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Aviva Group Protection – **Our guide to cancer**

Retirement
Investments
Insurance
Health



In 2013, 131 million working days were lost due to sickness absence in the UK, at an average of 4.4 working days per employee¹.

None of us like thinking about being ill, but many of us become unwell for a period at some point in our lives – it's something that's difficult to avoid, and sickness absence costs UK employers an estimated **£9 billion each year**². There will be times when your employees will be absent from the workplace for a short period because of illness, but what happens when an illness is more serious and leads to longer-term absence?

As an employer you will want to ensure your employees remain fit and healthy, and that you are able to provide them with valuable support when they are not. When looking at how best to support your employees and meet the needs of your business you may wish to consider:

- The impact long-term sickness absence would have on an employee, your team(s), workloads, projects and strategy.
- Whether you have the right skills available within your business to support an employee diagnosed with a serious illness.
- If you are able to finance the cost of any rehabilitation or treatment required to aid an employee's recovery.
- How you are able to manage a comprehensive return to work plan.
- If you could benefit from receiving expert advice and support to help manage long-term absence issues.

One of the most common illnesses claimed for under our **Group Protection** products is cancer. In 2016 cancer accounted for 68% of claims paid under **Group Critical Illness (GCI)**³ whilst also being the second highest reason under our **Group Income Protection (GIP)** policies³. With **one in two** people in the UK born after 1960 expected to be diagnosed with some form of cancer in their lifetime⁴ and **four in five (83%)** people, on average, being **£570 a month worse off**⁵ as a result of a cancer diagnosis, it's an illness that presents us with some very current challenges.

We understand the uncertainty that a cancer diagnosis can cause and that during this difficult time you and your affected employee(s) may have many questions that need to be answered. This document has been designed to provide you with an insight as to what cancer is and how it can impact your workforce. In addition we also look at how our **Group Protection** cover can help support your employees should they be in a position where they need to make a claim for cancer.

See Appendix on page 11 for attributions.

Jargon Buster

This jargon buster will help to clarify some of the the medical terms contained within this document.

Invasive cancer – Invasive cancer is cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues.

Non-invasive cancer or cancer in situ – Non-invasive cancer or cancer in situ is an early stage cancer in which the cancerous growth or tumour is still confined to the site where it started, and has not spread to surrounding tissue or other organs in the body.

Malignant – A tumour that is cancerous.

Benign – A tumour that isn't cancerous.

Gleason score – The Gleason system is the most commonly used grading system for prostate cancer. It looks at the patterns of the cancer cells in the prostate.

Early prostate cancer is also divided into risk groups. Your doctor will decide which risk group you are in depending on your Prostate Specific Antigen (PSA) level, the stage of your cancer and the grade.

TNM Classification – The TNM system describes the size of the tumour, whether the cancer has spread to the lymph nodes and whether the cancer has spread to other organs.

Histology – The study of tissues and cells under a microscope.

Binet Stage – This looks at the number of white blood cells, red blood cells and platelets in the blood. It also looks at how many areas of lymph nodes are enlarged. These areas are in the neck, armpits, groin, liver and spleen. If the lymph nodes in both armpits are enlarged, it's only counted as one area.

There are three stages in the Binet system:

- **Stage A** – There are fewer than three areas of enlarged lymph nodes.
- **Stage B** – There are three or more areas of enlarged lymph nodes.
- **Stage C** – There are a reduced number of red blood cells, platelets or both.



What is cancer?

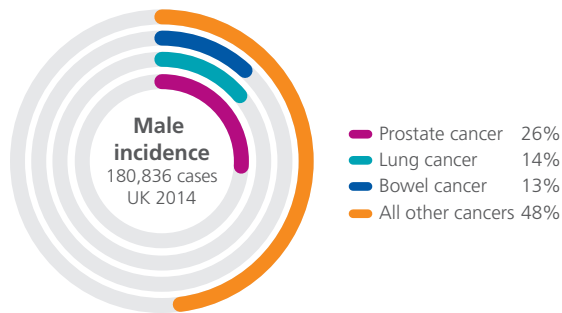
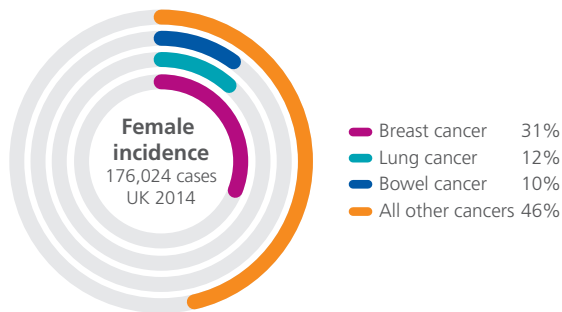
Cancer is a malignant tumour. There are many different types of cancer that can occur in the skin, tissue, organs and in the blood and bones. If cancer is not treated, malignant cells can invade and destroy surrounding healthy cells and eventually the cancer may spread to other areas. Whilst diagnosis rates of cancer are increasing, the number of people surviving a cancer diagnosis is also increasing, which is positive news for cancer patients. The following statistics provide an insight into both cancer diagnosis and survival rates.

