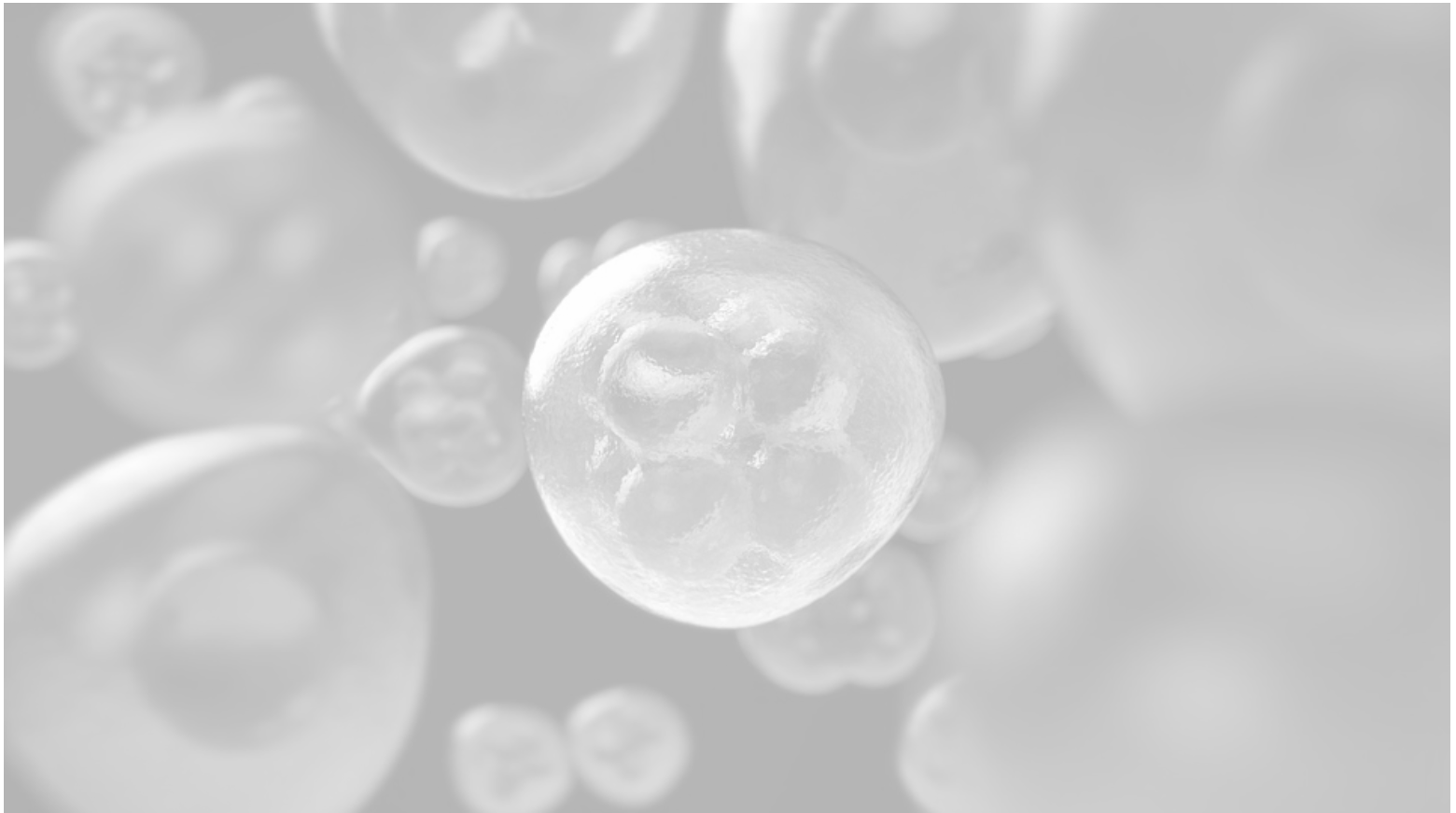




Mitigating the Impact of Delayed Cancer Care:

Timely Cancer Care Toolkit





This toolkit represents an important, practical and comprehensive resource to increase understanding of choices and actions Dallas Fort Worth area employers can make to better the lives of employees and their families.

This resource summarizes up-to-date local and national research into the impact of cancer and cancer prevention on employees and employers and offers sound strategies to reinforce cancer care efforts.

In this toolkit, we capture and discuss results of our own research and identify many other resources and guidance to help employers:

Better understand current cancer screening rates

Educate employees about the importance of screenings

Refine or redesign benefit programs to encourage screenings

WHAT'S INSIDE

- I The case for cancer screenings
- II Action plan for employers
- III Educate and communicate
- IV Sponsors, resources and more

SECTION I:

The case for cancer screenings

Despite significant improvements in mortality over the past two decades, cancer remains the second leading cause of death in the U.S. Early detection from screenings is one key to saving lives—but only if doctors, employers and others consistently and frequently encourage and influence patients to follow through on testing, including screenings.

