

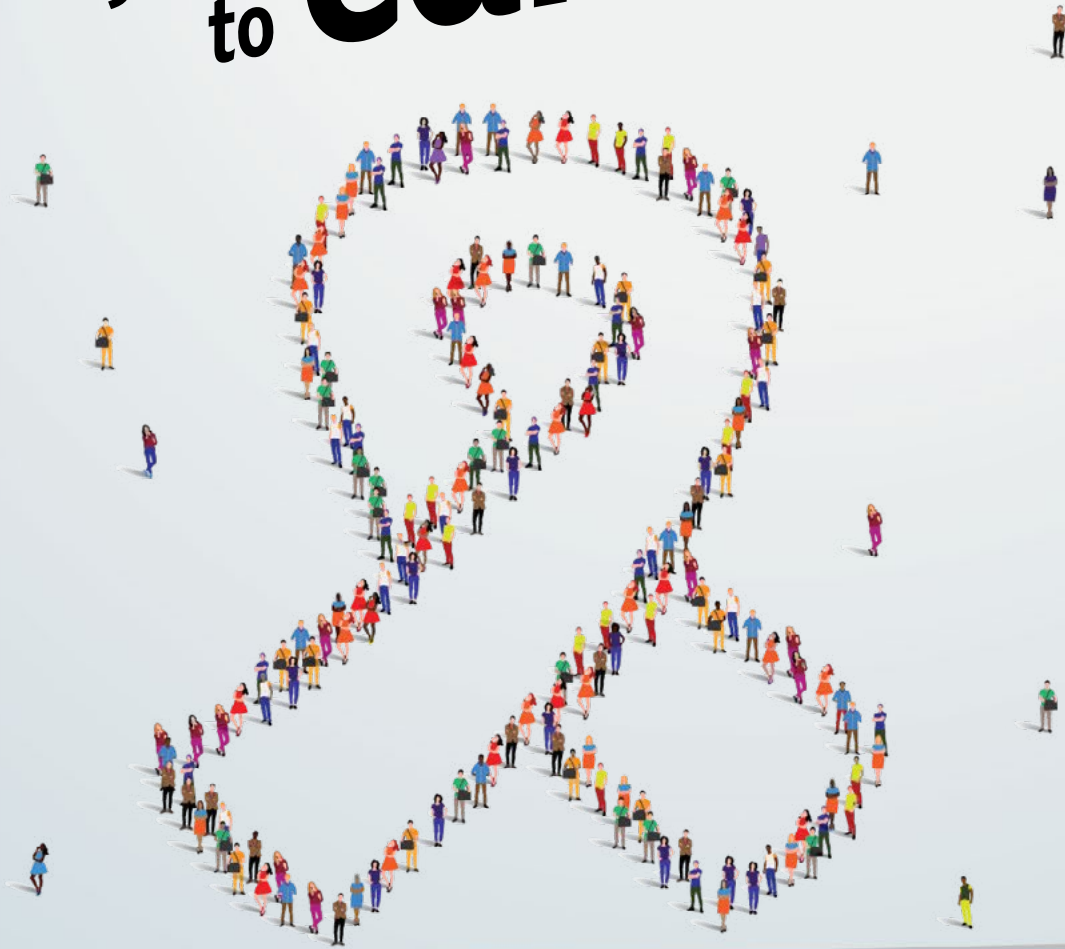


The PLAN

SPONSOR'S

guide to

cancer



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INTRODUCTION

As populations age and cancer survival rates improve due to earlier detection and better treatments, the impact of cancer in the workplace is increasing. With more people living longer and working beyond traditional retirement ages, there are a growing number of cancer cases in the workforce.¹

Employers are increasingly impacted by both the direct medical costs associated with

cancer treatments and the indirect costs of replacing experienced workers, managing absenteeism and adjusting workloads, said Christine Maheu, a registered nurse, associate professor at McGill University’s Ingram School of Nursing and co-director of Cancer and Work.

“Employers can play an important role in supporting employees with cancer – to help their recovery and ability to stay or return

to work if they have disability leave,” said Michael Bradie, vice-president of market development and growth at Sun Life Health, noting it’s necessary to provide guidance and resource navigation that considers the person holistically. “Ideally, group benefits providers can play a bigger role to help ensure members are benefiting from their plan, in addition to the public system and their community.”