- In 2015, there were an estimated **2.5 million** people in the UK diagnosed with cancer⁶.
- Worryingly, around **one in four** (25%) people in the UK already face poor health or disability after receiving treatment for cancer⁶.

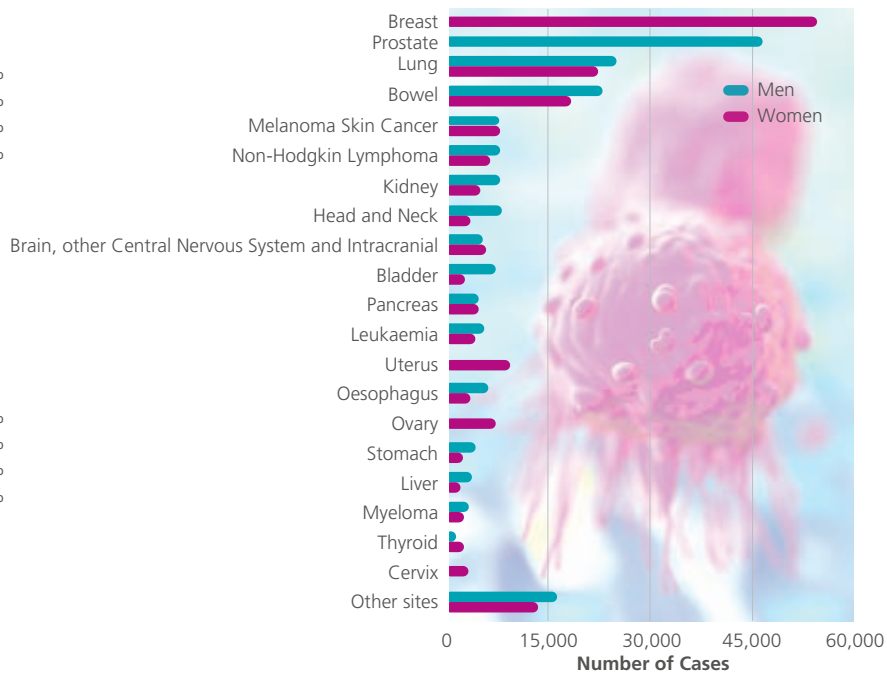
- The proportion of people living longer after cancer is increasing, and the number of people alive five or more years from initial diagnosis is predicted to more than double to **2.7 million** between 2010 and 2030⁵.
- The number of cancer survivors in the UK is projected to increase by approximately **one million** per decade from 2010 to 2040. This will result in **four million** people living with cancer in 2030⁶.
- There were around **163,000** cancer deaths in the UK in 2014, that's **450** deaths every day⁶.
- The **highest** claimed for condition under GCI³.
- **Second most** claimed for condition under GIP³.
- **1,756** new cases of children's cancer, per year in 2012-2014, in the UK⁷.
- More than **8 in 10** (82%) children diagnosed with cancer in Great Britain survive their disease for five years or more (2006-10)⁷.

See Appendix on page 11 for attributions.

The most common cancers



The Twenty Most Common Cancers: 2014



Statistics taken from Cancer Research UK – 2014.
www.cancerresearchuk.org/health-professional/cancer-statistics

Inset: dividing breast cancer cell

How cancer is defined by the Association of British Insurers (ABI)

The ABI defines cancer (*excluding less advanced cases*) as any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin). *Statement of Best Practice for Critical Illness Cover – April 2014 Page 8 of 23.*

For the above definition, the following are **not** covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having borderline malignancy; or
 - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0.

- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

At Aviva we go beyond the ABI definition providing your employees with even greater coverage against cancer:

- The ABI definition covers chronic lymphocytic leukaemia (CLL) if it is at least Binet stage A. **We cover any diagnosis of CLL regardless of the Binet stage.**
- For skin cancer the ABI definition only covers melanoma. **We cover other types of skin cancer (i.e. basal cell or squamous cell carcinomas)** as long as it has spread to lymph nodes or distant organs.
- **Diagnosis of a second or subsequent cancer** not included under the ABI definition.