The American Cancer Society estimates nearly two million Americans will learn they have cancer this year, and more than 600,000 will die. What's more, close to 40% will be diagnosed at some point in their lifetimes—one of the top five costliest diseases in the U.S. that leads to substantial work loss.¹

In **Texas**², the American Cancer Society projects [139,320 new cases](#) will be diagnosed in 2022, with 43,490 deaths. The most common forms diagnosed are:

Breast (female)	15%	21,040
Prostate	13%	17,850
Lung and bronchus	11%	14,790
Colorectum	8%	11,780
Kidney and renal pelvis	5%	7,090
Uterus & Cervix	4%	5,640

Cancer is costly for everyone

According to the *Agency for Healthcare Research and Quality*, in 2018, cancer patients in the U.S. paid a staggering \$5.6 billion out of pocket for cancer treatments including surgeries, radiation treatments and chemotherapy drugs³. This doesn't even account for the costs of transportation, lodging, lost income, caregiving, and secondary costs for items like wigs and cosmetic items. Nor does it account for the immeasurable toll on mental and emotional health and well-being of patients and their loved ones.

Approximately \$183 billion was spent in 2015 on cancer-related healthcare; this is projected to skyrocket by 34% to \$246 billion by 2030⁴. Such high costs present a huge financial burden for patients and their families—often leading to falling behind on paying bills, depletion of savings, delayed or skipped medical care, and possibly even bankruptcy. These costs also strain the resources of employers, insurance companies and taxpayer-funded programs like Medicare and Medicaid.

The more than 16 million Americans living with cancer face annual out-of-pocket medical expenditures 61% higher than those without cancer (\$1,000 vs \$622). About 1 in 4 report problems paying bills, and one-third worry about paying bills.⁷

Despite publicly promoted cancer screening recommendations and elimination of out-of-pocket costs for Medicare beneficiaries and most patients with other health insurance, screening rates have for years remained well below such goals.

Five-year survival rates by cancer stage at diagnosis (%)

	Localized	All stages
Colorectum	90	64
Esophagus	47	20
Female breast	99	90
Kidney & renal pelvis	93	75
Liver & intrahepatic bile duct	33	18
Lung & bronchus	57	19
Melanoma of the skin	99	92
Non-Hodgkin lymphoma	84	72
Oral cavity & pharynx	84	65
Ovary	92	48
Pancreas	37	9
Prostate	>99	98
Uterine bladder	70	77
Uterine cervix	92	66
Uterine corpus	95	81

Adapted from Siegel RL, Miller KD, Jemal A. Cancer Statistics, 2020

The **Healthy People 2020** goals for cancer screening for eligible individuals in the U.S.⁶ are:

93.0%	Cervical screening
81.1%	Mammograms
70.5%	Colorectal cancer

Early detection yields rewards for both patients and employers

A key to reducing cancer's impact is to detect it early. As this table shows⁵, a key metric—five-year survival percentages—tends to be much more favorable if cancer is diagnosed when localized (that is, it has not moved from its original location). For many cancers, early screening can mean the difference between life and death.

In 2019:

76% of women aged 50-74 had a mammogram within the past 2 years.

67% of those aged 50-75 reported having had a timely colorectal screening⁸

COVID-19 changed all the game plans

With screenings already below goal rates pre-pandemic—particularly among culturally, racially and ethnically diverse communities—it was little surprise to learn missed and delayed screenings and preventive care escalated during the pandemic.

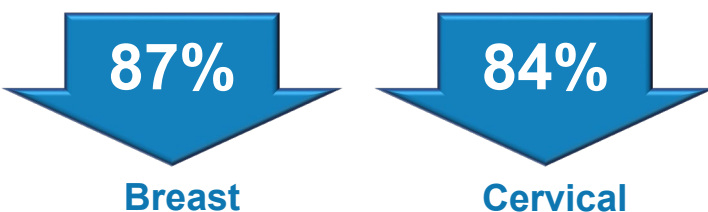
Many at risk for cancer saw their scheduled screenings delayed or canceled entirely as health care facilities closed or prioritized urgent care. On top of this, patients and providers faced fears and confusion about the safety of screenings during a pandemic. The full impact of delays are not yet fully understood, but cancer detected in advanced stages is harder and costlier to treat.

An estimated 9.5 million cancer screenings nationally were missed during the first months of the pandemic, a trend being watched closely for its downstream effects such as later diagnoses, greater severity, and poor cancer outcomes.⁹

**9.5
MILLION**
missed screenings

A study funded by U.S. Centers for Disease Control and Prevention's *National Breast and Cervical Cancer Early Detection Program* and reported in the journal *Preventive Medicine* found that in April 2020, total breast and cervical cancer screenings declined 87% and 84%, compared with previous five-year averages for that month.¹⁰ Screenings began to bounce back in 2020, and yet by June the volume of breast and cervical cancer screening tests was still 39% and 40% below the five-year average.

COVID-19 impact on cancer screenings



For employers, one concern may be that employees now disrupted from their routine preventive care practices may be less motivated to return to such activities

Preventing cancer in the first place or detecting it early is the best way to reduce many costs associated with cancer treatment including patient out-of-pocket costs, health care payer costs, and indirect costs.

~ American Cancer Society

Full impact of pandemic still to be seen

0.9% Drop in 10-year survival rate

Time will tell the full extent to which the COVID-19 pandemic impacts longer-term cancer survival rates. University of Toronto researchers employed a microsimulation model to project the effect of COVID-19-related cancer surgery delays on survival. Researchers estimated a 0.9% drop in the 10-year cancer survival rate directly attributable to those delays.¹¹

One compelling reason for employers to promote preventive cancer screening is that cancer takes not only an immense physical toll on patients, but also deeply affects the mental health and well-being of patients and caregivers. According to the National Cancer Institute, up to 25% of cancer survivors experience depression and up to 45% report anxiety. Naturally, mental health issues are not limited to the home; cancer survivors bring this angst into the workplace, which can lead to lost productivity, disability and turnover. This is on top of direct medical costs.¹²

Takes Cancer Screenings Seriously

The Dallas Fort Worth Business Group on Health (DFWBGH) recently sponsored and spearheaded important research into timely cancer care choices, with an emphasis on preventive action.

