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For more on the **Labor cancer funding pledge** see <https://www.theguardian.com/australia-news/2019/apr/04/labor-budget-reply-bill-shorten-pledges-23bn-cancer-care-package>

For more on the **election policies of the three major parties** see <https://www.theguardian.com/australia-news/ng-interactive/2019/apr/15/who-should-i-vote-for-policy-guide-to-the-2019-australian-election>

For more on the **Liberal National Government's investment in new cancer drugs** see <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2019-hunt026.htm>

cancer during their lives. Oncologists welcome Labor's proposed changes and agree that the changes should indeed reduce out-of-pocket expenses to access their services and make cancer-related scans more widely available through the public health system.

"The Labor party is certainly proposing a major change to the way that cancer care is funded", said Chris Karapetis, a medical oncologist and chair of the Medical Oncology Group of Australia. "They have seen cancer as a priority area."

However, not everyone is convinced that the changes will be as effective, or mean zero cost for all patients, as opposition leader, Bill Shorten, promises. Australians working in cancer care say many areas, such as prevention, have not been addressed, and some of the changes could be hard to implement.

The key proposals relate to the way oncology appointments and cancer-related imaging scans are funded. Technically, cancer care is covered by Australia's state-based health services, in partnership with its federal health funding body, Medicare. In reality, time and resources are limited, and many patients are referred to see oncologists privately. These clinicians might receive a federally funded payment from Medicare, but generally the patient will be asked to pay a so-called gap fee in addition. Furthermore, many scans or blood tests recognised as necessary under clinical guidelines are simply not listed as such under Medicare.

If patients with cancer want to have these scans, they have to pay for them out of pocket, even if they have been advised to have them by a doctor. Certain fees relating to surgery and anaesthesia are also not covered by Medicare. To pay all these costs, patients are often forced to withdraw from their superannuation or retirement savings.

Labor has proposed new payments under Medicare. Some will make cancer-related scans more accessible and more widely available. Others will give oncologists better remuneration through Medicare on the condition that they do not charge any gap fees. Labor has also made a commitment to ensure that service providers are clearer up-front about the potential cost of cancer care.

"Many patients, even though treated in the public sector, are facing an ever-increasing avalanche of private costs", said Sanchia Aranda, chief executive of Cancer Council Australia, adding that this often translates to poorer outcomes for those who are financially worse off. "There will be much more informed choice and less bill shock", she said. "We want to see that bill shock disappear."

One patient with breast cancer told *The Lancet Oncology* that she estimated her out-of-pocket expenses over 3 years of treatment to be over AUS\$20 000, despite some of her care being publicly funded. Kathy Hayes, who lives near Canberra, was diagnosed with cancer in her right breast in 2016. She has since had a double mastectomy and remains on

chemotherapy. Many of her costs—eg, blood tests, surgical fees, and transport—were not covered by the public system. Although she welcomed Labor's pledges, she is not convinced that the changes would have made a difference in her case. "I don't think that they can cover all the costs", she said.

Labor's focus on the issue has certainly made it a key campaign issue, and forced the ruling conservative coalition to respond. Australian politicians have learned from experience that policies seen as likely to weaken health services are liable to be punished at the ballot box.

Prime Minister Scott Morrison's Liberal party has stressed its own record on providing funding to subsidise new cancer drugs through Australia's Pharmaceutical Benefits Scheme. It has also promised millions of dollars in funding for cancer if it wins, including for childhood cancer. However, its pledges have fallen short of the billions of dollars offered by Labor, and although polls have tightened during the campaign, latest predictions are still for a Labor victory on Saturday.

Nick Pavlakis, an oncologist and president of the Clinical Oncology Society of Australia, said Labor's proposals were welcome changes. "It will reduce the out-of-pocket costs", he said, although he regretted the way the issue had been politicised. "Patients should not be pawns in an election."

Chris McCall



Gaps in US laws leave some vulnerable to workplace discrimination

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It was reported recently that the San Francisco Unified School District in California, USA, docked a second-grade public school teacher's wages during her extended sick leave for breast cancer treatment to cover the

cost of her substitute. The case sparked headlines and outrage nationwide, but state law has allowed California school districts to do this since 1976.

A handful of federal laws, including the 1990 US Americans

with Disabilities Act (ADA), offer workplace protections against discrimination for many patients with cancer and cancer survivors, but ambiguities and gaps serve to worsen socioeconomic disparities in

job security and access to health care following cancer diagnoses, experts told *The Lancet Oncology*.