Why Aviva?

Our **Group Critical Illness** cover provides your employees with valuable protection in the event of a valid cancer claim. As well as the financial peace of mind that a lump sum benefit payment could provide them, they will also have access to leading medical experts who are able to provide them with expert support for their condition.

- Cover for a **second or subsequent cancer** – included as standard, providing protection for employees who have been previously diagnosed with cancer.
- Payment on diagnosis of cancer, as defined in the policy cover, provided your employee survives for at least 14 days from diagnosis.
- Access to a **Cancer Drugs Fund Benefit**, providing access to a fund of up to £100,000 to pay for cancer drugs, and their administration, should they have previously been rejected by an NHS Trust on financial grounds.
- **Children's cover** benefit is automatically included, providing cover against cancer, paying 25% of the employee's benefit (up to a maximum of £20,000).
- Optional cover for employees to add their spouse or partner.

Access to **Best Doctors**®.

Best Doctors provides expert medical information, advice and a second opinion service, connecting members to more than 50,000 physicians worldwide in more than 450 medical specialities. The service is available to employees, their spouse/partner and children.

Access to **RedArc** Personal Nurse Adviser Service.

RedArc provides practical advice and emotional support following diagnosis of a critical illness. The service is provided by telephone and available at claims stage to members and their families. RedArc nurses take the time to understand each member's specific diagnosis and talk to them about what they're going through. This service provides one-on-one ongoing support with the same Personal Nurse Adviser for as long as required.

These added value services are non-contractual benefits and can be withdrawn by Aviva at any time without notice.

Cover for a Second and Subsequent Cancer

Our cover for a second and subsequent cancer provides some element of cover to those employees who have previously been diagnosed with cancer. Under a traditional Group Critical Illness policy if an employee has previously received a cancer diagnosis this will be considered a pre-existing condition meaning that any future claim for cancer will not be paid (irrespective of when the previous diagnosis was received or whether the two cancers are unrelated).

How does it work?

Under our second and subsequent cancer definition a claim would be paid if the **new cancer was unrelated** to the previous diagnosis. For a claim to be considered the employee must:

- Not have had any signs, symptoms or investigations leading to the subsequent diagnosis.
- Be treatment free for a period of 5 years from the date of their last diagnosis with there being no evidence that the previous cancer is still present.
- Be a member of the scheme for at least 120 days.

How can you tell if a cancer is a secondary cancer?

Where a cancer starts is called the **primary cancer**. If some cells break away from the primary cancer and move to another part of the body they can form another tumour – a **secondary cancer**. The secondary cancer is made of the same type of cells as the primary cancer, for example, if the cancer started in the lung and has spread to the bones, the areas of cancer in the bone are made up of lung cancer cells. The new cancer must affect an organ that is physically and anatomically separate to any previous or primary cancer. It must not be a secondary cancer (sometimes referred to as a ‘metastasis’) or related histologically to any previous cancer.

Histological tests (examining examples of diseased tissue samples or biopsies) will normally show if there is a secondary relation to the original cancer.

What do you mean by ‘treatment free’?

Treatment free means that an employee has not received **any form of treatment for cancer in the last 5 years**. Examples of treatment could include chemotherapy, radiotherapy, monoclonal antibody therapy, and invasive or non-invasive surgery, but does not include long-term maintenance hormone treatment.



What else do we do?

Speed. Our claims expertise and efficient payment system makes sure lump sums are paid quickly, so your employees have one less thing to think about at a difficult time.

Peace of mind. We believe we offer the peace of mind that comes with knowing there'll be practical, financial and emotional support when it's needed most.

Reach. We provide reassurance and support to your employees if your scheme covers them whilst working overseas.

Support. Our size and experience has helped us create a support system that could provide specialist advice and practical help.



Appendix

1. Average days – Office for National Statistics, Sickness absence in the labour market, February 2014.
2. GOV.UK – Work health and disability green paper: improving lives, November 2016. Statistic derived from Black C, Frost D. Health at work – an independent review of sickness absence, 2011.
3. Aviva Group Protection claims statistics, 2016.
4. <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-02-04-1-in-2-people-in-the-uk-will-get-cancer>
5. Cancer's hidden price tag, revealing the costs behind the illness. Macmillan Cancer Support, Summer 2013.
6. Macmillan Cancer Support – Statistics factsheet. March 2017.
7. www.cancerresearchuk.org/health-professional/cancer-statistics/childrens-cancers/incidence



Further information

For further information about our **Group Protection** cover, please speak to your financial adviser or account manager.

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