Project goals:

To reinforce for employers the enduring importance of early detection cancer screenings

To propose refined benefits designs that remove barriers and promote timely screenings

To encourage employers to budget for higher cancer care costs, absent more consistent and timely screenings

DFWBGH surveyed its members to better understand to what degree Texas employers are effectively promoting early detection screenings for breast, colorectal, cervical and lung cancers. In addition, DFWBGH partnered with two large DFW employers—Oncor Electric and the City of Plano—to facilitate a deeper dive into:

The impact of the COVID pandemic on screening rates

Changes in cancer care costs

Cancer-related benefits strategies

Ultimately, survey results revealed that meaningful data into employee cancer screening rates is insufficient; in fact, many employers have not, to date, maintained and/or reviewed current data on screening trends, particularly around cervical and lung cancers.

The majority of surveyed employers offer no incentives (other than no cost-share) for cancer screenings, and education around preventive tests tends to heavily favor certain types of cancer (breast) over others (lung).

Given this dearth of data, pre- and post-pandemic research results from Oncor Electric and the City of Plano became much more informative and valuable.

Anecdotally, certain trends emerged as likely areas of focus and concern for Texas employers in the coming months and years:

Organizations may anticipate healthcare costs to escalate significantly as a consequence of missed or delayed screenings during the pandemic, when virtually all non-emergent procedures were postponed. This may lead to heightened costs for treatment, short- and long-term disability, long-term support, mental health problems, and more.

A broad gap exists between what employers *need* to know about screening metrics for each type of cancer and what they actually *do* know.

Given the prevalence of preventive screenings was less than ideal even before the pandemic, much work in education and communication will be essential to make up for shortfalls. Prevention and early detection will reduce the likelihood of ballooning cancer-related costs in coming years.

HIGHLIGHTS

The City of Plano witnessed a decrease in overall screening rates among females, and little change among males; Oncor Electric witnessed only minor changes.

Female breast and cervical cancer screenings at City of Plano declined 18% and 15% from 2019 to 2020 and failed to return to pre-COVID levels in 2021.

Colonoscopies are common only in groups older than age 45, with dips in screenings at City of Plano through the pandemic, but a jump close to pre-COVID levels in 2021.

Overall cancer-related claims and per-member cancer-related costs at City of Plano decreased from 2019 to 2020 (11%) before increasing sharply into 2021 (Claims:+11%; Costs:+50%). At Oncor Electric, there was a 13% drop in claims and 14% increase in costs in 2020, but no significant change in cancer claims or costs in 2021.

Overall cancer cases (including benign cancers) declined from 2019 through 2021 at City of Plano, although the increase in cancer costs has been dramatic. The City intends to increase its focus on prevention to slow the ballooning of such costs.

The hopeful future of cancer testing

A sea change appears to be coming in the world of early cancer detection, expanding on traditional diagnostics like mammograms, colonoscopies and other physical examinations to include less invasive approaches with fewer side effects. Catching cancer early tends to boost longer-term survival and, ultimately, results in less expensive treatment. Of course, the same challenges associated with traditional screening—making tests cost-effective and broadly available to all groups—remain as these new innovations come to the fore.

Advances across the testing spectrum—from improved sensors, contrast agents, and molecular testing, to artificial intelligence and machine learning—now enable scientists to simultaneously detect multiple cancers (and their site of origin) with a single blood draw. Multi-cancer early detection (MCED) may prove a game-changer by detecting many cancers that would otherwise go undetected until later stages, when prognoses tend to be less optimistic.

The Galleri® test from GRAIL, for example, detects more than 50 different types of cancer, and at early stages, when costs for treatment may be dramatically less. By contrast, screenings exist today for only five main types of cancer.

According to the National Cancer Institute, MCED tests measure biological signals in body fluids—biomarkers or tumor markers—shed by cancer cells. Like all screening tests, MCED does not itself diagnose cancer; additional testing, such as imaging, tissue biopsy, or surgery, may be required to arrive at a conclusive diagnosis. Still, MCED may help by pointing medical professionals (and patients) in the right direction.

Those with reservations about MCED worry about balancing risks and benefits, including concerns about overdiagnosis or misdiagnosis and uncertainty about improved survival. So, for example, detection of a slow-moving and typically non-life-threatening cancer may not justify the expense or trauma of a more invasive follow-up diagnostic.

Also, more research is needed to assess the possible impact of MCED tests on health disparities. No MCED tests have yet been approved by the U.S. Food and Drug Administration (FDA), although some companies are making the tests available to physicians and consumers on an out-of-pocket basis. If such tests are not widely available and affordable, inequities for minority, underserved and vulnerable populations will increase.

Multiple players and products have entered the worldwide MCED arena, including:

[Burning Rock](#)

[Exact Sciences](#)

[Galleri® \(GRAIL\)](#)

[Guardant Reveal™ and Shield™](#)

[PanSeer \(Singlera Genomics\)](#)

Innovations beyond MCED are also increasingly coming into focus. For example, [Bexa™](#), a radiation-free, pain-free test to detect breast cancer at an early stage, has been gaining traction in the medical community. The test can be done onsite—which may increase the odds of employees signing up—and can provide results in less than half an hour.



