx

- **Manage the productivity impact @ diagnosis:**
 - Avoid premature work or career decisions. Diagnosis does not mean disability or death.
 - Provide appropriate communication with co-workers.
 - Give “permission” to engage in treatment.
 - Understand employee & caregiver presenteeism.

- Expect financial gaps created by non treatment costs – fill the gaps.
- Explore employer-healthcare insurer partnerships that create accessibility to new therapies.
- Performance Management: Understand the “good” employee to “bad” employee progression.

- **Build transitions:**



Employer Opportunities

- **Fill the Economic Gaps** (avg. \$31,000 out of pocket expenses for cancer patient)
 - Provide a range of income protection to include STD, LTD, Critical illness
 - Provide for reimbursement of added costs and expenses (e.g. Travel) incurred that are not covered by health the care plan
 - Prevent break in employee work through transitions in and out of the workforce.
 - Life insurance for non survivors with accelerated payments
- **Support to Protect Productivity – Reduce Presenteeism**
 - Direct EAP program services to manage depression, stress of treatment and care giver, Address the notion of compassion or emotional fatigue
 - Look for EAP service directed towards employee and families as care givers
 - EAP needs broad services set, that addresses the variety of issues employees and their family can face such as emotional, financial, as well as referral to local special services support services, (transportation, Hospice etc)
- **Create Transitional Work and Work Site Accommodations**
 - Educate/Prepare managers and supervisors to be return to work partners
 - Direct response to fatigue and chemo brain related impairments
 - Reduces employee relation issues with co-workers
 - Provides focus on what the employee can do rather than what they cannot do