DMEC 2025 ANNUAL CONFERENCE

OSARA HEALTH

MetLife

Beyond Benefits: Holistic Strategies To Optimize Employee Support And Engagement

Metropolitan Life Insurance Company, 200 Park Ave., New York, NY 10166
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Speakers

Kelly Dieppa

Vice President, Global Group Disability Claims and Clinical Operations

MetLife

Raghav Murali-Ganesh, MD, FRANZCR

Co-Founder and CEO

OSARA HEALTH

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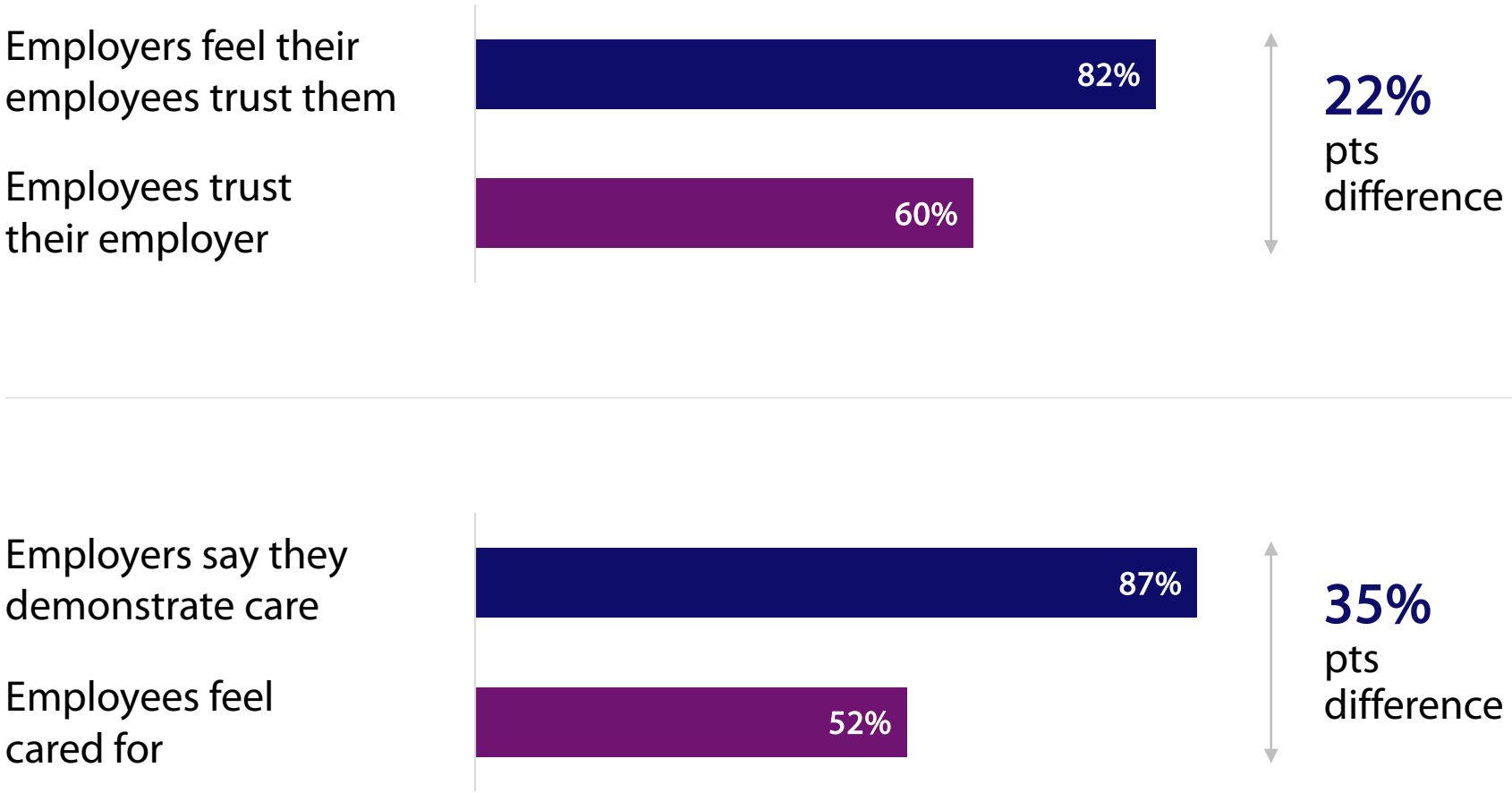

