

EQUITY IN BREAST HEALTH: What Employers Need to Know



Wednesday, October 22, 2025
12:00 - 1:00pm

MSK Direct



Memorial Sloan Kettering
Cancer Center

Webinar Procedures



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The recording and a PDF of the presentation will be shared.



Q&A

You have no question.

What h

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Speakers



Dr. Victoria Blinder
Breast Medical Oncologist
*Memorial Sloan Kettering Cancer
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MSK Direct

October 22, 2025



Memorial Sloan Kettering
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Reducing disparities in breast cancer outcomes

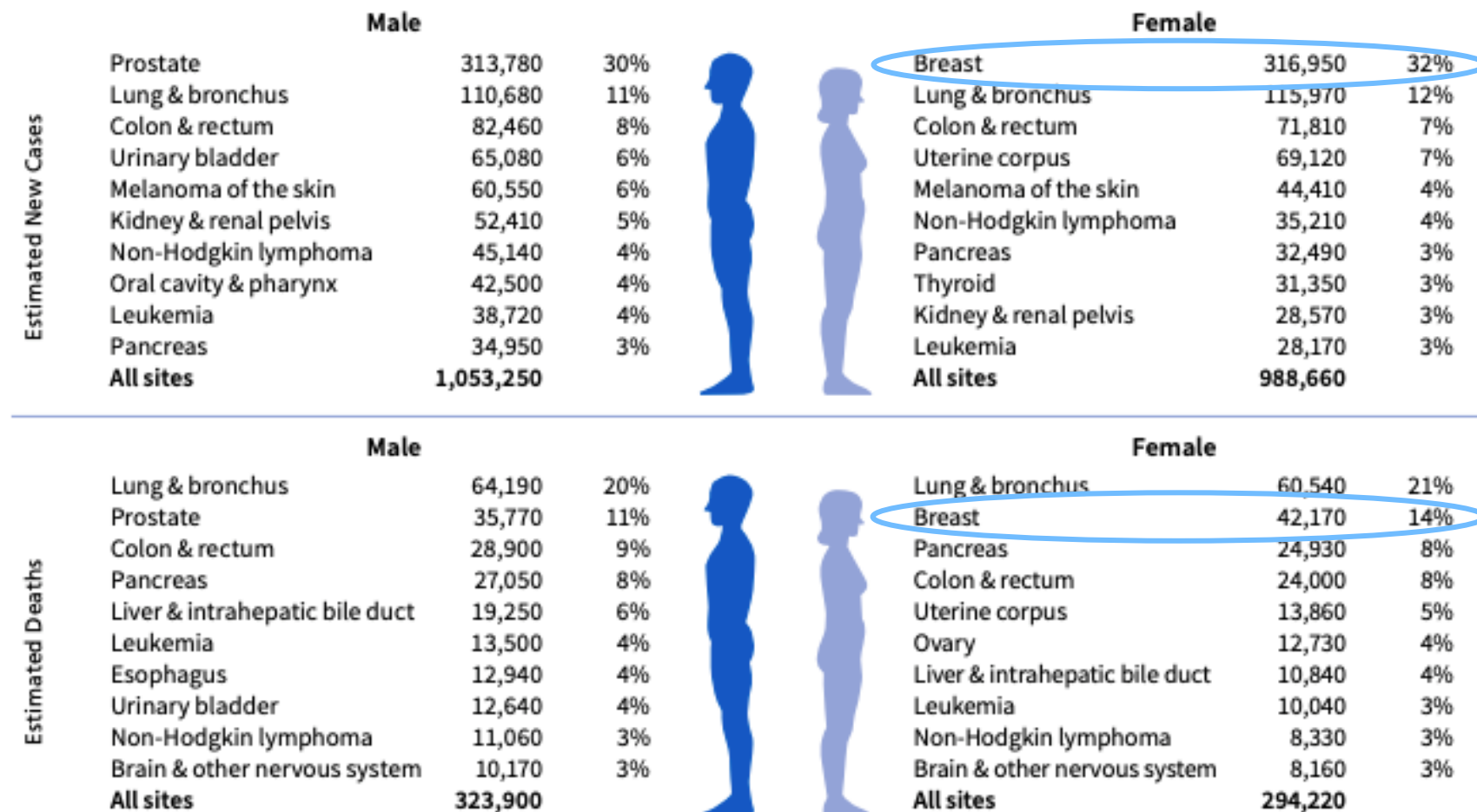


Dr. Victoria Blinder

Breast Medical Oncologist
Memorial Sloan Kettering Cancer Center

Epidemiology

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2025 Estimates

