health screening and prevention programs in the workplace, and the tremendous return on saving just ONE LIFE
WHY THE FIGHT AGAINST CANCER MUST EXPAND INTO THE WORKPLACE

Forty percent of women and 45% of men will be diagnosed with cancer in their lifetime. The overall incidence rate has been climbing steadily across all age groups. The employers profiled on the following pages have decided to do something about these numbers by taking the fight against cancer into the workplace. And in so doing they have realized a return on investment that is beyond calculation.

First and foremost, they have helped save lives. Almost as important, these employers have breathed new life into the work environment by arming employees with information and tools to help them take charge of their health. By letting this conversation happen during work hours, employers have opened the door to higher levels of engagement in wellness overall.

For cancer in particular, one cannot overemphasize the value of enabling access to screenings. Of all diseases, cancer probably raises the most visceral response: that of fear. We fear cancer because it is a disease of stealth, where symptoms are often undetected or misinterpreted, resulting in diagnoses that come much too late. Its treatment can also generate tremendous fear, often requiring surgery and debilitating chemotherapy.

By facilitating early detection, employers are helping employees face one of their worst health fears. Without exception, the employers interviewed here report a steady number of employees who voluntarily step forward to express their gratitude and share their stories. As a retention strategy, it has no equal.

Last but certainly not least, the employers who have supported cancer screening for several years, and who have put appropriate measures in place, have begun to see savings in cancer-related drug and disability costs. Eventually, the decision to take the fight against cancer into the workplace serves to help protect the core business. Ultimately, however, it is simply the right thing to do.

“The rise in new cases of cancer will place an increasing burden on Canadian society . . . . There is a need to enhance capacity for primary prevention, early detection and treatment to further reduce overall cancer incidence and mortality.”

Employers can help shed light on the prevention and early detection of cancer

Cancer can no longer hide. It’s a matter of economics and plain common sense: we can no longer afford to lose money and lives on a disease that can often be prevented or stopped in its tracks when caught early enough.

Federal and provincial governments have made considerable progress in recent years by laying down an infrastructure that includes organized cancer screening programs, cancer control strategies and open collaboration with patient advocacy groups. Many expect the next few years to be pivotal in terms of public uptake—and employers have a direct role to play.

“We need to reach people where they congregate in the natural order of their lives, and the workplace is a powerful opportunity for that,” says Pat Kelly, CEO, Campaign to Control Cancer (C2CC). The C2CC represents about 70 cancer organizations across Canada and works with the Canadian Partnership Against Cancer, the federally funded agency charged with guiding the implementation of Canada’s cancer control strategy, developed in 2006.

In March 2012, C2CC announced its partnership with GE Canada to develop and implement a three-year plan to increase cancer-screening rates. “They’re not just putting dollars into this, they’re contributing their intellectual and social capital,” says Kelly. “Early adopters are so important to make change possible, and we’re looking for more employers to come on board and help lead this campaign. We want to mobilize the power and clout of the workplace, particularly since right now they’re the ones who are literally paying for the missed benefits of screenings.”

Armed with evidence-based practices for behavioural change as well as direct relationships with cancer agencies and government, the C2CC national screening campaign will eventually offer tools for employers, healthcare professionals and cancer groups. Citing the adoption of seat belts and recycling as models from the past, “we are working to mobilize the ‘smart mob’ that takes on cancer,” says Kelly.

LIVING WITH CANCER
Cancer is the biggest driver of lost productivity costs due to premature death,\(^1\) and the leading cause of death in Canada.\(^2\) While the overall mortality rate is steadily declining
as a result of better treatments and earlier detection, the incidence rate, or the number of new cases per year, steadily climbs. Forty percent of women and 45% of men will be diagnosed with cancer in their lifetime, of whom close to a third will be between the ages of 20 and 59 years.⁴

“This increased prevalence means that more people are living with cancer, rather than dying from it,” says Dr. Sandy Sehdev, an oncologist in Brampton, Ont. “And an increasing number of people do not have to stop working, even at an advanced stage.”

