

HEALTH & PROTECTION

ROUNDTABLE REPORT

July 2025
healthcareandprotection.com



**CANCER IN THE
WORKPLACE: MEETING
THE EMPLOYEE'S GAZE**

IN ASSOCIATION WITH

Perci Health

Perci Health

Cancer is still the #1 cause of Group Risk claims



30%

of PMI claims costs are now attributed to cancer, an increase from under 1% just 2 decades ago.

83%

of people affected by cancer experience financial hardship, losing as much as £570 per month.

70%

of people are also managing at least one other chronic condition while living with cancer.

40%

of cancers are preventable.

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VALUING EMPLOYEES BY INVESTING IN THEIR BIGGEST FEAR

Cancer. One word that sends shivers into most people and that will affect almost everyone at some point in their lives – directly or indirectly.

But it is not, and has not been for some time, the so-called guaranteed death sentence it used to be, with around 50% of people diagnosed surviving for at least a decade.

MacMillan Cancer Support estimates that 3.5 million people in the UK are living with cancer while another 400,000 or so are diagnosed each year.

And further research suggests around 40% of cancer diagnoses in the UK are preventable.

That is a lot of people who need and deserve help when dealing with a diagnosis, living after treatment or who could potentially even avoid cancer in the first place.

This may seem somewhat disconnected to employers and the world of work, but as our Health & Protection Cancer care in the workplace roundtable with Perci Health discussed, it is highly relevant.

Employers are increasingly being expected to provide greater support for their employees' health, they face the prospect of more people in their workforce being cancer survivors and as the taboo surrounding cancer lifts they need to accommodate those suffering it themselves or supporting people close to them.

As these responsibilities mount organisations are increasingly looking at the best ways to meet these needs.

There is no perfect answer for what employee benefits to offer, but cancer is as high profile as it comes for meeting people's health fears and being willing to invest in support, care and even prevention or early intervention measures can go a very long way to showing their value.

Owain Thomas, editor of Health & Protection

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John Dean, head of health and protection at Second Sight

Beth Husted, associate director of health and benefits at WTW

Emily Jones, client consulting director at Broadstone

Karen Smith, corporate team lead at Towergate

Morgan Fitzsimons, co-founder and chief experience officer at Perci Health

Kelly McCabe, co-founder and CEO at Perci Health

CANCER CARE: NAVIGATING THE EVOLVING EMPLOYER CHALLENGE

Recognising cancer as a long-term, manageable condition, employers are facing unprecedented challenges and opportunities in workplace support, as **Richard Browne** hears

The conversation around cancer in the workplace is undergoing significant change. No longer viewed solely as a terminal diagnosis, it's increasingly understood as a manageable, long-term condition, fundamentally altering how employers approach support. This was a key issue discussed by participants at the Health & Protection Cancer care in the workplace roundtable, in association with Perci Health.

The evolving landscape presents both unprecedented challenges, from increasing treatment costs threatening traditional private medical insurance (PMI) models to a lack of comprehensive support. It also offers crucial opportunities for health and protection advisers to guide employers toward more holistic, sustainable wellbeing strategies.

HIGH PRIORITY

Addressing cancer has always been a very high priority for employers, according to Emily Jones, client consulting director at Broadstone.

She explained: "You can feel the pain of an employee when either they or their family member is experiencing it."

Jones highlighted the increased availability of support, stating: "More than ever, we've got resource support and we do focus in terms of the provisions."

However, the rapid development of cancer treatments presents a significant challenge for insurance policies especially around escalating costs.

"It is fantastic hearing about all these solutions that are out there - the development of treatments and how it can be so specific - it is brilliant and really exciting,"

But she observed the financial apprehension can be high, noting that "you can see the colour draining from the FDs", when they contemplate the expense.

ARMAGEDDON

But the sheer expense of advanced cancer treatments poses an existential threat to current private medical insurance models.

The escalating cost of new treatments was a major concern for John Dean, head of health and protection at Second Sight, who foresaw a potential disaster for health insurance.

Dean warned: "Medical insurance and the new treatments coming down the line are just going to be Armageddon for health insurance."

He elaborated: "It's just going to kill health insurance as it is today if all these drugs they're talking about come online and get licensed."