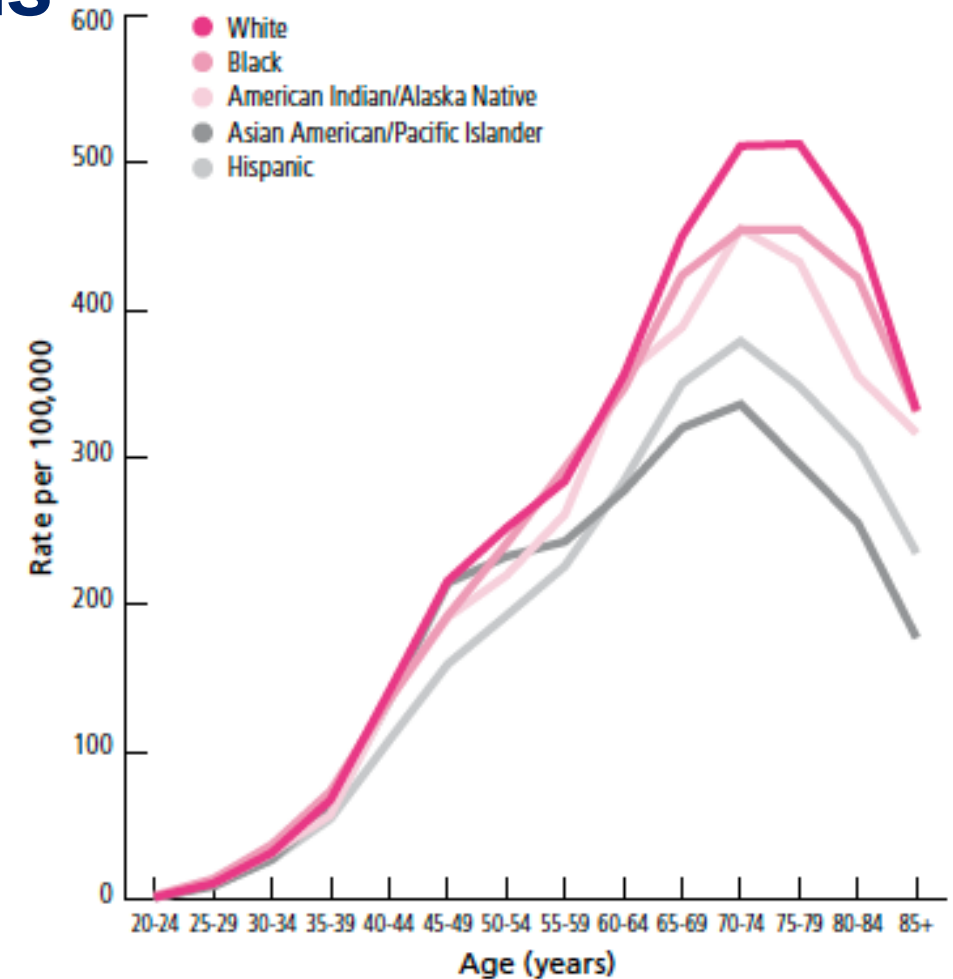


Estimates exclude US territories and are rounded to the nearest 10; cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Ranking is based on modeled projections and may differ from observed data.

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Likelihood of breast cancer diagnosis

- Black women have highest incidence of breast cancer in women aged ≤ 40
- White women have the highest incidence in women aged 65-84
- Lower risk of breast cancer in Hispanic and Asian women does not mean these groups are not also at risk!

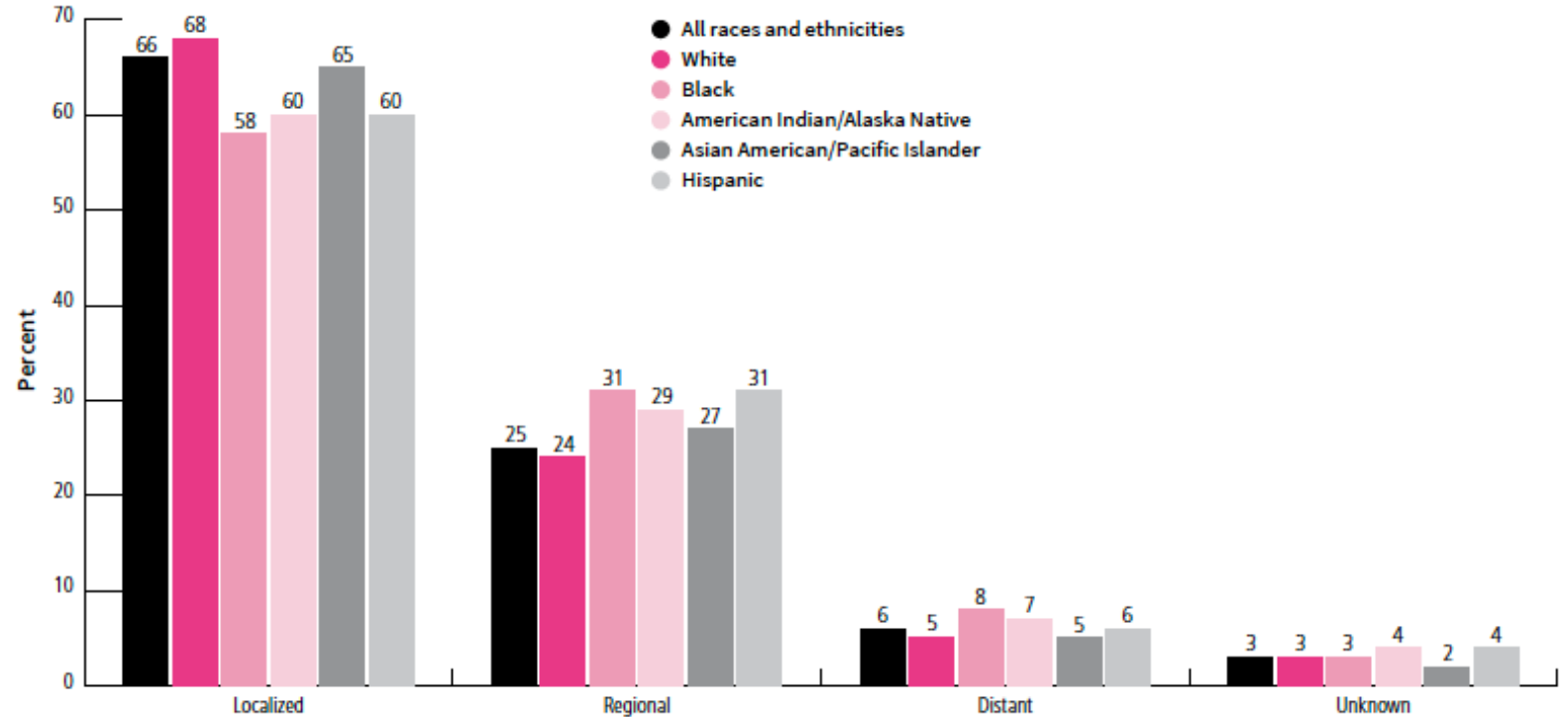


Rates are per 100,000 and age adjusted to the 2000 US standard population. Data for American Indians/Alaska Natives are based on Purchased/Referred Care Delivery Area counties. Race is exclusive of Hispanic origin.