CONTENTS

1. Cancer 101
2. When cancer comes to work: The modern cancer patient
3. The psychological toll of cancer
4. The cost of cancer
5. Canadian cancer care: A postal code lottery
6. Revolutionizing cancer care
7. Innovation spotlight
8. Workplaces play a key role for cancer patients
9. Next steps for plan sponsors

1. Cancer 101^{2 3 4 5}

Cancer is a complex condition where abnormal cells divide uncontrollably due to genetic mutations. These mutations disrupt normal cell growth and division, leading to the formation of tumours that can be cancerous and potentially spread to other parts of the body.

Cancer is not a single disease but rather a term that encompasses more than 200 distinct diseases – each with unique genetic and molecular characteristics. Even within the same type of cancer, genetic changes and tumour progression can vary widely among individuals, making each case unique.



2. When cancer comes to work: The modern cancer patient

According to the Canadian Cancer Society, 40 per cent of Canadians will develop cancer in their lifetimes and 25 per cent of Canadians will die from cancer.⁶

Cancer can affect all ages, including the working-age population. Canadian analysis showed that more than 40 per cent of cancer diagnoses are in the working-age population and 60 per cent of cancer survivors return to work after cancer treatment.⁷

Cancer has a significant impact on workplace disability plans. According to Bradie, cancer is the third most common type of long-term disability claim at Sun Life.

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vice-president of market development and growth, Sun Life Health

Research has shown 42 per cent of cancer patients need to adapt their work duties and schedule.⁸

Although the productivity impact will vary by patient and workplace, one report estimated work-related productivity losses could add up to \$80,000 per patient per year and employer friction costs were approximately \$24,000 per patient per year.⁹

Extended absences can also decrease productivity and strain colleagues who cover the absent employee’s workload, noted Maheu.



Don’t lose sight of the impact on employees who are caregivers

“We must ensure we’re also helping those who are caregivers of a loved one with cancer,” said Sun Life’s Michael Bradie.

As cancer treatments have advanced and moved to outpatient settings, caregivers are facing more complex tasks and increased responsibilities. Shorter hospitalizations, rising cancer rates and a growing population of cancer survivors have intensified the demands on caregivers. These shifts are occurring at the same time that caregivers are likely employed outside the home, juggling the demands of work and caregiving.

“Workplaces should also consider the

mental-health burden on caregivers, which can impact the workplace in a variety of ways, including drug claims, counselling, time off work and diminished productivity,” said Allan Smofsky, principal strategist at Smofsky Strategic Planning. According to research, **46.5 per cent of cancer caregivers experience anxiety and 42.3 per cent suffer from depression.**¹⁰

“Spouses of cancer patients lack support to financially, emotionally and physically help the family and patient through both treatment and survivorship,” said Kimberly Carson, Breast Cancer Canada’s chief executive officer.

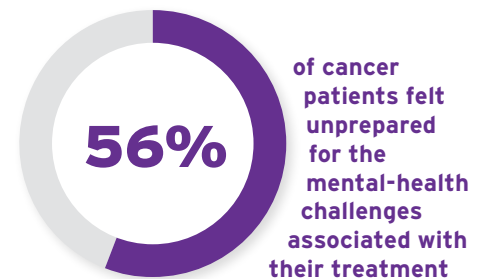
3. The psychological toll of cancer

The prevalence of depression and anxiety among individuals undergoing cancer treatment can be two to three times higher than in those without cancer^{11 12 13} and can also significantly impact cancer survivors.¹⁴

A survey found 56 per cent of cancer patients felt unprepared for the mental-health challenges associated with their treatment.¹⁵ Research has also shown depression can

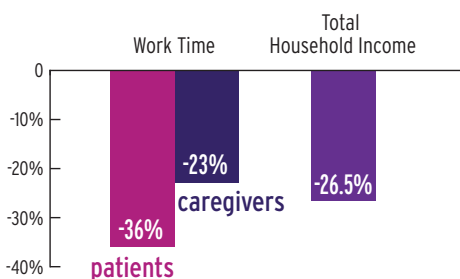
negatively influence cancer treatment, recovery, quality of life and survival outcomes.^{16 17 18}

“By proactively offering an employee support program that integrates psychosocial support for patients, survivors and caregivers, plan sponsors can avoid the inevitable burn-out and consequences on productivity,” said Eva Villalba, executive director of the Quebec Cancer Coalition.