Learn more

[Doctors see advanced cancer cases in the wake of pandemic-delayed screenings and treatment](#)
(CNN, 10.13.21)

[As cancer screenings decline, employers should take a better look at cancer benefits](#)
(BenefitsPro 03.22.22)

[Cancer screening in limbo: what are the implications?](#)
(Onco'Zine, 03.09.22)

[The true impact of the pandemic on cancer screenings, diagnoses is not yet known](#)
(AJMC 04.23.22)

[The work-from-home culture is slowing progress in the fight against prostate cancer](#)
(MedCity News, 04.28.22)

[Is cancer screening getting back to normal?](#)
(Managed Healthcare Executive, 12.10.21)

[Delayed cancer care amid COVID-19 may raise death rates](#)
(CIDRAP, 03.21.22)

[Sharp US declines in cancer screening during pandemic](#)
(CIDRAP, 06.30.21)

[The Costs of Cancer](#)
(American Cancer Society Cancer Action Network, 2020)

[Cancer costs in the U.S. are projected to exceed \\$245 billion by 2030](#)
(American Association for Cancer Research, 06.10.20)

[A Pivotal Moment: Blood Tests Emerge for Cancer Screening](#)
(CancerConnect, 02.01.22)

[Multi-Cancer Early Detection](#)
(National Cancer Institute)

[Promises & Challenges of Multi-Cancer Early Detection Screening](#)
(Oncology Times, 05/02/22)

Sources/citations

1. cancer.org/latest-news/facts-and-figures-2022.html
2. cancerstatisticscenter.cancer.org/#/state/Texas
3. fightcancer.org/sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf
4. fightcancer.org/policy-resources/overall-cancer-costs-are-rising
5. acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21590
6. healthypeople.gov/2020/topics-objectives/topic/cancer/objectives
7. ajmc.com/view/screening-for-cancer-the-economic-medical-and-psychosocial-issues
8. ajmc.com/view/cancer-screening-rates-in-the-us-fall-short-of-healthy-people-2020-targets
9. webmd.com/cancer/news/20210505/nearly-10-million-cancer-screenings-missed-during-pandemic
10. cdc.gov/media/releases/2021/p0630-cancer-screenings.html
11. cidrap.umn.edu/news-perspective/2022/03/delayed-cancer-care-amid-covid-19-may-raise-death-rates
12. bhthechange.org/resources/mental-health-impacts-of-a-cancer-diagnosis/

SECTION II:

Action plan for employers

Employers can play a significant role in promoting healthy behaviors, including utilizing available tools of prevention. In doing so, organizations may realize direct and indirect social and economic benefits.

Employers play an important role

Forward-thinking employers continually seek out best practices to support employees in many aspects of their lives, including those facing serious illnesses like cancer. The primary goal for employer-purchasers, health plans, healthcare providers, pharmaceutical companies, and government agencies—and, ultimately, patients—is to work together to define, deliver and reap the benefits of high-value cancer care. Factors in such success may include:

Health outcomes

Quality of life

Enhanced productivity

Fewer absences from work

Lower disability costs

Employee satisfaction

Total cost of care

The American Cancer Society estimates the total cost of cancer in healthcare expenses and lost productivity is more than \$180 billion per year.¹

To a certain extent, employer participation is unavoidable, because employer-sponsored group health plans must cover, without cost sharing, certain preventive services rated "A" or "B" by the U.S. Preventive Services Task Force.² For example, breast, colorectal, cervical and lung cancer diagnostic screening tests all carry an A or B rating.

For employers, two new challenging questions are emerging:

Should employers pay full costs for newer tests that have not yet received an A or B rating?

Should employers provide full coverage of advanced follow-up testing after an initial diagnosis of a problem?

One participating employer—the City of Plano—maintains a sick leave loan program under which an employee makes a one-time donation of 10 hours and in turn becomes eligible to receive up to three loans of 320 hours in event of a catastrophic illness. Although this program does not advance our overall goal to promote prevention and early diagnosis, it offers a good example of how an employer may focus on how to improve the quality of life of those with a longer-term, debilitating illness.

Pay attention to the data

Getting a handle on how employees use your programs, and monitoring qualitative and quantitative satisfaction and outcomes, helps you make the most of your investments. Data collection and analysis are a vital element in this information gathering. Among measures employers may track are:

Annual screening rates

Screening costs

Total annual cost of cancer treatment

Breakout of costs by each type of cancer (e.g., breast, colorectal, cervical, lung)

Absenteeism rates

Long- and short-term disability utilization

Adopt a team approach

Employers have started forming "Timely Cancer Care Teams" consisting of a number of key players:

Benefits manager

Analyst

Benefits consultant (to support benefits strategy—e.g., assessment, gap analysis)

TPA representative (to collect data and assist with analysis)

Oncologist/cancer care specialist

Pay attention to the big(ger) picture

According to the National Cancer Institute (NCI), approximately 40% of cancers in the U.S.—and nearly half of all cancer-related deaths—are caused by mostly avoidable risk factors, including tobacco or alcohol use, poor diet, obesity, and physical inactivity.³

Screenings are, without question, a significant part of the prevention regimen. However, leading-edge organizations continue to explore other ways to prevent cancer, including:

- Tobacco-free policies that support employees who want to quit
- Access to healthy foods and detailed nutritional information at work
- Education on risk factors associated with cancer, including tobacco use and too much exposure to the sun
- Online fitness centers, walking trails and other facilities that promote physical activity

Employer Action Plan to Increase Cancer Screenings for Employees and their Families

Employers have a vested interest in employee health and well-being, including preventing or diagnosing diseases in early stages. They can play an active role by:



Ensuring health insurance coverage makes it easy and affordable for employees to access recommended health screenings

Health plan coverage may include, at no cost to the employee, all recommended cancer screenings for employees and their covered dependents. Removing financial barriers increases screening rates.