On the plus side, productivity losses are curtailed. However, cancer-related drug costs, employee accommodations and disability management are demanding a greater amount of employers’ attention and healthcare costs.

“Cancer is a very serious disease state,” says Don Thomson, president, SOS Resource Group. “Years ago many people believed they would not survive and everyone presumed a steady march to disability leave, with no return to work. Even though that’s not nearly so much the case today, cancer still hits employees like a wall and employers are still too likely to tell them to take as much time off as they need. They might think they’re being empathetic, but leaving someone at home with nothing but time on their hands often causes more harm than good.”

A review of people on long-term disability more than two years after their cancer diagnosis found that in 60% of cases their cancer was in remission, but they were still off due to other issues, such as fatigue and depression.⁴

The result is higher disability costs. “We’ve definitely seen an increase in cancer-related cases, across all ages,” says Chris MacDonald, assistant vice-president, health management services, group benefits, Manulife Financial. “Five years ago it accounted for 8% of our LTD block of business; today it’s closer to 11 to 12%.”

At the same time, “we’re seeing that people really want to keep working, even while they are still in the treatment phase and between rounds of radiation and chemotherapy,” adds MacDonald.

ROI OF ONE LIFE

Findings like this underline the need for an integrated cancer control strategy in the workplace, one that begins with raising awareness, promoting prevention and facilitating early detection.

“A good third or more of cancers can be prevented. They’re the low-hanging fruit.”

Dr. Sandy Sehdev
“A good third or more of cancers can be prevented. They’re the low-hanging fruit,” says Dr. Sehdev. “The bad news is that the necessary lifestyle changes are most difficult to achieve.”

Employers can be part of the solution, says Jean-Marc MacKenzie, senior vice-president, health management, Morneau Shepell. “Right now employers tend to be too focussed on what they can measure and see, that is, benefits and disability. We need to look upstream and see what’s driving those numbers, [keeping in mind] that 70% of healthcare costs are directly related to behaviours. Employers can do more at the front end, helping employees to identify risk and change behaviour.”

For their part, employees appear to be ready: the 2012 Sanofi Canada Healthcare Survey reports that 92% of plan members say they would likely participate in on-site health screenings.

Such front-end tactics will inevitably reduce costs down the road. Yet that soon ceases to be the main point. “At the start, it’s all about ROI,” notes Thomson. “But you’d be surprised how often it becomes more about social responsibility. You are literally saving lives.”

THE DRUG CONNECTION

More effective cancer treatments play a significant role in reducing cancer’s overall mortality rate, and drugs currently in development are expected to accelerate this trend. Advances in biomarker research, immunotherapy and “personalized” medicines, which use simple genetic and/or immunologic tests to determine if the patient’s cancer should respond to therapy, are transforming cancer from a disease that potentially kills, to a disease that one can live with. The ability for healthcare professionals to prescribe the right drug for the right patient not only significantly improves prognoses, but also ensures a positive return on investment for payers.

A growing number of the new oncology drugs are also available in oral formats, rather than infused, which means that patients don’t need to leave the workplace for treatment. On the other hand, these oral medications can cost private plans—and even employees—thousands of dollars per treatment cycle (based on a $10,000 treatment and a drug plan with a 20% co-pay, for example, the patient could face an out-of-pocket cost of $2,000).

“It’s a complicated issue,” says Bernie Manente, managing partner, Strategic Answers. “There needs to be a dialogue at the higher level and there can’t be a knee-jerk reaction. As a component of overall benefits, cancer drugs are not a huge cost.”

Having said that, it’s past time for employers to spread their risk. “For administrative services-only plans, a component can still be self-insured and kept fairly standard, i.e., a 20% co-pay for lower-cost maintenance drugs. But when you get into therapies for things like cancer, it’s an opportunity to peel off a subset of claims and go the insurance route, rather than self-insuring,” suggests Manente.
KEY FACTS:

• Incidence and mortality: Colorectal cancer is the third most common cancer in Canada, after prostate and lung cancer.† It is the second leading cause of cancer death, after lung cancer.³

• Modifiable risk factors: Poor diet, inadequate exercise, obesity, excessive alcohol and/or tobacco use. Non-modifiable risk factors include age greater than 50 and family history.