4. The cost of cancer

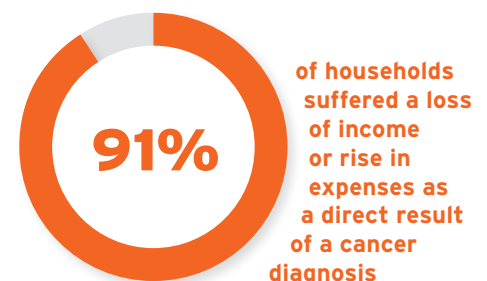
Despite a government-funded health-care system, cancer patients and their families can face a significant financial burden. (See [Canadian cancer care – a postal code lottery](#))



A Canadian study found newly diagnosed cancer patients’ work times dropped by 36 per cent and caregivers’ reduced by 23 per cent. And not surprisingly, total household income reduced by 26.5 per cent for Canadians living with cancer.¹⁹ (See chart, left)

The financial impact of cancer can be varied. One study reported almost 40 per cent of Canadian cancer patients experience financial distress following a cancer diagnosis,²⁰ whereas another found 91 per cent of households suffered a loss of income or rise in expenses as a direct result of a cancer diagnosis.²¹ Cancer patients and caregivers reported they spent 42 per cent and 16 per cent, respectively, of their annual income on out-of-pocket expenses.²² In addition to

the economic burden, financial distress can negatively affect cancer patients’ well-being, quality of life and the care they receive.^{23 24 25}





5. Canadian cancer care: A postal code lottery

Cancer services in Canada have been coined a postal code lottery, as the health-care system is decentralized and delivered provincially, leading to provincial variation in cancer care.

There is patchwork coverage between jurisdictions for cancer drugs. The Western provinces (British Columbia, Alberta, Saskatchewan and Manitoba) fund all cancer drugs listed on their provincial formulary for all residents, including intravenous drug treatments administered within a hospital or cancer centre and cancer treatments taken at home, while many of the other provinces and territories only fund cancer treatments administered in a hospital or cancer centre.

In Ontario, cancer treatments are only publicly funded if they are administered in a hospital or cancer center. As a result, patients prescribed oral oncology treatments that are taken at home must either pay out of pocket or rely on their private insurance plans for reimbursement.

In Quebec, private drug plans are legally required to reimburse plan members for the drugs listed on the “General List” of the Régie de l’assurance maladie du Québec (RAMQ), although the coverage they offer can be more generous than RAMQ. Oncology medications delivered in a hospital setting, such as IV-infused drugs, are funded by the government. However, private plans can cover medications not yet listed by RAMQ to ensure timely access to essential cancer treatments.

Since eligibility requirements for publicly funded drug programs vary by

province, some residents may have access to receive take-home cancer medications through their provincial formulary. However, due to delays in provincial formulary listings, restricted eligibility criteria or the exclusion of new medications, working-age cancer patients often need to pay out of pocket or rely on their workplace health benefits plan for reimbursement.

An analysis of Canadian cancer drug spending also showed disparities in the public reimbursement of oral cancer medications in provinces without universal cancer drug funding. For example, Ontario’s public programs pay slightly more than 60 per cent of oral cancer treatment costs and Atlantic provinces pay less than 50 per cent, while the Western provinces pay more than 80 per cent of their costs.²⁶

“In jurisdictions where there are significant access issues, private plans can fill an unmet need and offer a unique value proposition to stand out among the competition,” said Eva Villalba of the Quebec Cancer Coalition.

“In jurisdictions where there are significant access issues, private plans can fill an unmet need and offer a unique value proposition to stand out among the competition.”

EVA VILLALBA
executive director,
Quebec Cancer Coalition

The availability and coverage of cancer treatments varies across provinces, and creates disparities in patient care and employees with private insurance may face delays or coverage gaps depending on their location. “Employers should be aware of these discrepancies and seek to bridge these gaps by providing comprehensive coverage that includes access to advanced treatments, rehabilitation and supportive care services, regardless of where the employee lives,” said Maureen Parkinson, provincial vocational

rehabilitation counsellor at B.C. Cancer and co-director of Cancer and Work.