Sources: North American Association of Central Cancer Registries, 2024.
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Female breast cancer stage distribution by race and ethnicity, 2017-2021

- Black women are least likely to be diagnosed with localized stage
- Most likely to be diagnosed with regional stage or distant stage (metastatic) breast cancer
- Likely due to disparities in access to high-quality screening



AIAN=American Indian/Alaska Native. Race is exclusive of Hispanic origin. Stage classification is based on Combined Summary Stage. **Local:** an invasive malignant cancer confined entirely to the organ of origin. **Regional:** a malignant cancer that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes; or 3) has both regional extension and involvement of regional lymph node. **Distant:** a malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distant organs, tissues, or via the lymphatic system to distant lymph nodes. Data for American Indian/Alaska Native individuals are based on Purchased/Referred Care Delivery Area counties.

Source: North American Association of Central Cancer Registries, 2024.

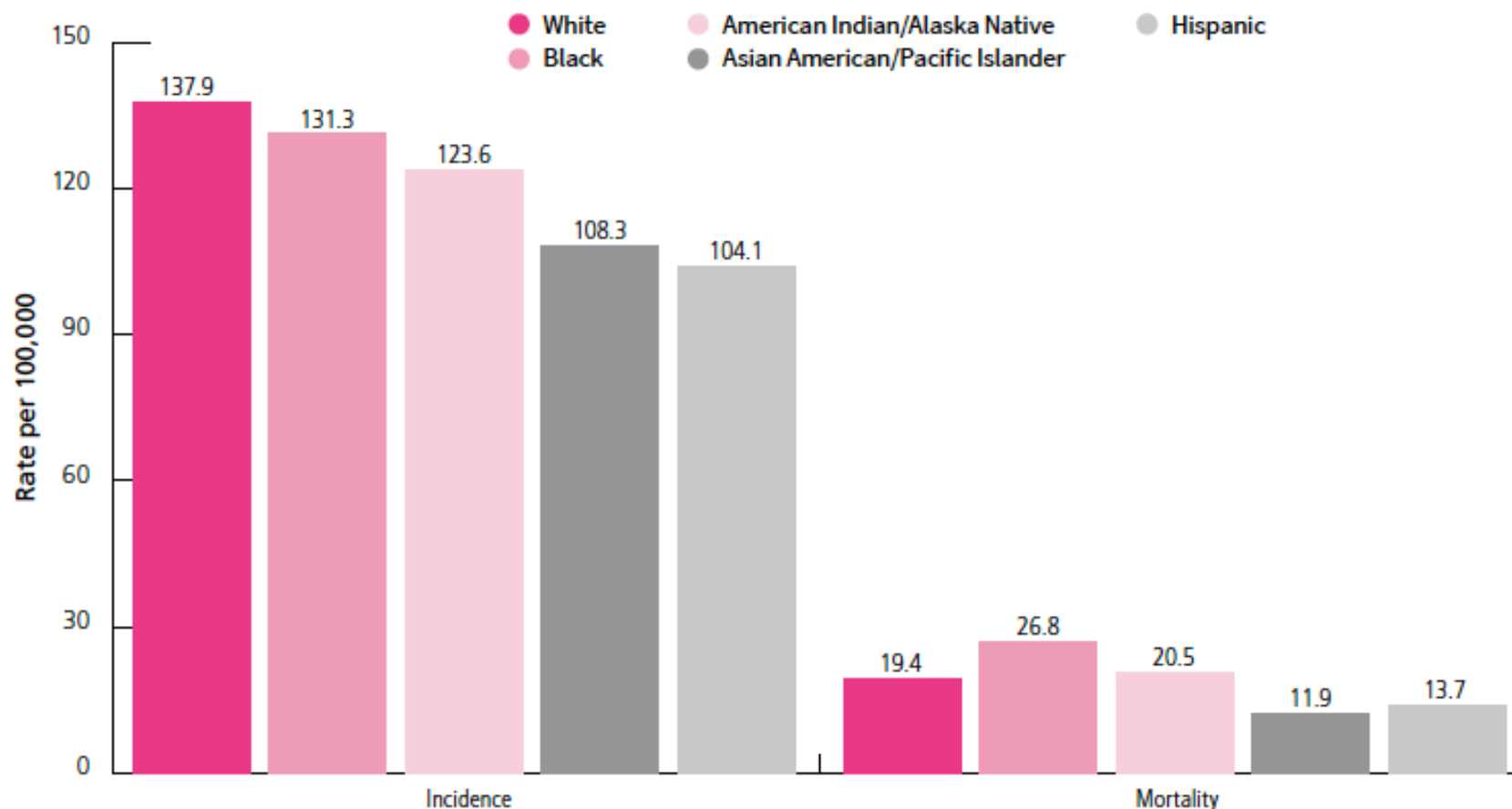
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Take-home point #1: promote screening



1. Encourage patients to be screened per their doctors' recommendations
2. Minimize barriers to screening
 - Time off
 - Cost
 - Cancer stigma
 - Education