Employers should ask if their health plan maintains and shares data on current cancer screening rates. If so, request regular reports on their employee screening rates.

Work closely with health plans to ensure they are providing personalized education and reminders to employees about needed preventive care and screenings.



Communicating with and educating employees about the value of cancer screenings and clear steps to arrange for them

Many employees may not obtain cancer screenings or other health tests because they don't understand the value of such tests. Employers can optimize many communication channels:

Group or individual education that is culturally responsive to diverse employee populations

Reminders and outreach appropriate for each employee audience (e.g., social media, apps, text messaging, e-newsletters, health coaches, community resources, etc.)

Employee incentives (financial and/or non-financial)



Evaluating practices and policies to determine if they encourage and facilitate (or discourage and impede) cancer screenings

Employers play a vital role in helping employees and their families reduce their risk of cancer and finding cancers in their early, most-treatable stages.

Simple steps, such as offering paid time off for screenings and preventive care; paid transportation to appointments; and on-site screening services, are meaningful, particularly to low-wage earners.

Employers should ensure that supervisors/managers understand no retaliation will be permitted for using the cancer screening benefit.

Numerous stakeholders—physicians, hospitals, health plans, policy makers, national health organizations and more—all play an important role in promoting screenings. The more you engage with these stakeholders, the more you and your employees will benefit.



Curating and sharing local, state and national resources, including media, that provide accurate and useful information about cancer screenings

Reach out to state and community health departments and local health systems, clinics and hospitals to take advantage of existing employee communications tools and resources to encourage screenings.

Look to local hospitals, who often share useful information and conduct free or low-cost educational seminars and workshops on preventive cancer screenings.

Provide employees with lists of cancer support groups (local, regional, national), health-related media, and social media sites.

Pursue opportunities to gain tools and resources from the local chapter of the American Cancer Society.

Striving for health equity in cancer screening

Significant disparities in cancer screening exist across groups who systemically experience greater social or economic obstacles based on race/ethnicity, sexual orientation, education, health insurance status, immigration status, or other discriminatory/exclusionary factors.

The COVID-19 pandemic radically exacerbated such social and economic obstacles. A September 2020 study by Avalere⁴ estimated that as many as five million Black and Hispanic people may find themselves without health insurance as a result of the pandemic; without insurance, most will not pursue screenings.

The American Cancer Society recommends four steps to help get cancer screening back on track for underrepresented groups:⁵

Implement focused efforts to screen people who historically have had low screening prevalence and are most affected by COVID-19

Benchmark progress based on increased screenings among those suffering from disparities.

Systems and communities must improve their decision-making and ability to track progress by collecting, analyzing, and reporting data disaggregated by race, ethnicity, health insurance status, and other sociodemographic characteristics.

Include in decision-making people who historically have had low screening prevalence and are most affected by COVID-19

COVID fears aside, those marginalized are also more likely to distrust clinicians, medical systems, and other institutions due to their experience with historical exploitation, discrimination, and oppression. To resume cancer screenings equitably, health systems and policymakers must listen to, act on feedback from, and empower community members to make decisions.

Invest to address the underlying causes of low screening prevalence in communities and foster resilience.

Policymakers must address the root causes of screening disparities, such as financial security, housing, transportation, and food security. This can be done by reviewing local data, collecting data to fill in gaps, and listening to community members that historically have had low screening prevalence. Health systems must then act in partnership with community-based and multi-sector organizations.

Identify existing policy gaps contributing to screening disparities and advocate for high-impact policy changes

Review internal company policies and local, state and federal policies and legislation for obstacles, barriers and hindrances that may hinder access to screening tests.



Learn more

[Health plans face decisions over preventive screenings coverage](#)

(SHRM, 03.16.22)

[Spotlighting health-cost-related benefits of genomic testing and how employers can drive adoption](#)

(AJMC, 04.20.22)

[Obstacles to covering precision medicine multicancer screenings](#)

(Health Payer Intelligence, 03.09.22)

[Agencies clarify coverage of preventive care without cost-sharing](#)

(SHRM, 01.20.22)

Sources/citations

1. fightcancer.org/sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf
2. uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations
3. cancer.gov/about-cancer/causes-prevention/risk
4. avalere.com/press-releases/covid-19-projected-to-worsen-racial-disparities-in-health-coverage
5. cancer.org/about-us/what-we-do/health-equity.html

SECTION III:

Educate and communicate

One of the most significant hurdles to increasing screening rates is employee understanding and appreciation of the value of cancer screenings, as well as what to expect at each step of the process. A well-conceived communication and education plan dramatically increases your odds of enduring success.

Motivating employees to embrace cancer screening, along with other health habits, requires employers to play an active, ongoing role. Ultimately, recognition of the benefits of cancer screening can become an inherent part of organizational change and corporate culture. This requires an ongoing commitment to communication and education.

