NBCH action brief

Breast Cancer

Among American women, breast cancer is the most common non-skin cancer and the second leading cause of cancer death, exceeded only by lung cancer.[1] In 2010, medical costs associated with female breast cancer were estimated at $16.5 billion—the highest cost for any cancer site—with total cancer costs in the United States amounting to nearly $125 billion.[2] The significant financial burden of cancer, compounded with the emotional strain of diagnosis and treatment, can create a complex situation for employers. This Action Brief outlines the scope of breast cancer as well as how health plans are addressing the issues based on data from eValue8™, a resource used by purchasers to track health plan performance. Lastly, the brief highlights actions employers can take to improve breast cancer prevention strategies and to better support workers and dependents facing breast cancer diagnosis and treatment.

WHAT'S THE ISSUE?

APPROXIMATELY 12% OF AN EMPLOYER'S TOTAL MEDICAL SPEND IS ATTRIBUTED TO CANCER RELATED EXPENSES[3]

WHAT IS CANCER?

- There are more than 100 different types of cancer.
- Normal cells grow, divide, and die in an orderly fashion. Cancer is the result of abnormal cell growth and division where cells do not die but rather evolve into a mass of tissue called a tumor.
- Benign tumors are non-cancerous, can often be removed, do not typically return, and do not spread.
- Malignant tumors are cancerous and can spread to other parts of the body through the bloodstream or lymph vessels. This process is known as metastasis.[4]

BREAST CANCER FACTS & FIGURES

- Breast cancer is the result of abnormal cell growth and division within the breast.
- Invasive or metastatic breast cancer is when abnormal cells travel from the breast to other parts of the body through the blood stream or lymphatic system.[5]
- The lifetime probability of developing breast cancer is one in six.[6]
- The early detection of breast cancer with screening mammography increases early diagnosis and reduces the risk of dying from breast cancer by 15% to 20%.[7]
- In 2014, more than 295,000 American women will be diagnosed with breast cancer, and 40,000 women will die from the disease.[8]

BREAST CANCER RISK FACTORS

- Life-style related health factors—postmenopausal hormone therapy; obesity; low physical activity; and the use of alcohol and tobacco—increase breast cancer risk at varying rates.[9]
- The incidence of breast cancer is highest in white women, but African-American women have higher breast cancer mortality rates than other women at any age group.[10]
- A woman's risk of breast cancer nearly doubles if she has a first-degree relative (mother, sister, or daughter) who has been diagnosed with breast cancer.[11]
- The United States Preventive Services Task Force recommends that women who have family members with breast cancer be evaluated to test for the presence of harmful gene mutations in BRCA1 and BRCA2.[12]

WHY EMPLOYERS SHOULD CARE

- Cancer costs employers an estimated $264 billion a year in medical care and lost productivity.[13]
- The treatment of breast cancer in the early stages is estimated at an average cost of $22,000 per patient, whereas stages 3 and 4 are associated with costs in excess of $120,000.[14]
- Cancer is the leading cause of long-term disability among employees,[15] resulting in more than 33 million disability days per year.[16]
- Of the 12 million Americans with cancer today, an estimated 3 million are actively employed.[17]
- On average, more than 80% of women with breast cancer return to work.[18]

MEASURING UP

EVALUE8 RESULTS SHOW THAT PLANS ARE DOING GENERALLY WELL SUPPORTING AT-RISK POPULATIONS AND WORKING TO IMPROVE BREAST CANCER SCREENING RATES.

- On average, plans report that 72% of women aged 40-69 in HMOs and 67% in PPOs received a mammogram to screen for breast cancer in the past 2 years.
- All surveyed plans (100%) use educational messaging highlighting screening options as well as risks and benefits; nearly all plans (97%) use member-specific reminders for gaps in services based on clinical or administrative information; and 82% send member-specific reminders for needed care based on general eligibility (gender/age).
- Of surveyed plans, 75% of HMOs and 90% of PPOs report providing genetic testing for breast cancer to at-risk members.
- Nearly all surveyed plans (100% of HMOs and 97% of PPOs) also use genomic testing to assess appropriateness or effectiveness of specialty drugs used for breast cancer treatment.
- Most of the surveyed plans (91%) offer disease management programs for their members with cancer—36% reported that the management services are available plan-wide to all members with cancer, while 45% specified that they manage cancer as a comorbidity to another condition.

Cancer is a result of damage to our genes, and the damage can occur for three reasons: an individual may be born with a defective gene; an individual may be exposed to environmental toxins, such as smoking; and lastly, genes simply wear out over time, which in part accounts for the increased cancer rates in older adults.[19] Personalized medicine is a new and promising strategy doctors use to learn about a patient's genetic makeup and unravel a tumor's biology. Such information can help identify prevention, screening, and treatment strategies that may be more effective and cause fewer side effects than would be expected with standard treatment options.[20]

Many of the first breakthroughs in personalized medicine have occurred in the study of genetics and genomics. The study of genetics looks at single gene abnormalities (e.g., BRCA1 and BRCA2). Such markers help warn individuals about their increased cancer risks and empower them to make more informed decisions about prevention and early detection options.[21] Evidence-based genomic testing looks at a family of genes after a cancer diagnosis to analyze risk of recurrence and help facilitate decisions about treatment options.[22]

For example, studies show that only 4 out of 100 patients diagnosed with the most common type of early stage breast cancer can benefit from chemotherapy,[23] yet 62% of such patients are urged to undergo the treatment.[24] In a different study of over 1,500 breast cancer patients, those who received genomic testing were 51% less likely to receive chemotherapy and had lower total and oncology-specific costs compared to similar but untested patients in the same year (a difference of $9,558 and $1,373, respectively).[25]

TAKE ACTION

Action Item #1: Develop worksite cancer prevention support strategies

- More than one-third of all cancers are related to modifiable lifestyle factors that include lack of physical activity, poor nutrition, and tobacco use.[26] Weave cancer prevention messaging into existing wellness programs and communications.
- Encourage the appropriate utilization of recommended cancer screenings by:
  - bringing health educators to the worksite;
  - conducting awareness campaigns aligned with national cancer campaigns (e.g., promoting mammograms as part of Breast Cancer Awareness Month in October);
  - requiring plans to send cancer screening reminders to eligible workers; and
  - reducing or eliminating copays and deductibles[27] or providing incentives for recommended screenings.
- The American Cancer Society's Workplace Solutions and Partnership for Prevention's Investing in Health offer free programs, tools, and communications to encourage cancer prevention as well as better nutrition and increased activity.
- NBCH's ValuePort™ offers a variety of cancer screening strategies for employers.

Action Item #2: Engage your health plan and vendors to support strategies for employees with cancer

- Work with your service providers to ensure they offer robust reporting tools to drill down into the clinical as well as economic data across medical and pharmacy benefits.
- Identify plans and/or hospitals that provide patient navigation programs, which provide personal guidance to cancer patients, including treatment options and resources.
- Talk with your plan about cancer support programs, and enlist your specialty pharmacy/PBM vendor to support adherence programs.
- In addition to screenings, ensure coverage for diagnostic follow-up as well as treatment.
- Due to the high price of many cancer drugs, (see Specialty Pharmacy Action Brief) confirm that there are reasonable out-of-pocket caps in place.
- Implement effective and flexible job accommodations and return-to-work programs that support the worker as they transition back into the workplace.

Action Item #3: Become a leader in your community

- Employer-based health coalitions serve as vehicles for improving workforce and community health at the local level by leveraging the voice and power of their employer members to achieve the most value for every health care dollar spent.

Endnotes

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