MetLife's 23rd Annual U.S. Employee Benefit Trends Study 2025

The state of workforce health

39%

of employees say they feel holistically healthy

▼ (down from 44%)

MetLife's 23rd Annual U.S. Employee Benefit Trends Study 2025

Physical Health

▼ -3 ppts

Financial Health

▶ -0 ppts

Mental Health

▼ -4 ppts

Social Health

▼ -6 ppts

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Understanding trust in the context of care

DMEC 2025; Osara Health & MetLife

“Living & working with cancer is the new reality for many Americans”

The Wall Street Journal, Sept 2024

Introduction by
Dr Raghav Murali Ganesh, MD FRANZCR
Radiation Oncologist
Co-Founder & CEO, Osara Health

When does diagnosis occur?

Cancer diagnosed at age <50

Early onset cancer = young onset cancer

Who is at risk?

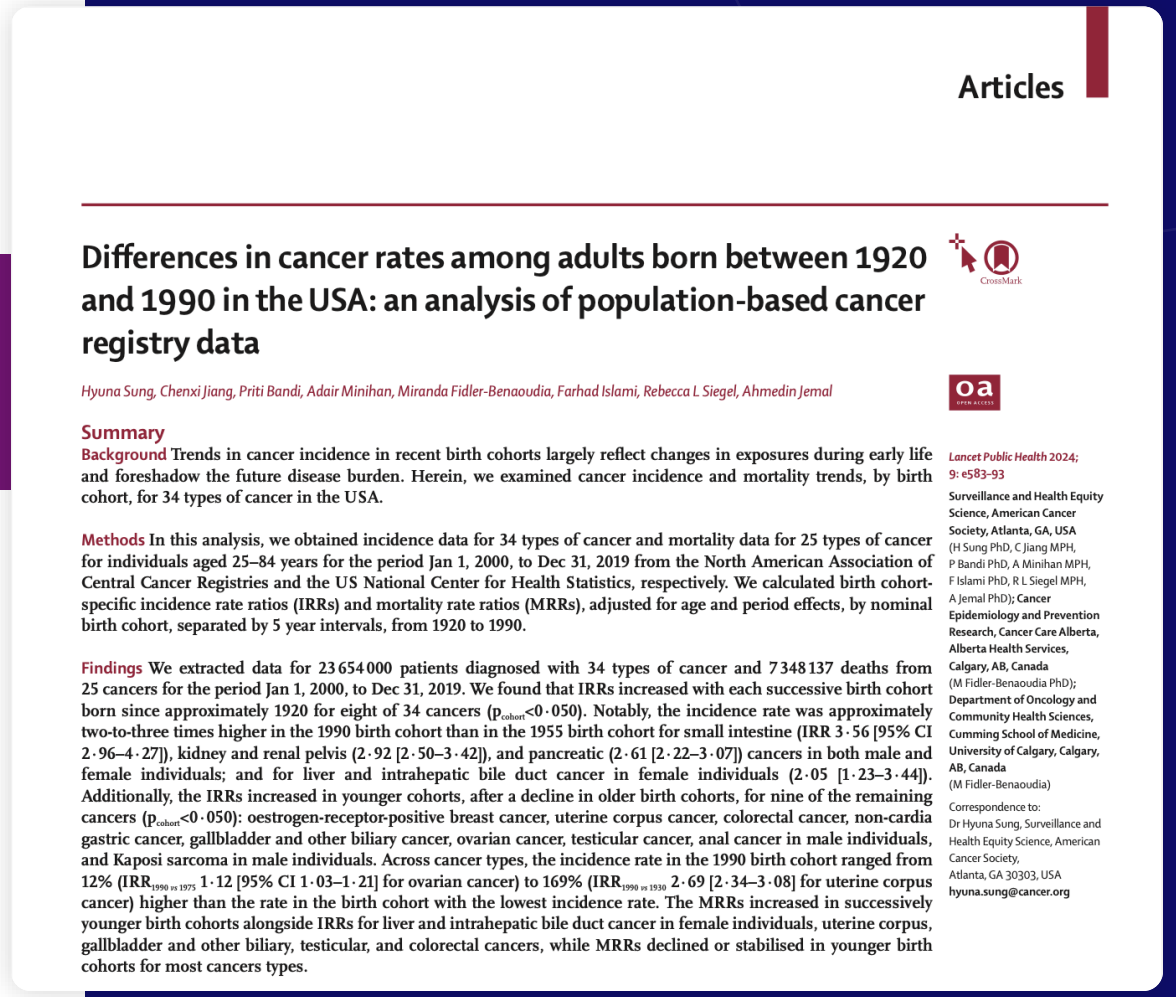
What is early onset cancer?

