Navigating New Therapies

Employees with cancer need support on their journey. How can employers help?

By Elizabeth Garef

Cancer is often described as a journey. For most people, it is a frightening trip into the unknown. Virtually everyone knows someone who has been affected by cancer, but just as we read about exotic locations, only the travellers truly understand the terrain.

Fortunately, in Canada, no one with cancer needs to undertake the journey alone. Healthcare professionals, family, friends and support groups can help individuals with cancer to navigate through diagnosis, treatment and recovery. Employers, too, have an important—and potentially life-saving—role to play.

On Feb. 22, 2012, the Employers’ Cancer Care Summit brought together plan sponsors at Toronto’s Sutton Place Hotel to learn about the challenges that cancer poses to their employees as patients, as well as the potential impact of new therapies and care models. From cancer awareness programs to assistance in accessing novel treatments, employers can help guide their workers through the often-confusing maze of options.

Supportive Network

In 2003, when Kathy Barnard was diagnosed with Stage 4 malignant melanoma, she felt “lost in the universe,” as there are few resources available for people with this relatively rare form of cancer.

“I knew how important my support network of family and friends would be on my journey to survive, but I had no clue how important my employer’s role would be,” said Barnard. Fortunately, her employer at the time—the Insurance Corporation of British Columbia—offered a comprehensive benefits package, including long-term disability coverage.

As a result, she was able to focus on her treatment without worrying about her finances. “Working for a wonderful corporation that offered great benefits gave me an extra leg-up to fight what was a very difficult disease.”

Barnard’s employer also offered other benefits that she didn’t use because she wasn’t aware of them. For example, she now realizes that counselling services covered by her company could have helped her entire family cope with her diagnosis and treatment. “I wish my employer had given me some information to remind me what great benefits were available to me,” she added.

Barnard said she will be forever scarred by the horrible emotional and financial toll of both the disease—which had metastasized to her liver, kidney and bone—and the treatment, which included chemotherapy and surgery. Vowing “never to leave anyone out in that horrible abyss,” she founded the Save Your Skin Foundation (saveyourskin.ca) in 2007, with the goal of promoting and financing education, treatment and awareness of skin cancer. That need for education extends to the workplace, since Barnard believes that most employers are more comfortable dealing with back injuries than with cancer. “It is so important for employers to understand a cancer patient’s and/or caregiver’s pathway in dealing with this type of illness, as it is imperative to their wellness,” she said.

Workplace Impact

Dr. Christine Simmons couldn’t agree more. As a medical oncologist with St. Michael’s Hospital in Toronto, she recognizes the importance of employers understanding how cancer and its treatments affect an individual. “There will be times when an employee with cancer wants and needs to be back at work and times when he or she can’t work,” she said.

Although no two cancers or patients are exactly the same, treatment commonly includes surgery, radiation and/or chemotherapy—all of which cause some complications and side effects. The inability to tolerate side effects is the most common reason for dose reductions and treatment delays, which may reduce the treatment’s efficacy and lengthen the course of therapy and recovery time.

Simmons outlined several strategies that may help reduce these adverse effects and ensure that patients are able to continue receiving life-saving therapies on time, in full dose. For example, some patients may experience fewer side effects with newer, more targeted chemotherapy drugs. Employers can help by ensuring that these treatments are covered by their group benefits plans. Supportive medications can help boost the immune system, preventing the need to delay therapy and improving long-term outcomes. Exercise programs—which some employers offer—also can improve recovery times. “Decreasing the likelihood of treatment delays and increasing the likelihood of recovering in a timely fashion are critical in ensuring that patients get back to work,” she explained.

For an employer, prevention is perhaps the most important part of the cancer journey. “We typically think of the cancer journey beginning with diagnosis, but it really starts with prevention,” said Simmons. Many cancers—including melanoma and cancers of the breast, lung and colon—are preventable and highly treatable with early detection. She believes that workplace awareness and screening campaigns can have a significant impact on keeping employees healthy and on the job, but these programs are not as well adopted as they should be. Healthy lifestyle choices—too, have been consistently shown to have a positive effect on cancer prevention and recurrence. “Promoting healthy lifestyle choices in the workplace is the No. 1 way that employers can support their workers,” noted Simmons.