• Trend: Since 2000, the number of deaths has declined steadily, likely due to improvements in treatment. The incidence rate has declined significantly, a trend that coincides with increased general awareness and the rolling out of provincial screening programs (though screening rates are still considered low).³

• Screening recommendations: People at average risk should do a home diagnostic test once every two years and have a colonoscopy every 10 years, starting at age 50. People at higher risk should have a colonoscopy annually or every two years, possibly starting before age 50.⁵

† Note: This does not include non-melanoma skin cancer (see page 12).
UNDERSTANDING COLORECTAL CANCER

In an office of 50 employees, at least three will be diagnosed with colorectal cancer (also referred to as colon cancer) in their lifetime. Its incidence is gravely underestimated, a fact that becomes tragic because it is so easily preventable.

In most cases, colorectal cancer takes years to develop. It begins as a benign polyp, or tissue mass, in the colon or rectum. While the cause of polyps is not clear, risk factors may include a diet low in fibre, a sedentary lifestyle, obesity, smoking and heavy alcohol consumption. About a third of middle-aged people have colonic polyps—and most don’t know it, because there are no obvious symptoms.

Not all polyps become cancerous, and the process takes years. Ninety percent of cancerous polyps occur in people older than 50. More years can pass before the cancer grows to the point that it spreads to other parts of the body, at which point cure rates fall dramatically. By detecting and removing polyps while they’re benign, or in the early stages of cancer, the incidence and mortality rates of this type of cancer, currently among the top-four “heavy hitters” of all cancers, would decline significantly.

Screening is the only way to detect polyps or early-stage colorectal cancer. For people at average risk, a home diagnostic test detects the presence of hidden blood in the stool, which indicates the presence of polyps or tumours. Higher-risk individuals should undergo a colonoscopy, an outpatient procedure that examines the inside of the colon using camera technology.

The opportunity for employers to help spread awareness about colon-cancer screenings is especially high, now that most provinces fund prevention and detection programs that include free home diagnostic tests (see Resources, page 15).

THE FIRST STEP

Debbie Curley is living proof of the benefits of early detection. A long-time employee of Ontario Power Generation (OPG), she had just turned 50 when she read the email promoting the company’s new colon cancer prevention and screening program. It was April 2006.

Six months later, she was recovering from surgery after the removal of a small section of her colon. A home diagnostic test had revealed hidden blood in her stool, and the follow-up colonoscopy had uncovered an early-stage tumour.

“If my company had not offered this program, I would still be sitting at my desk, delaying. And the cancer would have been growing inside me,” says Curley. With a family history of colorectal cancer, “I knew I had to get checked, but I kept putting it off. This program made it easy for me.”

The initial push, however, came from an hour-long company presentation that pulled no punches about the cancer, and included the personal story of one of the vice presidents, a cancer survivor. “He talked about how his friends were telling him not to bother getting tested. His story definitely made a difference.”

Curley did not require chemotherapy and was back at her desk two months after surgery. Regular calls and visits from the company’s wellness nurse, both during her absence and upon her return were a “major support” that helped her get back up to full speed quickly, says Curley. “It was great to be able to come back to work, for my mental health more than anything. It took my mind off the cancer.”

Six years later, an improved diet, regular exercise and an annual colonoscopy make up Curley’s ongoing prevention plan. She also participates in the company’s other wellness programs.
activites. “The colon cancer program and everything else they do is so great,” she says emphatically. “At the very least you become educated and aware of what you need to do.”

**BOTTOM-LINE RESULTS**

Privacy laws prevent OPG from knowing how many employees have followed through with screenings for colorectal, breast or prostate cancer (the three cancers targeted by the company in ongoing awareness-raising campaigns); however, it knows that drug benefit costs for these conditions levelled off almost three years ago and last year costs actually decreased, says Dr. Alain Sotto, OPG’s chief physician, wellness division. In 2011 cancer-related absenteeism dropped by 373 days, or 9%.

