

Recently SCOR and CancerCARE announced a collaboration to encourage use of comprehensive cancer management services for life insurance policyholders in Health and Wellness programs. The following discussion expands on this announcement and discusses the clinical aspect of such a program.

Cancer impacts many of the nation’s life insurance policyholders, and deaths are common. Many cancers and many of the deaths are avoidable, and the risk of cancer death can be managed in many cases. With the help of a comprehensive cancer program, policyholders can better understand their risk and take specific actions to prevent the development of cancer. If cancer does develop despite these steps, these policyholders discover the cancer at an early stage, thus saving lives.

Additionally, cancer patients can benefit from ensuring the right care at the right time at the right place. The three pillars of an effective cancer management program (prevention, early detection, and ideal management) can provide the tools for policyholders to avoid unnecessary and premature death.

Why is cancer an important area for life insurance companies to focus on?

Cancer is the leading cause of death worldwide, accounting for roughly 10 million deaths in 2020¹.

In the United States, the statistics are staggering: ~40% of people have a lifetime risk of developing cancer², just under two million cases of new cancers are diagnosed each year. Cancer deaths are the second most common cause of death with more than 600,000 occurring in the US annually³. For US life insurance policyholders, cancer is the most common cause of death. So, there is a clear problem. Is there a solution?

The American Cancer Society reports that “about 42% of cancer cases and 45% of cancer deaths in the United States are linked to modifiable risk factors – and thus could be preventable”⁴.

The following table has examples of modifiable risk factors associated with a poor cancer mortality prognosis which can be impacted by a comprehensive cancer management program.

Modifiable risk factors associated with the development and poor prognosis of cancer

Lifestyle risk factors (e.g., smoking, obesity, environmental exposures)	Inadequate cancer screening	Unrecognized hereditary cancer syndromes
Failure to obtain a timely and correct cancer diagnosis	Failure to promptly initiate effective cancer treatment	Noncompliance in obtaining close surveillance during cancer treatment
Nonadherence to cancer treatment	Failure to anticipate and/or identify serious treatment side effects early and effectively	Once achieving remission, failure to discover relapse, uncover the development of new cancers, or reveal the complications of the previous cancer treatment.



Second opinions result in a high percentage of changes in diagnosis and/or treatment plan, clinical trials are commonly underutilized, and many cancer patients experience depression, anxiety, and side effects from the treatment and cancer diagnosis. These factors result in nonadherence to the cancer treatment. Not all patients are getting the right treatment at the right place at the right time, resulting in unnecessary suffering and premature death. The deaths associated with these concerns are potentially preventable.

What barriers are patients with a cancer diagnosis facing?

There are many barriers to obtaining optimal results. The health care system can be intimidating and difficult to navigate. Access to high quality care centers and treatment plans, potential onset of depression or anxiety, lack of clear understanding of the disease and treatment options, financial and insurance coverage concerns, and treatment side effects are just some of the obstacles that patients experience.

Frequently a discovery to delivery gap occurs in clinical medicine. This gap from the time a new diagnostic test, screen, or treatment is discovered by leading scientists to the time it is known about and readily available to every physician and patient can span from several months to several years.

Let's look at some specific examples to illustrate the above points.

Clinical trials and second opinions are helpful to many cancer patients. Rare cancers, frequently defined as cancers impacting fewer than 40,000 people per year,⁵ can be very difficult to diagnose and treat. Patients with these rare cancers typically benefit from care delivered at sophisticated medical centers with the option of clinical trial inclusion.

Let's focus on second opinions more closely. Certain types of cancer are likely to be misdiagnosed and/or mistreated. In many cases a second opinion is helpful and, in some, vital for a good outcome.