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,

- 23.5m patient records evaluated
- Incidence rates rose in successively younger generations, particularly in Generation Xers and Millennials, **in 17 of 34 cancer types**, including breast, pancreatic, and gastric cancers.
- Mortality rates for several types of cancers increased as well

The study was led by the American Cancer Society (ACS)

Sung, Jiang et al Lancet Public Health July 2024



Articles

Differences in cancer rates among adults born between 1920 and 1990 in the USA: an analysis of population-based cancer registry data

Hyuna Sung, Chenxi Jiang, Priti Bandi, Adair Minihan, Miranda Fidler-Benaoudia, Farhad Islami, Rebecca L Siegel, Ahmedin Jemal

Summary

Background Trends in cancer incidence in recent birth cohorts largely reflect changes in exposures during early life and foreshadow the future disease burden. Herein, we examined cancer incidence and mortality trends, by birth cohort, for 34 types of cancer in the USA.

Methods In this analysis, we obtained incidence data for 34 types of cancer and mortality data for 25 types of cancer for individuals aged 25–84 years for the period Jan 1, 2000, to Dec 31, 2019 from the North American Association of Central Cancer Registries and the US National Center for Health Statistics, respectively. We calculated birth cohort-specific incidence rate ratios (IRRs) and mortality rate ratios (MRRs), adjusted for age and period effects, by nominal birth cohort, separated by 5 year intervals, from 1920 to 1990.

Findings We extracted data for 23 654 000 patients diagnosed with 34 types of cancer and 7 348 137 deaths from 25 cancers for the period Jan 1, 2000, to Dec 31, 2019. We found that IRRs increased with each successive birth cohort born since approximately 1920 for eight of 34 cancers (p_{cohort}<0·050). Notably, the incidence rate was approximately two-to-three times higher in the 1990 birth cohort than in the 1955 birth cohort for small intestine (IRR 3·56 [95% CI 2·96–4·27]), kidney and renal pelvis (2·92 [2·50–3·42]), and pancreatic (2·61 [2·22–3·07]) cancers in both male and female individuals; and for liver and intrahepatic bile duct cancer in female individuals (2·05 [1·23–3·44]). Additionally, the IRRs increased in younger cohorts, after a decline in older birth cohorts, for nine of the remaining cancers (p_{cohort}<0·050): oestrogen-receptor-positive breast cancer, uterine corpus cancer, colorectal cancer, non-cardia gastric cancer, gallbladder and other biliary cancer, ovarian cancer, testicular cancer, anal cancer in male individuals, and Kaposi sarcoma in male individuals. Across cancer types, the incidence rate in the 1990 birth cohort ranged from 12% ($IRR_{1990\ vs\ 1975}$ 1·12 [95% CI 1·03–1·21] for ovarian cancer) to 169% ($IRR_{1990\ vs\ 1930}$ 2·69 [2·34–3·08] for uterine corpus cancer) higher than the rate in the birth cohort with the lowest incidence rate. The MRRs increased in successively younger birth cohorts alongside IRRs for liver and intrahepatic bile duct cancer in female individuals, uterine corpus, gallbladder and other biliary, testicular, and colorectal cancers, while MRRs declined or stabilised in younger birth cohorts for most cancers types.