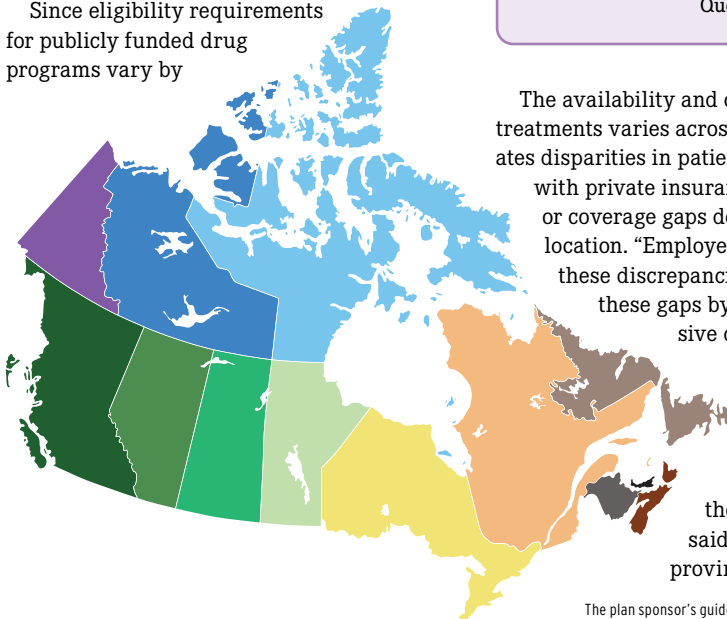
“The majority of our plans provide coverage for an extensive range of cancer drugs,” said Bradie, noting some cancer treatments can be very costly so the coverage can be immensely helpful depending on the plan member’s situation and where they reside. Private formularies are typically far more comprehensive than public formularies, he added, and providing coverage to plan members is a great way to ensure they have access to the treatments they need, whatever province they reside in.

Patient support programs

Patient support programs, sponsored and developed by pharmaceutical companies, aim to help patients access medications by removing barriers to treatment and addressing care obstacles. Like employer-provided benefits, the range and type of assistance can vary depending on the company and specific drug.

Supports could include:

- Financial support, such as co-pay assistance or compassionate programs;
- Logistical and educational supports;
- Specialized training to deliver medication (e.g., injection training);
- Disease education;
- Reimbursement investigation and co-ordination;
- Access to private infusion clinics or home infusions;
- Patient coaching and adherence, including safety training and support;
- Caregiver support and education;
- Co-ordinating necessary tests and consultations with health-care professionals required prior to treatment; and
- Drug distribution and dispensing.





Reimbursement challenges and delays may impact care

Delays exist in accessing primary care, seeing the appropriate medical specialist, diagnostic testing and surgery, said Eva Villalba of the Quebec Cancer Coalition. “The waiting periods can negatively affect patients’ productivity and their ability to continue working.” She suggested private plans have an opportunity to reduce some of these delays and improve the lives of plan members.

In 2022, it took more than two years after a drug’s regulatory approval to achieve the first provincial listing, with an additional three months to reach 50 per cent of public plan beneficiaries.²⁷

Canadian oncology experts identified system gaps that prevent the delivery of modern guideline-supported therapies, noting they’re placed in a difficult situation when a drug is approved but not funded in Canada.

They are obligated to inform patients about recommendations for optimal treatment for their cancer; however, if the drug is not reimbursed, they must prescribe alternative, suboptimal funded treatment instead.²⁸

“When patients experience delays in starting appropriate treatment, it can worsen cancer symptoms (requiring more medications or hospitalization) and the patient’s health could deteriorate to a point where they’re no longer eligible for treatment,” said Kimberly Carson of Breast Cancer Canada.

Lack of timely access to medical consultations, scans and diagnostic testing may impact work productivity and delays in cancer care can significantly prolong an employee’s absence from work, noted Maureen Parkinson. “After receiving abnormal cancer test results, many employees experience significant anxiety, uncertainty, pain

and reduced cognitive capacity while awaiting further diagnostic testing. This period can severely affect their work productivity, as the stress and fear of a potential cancer diagnosis weigh heavily on them.”