“Corporate health has become a business strategy to reduce drug costs and absenteeism,” says Dr. Sotto. “And this is just the beginning. We anticipate full results in seven to 10 years after launch [in 2006].”

As well, the “constant, constant positive feedback” is an equally important outcome, adds Dr. Sotto. It speaks to the strong emotional connection that can be made with employees. “Employees want their employers to be involved in cancer screenings.”

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**TAKE ACTION AGAINST COLORECTAL CANCER**

- Contact your province’s cancer agency or ministry of health (see Resources, page 15). Many provinces offer screening programs based on the use of an at-home screening kit. Alberta is launching its program this fall, and programs in Quebec, New Brunswick, and Newfoundland and Labrador are under development.

- Contact the Colorectal Cancer Association of Canada or your local office of the Canadian Cancer Society for educational materials, speakers and other support to help implement a workplace program, including:
  - Using multiple media throughout the year, ranging from social media to printed pay-stub inserts, to communicate your dedication to this cause.
  - Offering a series of live presentations during work hours. If possible, position them as health and safety meetings so that attendance is mandatory.

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**DR. SOTTO OFFERS THE FOLLOWING TIPS:**

- Dedicate staff hours to champion and coordinate the program. Ideally this would include medical personnel, if only on a part-time or consulting basis.

- Involve the union. By positioning the company presentations as mandatory health and safety meetings, OPG was able to reach employees who needed to be there most.

- Enlist an employee spokesperson to share his or her cancer story.

- Supplement live presentations with video clips, webinars and social media (Dr. Sotto produced a four-minute promotional video for OPG; for the Toronto Transit Commission, where he also works, he produced an 11-minute DVD presentation that was distributed to 12,000 employees).

- Don’t skirt the “poop factor.” Stool samples and colonoscopies may be unpleasant, but they shouldn’t become barriers to screenings. “Talking about it is critical to de-stigmatizing it,” stresses Dr. Sotto.
KEY FACTS:

• **Incidence and mortality**: Breast cancer is the most common cancer among women, and the fourth most common overall (after prostate, lung and colorectal cancer).† It is the second leading cause of cancer death among women, and the third leading cause overall.³

• **Modifiable risk factors**: Obesity, inadequate exercise, excessive alcohol, smoking, use of hormones. Non-modifiable risk factors include age and genetics.

• **Trend**: While the incidence remains steady, the rate of deaths has fallen from 32 per 100,000 in 1986 to 19.5 in 2012, due to earlier detection and better treatments after surgery.³

• **Screening recommendations**: Provincial programs recommend a mammogram every two years between the ages of 40 or 50 and 69.

† Note: This does not include non-melanoma skin cancer (see page 12).
One in nine women in Canada is diagnosed with breast cancer. While researchers cannot pinpoint the reasons behind its high incidence, they’ve identified a long list of risk factors related to exercise, weight, alcohol and tobacco use, pregnancies and the use of hormones.

On the plus side, the mortality rate has dropped almost 40% in 25 years. “It has become a disease that you don’t necessarily die from, but that you live with,” says Marsha Davidson, executive director, Breast Cancer Society of Canada.

On average, treatment requires 38 weeks, and two-thirds of women are off work for more than 16 weeks. Chemotherapy has a direct relationship to absenteeism: 81% of those receiving chemotherapy are off work for more than 16 weeks, compared to just 32% among women who do not require chemotherapy.7

The earlier a cancer is detected, the less likely the need for chemotherapy.

All provinces offer screening mammograms for women between the ages of 50 and 69, and a few have expanded eligibility (without a doctor’s referral) for women in their 40s and 70s (see Resources, page 15). The target is for 70% of those aged 50 to 69 to get screened every two to three years; currently, most provinces are at about 55%, notes Janette Sam, program manager, screening mammography program, B.C. Cancer Agency. Can employers play a part? “It’s an issue of removing the barriers to access. Corporate sites can help do that,” says Sam.