In one systematic review of cancer studies⁶ involving second opinions, the authors stated that 12%-69% of second opinions resulted in a change in diagnosis, treatment, or prognosis. Memorial Sloan Kettering reported in 2023⁷ that when reviewing second opinions for 120 cases of colorectal, head and neck cancer, lung cancer, or myeloma, they found that 35% of cases had a diagnostic change or treatment plan change which impacted mortality and/or morbidity. When looking at pathology reports MD Anderson noted in 2011⁸ that upon review of ~2,700 cases, 25% showed a discrepancy between the original pathologist report and the second opinion report.

How can a comprehensive cancer approach improve outcomes and save lives?

Cancer care is frequently received in community health care centers, in specialty hospitals, or sometimes at cancer centers designated by National Cancer Institute (NCI). Care at 72 NCI-designated cancer centers in the United States⁹ is often associated with better mortality, especially with certain types of cancers.



For example, Dartmouth Cancer Center, an NCI-Designated Cancer Center, published a study¹⁰ comparing three-year mortality at NCI-designated centers versus non-NCI designated centers. They discovered a 15% decrease in mortality with lung and prostate cancers. Breast and colorectal cancer patients had a 7% decrease in mortality. Similarly in 2015, a California-based study found a significant increase in mortality for the three cancers studied (lung, breast, and colorectal) when treated in a non-NCI designated center versus an NCI-designated center.¹¹

Why have cancer rates declined by 27% during the past 20 years? Research¹² shows that cancer rates declined due to targeted smoking cessation campaigns, cancer vaccines such as HPV and hepatitis B, cancer screening tests such as colorectal and cervical screenings, and new cancer treatments that can target specific types of cells like immunotherapy. Additionally, most oncologists in the United States follow National Comprehensive Cancer Network® (NCCN) guidelines. The Journal of Clinical Oncology states, “adherence to NCCN guidelines leads to improved outcomes. To improve quality of care, institutions should closely monitor the adherence to NCCN or alternative national guidelines.”¹³

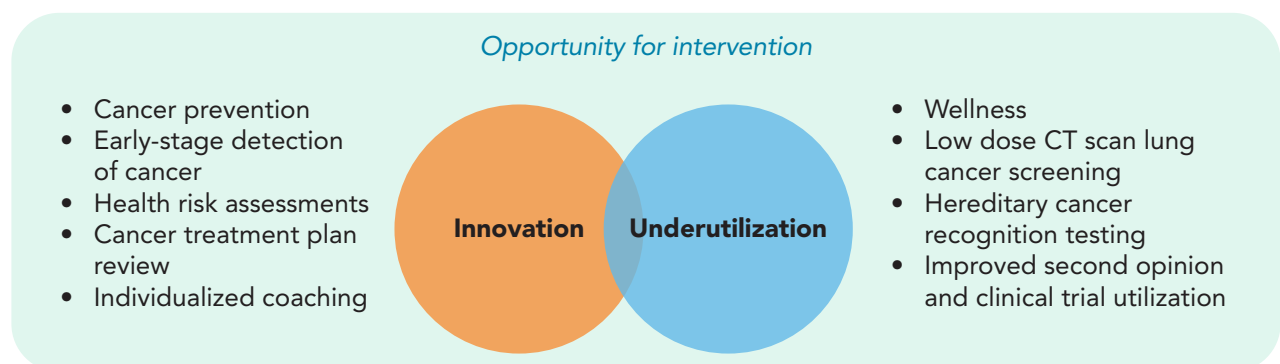
The combination of guideline-based approaches, new treatment options, education, prevention, and early detection has led to this dramatic decrease in cancer rates during the last two decades. However, even with all this work, hundreds of thousands of Americans are still dying each year. In many cases these deaths could be prevented. More consistent utilization of evidence-based, guideline-recommended screening, diagnosis and treatment would be impactful.