Breast cancer incidence and mortality by race and ethnicity



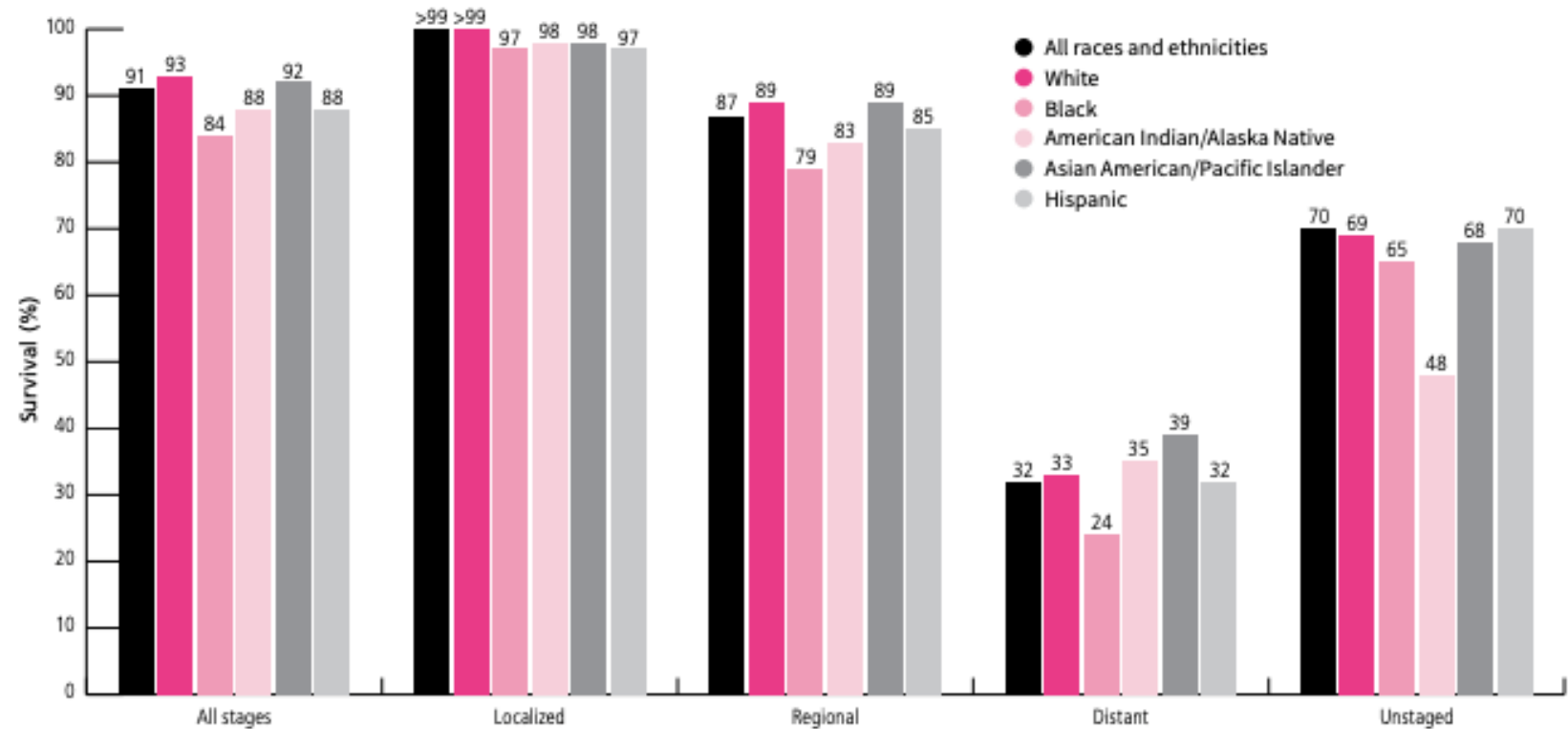
- Black women have 5% *lower* breast cancer incidence but 38% *higher* breast cancer mortality (vs. White)
- Higher mortality thought to be due (at least in part) to disparities:
 - Decreased access to screening → higher stage at diagnosis
 - Decreased access to high-quality treatment → higher mortality

AAPI=Asian American/Pacific Islander. AIAN=American Indian/Alaska Native. Rates are per 100,000 and age adjusted to the 2000 US standard population ; incidence is adjusted for delays in reporting. Race is exclusive of Hispanic origin. To reduce racial misclassification, incidence data are confined to Purchased/ Referred Care Delivery Area counties, while mortality data are for the entire US with adjustment factors for racial misclassification applied. (See Data Methods and Limitations, [page 20](#)).

Sources: Incidence – North American Association of Central Cancer Registries, 2024. Mortality – National Center for Health Statistics, Centers for Disease Control and Prevention, 2024.

Five-year relative survival rates by stage at diagnosis and race/ethnicity, 2014-2020

- Black women have lowest survival for every stage
- Likely due to disparities in access to high-quality treatment



AAPI=Asian American/Pacific Islander. Race is exclusive of Hispanic origin; survival rates for American Indian/Alaska Native women are confined to cases diagnosed in Purchased/Referred Care Delivery Area counties. Survival rates are based on patients diagnosed during 2014-2020 and followed through 2021. Survival rates for American Indian/Alaska Native women have greater than 5% standard error for distant and unstaged disease.

Source: Surveillance, Epidemiology, and End Results (SEER) Program, 22 SEER registries, National Cancer Institute, 2024.