PERFECT PARTNERSHIP

In fact, Sam has first-hand experience with several employers that regularly book one of the province’s mobile mammography clinics. “These are great partnerships,” says Sam. “There is no cost to the employer. All we need is a private area, with a small space that could function as a dark room, and advance communications to generate 25 to 60 bookings. The corporate sites are usually fully booked. The employees just really appreciate the convenience.”

Shirley Ramalho can certainly attest to that. Her first on-site mammogram at TELUS Communications, where she has been an employee for 10 years, showed nothing of concern. Just one year later, however, a second on-site screening detected a small tumour. Following a mastectomy, she has been cancer-free for two years. “Thanks to the early diagnosis, it looks like I will be able to see my two kids grow up,” says Ramalho. “I have no words to express how thankful I am. My company’s decision to give employees the on-site mammograms has saved my life.”

“Early detection is key and ultimately better for the bottom line in terms of treatment costs,” adds Carmela Thomson, another TELUS employee whose breast cancer was discovered on site. “I am proud to be working for a company that supports and advocates for mammography screening.”

Feedback like that is “one of the best parts of my job,” says Janet Crowe, director, wellness and work life solutions, TELUS. “Dozens of people have said thank you, thank you, thank you. You can’t even begin to quantify the ROI of that.”

The screenings are part of an “integrated health strategy” that began eight years ago, says Crowe. While it will take several years yet to see the full results in terms of benefits utilization, there are positive indicators. “When we began, trending for our employee and family assistance program showed use for crisis management only. Now more than 35% of that access is for proactive work-life solutions. This is an extremely positive trend, showing that more people are taking action for their health prior to crisis.”

She offers three main pieces of advice:

1. Have a plan. “Whether you’re a company of five or 5,000, you need to decide what you want to accomplish, keeping in mind what you think will work for your company. Then start with one thing and do it well. Things will grow from there.”
2. **Dedicate the resources.** It’s not so much a question of money but time, says Crowe. “Much of what we do happens with little money. But you absolutely need someone on staff who can be the dedicated connection between your company’s strategy and outside resources.”

3. **Don’t reinvent the wheel.** Telus has partnered with the local offices of the Canadian Mental Health Association and the Heart & Stroke Foundation, and is currently collaborating with the Canadian Cancer Society for prostate and colorectal cancer. “We are leveraging the experts and using free resources. We also strive to be part of our community—we find it further inspires people to take charge of their health.”

**LOCAL ASSETS**

Provincial cancer agencies, the Canadian Cancer Society and other cancer groups offer public awareness-raising campaigns, often through regional offices (see Resources, page 15). All are receptive to partnering with employers.

For example, a workplace pilot project launched in 2009 by Erie St. Clair Regional Cancer Program, part of Cancer Care Ontario, is slowly expanding its reach. Your Health Matters educates employees on how to reduce risk factors and access screenings for breast, colorectal and cervical cancer. Each employee receives a personal tracking card and completes a confidential survey to measure outcomes.

“The program is very easy to be a part of,” says Scott Brown, manager of health and safety at Bluewater Power, with 125 employees. He’s even more pleased with the results: not only did the evaluation show a substantial uptake on screenings (for example, all of the women found to be due for mammograms followed through), but also employees’ interests were ignited. “Your Health Matters was a substantial catalyst for our first Wellness Fair. Staff has become a lot more willing to come forward with questions and ideas.”

The Ontario division of the Canadian Cancer Society recently raised funds to conduct Your Health Matters in 10 more sites in 2012 and “we’re looking forward to doing more in the coming years,” says Julie Datta, the society’s senior coordinator, prevention.

Funding covers the cost of resources and, if desired, an evaluation, explains public health nurse Marnie Garrett, County of Lambton Community Health Services Department. A web-based evaluation typically costs between $1,000 and $2,000 per work site. “Based on our experience with the program, the evaluation is recommended. It’s not often we have proof of success, and the employees are motivated by the positive results.”

As for expansion outside Ontario, that was always the hope, says Beth Dulmage, director, clinical services cancer program, Erie St. Clair Regional Cancer Program. “Employer feedback led to the creation of Your Health Matters, and word of mouth is building demand. The program can easily be adapted for other provinces.”