Getting scheduled cancer screenings and obtaining wellness exams are helpful in minimizing cancer risk. Cancer screening can prevent thousands of cancer deaths, and yet more than 25% of individuals are not obtaining recommended cancer screening for breast, cervical, and colon cancers. For lung cancer, which is the most frequent cause of death in life insurance claims, an effective screening test is now available allowing for an approximate 20% reduction in mortality. Unfortunately, greater than 90% of high-risk individuals are not obtaining the recommended annual screening. Sometimes there are no symptoms in early-stage cancer, which is why obtaining screenings is very important. Likewise, discussing any early symptoms or signs with your doctor is helpful if anything is different or seems off.

Identifying patients with risk factors for hereditary cancer syndromes (e.g., BRCA, Lynch, and others) and ordering appropriate lab screening tests can help identify the approximate 10% of all cancers which fall into this category. Once those with hereditary cancer syndromes are identified, medical and surgical options may prevent cancer from developing. But, like cancer screening mentioned previously, most people (>90%) with hereditary cancer syndromes are unaware of their high risk for cancer. These statistics help illustrate the opportunity.

Clearly there is opportunity for improvement in cancer mortality. A comprehensive cancer management program can deliver the tools, the education, the encouragement, and the coaching to help policyholders manage the risk.

A comprehensive, patient-centered cancer management team will save and prolong the life of many patients with cancer diagnoses. Clearly there is an opportunity for life insurers to assist policyholders in managing their risk of death by introducing innovative programs such as these.



What are the services offered by CancerCARE, and how do they interact with cancer patients?

CancerCARE is a nurse-centered comprehensive cancer management company that focuses on helping policyholders avoid a cancer diagnosis or discover cancer early. The program also helps policyholders effectively navigate a cancer diagnosis and the complex health care system.

CancerCARE works to prevent cancer by encouraging preventive screenings, immunizations, and lifestyle changes and by recommending specific actions such as helping identify those with familial predisposition for cancer to obtain the proper diagnosis and treatment plan for better outcomes. Early detection, which results in earlier stage discovery associated with markedly improved outcomes, is also impactful. Education and encouragement are helpful in improving early detection.

When cancer is diagnosed, CancerCARE's passionate clinical team oversees the policyholder's treatment plan to ensure the member has optimal treatment with proven results. Execution is important, as a quick review and communication are vital to prevent any delay in evidence-based treatment. Interestingly, a recent internal study completed by CancerCARE in a life insurance program-like cohort showed that approximately 64% of cancer patients presented their treatment plan for review, and in 14% of cases, the treatment plan was discovered to be non-evidence based compared to NCCN guidelines considering efficacy, safety, and cost considerations, all of which are important for adherence and better outcomes. In more than 70% of cases an intervention with the clinical team led to usage of an evidence-based treatment plan.

The clinical team also reviews pathology and determines if secondary pathology is necessary to determine if the diagnosis and treatment plan are correct. CancerCARE offers a Center of Excellence network so that if the policyholder would benefit from a second opinion or clinical trial, these options can be arranged timely and within their network to minimize out-of-pocket costs, which continue to climb for cancer patients. The American Cancer Society (2022)¹⁴ found that cancer patients often reach their out-of-pocket maximums within the first one to three months of a diagnosis and that the

average maximum out of pocket limit in the United States is \$8,700 for an individual plan.

The economic burden of a cancer diagnosis is stressful. According to an Institute of Medicine report¹⁵ "the costs of cancer treatments are escalating unsustainably, making cancer care less affordable for patients and their families and creating disparities in patient access to high-quality cancer care." The team at CancerCARE is skilled at identifying and enrolling cancer patients -- your policy holders -- into copay assistance programs, food programs, free medical care, and other financial assistance programs to offset the high cost of cancer treatments.

It is well documented that depression and anxiety have been shown to worsen disease symptoms as well as increase mortality, thus shortening cancer survival¹⁶. The emotional support, education, and other support that CancerCARE provides to policyholders during their diagnosis aims to decrease these issues, control depression/anxiety and improve outcomes.

Susan, a 59-year-old female, had received many lines of therapy, including stem cell transplantation and CAR T therapy for her long history of diffuse large B cell lymphoma. After finishing her first line of treatment, her cancer continued to spread. She was then prescribed a new line of treatment for her lymphoma; however, the copay is \$4,100 per month.