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Disparities in outcomes

- Barriers to **screening**
 - Cost, lack of health insurance
 - Knowledge about when to start screening
 - Fear of the test and of the diagnosis
 - Decreased access to higher-quality screening (e.g., contrast-enhanced mammography or MRI, if indicated)
- Delay in starting **treatment**
 - Cost
 - Prior authorization requirements
 - Need for referral to specialist
- Differences in treatment **quality**
 - Underdosing of chemotherapy
 - Delays **during treatment**, which negatively impact its effectiveness
- Differences in breast cancer **subtype**
 - Black, Hispanic, and AIAN women more likely to have TNBC

Insurance and treatment delays

Black women had 1.41 times the odds of >90-day delay in starting adjuvant chemo vs. white women

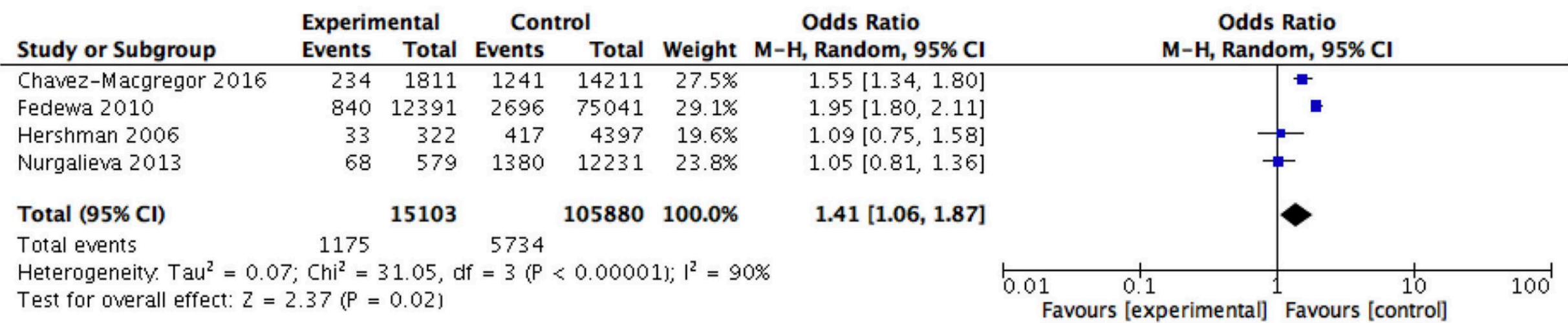


Figure 2.
Meta-analysis of the association between race and delays in initiation of chemotherapy (90 days)

Insurance and treatment delays

Black women had 1.41 times the odds of >90-day delay in starting adjuvant chemo vs. white women

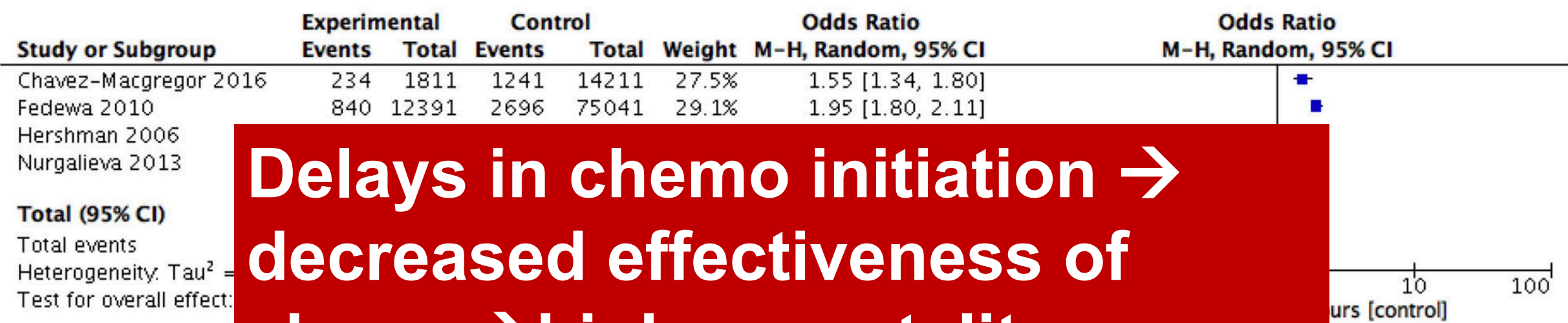


Figure 2. Meta-analysis of the association between race and delays in initiation of chemotherapy (90 days)

Insurance and treatment delays

ASCO Plenary 2019 (Adamson et al.)

- Affordable Care Act (ACA) Medicaid expansion impact on racial disparities in time to cancer treatment
- % with timely treatment initiation for advanced or metastatic cancer

	Pre-Expansion	Post-Expansion	Pre-Post Change
White	41.8	43.1	1.8
African American	39.1	44.3	6.9**
Adjusted disparity (African American vs whites)	-4.9**	0.2	5.1**
** p < 0.05			

Take-home point #2: improve access to treatment

1. Minimize barriers to initiation of timely and effective treatment

- Cost
- Burdensome prior authorizations

(Important considerations when choosing health insurance plan options for staff)