Value of a comprehensive cancer screening communication plan

Increase knowledge of—and enthusiasm for—cancer screenings, vaccinations and other preventive health practices

Influence perceptions, beliefs, and attitudes that may present barriers to timely cancer screening

Refute myths and misconceptions about the pros and cons of cancer screening

Help overcome barriers and systemic problems that lead to inadequate access to care for some

Developing an effective communication strategy around cancer screening involves six critical steps:

- 1 Set both broad and narrow objectives for the communication program. For example, the overall goal may be to promote timely screenings; within this goal, one objective may be to match communication with the designated months for various cancers.
- 2 Clearly identify and define various employee audiences for your messages, as well as communication channels that have been effective in reaching these audiences in the past.
- 3 Craft messages that fit with the various goals, audiences and communication channels, as well as sources considered credible by those audiences.
- 4 Pretest your messages, perhaps with a small group of employees (ideally influencers of other employees) and refine as needed.

- 5 Implement the communication plan elements according to a predetermined schedule.
- 6 Evaluate the effectiveness of the campaign and incorporate key learnings into future plans and activities.

Understand what motivates—and demotivates—employees around screenings

Research published in the *International Journal of Environmental Research and Public Health* in May 2020 identified positive factors influencing patients' willingness to participate in health screenings:¹



Reasons to participate

Conveniently located screening sites

Incentives (such as, no cost-share, free health services or benefits)

Reasonable price; no cost-share for follow-up diagnostic test

Healthcare providers' attitudes

Quality of professional diagnostic services and facilities

When developing messaging within a communication and education campaign, employers should account for each of these positive factors, as well as the reasons patients may avoid screening.

Top barriers to cancer screenings²

27% Asymptomatic

22% Procrastination

20% Lack of recommendation from health care provider

18% Prohibitive cost

14% Reluctance to visit a medical facility during a pandemic

Source: American Cancer Society

One question on employees' minds when encouraged to consider screenings is, "When should I get screened?" As part of your ongoing communication and education plan, share information about the recommended screening ages.

Recommended Cancer Screenings by Age

Age 25-39

Cervical cancer screening recommended for people with a cervix beginning at age 25

Age 40-49

Breast cancer screening recommended beginning at age 45, with the option to begin at age 40.

Cervical cancer screening recommended for people with a cervix

Colorectal cancer screening recommended for everyone beginning at age 45

At age 45, African Americans should discuss **prostate cancer screening** with a doctor

Age 50+

Breast cancer screening recommended

Cervical cancer screening recommended

Colorectal cancer screening recommended

People who currently smoke or formerly smoked should discuss **lung cancer screening** with a doctor

Discuss **prostate cancer screening** with a doctor

The U.S. Preventive Services Task Force shares a [more comprehensive list of recommended screenings](#) for cancer and other health conditions on its website.³

Don't forget vaccines

Beyond encouraging employees to pursue timely screenings, promoting vaccinations can help prevent certain forms of cancer.

Human papillomavirus (HPV)

Human papillomavirus (HPV), a very common sexually transmitted infection, can cause some cancers. The HPV vaccine protects against types of HPV most often responsible for these cancers.

Because HPV vaccination prevents new HPV infections but does not treat existing infections or diseases, the HPV vaccine works best when given before any exposure to HPV.

HPV vaccination is recommended for children aged 11 to 12 years, but can be given as early as age 9.

HPV vaccination is also recommended for everyone through the age of 26 years if they are not vaccinated already.

HPV vaccination is not typically recommended for everyone older than 26.

Note: The HPV vaccine is not a substitute for other routine tests for cervical cancer.

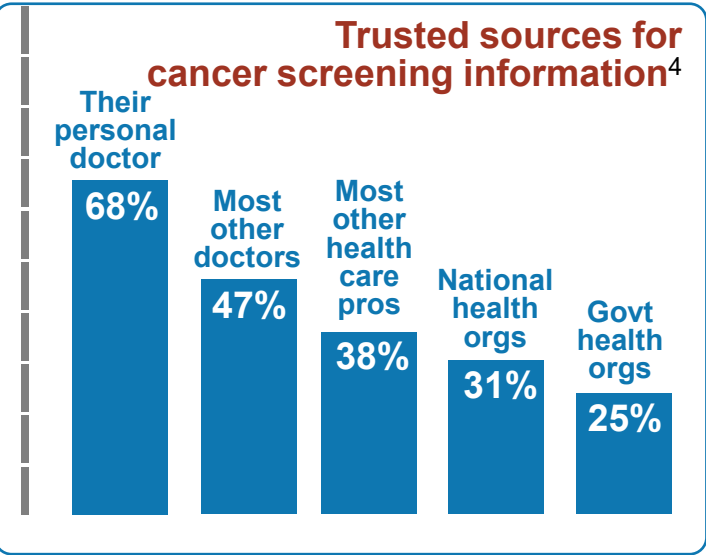
Hepatitis B vaccine

Hepatitis B is a liver disease, caused by the virus of the same name (HBV), which can lead to liver cancer. The vaccine is available for all age groups to prevent an HBV infection.