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MAUREEN PARKINSON
provincial vocational
rehabilitation counsellor, B.C. Cancer
and co-director of Cancer and Work

6. Revolutionizing cancer care

The goal of cancer treatment is remission or controlling its spread. Surgery, chemotherapy, radiation and drugs are the main types of cancer treatments – these may be used together or separately, depending on the location and stage of cancer, personal preference and age.²⁹



Although chemotherapy remains a key treatment for certain cancer types, its primary drawback is its inability to differentiate between cancerous and normal cells, causing considerable toxicity and adverse effects.^{30 31}

“Challenges with current treatments include toxicity, administration complexities, long chemotherapy chair times and resource

limitations at cancer centres,” said Dr. Mita Manna, medical oncologist at the Saskatoon Cancer Centre at the Saskatchewan Cancer Agency. “Innovations are needed to enhance treatment effectiveness, reduce side-effects and streamline administration, thereby improving patient outcomes and optimizing resource use.”

New medicines have played a significant role in driving down cancer mortality and improved survival across a range of cancers.³²

The sequencing of the human genome and the creation of the Cancer Genome Atlas has led to the identification of more genetic mutations associated with cancer and potential new treatments^{33 34} –as a result, cancer treatments represent nearly a third of medicines in all phases of clinical trials.³⁵ In fact, 79 per cent of medicines in cancer development have the potential to be first-in-class treatments.³⁶

Most novel agents have increased precision in targeting

cancer cells, which improves treatment efficacy and outcomes. They also minimize side-effects and toxicity, leading to better quality of life for patients, said Dr. Manna.

Although new therapies have significantly advanced cancer treatment, a diverse range of therapies are essential to address cancer from multiple angles, since cancer cells can develop resistance to treatment over time.³⁷



7. Innovation spotlight

A) ORAL TREATMENTS

Historically, cancer treatments were commonly given intravenously in hospitals. However, more than half of current cancer medications are now available in oral formulations,³⁸ often called take-home cancer drugs. Today, more than three times as many cancer patients are treated with THCD compared to those receiving IV treatments in a hospital setting.³⁹

Oral medications are emerging standard treatment options for many types of cancer⁴⁰ and more than half of oncology medications in the pipeline are oral.⁴¹ These new treatments are not simply an oral version of an IV drug but rather are different therapeutic agents that are often first-line treatment choice for many cancers.⁴²

Oral treatments can reduce the burden on cancer clinics by lessening the need for chemotherapy chairs, hospital beds and nursing staff. In addition, taking treatments at home can provide convenience and freedom for patients and their caregivers since they do not have to travel to and from the hospital for treatment.⁴³

“Oral treatment allows patients to have less burden of the cancer treatment experience with fewer clinic visits and more normalcy in day-to-day living for a more balanced life,” said Carson, noting side-effects can still be significant and impact patient’s autonomy and work productivity.

Because cancer care varies across provinces and territories (see [Canadian cancer care – a postal code lottery](#)), some patients’ oral treatments may be funded by their provincial cancer agency, while others may have to rely on their private benefits plan coverage, pay out of pocket or hope for compassionate or financial assistance from a patient support program.⁴⁴ (See [Patient support programs](#).)

Treatment choice should not be dependent on the source of funding. Ideally, patients should receive the therapy that most effectively treats their condition and minimizes the burden on the health-care system and caregivers. Often, this is an oral treatment.⁴⁵

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Private drug plans and hospital drugs^{46 47 48 49}

Many private insurers classify IV treatments as hospital drugs and exclude them from plan coverage.

Insurers’ interpretations of the Canada Health Act, said Joan Weir, vice-president, group benefits at the CLHIA, are that in-hospital services, such as drug infusions, whether delivered to inpatients or outpatients, should be included in the hospital budget.

The delivery of IV drugs has changed and many infused cancer drugs are delivered in private clinics, so they should no longer be viewed as hospital drugs, said Dr. Manna. The mode and site of administration should not determine whether treatment is reimbursed by private plans and should be evaluated the same as any other new drugs. Plan sponsors should ensure timely, appropriate and equitable access to innovative oncology treatments.

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DR. MITA MANNA
medical oncologist at the Saskatoon
Cancer Centre at the Saskatchewan
Cancer Agency

B) IMMUNOTHERAPY⁵⁰

Normally the immune system defends and protects the body from infection and disease and may prevent cancer from developing; however, cancer cells can sometimes evade this immune surveillance. Unlike treatments such as chemotherapy and radiation, which target cancer cells, IV-infused immunotherapy empowers the body’s immune system to recognize, attack and destroy cancer cells.

