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What Employers, Navigators Need to Know about Cancer's Impact in the Workplace

April 20, 2017 | [Lillie's Corner \(/expert-commentary/lillies-corner\)](#)

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This is the first installment in a 3-part series that examines the latest statistics about the disease, as well as looking at the costs and other factors that need to be considered for employees who are battling cancer.

This expert commentary, which is divided into specific parts for you to read, emphasizes the impact that the workforce is facing when it comes to cancer today, and in the future. You will find more and more employers wanting to better understand the incidence of cancer among their employees because they are absorbing most of the cost of that cancer care—from a treatment perspective as well as a paid time off perspective.

Companies of all sizes are starting to understand how significant cancer is to their bottom line as well as to the psychosocial behaviors that exist among their employees. Employers need tools and resources to manage this new and growing problem that cannot be fixed overnight.

Part I:

Cancer is certainly no longer a hushed disease, as it was 50 years ago. It is in our everyday vocabulary, and it has to be if we plan to interact with anyone in society—that includes our employees. As of 2017, 1 of 2 men and 1 of 3 women will be diagnosed with a life-threatening form of cancer in their lifetime. One in 3 families currently have someone serving as a caregiver of a loved one with a serious illness; such an illness is commonly cancer too. Despite the rather high odds that a person will have to look at cancer square in the face as a patient or a caregiver, most people don't plan for such a crisis in their future. This could be due to denial (or optimism), lack of knowledge about the incidence of cancer and its burden on society, or the assumption that cancer is something that happens just to the elderly. The reality, however, is that more and more people of working age are being diagnosed with cancer. This is partly due to the retirement age shifting to a higher decade of life, resulting in more people still working beyond the age of 65, primarily for financial reasons. It is also due to baby boomers being in midlife now, which swells the denominator of the

population of individuals at higher risk for getting cancer. People are also living longer, and it has been said by some researchers that if a person lives long enough, they will have some form of cancer. Some studies have hypothesized that if all men and women lived to be 105, all the men would likely have prostate cancer and all the women would probably have breast cancer. Their cause of death would likely be due to some other comorbid condition however, such as heart failure.

Although employers can benefit from a better understanding and appreciation of their employees' risk factors for cancer, this disease presents complex challenges for the work environment. It is natural that co-workers and managers will want to provide support to a colleague when told that he or she has been diagnosed with cancer. Simultaneously balancing issues of privacy and workplace accommodations are important but also tricky.

When we combine the growing incidence of the disease; the improved survival rates, thanks to research that has enabled more accurate and earlier detection; better treatment options; and increased awareness in general, we have to accept the reality that a large portion of individuals who will be diagnosed with cancer will be working when they get the news. The diagnosis of cancer and its treatment impacts virtually everyone who knows and/or cares about the person, no matter what. When it strikes an employee, there is a ripple effect within the company that employs them. Here are the statistics:

The Hard Facts

The following information and statistics come from the National Cancer Institute and American Cancer Society.

- In 2016, an estimated 1,685,210 new cases of cancer were diagnosed in the United States and 595,690 people died from the disease.
- The most common cancers in 2016 were breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, bladder cancer, melanoma of the skin, non-Hodgkin lymphoma, thyroid cancer, kidney and renal pelvis cancer, leukemia, endometrial cancer, and pancreatic cancer.
- Cancer mortality is higher among men than women. It is highest in African- American men and lowest in Asian/Pacific Islander women (based on 2008-2012 deaths).
- The number of people living beyond a cancer diagnosis reached nearly 15.5 million in 2015 and is expected to rise to 20 million by 2024.
- In 2014, an estimated 15,780 children and adolescents aged 0 to 19 were diagnosed with cancer and 1960 died of the disease.
- The estimated number of cancer deaths in 2015 that were due to smoking was 171,000.
- Individuals who are cancer survivors have twice the amount of healthcare costs annually once treatment is completed than an individual who has never had cancer.

Despite these numbers, there is some good news.

- The number of cancer deaths averted during the past 2 decades is 1.5 million.
- 63.5% of cancer survivors work or return to work during and after cancer treatment (*Critical Reviews in Oncology/Hematology*. 2011;77). This number, however, can be higher with the right support program in the workplace.

Drivers of Cancer Cost to the Employer

National expenditures for cancer care in the United States totaled nearly \$125 billion in 2010 and could reach \$156 billion in 2020. For the employer, the greatest expenditure of their healthcare costs (averaging 22%) is the cost of cancer and its treatment. This doesn't include lost time from work or other direct or indirect costs.

For every 100 employees within the workforce, cancer costs employers about \$19,000 annually. At any point in time, approximately one-fourth of employees with a history of cancer are currently in treatment (averaging approximately \$7000 per person). This means the total medical and pharmacy treatment costs for cancer is approximately \$9100 for every 100 workers employed. These data were calculated by the Integrated Benefits Institute (IBI) in their report, *Chronic Disease Profile–Cancer*, in 2014, before newer cancer treatments came on the market that are higher in cost than any ever seen before. In addition, there are costs associated with lost work time—both wage replacements and other opportunity costs such as overtime, overstaffing, and lost revenues, which comprise about 52% of the total costs associated with cancer. IBI was able to break this information down into cost assumptions as follows:

In a population of 100 working people:

- 5% will have a history of cancer.
- 1% of employees with a history of cancer will currently be in treatment for cancer (1.3% of total population).
- There will be 17 short-term disability days and 10 long-term disability days for cancer.

High cost-sharing, caps on benefits, and lifetime maximums leave cancer patients vulnerable to high out-of-pocket healthcare costs. People who depend on their employer for health insurance may not be protected from catastrophically high healthcare costs if they become too sick to work (*Spending to Survive*).

For the roughly 40% of cancer survivors in the United States who are working age (25-64 years of age), the long-term effects of cancer and its treatments that impact productivity and the ability to work are commonly a major concern. Quality of life of cancer survivors also can affect their ability to work, result in feelings of loss of identity, disrupt life satisfaction, and social relationships that work commonly provides (Short PF, et al. *Psycho-Oncology*. 2008;17:91-97). Therefore, cancer should be classified as a chronic illness.

Read part II of this series [here \(/general/595-part-ii-what-employers-navigators-need-to-know-about-cancer-s-impact-in-the-workplace\)](https://www.aononline.org/general/595-part-ii-what-employers-navigators-need-to-know-about-cancer-s-impact-in-the-workplace).

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