When the nurse talked to her, she was just going to forgo treatment because she couldn't afford it. Her pharmacy had already initiated an application with Bristol Meyers to pursue assistance with the ongoing copay, but Susan needed to start the treatment right away due to the aggressive nature of this recurrence.

A CancerCARE nurse case manager was able to provide Susan with additional financial resources of \$13,000 to assist her with her out-of-pocket expenses. This allowed Susan to pay for the first month prescription of the new treatment, so that she could begin as soon as possible.

Stories like this show why life insurance companies need programs such as CancerCARE. In this instance, the clinical team reviewed Susan's treatment plan and ensured it met evidenced-based guidelines. Secondly, they listened to the needs of the patient. Susan was just going to give up. Not because



treatment was futile but because she didn't have the resources to continue treatment.

Healthcare today is complicated and requires experts to explain, coordinate, educate, and drive care to derive outcomes such as decreased mortality. Domenech-Briz, Gomez Romero, Miguel-Motoya et al (2020)¹⁷ found that implementation of case management programs results in significant decreases in readmissions, emergency room visits, health care costs, and hospitalizations. Nurse case managers at CancerCARE aren't observers of care. They are exactly what their title describes – managers of care. These oncology clinical experts are managing cases to ensure policyholders are experiencing exceptional outcomes. They are involved in every aspect of care from something as simple as arranging wigs for members to reviewing clinical guidelines for appropriateness.

“Right Care. Right Time. Right Place.” is the CancerCARE tag line embedded into the daily work of the clinical team. Each clinical member creates this synergy using NCCN guidelines and the belief of patient rights and second opinions utilizing the Center of Excellence network. Each policyholder is assigned to his/her own personal nurse case manager throughout the course of their treatment.

Thus, life insurance companies have an opportunity to partner with policyholders to try to prevent unnecessary cancer deaths. Policyholders would benefit from having a helping hand as they navigate the intimidating health care system. Most people are getting ideal care, but for those who are struggling, this helping hand could be the difference between life and death.

Building an impactful H&W solution

<p>IDEA</p>  <p>Concierge Cancer Program:</p> <ul style="list-style-type: none"> • Leading cause of death for life insurance carriers • Minimal claims protection from underwriting • Addresses gaps in healthcare • Benefit to society as a whole • Great alignment for all stakeholders • Designed to encourage evidence-based high quality care 	<p>PARTNERS</p>  <p>CancerCARE:</p> <ul style="list-style-type: none"> • Proven track record improving cancer outcomes • Established platforms, process, skills, and relationships <p>SCOR:</p> <ul style="list-style-type: none"> • Data and experience to target the approach • Linkage and relationships within the life insurance industry • Learnings applying H&W in life insurance
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Creating a “value added” proposition

Term	Definition
Modifiable risk factor	A risk factor that can be changed, either by controlling it or eliminating it.
Preventable death	A premature death which can be avoided through specific actions that reduce or remove modifiable risk factors.
NCI-designated Cancer Center of Excellence	The National Cancer Institute recognizes some healthcare delivery systems based upon their meeting rigorous standards for preventing, diagnosing, and treating cancer. There are 72 centers located in 36 states and the District of Columbia.
National Comprehensive Cancer Network	A not-for-profit alliance of 33 leading cancer centers promoting patient care, research, and education including the publication of guidelines for cancer care.
Comprehensive cancer management program	A coordinated approach to cancer management focusing on components of prevention, early detection, and management of cancer. This includes education and encouragement and in many cases coaching.
Cancer Treatment Plan	The American Cancer Society describes it as “a document that is created by the cancer care team and given to the patient and others that may need to know the planned course of care.” It is roadmap describing “the expected path of treatment”.
Evidence-based	An approach in clinical medicine describing a strategy or treatment that is derived from objective evidence using the best relevant research.

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