There are a range of immunotherapy approaches to treat cancer:

1. **Checkpoint Inhibitors** block proteins that prevent the immune system from attacking cancer cells.
2. **CAR-T cell therapies** modify patient’s T-cells (a type of immune cell) in a lab, which are then reintroduced into the body to seek out and destroy cancer cells.

3. **Cancer vaccines** stimulate the immune system to attack cancer cells.
4. **Monoclonal antibodies** are lab-made proteins that bind to specific targets on cancer cells and either mark cancer cells for destruction or deliver toxins directly to the cells.
5. **Cytokines** are signaling proteins that stimulate the immune system to act against cancer cells.

While immunotherapy has shown dramatic results in certain cancers it may not be as effective for others. Biomarker diagnostic tests can provide insights that allow oncologists to determine the most beneficial approach for a particular patient.

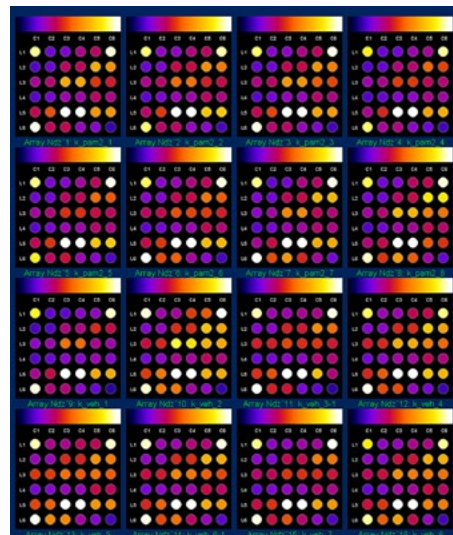


C) TARGETED THERAPIES

Traditionally, cancer diagnosis and treatment were based on tumour location and stage. However, cancer drugs were found to be ineffective for 75 per cent of the patient population.⁵¹ “The major shift in cancer treatment has been precision medicine with a biomarker,” said Carson.

Scientific advancements are shifting focus from organ-specific treatments to those driven by cellular and molecular characteristics. Researchers have discovered that specific genetic mutations in tumours can predict drug responses across different cancers.

Biomarkers can personalize cancer treatment for individual patients rather than relying on a one-size-fits-all approach. These tumour-agnostic treatments target a tumour cell biomarker rather than by the tumour’s location in the body.^{52 53}





Compared to chemotherapy, targeted therapies have minimal impact on healthy cells, leading to fewer side-effects for patients.

The introduction of targeted therapies, whether oral or IV, has led to decreasing mortality and improved survival rates among cancer patients.⁵⁴ Approximately 70 per cent of cancer medicines in the pipeline have the potential to be personalized to the patient.⁵⁵

Targeted therapies have the potential to enhance patient outcomes, lower costs and alleviate the strain on the health-care system. By prescribing medications only to those most likely to benefit, targeted treatments can lead to long-term cost savings. This approach minimizes waste and reduces the risk of ineffective treatments and severe side-effects. For payers, it improves return on investment by focusing resources on effective therapies and avoiding unnecessary treatments.⁵⁶

To effectively prescribe targeted therapies, companion diagnostics are required to identify patient biomarkers to guide the choice and dosing of a drug.

D) COMPANION DIAGNOSTICS ^{57 58 59 60 61}

Companion diagnostics analyze a patient's tumour profile to identify cellular changes driving cancer growth and spread. This allows the selection of targeted therapies that are tailored to the tumour's specific characteristics.

Although cancer agencies and benefits plans may provide access to targeted cancer

therapies, delays or confusion in the reimbursement processes of companion diagnostics could result in patients' inability to access these treatments because their genetic mutation cannot be identified.