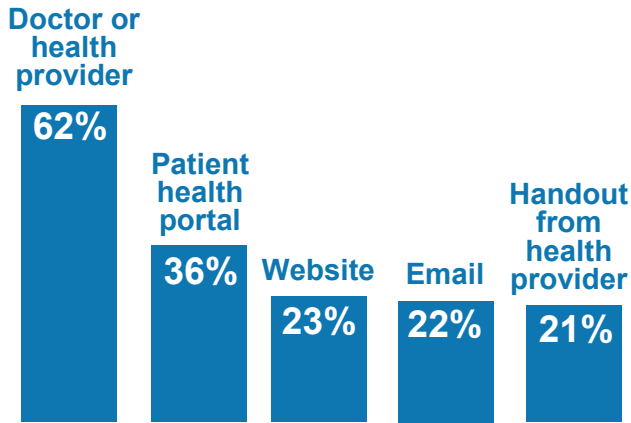
We have come too far in our fight against cancer to allow long breaks in vital screening to slow down our progress in saving lives.

William G. Cance, MD, FACS
Chief Medical and Scientific Officer
American Cancer Society

Vital to understand who employees trust for cancer screening information



Preferred channels for cancer screening information⁵



Numerous communication channels are available

As with any communication campaign, your screening promotion program should take advantage of multiple sources, including:

Social media

Employers can broadcast bite-sized facts and “nudges” within messages on Facebook, Twitter, Instagram and other platforms. You can also engage visitors in an honest and open dialogue about cancer screening.

Text messaging/reminder calls

Employees can opt in to receive reminders, short tips and facts and other brief messages.

Video messages

Short, public-service-announcement-style clips can prove very persuasive, especially if narrated by a trusted voice in the organization.

Games/quizzes

Any activity that includes an interactive component may increase engagement and, by extension, excitement.

Wellness events

Onsite Wellness Fairs or similar events could include promotion of preventive screenings. For example, a cancer awareness booth could be set up with an educator providing age- and gender-specific recommendations and educational materials.

Make the most of cancer “months”

The formal “months” for each of the more prominent forms of cancer can act as an editorial calendar for your communication efforts. For example, you may want to focus on specific considerations for breast cancer screenings as part of recognizing and advocating Breast Cancer Awareness Month in October.

January

Cervical Cancer Awareness Month

February

Gallbladder & Bile Duct Cancer Awareness Month
National Cancer Prevention Month

March

Colorectal Cancer Awareness Month
Kidney Cancer Awareness Month
Multiple Myeloma Awareness Month

April

Esophageal Cancer Awareness Month
Head and Neck Cancer Awareness Month
Testicular Cancer Awareness Month

May

Bladder Cancer Awareness Month
Brain Cancer Awareness Month
Melanoma and Skin Cancer Awareness Month
National Cancer Research Month

June

National Cancer Survivor Month

July

Sarcoma & Bone Cancer Awareness Month

September

Leukemia & Lymphoma Awareness Month
Ovarian Cancer Awareness Month
Prostate Cancer Awareness Month
Thyroid Cancer Awareness Month
Uterine Cancer Awareness Month
Childhood Cancer Awareness Month

October

Breast Cancer Awareness Month
Liver Cancer Awareness Month

November

Carcinoid Cancer Awareness Month
Gastric Cancer Awareness Month
Lung Cancer Awareness Month
Pancreatic Cancer Awareness Month

Crafting your messages

Whatever tools you use to carry your message, you need to ensure that you are consistent and routinely repeating so your messages have a greater chance to stick. Here we share several overall messages you should be striving to get across, as well as messages specific to certain cancers.

Overall messages

Early detection of cancer results in better management and treatment, which decreases the risk of complications and increases chances of better health outcomes.

Screening may detect problems before you have any symptoms; in some instances, it may identify if you are at risk, so you can make lifestyle changes beneficial to your health.

Some cancer screening tests can uncover growths that can be removed before they have a chance to turn into cancer.

Cancer screening may provide peace of mind if an employee has a family history of certain forms of cancer that may have hereditary factors.

Although many screening procedures were put on hold during the pandemic, employees should not think of screenings as “non-essential” health care. Encouraging screenings will increase screening rates.

Messages specific to certain cancers

Breast cancer:

Breast cancer is the most common cancer and second-leading cause of cancer death among women in the U.S.

Deaths from breast cancer have been declining steadily for over 30 years, largely due to progress made in screening and treatment.

Screening with regular mammography saves lives, as cancers detected early tend to have better treatment outcomes.

Colorectal cancer:

Colorectal cancer is the second-leading cause of cancer deaths in the U.S. among men and women combined.

Colorectal cancer screening can save lives, but only if people get tested.

Screening can prevent colorectal cancer through the detection and removal of precancerous growths and may detect cancer at an early stage when treatment is usually less extensive and more successful.

Tests like Cologuard™ and Grail™ offer a less-invasive alternative to colonoscopy for low-risk patients

Several safe and effective tests screen for colorectal cancer. Colonoscopy remains a safe option. Many may also be able to screen using at-home stool-based tests.

Lung cancer:

Lung cancer screening with low-dose computed tomography (LDCT), while relatively new, is recommended by leading health organizations and is covered by most insurances.

In adults at high risk for lung cancer due to their smoking history, screening with LDCT can save lives, but only if those at risk get tested.

Lung cancer screening rates still are low in the US, and most cases of lung cancer continue to be diagnosed when patients present with symptoms.

Cervical cancer:

HPV vaccination can help prevent many forms of cervical cancer.

Cervical cancer screening can save lives, but only if individuals get tested.

Screening can find HPV (the virus that causes almost all cervical cancers) and cell changes called pre-cancers years before they become cancer.