2. Provide schedule flexibility **during** treatment to prevent treatment schedule disruptions

- Associated with inferior outcomes



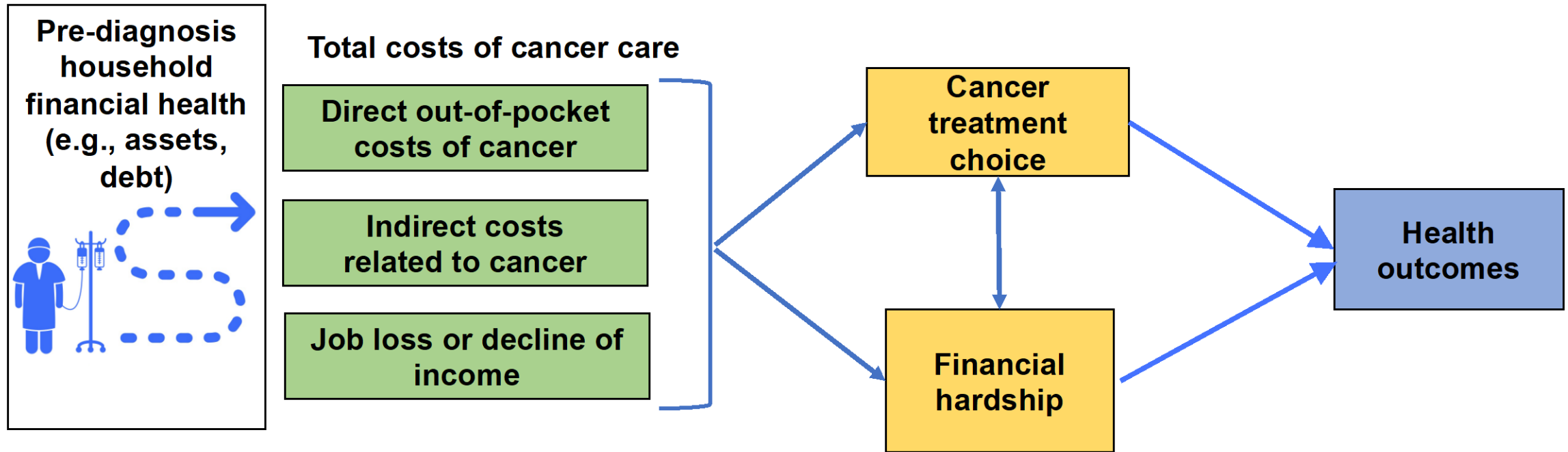
Social determinants of health and cancer-related financial hardship

Social Determinants of Health (WHO)

. . . the circumstances in which people are born, grow up, live, work, and age, and the systems put in place to deal with illness

- These circumstances are shaped by
 - Economics
 - Social policies
 - Politics

Relationship between sources of financial hardship and health outcomes in cancer patients



Loosely adapted from Scott Ramsey, MD, PhD

Cancer-related financial hardship

Increased spending

- Direct out-of-pocket costs
 - E.g. Medications, tests, copays
- Indirect out-of-pocket costs
 - E.g. Travel, child and/or elder care

Decreased earning

- Job loss
- Unpaid leave
- Reduced pay while on leave

Prevalence of financial hardship in US

>50% of US cancer survivors experience financial hardship

- Even patients with health insurance are vulnerable

Banegas *Health Affairs* 2016
Tucker-Seeley *Psychooncology* 2015
Khera *Biol Blood Marrow Transplant* 2019

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Prevalence of financial hardship in US

Financial hardship more common in patients with advanced cancer

- 1/3 use all/most of savings to pay for cancer

Increased risk also associated with younger age and minority race/ethnicity

- Groups less likely to have accumulated significant wealth to offset disruption in work/education

Tucker-Seeley *Psychooncology* 2015

Khera *Biol Blood Marrow Transplant* 2019

Zheng Z et al. *Cancer* 2019

Yabroff et al. *J Clin Oncol.* 2019

Prevalence of financial hardship

Study of $\cong$ 5000 US cancer survivors

- 64% worried about having to pay large bills related to cancer
- 34% said they or someone in the family had gone into debt because of cancer
- 3% said they or their families had filed for bankruptcy due to cancer



Consequences of financial hardship

About 12% of US breast cancer survivors have medical debt 4 years post-diagnosis

- Black patients have 2x risk of ***cost-related treatment nonadherence***
 - Took < prescribed amount of medication
 - Missed doctor's appointments

Odds of bankruptcy are 2.65 in US cancer survivors vs. matched noncancer controls

- Hazard ratio for death among cancer patients who file for bankruptcy is 1.79

Jagsi *J Clin Oncol* 2014

Ramsey et al. *Health Affairs*. 2013

Ramsey et al. *J Clin Oncol*. 2016

Take-home point #3: help defray indirect costs of cancer care

- Transportation to treatment site
- Child/elder care
- Equipment (e.g., lymphedema sleeve)
- Physical therapy
- Psychotherapy



How can employers help prevent cancer-related financial hardship and its consequences?

Work has important psychological and financial benefits

Psychological benefits

For many people:

- Work has inherent meaning
- Sense of identity
- Engagement in society

Associated with important psychological benefits in people diagnosed with cancer:

- Work can provide a sense of normalcy, escape, empowerment, and control
- Applies to patients treated in palliative and curative settings

Blinder et al. J Comm Health 2012

Glare et al. J Palliat Med 2017

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Normalcy

*I didn't want my life to be different,
and all of a sudden it was. And I
wanted my world to be the way it
always was. I was in control. I was
working. I was the main
breadwinner . . . I wanted to know
that I was still in charge of my office
. . . And so I wanted my life to
continue exactly as it was before.*

Cancer and work: scope of the problem

Overall, about 70-80% of cancer patients treated with curative intent return to work (or continue to work)

- Colorectal, lung, breast, prostate

Factors associated with lower likelihood of working:

- More advanced disease
- Low-income earners
- Immigrant and/or minority status

63% survivors report they had to make some change in employment due to cancer, such as

- Extended paid time off (35%)
- **Unpaid** time off (21%)
- Change from full time to part time (13%)
- Not pursue a promotion (13%)