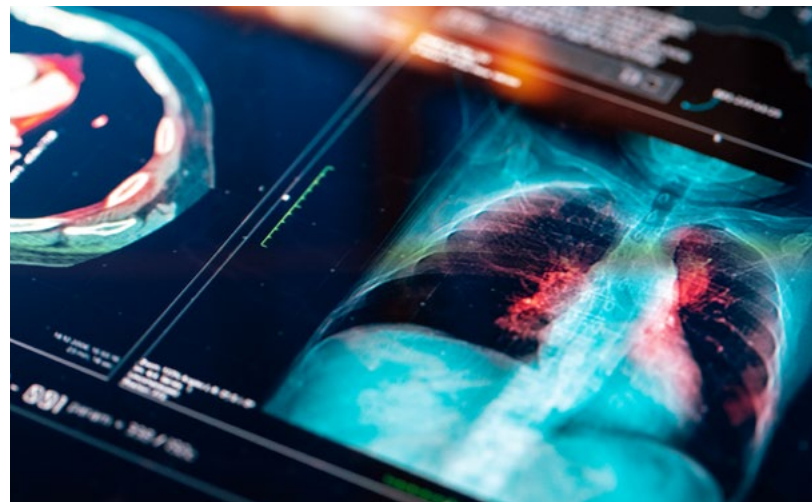
In Canada, the responsibility for funding diagnostic testing is unclear, leading to inequities among patients, delays in accessing treatment and restricted treatment options. Funding decisions for cancer agencies are handled at the provincial level and can differ across regions, unintentionally creating access barriers. Although Canada's public drug plan evaluation and funding processes for oncology drugs are well-established, no comparable systems for companion diagnostics exist. As a result, these tests might not be funded concurrently with therapy approvals or may not receive funding at all.

"Access to diagnostic and imaging tests are a huge need and offer an opportunity to access the right treatment faster, at the right time, for the right patient," said the QCC's Villalba. Private plans can bridge the funding

gap by reimbursing companion diagnostics for their plan members.

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executive director, Quebec Cancer Coalition



8. Workplaces play a key role for cancer patients ^{62 63 64}

For cancer patients, continuing or returning to work offers crucial psychological and financial benefits, providing a sense of normalcy, purpose and control during a difficult period. Employment can enhance self-confidence and financial stability, contributing to overall well-being.

Cancer is increasingly chronic and episodic and many workers with a cancer diagnosis are now able to return to work or even stay at work during treatment, noted Chris Bonnett, a principal at H3 Consulting. “This has significant potential upside for workplace productivity but often requires accommodation of employees with cancer, as well as caregivers.”

“Employers should be aware that employees affected by cancer may experience physical, cognitive and emotional challenges that can extend well beyond the end of treatment, influencing their return to work,” said B.C. Cancer’s Maureen Parkinson.

Cancer patients want to stay at or return to work, but most workplaces don’t have appropriate supports, said Villalba. “With labour shortages, a company that can adapt workplace policies and benefits to ensure employees with years of experience can reintegrate into the workforce and stay to transmit their knowledge can be a win-win for all involved.”

“Employers that adopt flexible policies and accommodations, such as remote work, modified schedules or job restructuring, will have better success retaining skilled employees, reducing long-term replacement costs and maintaining productivity,” said McGill’s Christine Maheu. “These low-cost accommodations are crucial in offsetting the significant costs associated with job turnover and training new staff.”

In a fragmented funding model, workplace programs – despite their variability – can play a significant role in timely patient access to the most appropriate care and provide health-care equity by bridging gaps and improving system integration. This may allow employees to remain at work during their treatment and recovery or reduce the impact of disability.

“Workplace policy and health benefits plans, especially for drugs and disability, help provide plan members with needed organizational support. This includes access to newer, potentially high-value cancer and adjunct drug therapies, partial income replacement, health-system navigation and stay or return-to-work assistance,” said Allan Smofsky. “All these provide peace of mind, create goodwill, may facilitate return to work and even enhance worker performance.”

In addition, organizations are keen to invest in supporting and accommodating their employees, said Michael Bradie. “With access to treatments, support and accommodations, employees may be able to remain at work during their treatment and recovery or the risk of remaining on disability long term may be reduced.”

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vice-president of market development and growth, Sun Life Health

He recommended plan sponsors ensure their members are aware of the coverage and services available to them. “They may not know what they have access to. Formal communications campaigns highlighting supports available are important, but equally so are





frequent reminders by managers and leaders as part of their ongoing conversations.”

In recent years, cancer care has developed rapidly and is becoming more complex, often requiring genetic and/or biomarker testing.

Several new therapeutics show benefit for cancer management. However, drug access can be challenging given the processes required in a public health-care system, said Dr. Manna, who urged plan sponsors

to recognize these gaps and provide better support for patients and their families undergoing cancer treatment, helping them return to a supportive workplace upon recovery.

