THE CANADIAN CANCER SOCIETY ESTIMATED ALMOST 160,000 NEW CASES OF CANCER FOR 2007. AND 30% OF THESE CASES AND 18% OF DEATHS WILL OCCUR IN YOUNG AND MIDDLE-AGED ADULTS, OUR WORKING POPULATION. COLLEEN SAVAGE, PRESIDENT AND CEO OF THE CANCER ADVOCACY COALITION OF CANADA, DISCUSSES THE EFFECTS OF THIS DISEASE ON BOTH THE EMPLOYER AND EMPLOYEE. BY BROOKE SMITH

What are the most prevalent types of cancer in Canada?
CS: Breast, colorectal, lung and prostate. They have the highest rates of incidence and mortality.

If an employee is diagnosed with breast cancer, for example, what can an employer expect in terms of employee absence?
CS: That depends on the individual patient. With the newer cancer drugs, patients are able to return to work sooner. So there is probably a reduced absentee rate compared to 20 years ago. Some patients will be at work, go for radiation treatment, then return to work the same day. Nonetheless, the emotional turmoil can be overwhelming. This is a woman who needs support and compassion. She needs time and needs to have confidence that her employer will be behind her through this ordeal and will do everything possible to eliminate stress and questions and concerns about employment status. We do get phone calls from people who say that they won their battle with cancer but lost their job.

Because of needing time off?
CS: Because of needing too much time off. [An employee] needs someone who will understand exactly what’s coming and who will help them with employment- and benefits-related questions and reassure them that they will have the time that they need, that their job is safe, and that once they get through this, they’re going to be welcomed back. Most cancer patients do not want that cancer experience to be the defining thing about their life. They want it to be an event that they get through and move on.

What will the financial impact be for employers?
CS: Employers are going to find themselves financially squeezed. Their employees need these cancer drugs. And governments, particularly in Ontario, are unwilling to pay for them. It’s going to be very difficult for those employers who want to provide a good benefits package to attract good employees to keep up with the new demand.

The insurance companies are not going to be able to take this hit. Governments are backing away from the costs of [these] drugs, and that cost will land somewhere. In many cases, that will land on the shoulders of the employer, who has to choose between having a very good third-party benefits plan or saving money.

Most employers focus education and prevention programs on conditions such as high cholesterol or obesity. What should employers do to educate their employees on cancer?
CS: Employers should be encouraging all of their staff to pursue screening programs. [Employers] should connect with the Canadian Cancer Society, the Canadian Breast Cancer Foundation and get information about screening programs, how they work, what happens. And just really distribute material that already exists. Make it available in the cafeteria, in the lounge…on the intranet.

Does the Cancer Advocacy Coalition of Canada do anything to help employers educate their employees?
CS: No. We publish the Annual Report Card, an independent evaluation of cancer system performance from the perspective of meeting patient needs. And we follow up with advocacy on the issues [wait times, access to drugs, prevention] that are raised in each Report Card. We’re not large enough to have a service offering to employers.

What are your thoughts on the recent announcement of the optional HPV vaccine for Grade 8 girls in Ontario?
CS: We’re glad that the provinces, one at a time, are picking up on the federal money. That’s a good thing. These vaccines in conjunction with screening will save a lot of lives. But you cannot give up on the screening program because of this vaccine. They have to happen in conjunction. It’s not an either/or. There’s no magic bullet. You have to have both.