"The ADA does not protect everybody and its protections are not always clearly defined", said Victoria Blinder (Memorial Sloan Kettering Cancer Center, New York, NY, USA). The ADA applies to state and local governments of any size, but only to private-sector companies with 15 or more employees—a provision that disproportionately excludes lower-income workers, Blinder said. "These people are going to be more vulnerable to the financial consequences of job loss—and we know that job loss and bankruptcy are associated with a higher mortality rate among cancer survivors", Blinder said.

The ADA requires reasonable workplace accommodations for patients with disabilities when doing so does not constitute an undue hardship for employers, explained Monica Bryant (Triage Cancer, Chicago, IL, USA).

Most states also have their own workplace non-discrimination laws, although not all of them specifically protect patients with cancer or cancer survivors. Laws in some states, such as California, apply to employees of firms with as few as five workers. The fair employment law in Illinois applies to all workers, regardless of a firm's size.

It is unclear how many Americans face workplace discrimination following cancer diagnoses. "We have the official US Government statistic: in 2018, 3.3% of ADA discrimination lawsuits were related to cancer diagnoses", Blinder said. "But that's probably only the tip of the iceberg."

Patients are often too sick or busy with treatment to prioritise filing a discrimination suit, she added.

"It can be difficult to determine if a person's cancer history is used against them because discrimination can be subtle", said Rebecca Nellis (Cancer and Careers, New York, NY, USA). Blinder agreed, commenting that not all discrimination is ill intended.

When Ann Camden (Raleigh, NC, USA) was first diagnosed with breast cancer, she had breast-conserving surgery, chemotherapy, and radiation therapy. The communications firm at which she worked was accommodating. She even became a partner and co-owner of the agency. But 6 years later, when the disease returned, she felt sidelined when an opportunity arose to go overseas to pitch new clients.

Subtle forms of job discrimination occur in Canada as well, noted Lydia Beck (Cancer Rehabilitation and Survivorship Program, Princess Margaret Cancer Centre, Toronto, Ontario, Canada). Canadian employers might not accommodate cancer survivors' new limitations related to longer term-treatment effects, for example.

Even when discrimination is overt, many US workers with cancer are desperate to remain employed lest they lose their employer-provided health insurance—a potentially life-threatening event. "Interrupting chemotherapy schedules can compromise the effectiveness of treatment", Blinder said. "Losing employer-contingent health insurance can mean changing providers—and that can be terrifying."

This is not as big a concern for patients in other countries, although the loss of employer-based health insurance in Canada can mean a loss of extended benefits, such as psychological counselling, Beck said.

"Compared to the USA, patients in other countries can more comfortably take time off during chemotherapy without risking long-term job loss—and without risking having to cope with potentially-catastrophic consequences faced by patients in the USA", Blinder said.

Employers often fear accommodations for patients with cancer will be expensive, Bryant said—but that is rarely the case. Simple measures such as speech-to-text dictation software can help an office worker deal with hand neuropathy, for example.

Employer and employee education about workers' rights is key, Blinder and Bryant agreed. Blinder and colleagues are developing the TEAMWork App, which will help educate patients.

"We have wonderful social workers here at Dana-Farber who spend a lot of time with patients navigating some of these workplace issues, ranging from leaves of absence, disability benefits, or reduced hours to physical appearance at work and working from home", said Harold Burstein (Dana-Farber Cancer Institute and Harvard Medical School, Boston, MA, USA). He added that this can help build employee loyalty to firms.

But too many other patients are forced to assert their rights and navigate the ADA while coping with cancer, Bryant said.

Bryant Furlow



For more on the **San Francisco school teacher forced to pay for her own substitute during cancer treatment** see <https://www.sfchronicle.com/bayarea/heatherknight/article/Cancer-stricken-teacher-charged-for-sub-s-wages-13823689.php>

For the **study on the risk of early mortality associated with financial insolvency among patients with cancer** see *J Clin Oncol* 2016; **34**: 980-86

For more on **state laws prohibiting workplace health discrimination on Cancer Triage's website** see <https://triagecancer.org/statelaws>

For more on **Cancer and Careers** see <https://www.cancerandcareers.org/en>

For more on **TEAMWork** see <https://www.mskcc.org/cancer-care/clinical-trials/18-217>

2019 ASCO Annual Meeting

Olaparib for prostate cancer

Joaquin Mateo (The Institute of Cancer Research and The Royal Marsden, London, UK) presented results from the phase 2, TOPARP-B trial, the first to enrol patients with metastatic

castration-resistant prostate cancer preselected for putatively pathogenic DNA damage-response gene alterations. 98 patients were randomly assigned under a pick-the-winner design to olaparib 400 mg or 300 mg.

The primary endpoint was composite response, defined as radiological response, a 50% PSA fall or circulating tumour-cell count conversion after 4 weeks, or both. The overall composite response was 54% (95% CI



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