Lancet Public Health 2024; 9: e583–93

Surveillance and Health Equity Science, American Cancer Society, Atlanta, GA, USA (H Sung PhD, C Jiang MPH, P Bandi PhD, A Minihan MPH, F Islami PhD, R L Siegel MPH, A Jemal PhD); **Cancer Epidemiology and Prevention Research, Cancer Care Alberta, Alberta Health Services, Calgary, AB, Canada** (M Fidler-Benaoudia PhD); **Department of Oncology and Community Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada** (M Fidler-Benaoudia)

Correspondence to: Dr Hyuna Sung, Surveillance and Health Equity Science, American Cancer Society, Atlanta, GA 30303, USA **hyuna.sung@cancer.org**

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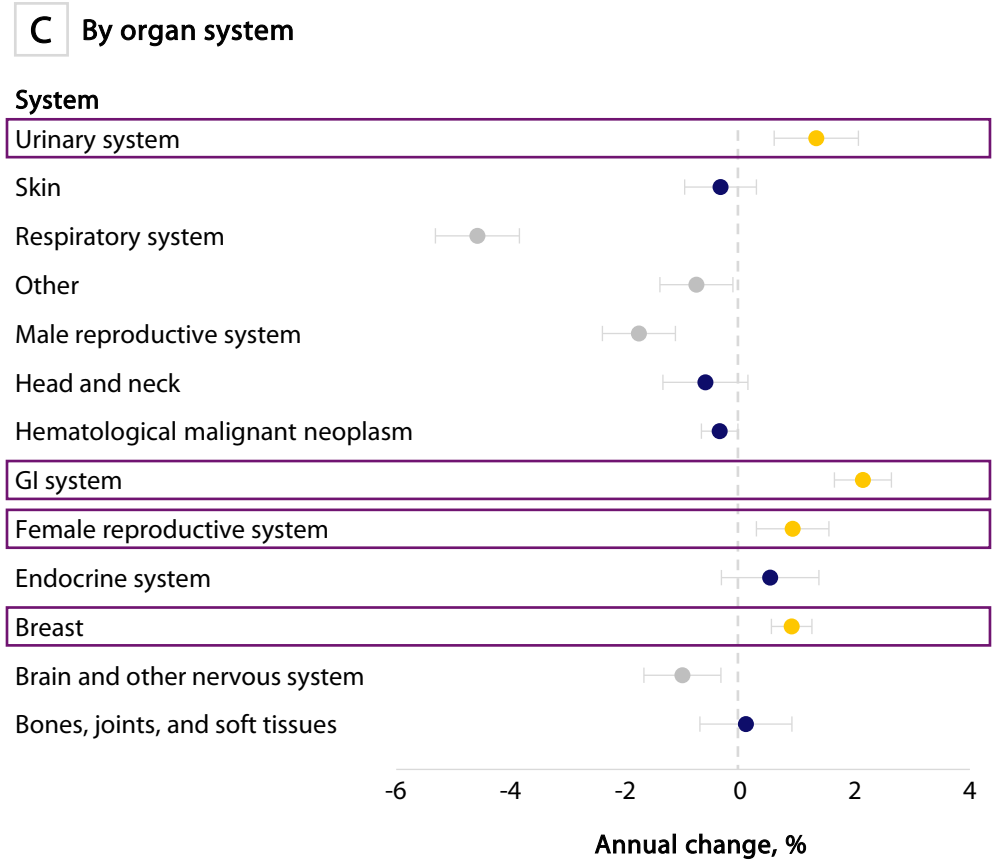
Where does early onset cancer strike?



Koh B, et al. JAMA Netw Open. 2023

A large US based population cohort study evaluating the differences in cancer incidence across a decade (2010 to 2019)

Looking at the patterns of increased incidence by tumor site

Increased incidence has been demonstrated in:

- Urinary system cancers
- Gastrointestinal cancers
- Female reproductive system
- Breast cancer

Rising in many countries since 1990's

Review Article | Published: 06 September 2022

Is early-onset cancer an emerging global epidemic? Current evidence and future implications

Tomotaka Ugai, Naoko Sasamoto, Hwa-Young Lee, Mariko Ando, Mingyang Song, Rulla M. Tamimi, Ichiro Kawachi, Peter T. Campbell, Edward L. Giovannucci, Elisabete Weiderpass, Timothy R. Rebbeck & Shuji Ogino