Dean also highlighted the sheer volume and cost of new developments, explaining, "They've got 132 Advanced Therapy Medicinal Products (ATMP) tests going on at the moment around the UK - each one costing on average £500,000 a case."

Given these figures, he concluded that product adjustments are inevitable, asserting, "We've got to put caps on the product or something."



CHANGES IN APPROACH

The approach to supporting employees with cancer has shifted considerably over the last 13 years. Beth Husted, associate director of health and benefits at WTW, remembered a time when "the first conversations were very much, 'if you have someone that tells you they've got cancer, make sure you talk to them during their time off work'."

Back then, it was generally assumed employees would go off sick, with communication focused on their eventual return. Today, the situation has changed significantly.

Husted explained: "Now the conversation is very much - 'well, do you want to work? How can we support you to work?'"

"And it's all making reasonable adjustments and accommodations and those sorts of things - but it doesn't necessarily mean you're fully off sick."

Despite treatments becoming easier, with less need for hospital visits for chemotherapy, anxiety among individuals persists.

Husted noted that: "Most individuals don't feel like they're free of cancer until the night they've had that first year scan."

She added, "Then they go to sleep at night and think I'm okay now - but then they wake up the next day and they worry about it again until the next scan."

Critically, managers often lack this



understanding, as “many managers aren’t going to have that idea. They’re not going to think about those anniversaries and those sorts of things.”

FINANCIAL ANXIETY

Amanda Cran, group healthcare proposition leader of corporate consulting at Gallagher, also agreed that anxiety often stems from factors beyond the medical treatment itself.

She emphasised: “It’s not necessarily the treatment that’s causing anxiety.” Instead, individuals might be “worried about finances or worried about how their child is going to deal with this message and those types of things and not the actual treatment itself.”

Cran highlighted the employer’s challenge in addressing these emotional burdens: “But how do you process those other things that are emotive to you that are causing anxiety and stress.”

NEW CONDITION

Kelly McCabe, co-founder and CEO of Perci Health, noted that while cancer is not new, treatment improvements have made it “almost an entirely new condition.”

She acknowledged a common misconception: “But there is that barrier as well, where people think we’ve been dealing with cancer for ages, so we don’t need to do anything new.”

McCabe insisted, “But it’s a new

condition now – it’s a long-term condition, it’s not how it would have been 20 to 30 years ago.”

She argued that PMI providers should adapt their approach to align with these developments.

McCabe stated: “The private medical insurers are in some regards stagnating or limiting progress in the change of how we support people in the workplace with cancer.

She continued: “Private medical insurance is expensive – when they come and talk to you about the benefits they deliver, a large part of that is the amazing cancer treatment they offer.

“And therefore, when it comes to thinking about what benefits you need to support cancer, you think PMI – because that’s their narrative.”

Crucially, she pointed out: “Once treatment ends, someone is going back to work, or someone’s caring for a loved one, or someone is worried before a diagnosis – all of those bits are missed.”

GOLD DUST

Karen Smith, corporate team lead at Towergate, underlined the fundamental importance of financial security for employees. If forced to choose, she would advocate for income protection insurance over PMI.

Smith stated, “I need to know that I’ve got that stability for my income moving forward.”

She argued that while PMI is valuable, given the NHS as a fallback, the critical question is: “What am I going to get if I cannot work and my employer is not going



Karen Smith

to support me through that.”

She described this situation as “a lottery – that’s where employers also fall foul of treating some employees differently from others and that is where income protection comes into its own.” Smith also stressed that group IP should be paid fairly and consistently across the board.

The comprehensive support services offered by IP providers were highlighted as “second to none.”

Smith shared: “The support through support services given by the providers we deal with gives me goosebumps.”

This holistic support extends not only to the employee but also to their partner, children, and the entire family unit, as well as to the employer and manager.

Smith said: The support that it gives to the employer and to the manager as well is gold dust.”

Smith concluded: “It’s not just about being able to afford my mortgage and having one financial worry off my own personal shoulders.

“And that means you can concentrate on your health, your wellbeing and that of your family.” ■



Kelly McCabe
(Right)

With around 50% of cancer cases considered preventable, employers face mounting pressure to support prevention, early detection, and care. But are current strategies matching this ambition?