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**TAKE ACTION AGAINST BREAST CANCER**

- Contact your provincial government’s cancer department (see Resources, page 15). All provinces offer publicly funded mammogram screenings, including mobile clinics (however, only B.C. and Nova Scotia regularly go to corporate sites).

- Contact your local office of the Canadian Cancer Society for educational materials, program development and on-site support (including speakers); you can also obtain educational materials from your local office of the Canadian Breast Cancer Foundation.

- Use multiple media throughout the year, ranging from social media to printed pay-stub inserts, to communicate your dedication to this cause.
SKIN CANCER

KEY FACTS:

• **Incidence and mortality:** Skin cancer is generally divided into two groups: melanoma and non-melanoma skin cancer (NMSC). Melanoma skin cancer is the seventh most common cancer in Canada. While not a leading cause of cancer deaths due to its relatively low patient base, melanoma carries a high risk of death due to poor and often delayed detection and limited treatment options. NMSC is typically not cited in cancer statistics due to its very high prevalence rate (it is in fact the most common cancer) in conjunction with a low mortality rate.  

• **Modifiable risk factors:** Exposure to ultraviolet radiation (including tanning beds), and in particular the avoidance of severe sunburn(s) during childhood. Non-modifiable risk factors include fair skin, family history.

• **Trend:** Since 1998, the incidence of skin cancer has increased significantly. While much of this is occurring in aging baby boomers, the incidence among those younger than 34, particularly of melanoma, is also increasing.

• **Screening recommendations:** High-risk individuals should be checked annually by a healthcare provider trained in screening for skin cancers.
SKIN CANCER: IN PLAIN SIGHT
Unlike most cancers, skin cancer’s symptoms are plain to see for those who care to look. “Skin is the largest organ in your body, and the easiest to see changes in. Yet for whatever reason we aren’t doing quick checks,” says Kathy Barnard, founder of Save Your Skin Foundation.

“This is a behavioural issue: we are sun worshippers,” says Annette Cyr, chair of Melanoma Network. “This contributes to the general misconception that it’s just skin cancer: you can just cut or burn it off and you’ll be fine.”

The waiting rooms of dermatologists’ offices tell a different story. “I see five to 10 non-melanoma patients a day, and one to two melanoma patients a week. The numbers are growing,” says Dr. Charles Lynde, a dermatologist in Markham, Ont. A study commissioned by the Canadian Cancer Partnership predicts that melanoma cases will increase by 56% by 2031, and non-melanoma cases will skyrocket by 148%. The resulting economic burden will reach $922 million, compared to $532 million in 2004.9

Advocates point to the need for coordinated public-sector programs to change perceptions and empower self detection. Until then, employers can certainly help get the conversation going, say Barnard and Cyr. Free resources from the Canadian Dermatology Association and cancer groups, including motivational talks by survivors such as themselves, can make the difference. “You can also bring in dermatologists to do screenings, which take minutes. It’s all doable,” says Barnard.

SKIN IN THE GAME
L’Oréal Canada can attest to that. The cosmetics and skin care company based in Montreal, has hosted annual skin cancer screenings since 2006, working with a local dermatologist. While the detection of melanoma is the focus, the dermatologist will point out other possible areas of concern and advise employees on next steps.

The company’s HR and internal communications departments coordinate appointments for half-day clinics at its main office, manufacturing plant and distribution centre. Each screening takes five to 10 minutes, resulting in almost 100 in total. “Employees are very grateful for this service,” says Audrey Tremblay, director employee relations and human resources projects. “They realize how difficult it can be to obtain an appointment with a dermatologist; therefore, they appreciate the ease and flexibility of consulting with the dermatologist during office hours.”

L’Oréal also regularly sets up a booth for the day at its on-site café so employees can get information on self-detection and sun safety. The program was launched with the company’s Life at Work committee, which includes volunteer employees. “We are fortunate that our president and CEO supports programs that aim to maintain a healthy professional and personal life balance,” says Tremblay.