Blinder et al. *Health Affairs* 2017

Earle et al. *J Clin Oncol* 2010

Veenstra et al. *JAMA* 2015

McLennan et al. *J Cancer Surv* 2019

Nekhlyudov et al. *J Cancer Surviv*. 2016

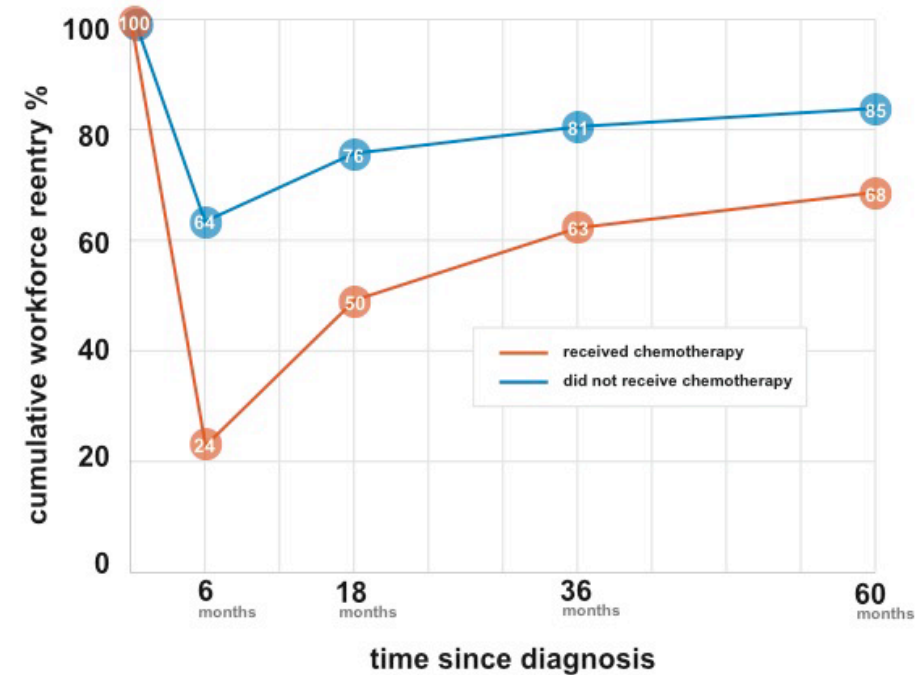
Chemotherapy and return to work in low-income breast cancer survivors

Blinder et al., Breast Cancer Res Treat 2013



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Figure 3. Chemotherapy and cumulative workforce reentry



Predictors of *not* working 4 months after completing treatment for stage I-III breast cancer

Characteristic	OR	95% CI	
Age	1.06	1.03	1.09
Race/ethnicity (vs. NL White)			
Black	2.37	1.01	5.56
Chinese	2.91	1.20	7.05
Korean	3.68	1.24	11.0
Latina	2.13	0.90	5.03
Job type (vs. professional)			
Service/manufacturing	2.40	1.30	4.44
Sales/admin	1.39	0.69	2.82
Household income <200% FPL	3.00	1.68	5.35
Employer not accommodating	3.05	1.88	4.95
Underwent chemotherapy	2.20	1.04	4.64

Conclusions

Breast cancer exerts a disparate negative impact on work status for women who are:

- Low income
- Minority race/ethnicity
 - This difference persists after controlling for disparities in non-cancer unemployment

Improving access to employer accommodations is a critical target to prevent job loss

What can employers do to help cancer patients at work?

Employer support

*I knew the person I was working for for many years . . . I knew that I wanted to come back. He would even meet with me, and we would have lunch, and **I felt good, that we were all sort of on the same path, and I wasn't going to not come back.***

Privacy and normalcy

*... under no circumstances did I want to be bombarded every day with someone saying, “How are you doing?” or “How are things going?” or “How are you feeling?” ... so when I came to work it was just business as usual. . . **I was able to escape a little bit from the fact that I was dealing with breast cancer . . .***

And after all my treatment was done ... I thanked him for being confidential. And he said, “You know I’m quite sure people knew. But,” he said, “based on what was said, no one was going to say anything to you ...” And so no one said anything to me ... They just kind of left me alone.

Employer support – Caregivers

After it was established that I would be out longer than a few days to take care of my mom, a temp was hired to fill my role. My boss did this to encourage me to focus on my mom's cancer treatment and not worry about falling behind in the office. In theory this sounded wonderful but as time went on, I was worried that my highly sought after position would be given away to a very eager temp/contractor . . . The temp was ultimately only on for two weeks on their own. I came back to the office as soon as my mom left the hospital. Looking back, I wish I felt more comfortable to stay with my mom at least an additional week, but going back when I did soothed the anxiety that I would still have a place at my company.

Unaccommodating supervisor

The supervisor gave me a hard time. I don't understand. She got diagnosed three years earlier than me. One manager above her was very upset. She said, "I don't understand. Why did she do this?" That manager was very nice ... But my supervisor ... she's difficult still. I am hard working ... everybody likes me. I don't know why she—I don't understand. Like, discrimination . . .

Unaccommodating supervisor

When she [the supervisor] told me something, I went back to the office and told the big boss and have no problem ... So now I go back and talk to the big boss ... He help me . . .

Demands and lack of flexibility at work

*It's either you work full time
or you don't work full time.
There was really no leeway
. . . there was no part time .
. . So I just decided I just
wasn't going to work,
period.*

Collaboration themes: accommodations

Create a supportive environment for employees during treatment

- Accommodations
 - Employee should guide these based on their needs
 - Schedule flexibility
 - Equipment (e.g., special chair, typing grips)
 - Leniency with deadlines

Collaboration themes: caregivers

- Be mindful of the burden of cancer on the employee who is a caregiver
- Remember that sometimes the cancer patient is also a caregiver
 - Other responsibilities do not disappear after a cancer diagnosis

Collaboration themes: exchange of information

Managers should sit down with patients to develop a transition plan

- Be aware that the plan can change as symptoms change
 - Supervisors, be wary of “accommodations fatigue”
 - Recovery is a process, not always linear

Remember that how a person looks does not always reflect how they feel, symptom severity, etc.