Nature Reviews Clinical Oncology **19**, 656–673 (2022) | Cite this article

39k Accesses | **3977** Altmetric | Metrics

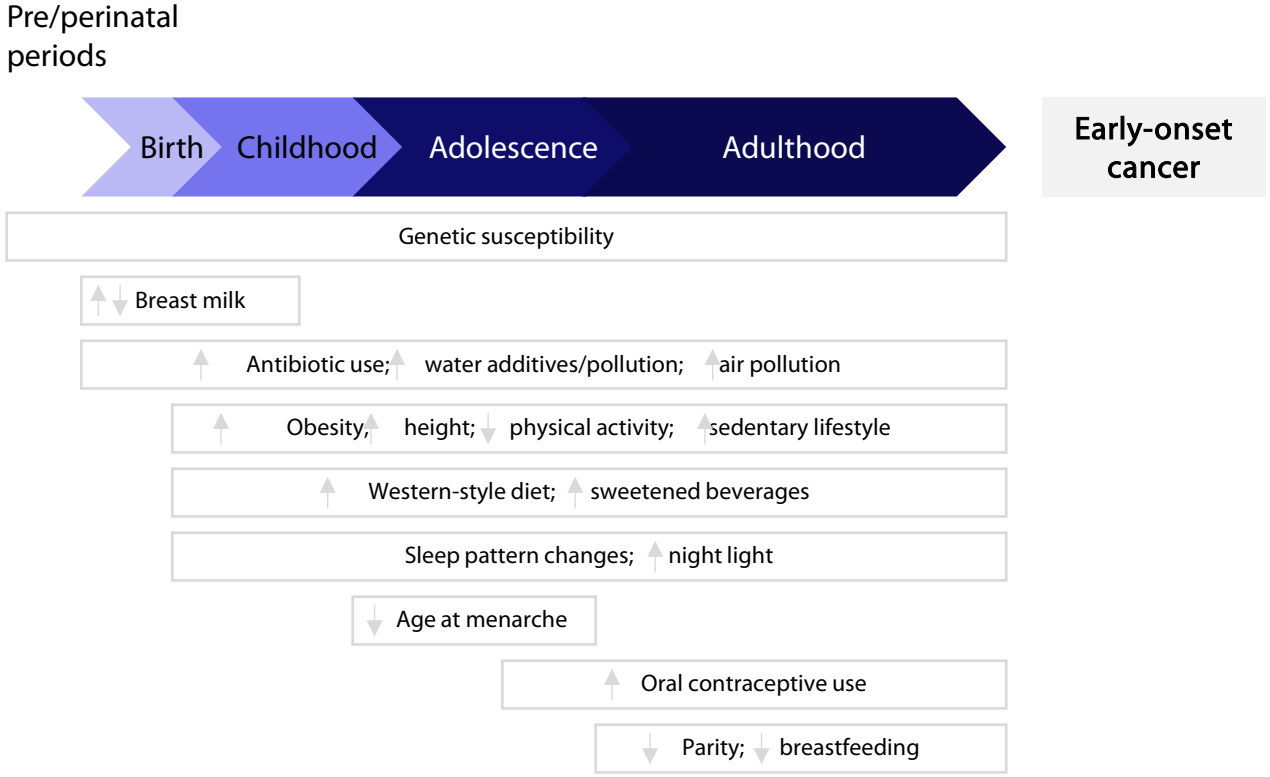
Previous 2 studies were US only, but there seems to be data suggesting a global trend

- Numerous early-onset cancers
  - Breast, CRC, endometrial, esophageal, kidney, liver etc

- Is this phenomenon only explained by increased screening / higher quality diagnostics?

Ugai T, et al. Nature Reviews Clinical Oncology 2022

Why does early onset cancer occur?



- Globally seen trend
- No singular explanation

Multi-faceted:

Likely related to exposure from early life and leading to adolescence and young adulthood

- Genetic susceptibility
- Breast milk
- Increased antibiotic use
- Obesity
- Reduced physical activity

Others:

- Sleep patterns / OCP use etc

Ugai T, et al. Nature Reviews Clinical Oncology 2022

Not Just a Diagnosis; Human and Workplace Challenges

Younger cancer patients face unique challenges

85% experienced anxiety or depression during or after treatment

80% had children under the age of 18 when diagnosed

62% Experienced financial difficulties

64% took a leave of absence or quit a job or schooling because of their diagnosis

Other challenges include:

- **Earlier onset menopause** (chemotherapy induced)
- **Fertility impact**
  - Egg / embryo freezing
  - Sperm banking

Yarden and Newcomer, AACR 2019, abstract 3347

Not Just a Diagnosis; Human and Workplace Challenges

Financial toxicity among adolescent and young adult cancer survivors: a systematic review of education attainment, employment, and income