“I had no clue how important my employer’s role would be”

— Kathy Barnard, cancer survivor

Raising Awareness

A survivor of prostate cancer and past chair of the Prostate Cancer Canada Network—Toronto support group, Aaron Bacher is a strong advocate of cancer awareness and prevention programs. In particular, he encourages employers to promote prostate cancer education through initiatives such as lunch-and-learn events and offering coverage for PSA (prostate-specific antigen) testing, which is not covered by most provincial health plans.

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— Aaron Bacher, cancer survivor

100% accurate. Nevertheless, “it is still the only game in town,” noted Bacher.

Men who have been diagnosed with prostate cancer can benefit greatly from a supportive workplace—even though many will initially think they do not need any support. “It’s just that ‘male’ thing, when you’re expected to be macho and be able to handle anything that comes your way on your own,” said Bacher. But because of how much time everyone spends in the workplace, support from the employer is crucial.

Treatment options for prostate cancer vary depending on the individual and the stage of the cancer. Men who require surgery may be off work for four to six weeks, while those who have radiation or hormone therapy may be back to their daily treatments. Whatever the treatment, men need any support. “It’s just that ‘male’ thing. Men generally know about your situation. Having others aware of what you are dealing with will allow them to understand better, and it might also allow them to think about taking better care of themselves.”

Openings Doors

Treatment for cancer is constantly evolving, offering improved outcomes and fewer side effects. Advances are particularly evident in the treatment of lymphoma, as outlined by Dr. Michael Crump, a professor of medicine with the University of Toronto and attending physician, division of medical oncology and hematology, with Princess Margaret Hospital, University Health Network.

Until the mid-1990s, lymphoma was traditionally treated with a combination of chemotherapies known as CHOP (cyclophosphamide, doxorubicin, vincristine and prednisolone). Over the years, various “recipes” of drugs have been added to CHOP with little difference in progression-free survival (time until relapse) or overall survival (time until death).

Around the turn of this century, improved understanding of the biology underlying lymphoma led to new treatment discoveries. Researchers developed an antibody that specifically targets the protein on the outside of all B-cell lymphomas, which represent 90% of all lymphomas and inactivates the cancer cells. Because it is a humanized antibody, it carries no toxic side effects. Added to the older chemotherapy recipes, the new treatment, called rituximab, offers improved results with no added toxicity.

Bendamustine is another drug showing promising results in lymphoma treatment. When used in combination with rituximab, bendamustine has been shown to improve progression-free survival rates in previously untreated patients or in those who become resistant or unresponsive to other standard therapies.

The key to these new treatments is the discovery that not all lymphomas are the same. “Research is getting better at defining lymphomas and targeting the appropriate gene,” said Crump. These new therapeutic targets open the door to more effective drugs and improved outcomes for patients. “This signals only the beginning of a broader rational approach to lymphoma therapy,” he added.

Looking to the future, Crump predicts that the next decade will show “small steps” in research developments, not the major leaps of recent years. And rather than one therapy that fits all, the best hope for lymphoma will likely be found in multiple, defined treatments.

Private Sector Pressures

The good news in cancer care is that improved treatments are increasing survival rates. But as the model of care shifts from hospital-based acute care to outpatient chronic care, employers are facing new challenges, as outlined in the presentation by Stephanie Mazzei and Bernie Manente, principals with Strategic Answers Inc.

One challenge is that more cancer therapies (20% to 25% of those currently in development, according to Mazzei) are oral medications, which are typically not covered by provincial drug plans. “[Patients who] are actively working are looking for benefits to fund these therapies,” said Mazzei. Manente pointed to tyrosine kinase inhibitors, which are used to treat a variety of cancers, as an example. In 2000, these inhibitors were entirely funded by the public sector, as they were administered in hospital. Today, the private sector pays $36 million for these drugs, since they can now be taken orally on an outpatient basis, according to the 2008 Report Card on Cancer in Canada by the Cancer Advocacy Coalition of Canada (CACC).

Similarly, newly developed oral drugs to treat metastatic renal cancer represent a tremendous advance in therapy—but at a cost. In 2011, metastatic renal cancer drugs cost private payers $14 million compared with no cost to private payers in 2003, according to OncoEdge Forecasting Platform, IMS Canadian Drugstore and Hospital data.