Removal of precancerous tissue detected by screening can prevent cancer from developing. Screening can also detect cervical cancer at an early stage, when treatment is usually less extensive and more successful.

The case for prevention

Throughout our childhood and beyond, we all heard the famous quote from Benjamin Franklin, “An ounce of prevention is worth a pound of cure.” A more modern take comes from Canadian cancer researcher Eva Vertes, who said “*Prevention is a very important part of solving the problem of cancer.*”

The easiest form of cancer to treat is one that has had little chance to evolve—or, even better, hasn’t happened at all. As employers, you have an opportunity to communicate to employees about steps they can take today to prevent cancer down the road.

[WebMD's Cancer Center](#)⁶ offers numerous suggestions to prevent cancer beyond vaccinations and screenings:

Quit smoking

Tobacco contains 250 harmful chemicals, close to 70 of which cause cancer. Beyond lung cancer, smoking is linked to stomach, bladder, kidney, mouth, throat and other cancers. Doctors can provide advice and support for employees who wish to quit.

Eat healthier

Fruits and vegetables help prevent cancer because they're rich in nutrients and fiber while being low in fat. Cruciferous vegetables such as cabbage and broccoli are especially helpful at protecting against DNA damage that turns cells cancerous.

Heavily processed meats like hot dogs, bacon and sausage contain nitrites and nitrates that may be linked to cancer. Even less-processed red meat like steak and burgers can contribute to the long-term risk for colorectal cancer.

Lose weight

Extra weight through the midsection can increase risk for cancer of the breast, colon, uterus, pancreas, esophagus and gallbladder. Researchers believe fat cells release substances that encourage cancer cells to grow.

Ease up on alcohol

Alcohol has been linked to cancers of the mouth, breast, liver, esophagus and others. The more one drinks, the greater the risk, so employees should be encouraged to drink in moderation (if at all).

Keep moving

Exercise fights obesity and lowers levels of hormones like estrogen and insulin, which have been linked to cancer.

Use sunscreen

UV rays from the sun cause skin damage that could lead to cancer, even with limited exposure. Because a person can burn in just 15 minutes, experts recommend applying broad-spectrum sunscreen with an SPF of at least 30 and reapplying whenever one sweats or swims.

Avoid toxic chemicals

Carcinogens such as asbestos, radon and benzene are among the carcinogens with which people come into contact. These damage DNA in cells and increase the risk of cancer if one touches, eats or inhales them.

Learn from history

Through their genes, some people inherit a higher-than-average chance of having diseases like cancer. Employees may want to ask their primary care physician about how their family history may put them at a higher risk for certain cancers.

Primary care providers play an essential role in cancer prevention and treatment

Trusted primary care providers (PCPs) play an important long-term role throughout the lives of employees and their families. They can also prove beneficial in helping employees make sound decisions about health, including prevention of (or treatment for) cancer.

PCPs counsel patients on healthy and risky behaviors, administer disease-fighting vaccines and arrange screenings and other tests.

Most cancers are detected in primary care settings, so a PCP very often takes the lead in starting patients on a treatment journey. Specifically, they may inform the patient of the diagnosis, connect patients with appropriate specialists, and help the patient manage his or her overall health, including guidance around healthy eating and exercise. The PCP may also provide psychological support, including playing a role in managing cancer-related pain, depression and fatigue.



Learn more

[The influence of patient-provider communication on cancer screenings differs among racial and ethnic groups](#)

(National Library of Medicine, June, 2020)

[Impact of provider-patient communication on cancer screening adherence: A systematic review](#)

(National Library of Medicine, December, 2016)

[Effectively messaging cancer screening during the COVID-19 pandemic--2021 Guidebook](#)

(American Cancer Society, 2021)

[Time to Screen: detecting cancer early may save your life](#)

(Community Oncology Alliance)

[Get cancer screenings back on track](#)

(Cancer Health, 06.14.21)

Sources/Citations

1. [mdpi.com/1660-4601/17/10/3495](https://doi.org/10.3390/1660-4601/17/10/3495)
2. acs4ccc.org/wp-content/uploads/2021/02/2021-Return-to-Screening-Messaging-Guidebook-FINAL.pdf
3. uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations
4. www.acs4ccc.org/wp-content/uploads/2021/02/2021-Return-to-Screening-Messaging-Guidebook-FINAL.pdf
5. www.acs4ccc.org/wp-content/uploads/2021/02/2021-Return-to-Screening-Messaging-Guidebook-FINAL.pdf
6. www.webmd.com/cancer/ss/slideshow-ways-to-prevent-cancer

SECTION IV:

Sponsors, resources and more

Our sponsors

DFWBGH is grateful for the generous support of the following, without whom this important research would not have been possible:



Other valuable resources

While the intent of this Toolkit is to present the case for employers to promote employee cancer screenings, DFWBGH encourages members to reach out to other established organizations and resources who can provide data, information, guidance and support both for patients and their families and employers.



The Dallas-Fort Worth Business Group on Health (DFWBGH)
is an employer-led coalition of Dallas and Fort Worth area employers and health services organizations committed to educating and empowering employers and their employees to make informed, value-driven healthcare decisions and to promoting healthcare quality, cost-effectiveness, transparency and accountability in our community.

Dallas-Fort Worth Business Group on Health
10260 North Central Expressway, Suite 285
Dallas, Texas 75231

214.382.3036