Literature Search

Search of MEDLINE, Embase, PsychINFO, CENTRAL, CINAHL & ProQuest

Published between **01/01/2010 and 03/31/2022**

2,801 articles identified

12 articles met inclusion

Financial toxicities

Educational attainment **does not differ** from general population

Higher likelihood of **unemployment** or to remain out of the labour force several years after diagnosis

Have a **lower income** and utilize more social security benefits for **income supplementation** than the general population

Surviving cancer as an adolescent and young adult results in long-lasting financial toxicities and highlights a need for further investigation. Targeted interventions and support may be crucial to address inequities experienced during survivorship

Giuseppe, et Al. Critical Reviews in Oncology/Hematology, 2023

2023 Systematic review evaluating 12 studies into the FT of having a cancer diagnosis amongst younger cancer survivors

- No difference in educational attainment
- Higher likelihood of unemployment or remain out of the labor force several years after diagnosis
- Lower income and utilize more benefits for income supplementation than general populations

Evidence suggested that females, diagnosis of brain cancer and the presence of late-effects were among the risk factors for severe outcomes

Early Onset Cancer: Summary

- Rates of early onset cancer are increasing (especially breast, GI, GU & GYN)
- Etiology for this epidemic is not fully understood
- Cancer screening and understanding genetic risk is important
- Cancer treatment has toxicities

Young patients have many unique challenges

- Physical
- Reproductive
- Psychological
- Financial

Video Case Study

Challenges and description from patient's perspective

Early Onset Cancer: A New Workplace Reality

40%

Approximately, **40% of people** diagnosed with cancer are of a **working age** (between 25 - 64)[1]

An **unsupportive employer** is one of the most significant factors in this statistic

40% never return to work

50% wished they could but **were not supported** by their employer

> **Living & working with cancer is the new reality**
>
> - Wall Street Journal, 2024

1. Kiasuwa Mbengi, R., Otter, R., Mortelmans, K. et al. Barriers and opportunities for return-to-work of cancer survivors: time for action—rapid review and expert consultation. Syst Rev 5, 35 (2016). https://doi.org/10.1186/s13643-016-0210-z

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Implications for Employers

Disability Cancer Claims

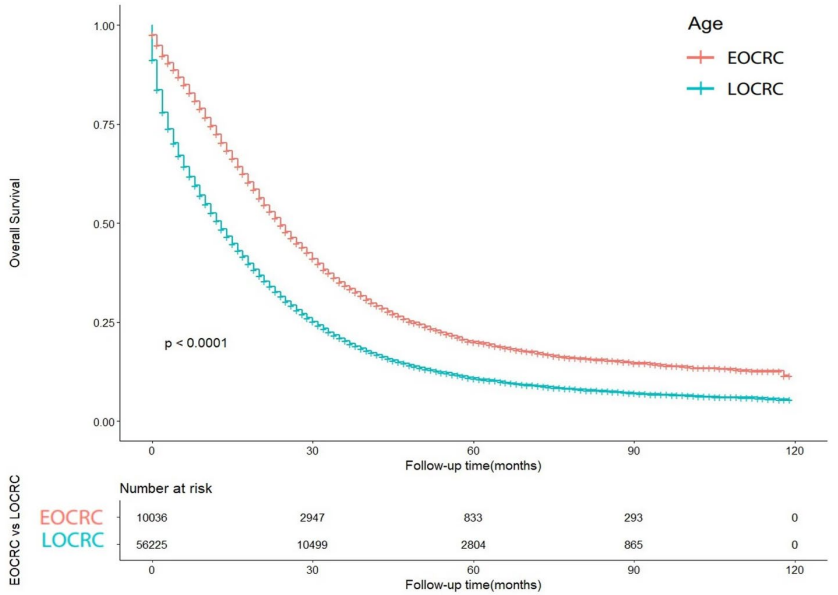
- ~11% of LTD claims are cancer claims[1]

Longer duration & recovery

- Employees with early onset cancer are more likely to survive
  - — Survival curves for Early Onset Colorectal Cancer (EOCRC) vs Late Onset Colorectal Cancer (LOCRC)[2]
  - — Can see that the **EOCRC patients have significantly better overall survival** than late onset counterparts
- Focus shifts to supporting recovery and return to work rather than end of career payouts or retirement