Employers struggling with these costs need to remember the rationale for offering benefits in the first place: to attract and retain employees, to keep them healthy and at work, and to offer a safety net if they get sick.

Employers also “need to look at the interconnectivity of the components of what they are spending,” Manente explained, including the return on investment of drugs to maintain employee health, innovative plan designs and options for special consideration for individual cases.

Finally, Manente urged employers to take a leadership role in establishing a dialogue with the government on the extent of the challenges and creating a sustainable system that works for all.

The Insurance Gap

Private payers are not the only ones concerned about the impact of cancer treatments shifting from an in-patient to an outpatient model. The CACC warns that the transition of many new high-cost cancer drugs from an intravenous to an oral format will create a significant issue around access to insurance. “This insurance deficit is a bomb out there, ready to explode. We have to get public and private parties together to address it,” said Darwin Kealey, past chair of the CACC and founding president and CEO of the Trillium Gift of Life Network.

The CACC issued its 11th annual

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“This insurance deficit is a bomb out there, ready to explode”
— Darwin Kealey, Trillium Gift of Life Network

Report Card on Cancer in Canada in March. This report highlights several promising developments, including the adoption of the pan-Canadian Oncology Drug Review in 2010, which means that new cancer drugs will now undergo only one review nationally rather than individual reviews by each province and territory. “It saves time and resources, and gives us equity across the country,” said Kealey.

While inroads are being made in access to quality cancer care, Kealey fears we are falling behind in access to insurance. Two key issues are the increasing burden that new oral cancer drugs place on private payers (as noted by Mazzei and Manente) and the regional disparities in private versus public coverage. (In Western Canada, 35% of drug costs are dependent on private insurers, compared with 50% in Central Canada and 68% in Atlantic Canada.)

Urgent steps are required to prevent Canadians—especially retirees—from falling into an insurance gap. The CACC recommends that The Council of the Federation—which comprises the premiers of Canada’s provinces and territories—rationalize the current collection of provincial catastrophic drug plans.

“We also need to have a summit of CEOs of larger insurance companies and the premiers to take an objective look at the insurance approach in Canada and find a co-operative way to cover everyone,” said Kealey. “If we don’t, the insurance issue 10 years from now will be bigger than the access to products or access to care.”

Accessing Treatment
As Barnard noted in her opening presentation, she failed to access some features of her employer’s benefits plan because she didn’t know they existed. Jay Mayers, vice-president of Adjuvantz, a patient support organization, sees people like Barnard every day. “In our experience, people typically do not know what they are and are not covered for,” he said.

When people are diagnosed with cancer, they can become overwhelmed with navigating their health benefits plans and accessing life-saving therapies. The most common struggles that patients face when dealing with their group coverage are high co-payments and lack of coverage for supportive care therapies (medications that mitigate the side effects of chemotherapy).

Private payers are increasingly adding maximums to certain benefits and turning to co-insurance in an attempt to manage high costs. The net effect is higher expenses to the cancer patient. As a result, patients may have to reduce or stop treatment, often leading to poorer health outcomes. “This is a prime example of cost downloading that has little long-term benefit to the plan sponsor and no benefit to the patient,” commented Mayers.

Part of the problem is that plan design typically focuses on providing coverage for low-cost/high-use products (i.e., less expensive drugs that people use frequently) on which co-insurance and plan maximums have less impact. But when thinking about plan cost containment, employers should consider the differences between a patient with an asymptomatic chronic condition and a patient with an acute and potentially life-threatening disease, such as cancer. “Does your cost-containment strategy treat the cancer patient unfairly simply because of the cost differential between these therapies? Do your plan maximums mean that a therapy course cannot be continued or started at all?” he asked.

Confidential communication is a secondary but equally important issue that employers must address. “Having a safe resource within the organization where coverage options can be discussed in a private and confidential manner could mean the difference between life and death for cancer patients,” Mayers added.

Cancer is everywhere, and the workplace is not exempt from its impact. Employers have the opportunity to make a difference in every phase of their employees’ cancer journey—from awareness and prevention to treatment and recovery. Innovative programs and drug plans not only support the individual employee but also provide long-term benefits to the entire workforce.

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