At Campbell Company of Canada in Toronto, employee feedback led to its first on-site skin cancer screening in July 2012. Prior to that, the company’s sun safety awareness activities included UV camera technology to show potential skin damage. “We had excellent participation,” says Fanny Karolev, manager of health and wellness. “Unfortunately, once made aware of sun damage, people find themselves very challenged to get a referral to a dermatologist or an appointment for follow up. Wait times can easily exceed three months.”

Campbell, under the direction of its employee-led
Wellness Council, took the logical next step and hired a local dermatologist to come on site during work hours. Karolev, who is a registered nurse, pre-screened employees and referred almost 70 who were deemed to be at high risk. The employees could choose between two days, and appointments began at 7:00 a.m. to accommodate swing shift workers. The Canadian Dermatology Association provided take-home educational materials, and the dermatologist also made a general presentation about skin cancer, open to all employees.

“We know outcomes for skin cancer improve with early diagnosis and treatment,” says Karolev. “By facilitating an on-site dermatologist we were able to provide a valuable, potentially lifesaving service to our employees.”

**MUTUAL BENEFITS**

Dermatologists, as well, appreciate the opportunity to assess groups of people who might not otherwise see them until it’s too late. With less than 600 dermatologists across Canada to respond to the growing incidence of skin cancer, education and early detection are imperative.

“Screenings in the workplace are a great idea,” says Dr. Joel Claveau, a Quebec City dermatologist specializing in melanoma. “I’ve trained occupational physicians, who can then not only detect possible skin cancer but also can spread the message on self detection to employees.”

“There’s no question that on-site screenings can improve diagnosis, prognosis, survival rates and education,” agrees Dr. Richard Langley, a dermatologist in Nova Scotia and vice-president of the Canadian Dermatology Association. At a recent screening for the public, Dr. Langley diagnosed two cancers among the first 20 patients. Both were at the earliest stage, which means there’s a “100% chance of recovery. Because we caught them now.” He adds that more than 1,000 people participated in the association’s screenings in 2011, and 30% were referred for follow up.

When educating employees, it’s important to build a sense of empowerment, emphasizes Barnard. “This is a cancer that people can stop in its tracks. Your body is giving out clues, right before your eyes. People need to have the confidence to actively look for those clues.”

That need for empowerment extends equally to non-melanoma skin cancer, adds Dr. Lynde. In fact, the skin also sends out pre-cancerous clues in the form of small actinic keratosis (AK) lesions on sun-exposed areas of the skin. Considered biomarkers for squamous cell skin cancer, their removal is a direct preventive measure.

Unfortunately, “AKs are increasing among younger people,” says Dr. Lynde. The good news is that new therapies—including a gel that works following just two or three days of treatment, compared to as much as 16 weeks for older ointments—make removal easier.
Here’s a list of national organizations that can serve as resources and/or partners for workplace cancer programs. For a complete list and more details, including provincial contacts, go to www.benefitscanada.com/roi-one-life.

**Campagne to Control Cancer**  
(416) 260-5377  
www.controlcancer.ca

**Canadian Cancer Society**  
(416) 961-7223 or 1-888-939-3333  
www.cancer.ca  
cancerview.ca  
(416) 915-9222 or 1-877-360-1665  
www.cancerview.ca

**F--- Cancer**  
(604) 569-3322  
www.letsfcancer.com

**BREAST CANCER**  
**Canadian Breast Cancer Foundation**  
(416) 596-6773 or 1-800-387-9816  
www.ebcf.org

**COLORECTAL CANCER**  
**Colon Cancer Canada**  
(416) 785-0449 or 1-888-571-8547  
www.coloncancer.ca

**Colorectal Cancer Association of Canada**  
(416) 920-4333 or (514) 875-7745  
www.colorectal-cancer.ca

**SKIN CANCER**  
**Canadian Dermatology Association**  
(613) 738-1748 or 1-800-267-3376  
www.dermatology.ca

**Melanoma Network of Canada**  
(289) 242-2010  
www.melanomanetwork.ca

**Save Your Skin Foundation**  
(604) 842-5658  
www.saveyourskin.ca

**REFERENCES**

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