Financial Strain

- Younger patients often face heavy costs
- 70% of cancer patients aged 35-44 have medical debt even with insurance[3]
- Disability insurance is critical to reduce financial strain



1. MetLife internal book of business.
2. Ren, B., Yang, Y., Lv, Y. et al. Survival outcome and prognostic factors for early-onset and late-onset metastatic colorectal cancer: a population based study from SEER database. Sci Rep 14, 4377 (2024). https://doi.org/10.1038/s41598-024-54972-3
3. Meeker CR, Wong YN, Egleston BL, Hall MJ, Plimack ER, Martin LP, von Mehren M, Lewis BR, Geynisman DM. Distress and Financial Distress in Adults With Cancer: An Age-Based Analysis. J Natl Compr Canc Netw. 2017 Oct;15(10):1224-1233. doi: 10.6004/jnccn.2017.0161. PMID: 28982748; PMCID: PMC7569506.

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Implications for Employers continued

Workforce impact

- Working age employees may need extended leave or accommodations
- Productivity will be affected but compassionate handling is key[1]

Support vs Attrition

How employers respond dictates retention;

- Support & trust builds loyalty
- Neglect risks losing talent[2]

Culture of care

Treat health crises as a shared challenge

- An opportunity to impact an employee and build trust

Adjust workloads, provide backup for the employee on leave and assure them:

- "Your job is safe; your focus should be on getting well."

Action for Employers

Understand the options for RTW & rehabilitation supports available

[1]. Ren, B., Yang, Y., Lv, Y. et al. Survival outcome and prognostic factors for early-onset and late-onset metastatic colorectal cancer: a population based study from SEER database. Sci Rep 14, 4377 (2024). https://doi.org/10.1038/s41598-024-54972-3

[2]. Meeker CR, Wong YN, Egleston BL, Hall MJ, Plimack ER, Martin LP, von Mehren M, Lewis BR, Geynisman DM. Distress and Financial Distress in Adults With Cancer: An Age-Based Analysis. J Natl Compr Canc Netw. 2017 Oct;15(10):1224-1233. doi: 10.6004/jnccn.2017.0161. PMID: 28982748; PMCID: PMC7569506.

Health Benefits of Good work: Work as a form of Rehabilitation

Work enhances recovery

- Employment provides structure, purpose & social connection, which improves mental health and aids recovery[1]

Improved Quality of Life & "Normalcy"

- Studies have demonstrated that RTW in cancer patients can improve QoL[2]
- Work is a form of therapy; cognitive and physical

Challenges without support

Many people struggle to RTW without accommodations.

In one post Covid rehabilitation study; ~49% of employees were back to work after 12 months[3]

- Unmanaged health conditions can delay or prevent work reintegration
- Prolonged work absence can hinder full recovery

1. World Health Organization; Mental Health at Work; 2024; *https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work*
2. Lamore K, et al. Return to Work Interventions for Cancer Survivors: A Systematic Review and a Methodological Critique. Int J Environ Res Public Health. 2019. https://pmc.ncbi.nlm.nih.gov/articles/PMC6518012/
3. Müller K et al. Long-term course and factors influencing work ability and return to work in post-COVID patients 12 months after inpatient rehabilitation. J Occup Med Toxicol. 2024 Nov. https://pmc.ncbi.nlm.nih.gov/articles/PMC11529184/

Supportive Workplaces Matter

Cancer patients have unique needs

RTW after cancer be difficult[1]

- Long term side effects including fatigue, "chemo brain" (cognitive fog), pain or mobility limitations can interfere with job duties

- Psycho-social distress (anxiety, changed priorities) and workplace stigma or misunderstanding can also hinder RTW

1. City of Hope Hospital; Work & Employment; https://www.cityofhope.org/patients/survivorship/practical-concerns-after-cancer-treatment/work-and-employment-after-treatment
2. US Department of Labor; Workplace Protections for Individuals Impacted by Cancer; https://www.dol.gov/agencies/whd/fmla/workplace-protections-for-individuals-cancer
3. U.S. Equal Employment Opportunity Commission; Cancer in the Workplace and the ADA. https://www.eeoc.gov/laws/guidance/cancer-workplace-and-ada

Workplace accommodations & Support

HR & managers play an important role in facilitating RTW[2]

Relevant policies including ADA[3] & FMLA[2]