If the employee desires, keep them informed of what is going on in the office

- E.g. Weekly summaries from a colleague can help

Take-home point #4

- Approach each employee with empathy
- We all have complex lives
- The work-life juggle doesn't stop when we add cancer to the mix



Moving Forward: changes in cancer population

- The number of cancer patients aged 22-65 is increasing
- Incidence is increasing at younger ages (e.g. colorectal cancer)
 - Challenge employers' idea of who could be undergoing cancer treatment

Older population in US is growing

- Increasing numbers of young people are caregivers for a parent or grandparent
- About two-thirds of employees younger than 65 will be a primary caregiver for a cancer patient

Moving forward: changes in how we think about cancer

- Cancer is largely a chronic disease
- Many patients will choose to keep working **DURING** treatment
 - Severity of symptoms often not reflected in the patient's physical appearance

Moving forward: treatment advances

Many oral treatments now available for a variety of cancers

- Side effects may be just as taxing as for clinician-administered therapies

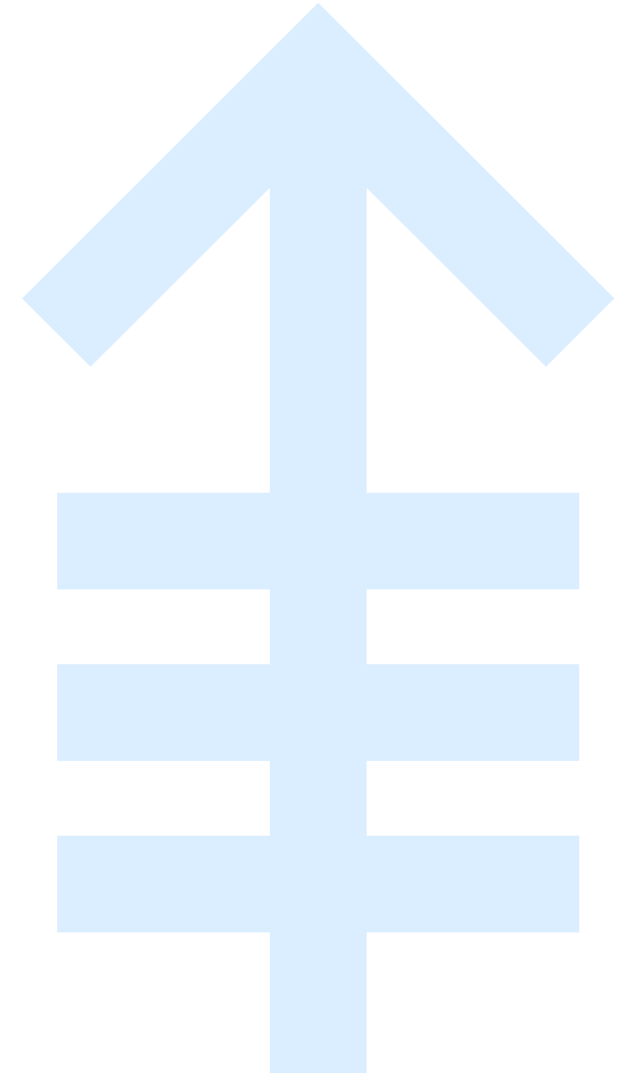
Beyond chemotherapy, treatments such as immunotherapy may also result in serious side effects

Avoid making assumptions about a colleague's cancer experience

- Based on your own experience
 - Each patient is different
 - Your experience may not translate to another patient's experience
- Based on what you read online

Always best to defer to the patient and his/her doctor

**What can you do to help
as a co-worker who is
dealing with cancer?**



Offers to help should be specific

- Offer to take over a routine task
- If the co-worker is going to be out of the office a lot, offer to fill him/her in on a regular basis



Helping a co-worker with cancer

- “Normal” may be meeting with colleagues
- If the co-worker is continuing to work, helping him/her focus on “normal” life is important
- Or being satisfied by a job well done
- Respect your co-worker’s privacy

What *not* to do

- **DO *NOT***
 - Drop in unannounced
 - Visit if you are sick
 - Keep the coworker on the phone for a long time
 - Fatigue is a common side effect of cancer treatment
 - Let cancer dominate the conversation unless you sense that the coworker wants to talk about it

Helping a co-worker with cancer

What to say when a co-worker has cancer

- “Don’t worry about work”
 - *If you are ready to pitch in*
- “How are you feeling today?”

Educate yourself about cancer, BUT

- Refrain from giving your co-worker advice about treatment, diet, or other lifestyle modifications
 - May increase your colleague’s stress and uncertainty instead of helping

Thank you!





MSK Direct



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MSK Direct is an employer benefits solution that expands and accelerates access to the lifesaving discoveries and subspecialized expertise of Memorial Sloan Kettering Cancer Center (MSK). Solely focused on cancer, our comprehensive approach ensures equitable access and supports every phase of the cancer journey—screening, diagnosis, treatment, and beyond—improving outcomes and delivering measurable value.

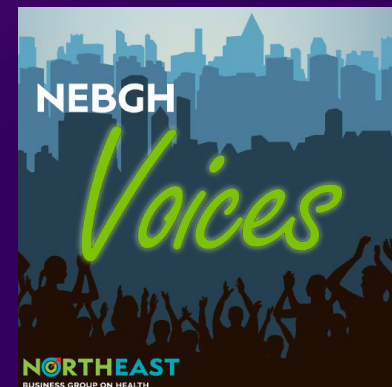
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Upcoming NEBGH events:

- **October 29** - Proactive Care Navigation: Closing Care Gaps, Cutting Costs
- **November 3** – Mondays with Dr. Mark & Dr. Michael
- **November 6** - Transformations in Cancer Care: Innovative Approaches for Better Experiences and Outcomes
- **November 13** – The Cancer Care Continuum: Supporting Employees Throughout the Cancer Journey

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- **February 12** – 31st Annual Tribute to Leadership
- **June 18** – 15th Annual Health & Wellness Benefits Conference



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