So writes author and oncologist Siddhartha Mukherjee in *The Emperor of All Maladies*, a gripping chronicle of the global fight against cancer.

For Mukherjee, medical discoveries can have a profound – and often unexpected – influence on society, as well as science. It is hard to dispute the impact on the insurance industry. Rapid medical advances, as well as growing volumes of health and mortality data, are transforming cancer risk assessment.

Such deepening understanding could not come at a better time in South Africa. Carriers are witnessing significant numbers of critical illness claims linked to cancer. In fact, in 2017 78% of female critical illness (CI) claims and 55% of male CI claims to RGA in South Africa were for this collection of diseases. While such percentages vary by population, it is clear that cancer is **the** core critical illness insurers cover.

Employers are also seeing the impact of cancer on their staffs. Based on industry data analysed by RGA in South Africa, more than 10% of group disability income claims are due to cancer. For office-based occupations, such as administration and financial services, that percentage jumps to 17%.

What is driving this volume? Greater longevity and better diagnostics play roles. More recently, however, our lifestyles have been receiving increased attention, with researchers revealing relationships between cancer and our behaviour.

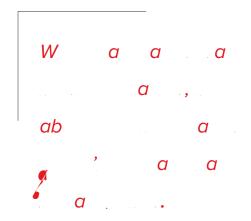
## **Numbers and People**

There is a certain pleasing sense of control in these statistics and in knowing that we can avoid risk factors that are linked to cancer. Add to this the growing power of data analytics and machine learning, and insurers increasingly have the tools to predict cancer prevalence across populations.

Yet aggregated numbers can only go so far. It is worth remembering that individual human beings are behind every statistic. At the end of 2018, a teacher who was greatly inspirational

during my school years was diagnosed with cancer and died shortly thereafter. And as I sat penning this article, I received news that a family friend had just been diagnosed with cancer. My friend doesn't smoke, is (to my shame) ridiculously fit, socially connected, and in the prime of fatherhood.

It's hard to recognise emotionally that, while many factors raise the risk of cancer, the absence of those factors doesn't eliminate that risk altogether. Beyond this, we need to rely on those around us for their support – both practical and emotional. A growing body of research is shedding new light on the impact and importance of this social support. As an example, a 2017 study¹o of 9,200 breast cancer patients concluded that smaller social networks are associated with higher recurrence risk and mortality, particularly for early stage cancer.



While changing behaviour is important, paying attention to the state of our relationships could ultimately prove to be as important to our health as many of the traditional aspects of our behaviour and lives we resolve to change every January 1.

Let's remember then, that although the statistics, the numbers, and the advice are vital, the most important aspect of cancer is the people affected, and how critical our support can be.

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