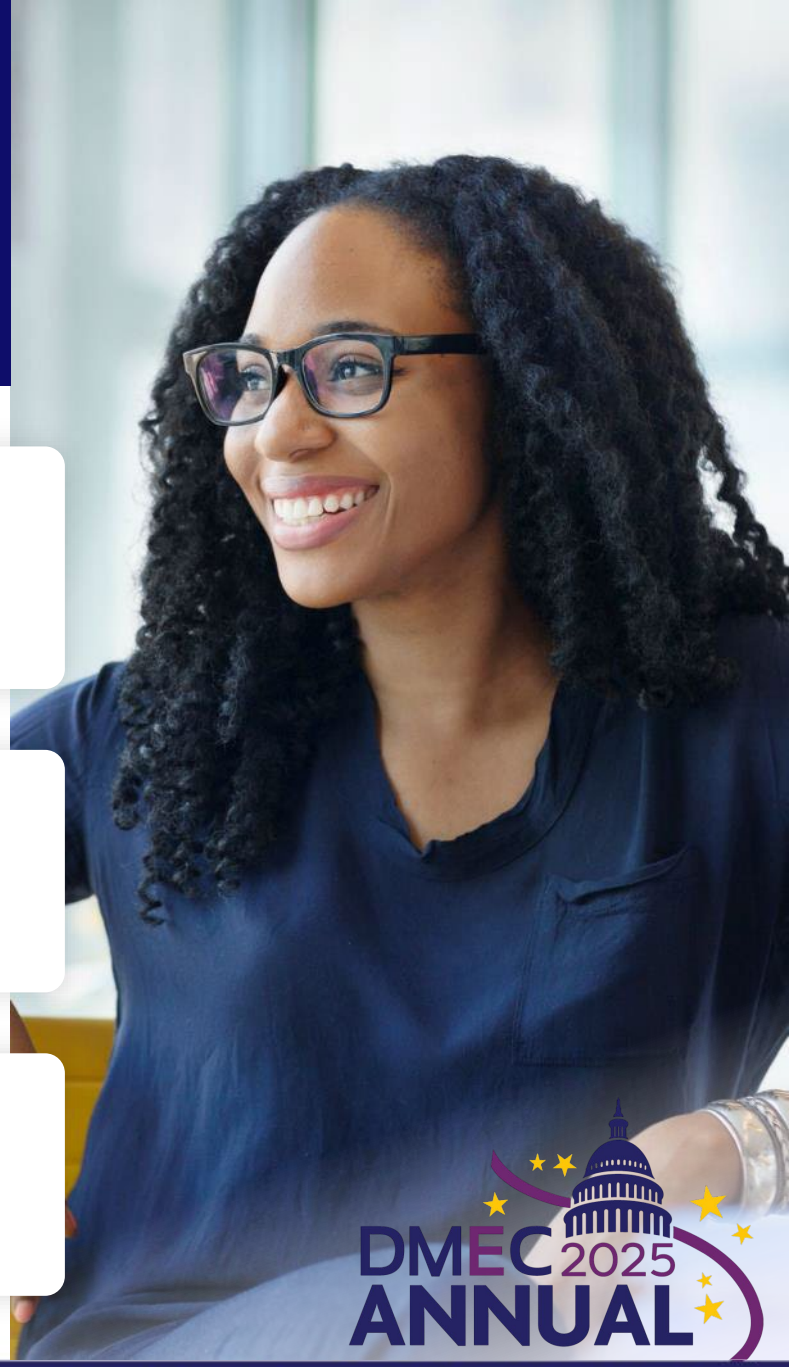
- **ADA:** Requires employers to provide reasonable accommodations to enable survivors to work as long as they can perform essential job functions[3]

- **FMLA:** entitles eligible employees to take up to 12 weeks of unpaid, job-protected leave for serious health conditions (their own or a family member's)[2]
  - Continued group health insurance, job protection & protection against retaliation

Benefit & Wellness programs:

The impact of positive benefits experiences

When employees are satisfied with their benefits package:	**2.2x**	more likely to trust their employer and	**1.9x**	more likely to feel cared for
When employees trust and feel cared for:	**3x**	more likely to be holistically health	**2x**	more engaged at work
When employees use disability insurance:	**1.1x**	10% more likely to feel – cared for	**1.2x**	21% more likely to feel – holistically healthy, etc.



Questions

Thank You!

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