DMEC 2026 ANNUAL CONFERENCE

Treated But Not Recovered

WHY BEHAVIOR DETERMINES RETURN-TO-WORK OUTCOMES IN CANCER

Following one employee from diagnosis to return to work and the support that makes the difference.



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Meet Sarah



"I was declared cancer-free and expected to feel grateful. Instead I felt lost."

- **47** years old
- **Operations manager** leads a team of twelve
- **Mother of two** primary caregiver at home
- **Recently diagnosed** with breast cancer

Sarah has completed surgery and chemotherapy. Her treatment is over, but her recovery is just beginning.

Her story represents navigating life after treatment, an often overlooked stage of the cancer experience where support is still critically needed.

**This example is for illustrative purposes only and is not based on any actual claim.*

OPENING

Cancer is a recovery and workforce challenge, not just a diagnosis

Returning to work is not a binary event
It takes physical, emotional and behavioral readiness, not just a medical clearance.

Treatment may end, but recovery continues
The support people receive between treatment and full recovery shapes the outcome.

Lack of support extends disability duration
Gaps in support delay recovery and lengthen claims, often invisibly.

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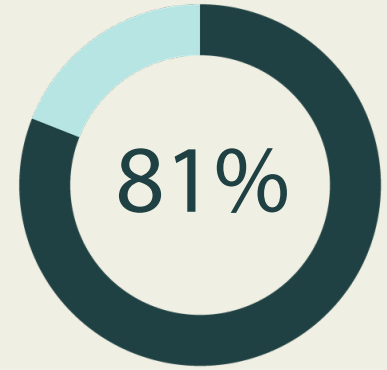

of employees want expert, compassionate human guidance to manage conditions like cancer

Source: MetLife, 2026



SARAH'S STORY - *Sarah finishes surgery and chemotherapy. Her treatment is over. Her recovery is just beginning.*

WHY METLIFE TOOK ACTION

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Cancer was a strategic opportunity, not just a claims category

38%

of employees are considered holistically healthy

Most people are already managing physical, emotional or financial strain before a diagnosis.

Source: MetLife, 2026

1 in 3

Americans will be diagnosed with cancer in their lifetime

Cancer is not an edge case. It touches virtually every workforce.

Source: American Cancer Society, 2025; MetLife, 2026

Rising

cancer-related claims, with growing complexity of recovery

Traditional claims management alone was not enough to change outcomes.

Source: MetLife, 2026



SARAH'S STORY - *Sarah finishes surgery and chemotherapy. Her treatment is over. Her recovery is just beginning.*

WHY METLIFE TOOK ACTION

Traditional claims management was built to process, not to support

THE OLD APPROACH

- Reactive claims administration
- Support arrives late, if at all
- Fragmented vendor landscape
- Gaps between treatment and recovery

WHAT METLIFE WANTED

- Proactive, human-centered support
- Help before claim duration grows
- Better experience for the employee
- Stronger relationships with employers



SARAH'S STORY - *Under the old model, Sarah's claim simply ticks along, and no one asks how her recovery is going.*

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Many solutions exist. The behavioral layer is the one that connects them

Employers and carriers already invest across a wide landscape of cancer support. What is missing is the behavior change layer that turns clinical care into a sustainable return to work.

- EAP
- Second medical opinion
- Centre of excellence
- Utilization management
- Care navigation
- **Behavior change support**

Osara sits in the gap between clinical care and claims administration: the behavioral and human support layer that is currently missing.





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THE GAP

Clinical recovery and functional recovery are not the same thing.



Treatment ends. Recovery doesn't. This is where behavioral and human support matters.

THE HIDDEN BURDEN OF RECOVERY

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The barriers that delay return to work rarely show up in claims data



Fatigue & energy
Profound tiredness that no amount of rest resolves



Cognitive changes
Brain fog, memory lapses, trouble focusing



Anxiety & fear
Fear of recurrence and ongoing health anxiety



Pain & sleep
Disrupted sleep and lingering physical pain



Loss of confidence
Eroded identity and confidence in their ability



Family pressures
Caregiving and household strain at home

Support cannot help if people do not know it exists. Only 50% understand critical illness benefits and 60% understand disability benefits. Many claimants fall through the cracks at the moment they need help most.

Source: MetLife, 2026



WHY NOW

A rising and younger workforce reality

One recent large study, published in The Lancet Public Health in July 2024, analyzed differences among adults born in the U.S. between 1920 and 1999.

- Incidence rates rose in successively younger generations, particularly in Gen X and Millennials.
- Higher risk seen across 17 of 34 cancer types, including breast, pancreatic and gastric cancers.
- Mortality rates for several types of cancer also increased.

23.5M



patient records evaluated

Incidence rising across 17 of 34 cancer types in Gen X and Millennials.



Sources: The Lancet Public Health, 2024; American Cancer Society, 2024

BEHIND THE CLAIM

This is what the data looks like for one person

Sarah's surgery and chemotherapy succeeded. On paper, her treatment is complete. In reality, she is exhausted by midday, struggles to follow conversations she once led, and lies awake fearing the cancer will return.