Supporting plan members facing cancer

“In early 2023, two long-serving employees of the Ontario English Catholic Teachers’ Association passed away from cancer and I witnessed first-hand the impact of this disease on my colleagues,” said David Church, general secretary of the OECTA and a member of the Ontario Teachers’ Insurance Plan’sⁱ board of trustees. Cancer now accounts for 15.6 per cent of its long-term disability claims.

“When colleagues suffer from cancer, the community suffers alongside them,” he added. “As an organization dedicated to supporting members in teaching, it’s critical to provide care that helps reduce the stress and trauma often experienced during cancer diagnosis and treatment.”

The association’s priority is to support the health and well-being of its members. “We recognize that a cancer diagnosis not only affects the individual but also their loved ones, who often take on caregiving roles while managing their own responsibilities.”

To address the profound emotional, physical and financial challenges, the OECTA offers comprehensive cancer support for plan members and their

families. This includes access to advice on managing symptoms, mental-health resources and personalized care plans. “By addressing both medical and personal needs, we help our members navigate this difficult journey with greater confidence, ensuring they and their families receive the support they need every step of the way,” said Church.

For instance, OTIP’s group life and disability claims department helps members navigate the long-term disability claims process, to expedite decisions and ease the financial strain caused by cancer-related absences.

“Our cancer support services provide more than just practical resources – they offer peace of mind,” said Church. “Members often tell us how comforting it is to know they’re not alone during such a challenging time, whether they’re facing a diagnosis themselves or caring for a loved one. It’s about providing emotional support as much as logistical guidance.”

Employer-sponsored benefit plans can bridge cancer care gaps

Delays in receiving optimal care can negatively impact cancer patients' health, productivity and work capacity. Due to delays in provincial formulary listings, restricted eligibility criteria or the exclusion of new medications, private plans can fill the gap and provide timely access to essential cancer diagnostics and treatments. This access is vital for improving patient outcomes, survival rates and the ability to return to work while also reducing uncertainty and anxiety, ultimately benefiting both their health and workplace performance.

Due to delays in provincial formulary listings, restricted eligibility criteria, or the exclusion of new medications, private plans can fill the gap and provide timely access to essential cancer diagnostics and treatments.

9. Next steps for plan sponsors

Given the increasing impact of cancer in the workplace, plan sponsors play a crucial role in supporting plan members who are either living with cancer or serving as caregivers.

ASSESS HEALTH BENEFITS

Evaluate health benefits plans to ensure required treatment plans are available to members navigating a difficult cancer journey.

- Ensure timely, appropriate and equitable access to innovative oncology treatments regardless of administration mode or provincial funding model.
- Ensure coverage of necessary companion diagnostics to ensure plan members can access the appropriate treatment.



SUPPORT PLAN MEMBERS LIVING WITH CANCER^{65 66 67}

Cancer takes a toll on plan members and workplaces are uniquely positioned to create a supportive culture for those battling cancer.

- Be compassionate, accommodating and flexible.
- Implement inclusive policies for plan members who are living with cancer or serving as caregivers to ensure they feel comfortable and secure in openly discussing their needs.
- Acknowledge the emotional and mental-health impact cancer can have on employees who are living with the illness or serving as caregivers. Remember cancer survivors also experience ongoing mental-health challenges.
- Raise awareness in the workplace about mental-health challenges related to cancer, as coworkers and managers might not be fully aware. Regularly check in to offer support, if required.
- Offer flexibility to modify working hours or responsibilities.
- Offer access to and promote availability of mental-health resources and support groups.
- Offer support for cancer survivors' return to work.

Useful plan sponsor resources

Cancer and Work is a Canadian website that offers resources on supporting employees with cancer.
<https://www.cancerandwork.ca>

Resources to address the mental-health and return-to-work needs of cancer survivors:
<https://www.partnershipagainstcancer.ca/topics/mental-health-and-return-to-work-needs-of-cancer-survivors/>

Resources to facilitate return to work for cancer survivors:
<https://s22457.pcdn.co/wp-content/uploads/2018/12/Return-To-Work-Resources-EN.pdf>

Improving the Management of Cancer in the Workplace:
<https://www.cancerandwork.ca/improving-the-management-of-cancer-in-the-workplace-discussion-paper/>



ENDNOTES

- 1 <https://cancersurvivorship.eiu.com/briefing-paper/>
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