Her manager assumes she will be "back to normal" soon. Sarah has no idea where to start, or that any support exists.



"I was declared cancer-free and expected to feel grateful. Instead I felt lost."

FIVE DIMENSIONS OF IMPACT

1. **Physical**
2. **Mental, social & emotional well-being**
3. **Work & identity**
4. **Relationships & family**
5. **Financial**

BEHIND THE CLAIM

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The full weight of recovery, beyond what any chart records

Common physical impacts

- Pain
- Fatigue
- Neuropathy
- Weakness
- Reduced mobility
- Lymphedema

Common mental, social & emotional impacts

- Depression
- Anger
- Loneliness
- Guilt
- Sadness
- Post-traumatic growth

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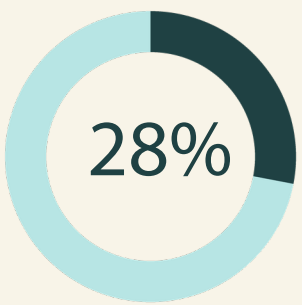
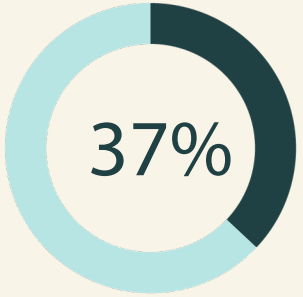
Movement is medicine: structured exercise lowers recurrence and death

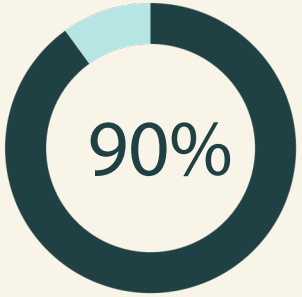
The CHALLENGE trial enrolled 889 patients with stage III and high-risk stage II colon cancer. A structured exercise program after surgery and chemotherapy significantly improved disease-free and overall survival over 7.9 years median follow-up.



Lower recurrence risk vs health education only



Lower risk of death vs health education only



8-year survival vs 83% control group

HOW THE PROGRAM WORKED

- Personal physical activity consultant
- Individualized exercise prescription
- Coaching sessions 2x/month for 6 months
- Monthly check-ins thereafter
- Ongoing goal setting and accountability



Source: Booth et al., 2025

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Psychosocial support changes outcomes too

A 2026 meta-analysis of 32 randomized controlled trials (5,704 patients) published in Communications Psychology (Nature) found that structured psychosocial interventions, provided alongside medical treatment, reduced the risk of death and extended survival.

20%
Reduction in mortality risk

+3.9
Months median survival benefit

32
Randomized controlled trials

WHAT THE INTERVENTIONS INCLUDED

- Psychoeducation
- Cognitive-behavioral techniques
- Emotional expression
- Goal setting
- Group social support

Effect sizes were comparable in magnitude to medical cancer treatments, at a fraction of the cost and risk.



Source: Tran et al., 2026

WHY BEHAVIOR DETERMINES OUTCOMES · OSARA

Behavior change is the missing link between treatment and recovery

Small, sustainable changes that compound

- **Symptom self-management**
- **Goal setting**
- **Physical activity & energy**
- **Emotional regulation**
- **Confidence building**
- **Return-to-work planning**

THE EVIDENCE

25:1
return on investment

+73%
higher likelihood of return to work

16.5 wks
reduction in disability duration

3x
more likely to be healthy at work



SARAH'S STORY *A Health Coach helps Sarah pace her energy, rebuild routine and plan a graduated return. Things shift.*



CASE STUDY · RECOVERY IN PRACTICE

Sarah’s path from referral to return

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01

Referral

MetLife flags Sarah’s claim early and refers her into Cancer Coach

02

First coaching

Health Coach maps her barriers: fatigue, brain fog, fear of recurrence

03

Behavior change

Energy pacing, symptom tracking, confidence rebuilding, weekly goals

04

RTW planning

A graduated return plan agreed with Sarah, her employer and MetLife

05

Outcome

Sarah returns to work sooner, sustainably, and stays engaged

**Illustrative scenario representing a typical Cancer Coach participant Journey. Not based on a specific individual.*



OUTCOMES ACHIEVED

Better for Sarah, better for the carrier

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FOR SARAH

- Returned to work confidently and on her own terms
- Tools to manage fatigue, focus and anxiety
- Rebuilt confidence, identity and connection
- Felt supported, not processed

FOR METLIFE

16.5 wks	shorter claim duration
+73%	RTW likelihood
25:1	return on investment

Lower claim costs and reserves. Stronger employer relationships. A differentiated, human benefit.

PANEL + Q&A

What employers are missing

MODERATED CONVERSATION · KELLY (METLIFE) & RAGHAV (OSARA HEALTH)

Q1

What are employers getting wrong about cancer today?

Q2

What surprises employers most when they implement support?

Q3

What does a modern cancer benefit actually look like?



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CLOSING

Recovery does not end when treatment ends

When organizations support the behavioral, emotional and practical realities of cancer recovery, employees return to work sooner, stay engaged longer and achieve better long-term outcomes.

Treated is not the same as recovered.



References

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