This was one of the issues covered by participants at the Health & Protection Cancer care in the workplace roundtable in association with Perci Health.

For Beth Husted, associate director of health and benefits at WTW it was a case of businesses doing very little in terms of prevention.

"I don't think businesses are doing health and wellbeing programmes to prevent cancer.

"If they are doing them, they're doing them because they need to be seen to be doing them.

"I don't think that they're as strategic as we have this issue, so we need to do this."

And any attempt to increase education might be great - "but you're not going to see that immediately effect price - and that's what they're mainly worried about."

PREVENTION VS EARLY INTERVENTION

But Husted also noted there is a big difference between prevention and early intervention, and that the distinction needs to be made clear.

"Prevention is putting all these things in place so that people will not get cancer.

"But early intervention is knowing what resources are available so that they can get early detection or quicker treatment, so that they aren't catching it later when it will be more expensive or less likely to be successful.

"That's very different from prevention.

"They probably come hand in hand, because if you have a good prevention strategy you've probably got a good strategy to make employees aware they have a screening or go to an online GP or use other resources - so that you do have early detection."

MAKING USE OF ROUTINE TESTS

For Emily Jones, client consulting director at Broadstone, there were different benefits to consider, including dental and optical checks.

"How important is it to go to the dentist, not for your teeth but to check out your mouth. And an optical check can reveal so much."

But people aren't using these benefits enough. Jones suggested a novel solution.

"Why don't we do something like

everybody gets an hour every six months to do the routine optical test and then claim that through your cash plan - or make it a mandatory requirement or a bit like when companies give you your birthday off?"

Jones thought that businesses could be a bit more proactive in how they go about promoting benefits, but noted that people often do not even take up the free screens provided by the NHS.

"You don't necessarily have to invest so much to even start this journey on prevention. But again, its about the education piece."

Husted enthusiastically supported that idea, and built upon it.

"Pay one person one new salary and then their whole entire job is to promote

everything, get people engaged, show their measures - and then that will probably save money on everything else."

NOT ENOUGH SCREENINGS

Kelly McCabe, co-founder and CEO of Perci Health said: "We know 35% of NHS screening appointments are missed. Its really cost effective to enable your workforce to say 'its OK, you can take a day off to go for that mammogram."

Amanda Cran, group healthcare proposition leader of corporate consulting at Gallagher agreed and pointed out: "Most businesses are OK with it - but everyone gets so focussed on targets at work that they push it back."

Participants agreed that while screening



WHAT DO COMPANIES WANT TO ACHIEVE WITH CANCER-RELATED BENEFITS?

Despite 50% of cancer cases being preventable, employers are struggling to align their workplace cancer strategies with the crucial need for prevention and early detection, **Richard Browne** hears

is the way forward, it is not being utilised as often as it should be.

In fact, despite their proven value, health care is often prioritised over preventative health screenings.

A significant challenge lies in low attendance, with employees sometimes reluctant to discover potential health issues. This reluctance is often more pronounced among men than women.

But it might not must be fear that is preventing people from taking screenings, as Cran pointed out: "It might not be that 'I don't want to know' – it might be that 'I don't want you to know'".

She noted that a lot of it may come down to a company's communications and culture.

"I also think the comms piece historically, and this is where comms and culture teams probably come into play. But again, it comes down to budgets and how much people are going to be willing to spend.

"But it's comms that tends to focus on the technical and not the emotive. And therefore, employees just switch off to it and they're not happy about that."

THE VALUE OF A PLEDGE

Morgan Fitzsimons, co-founder and chief experience officer of Perci Health noted the value of having businesses sign up to a pledge.

"And then it becomes a marketing tactic – we're signing up to the pledge. And showing that people are taking the time off to get tested.

"Linked to that, we need an annual health day, like there are already sick days and birthday days – a day that you need to take off to do the things you need to do to deal with your health."

BUDGET VS REALITY

Another issue is that employers often don't understand the expense of a comprehensive PMI plan.

Karen Smith, corporate team lead at Towergate brought up the example a recent client which had a couple hundred employees and no benefits.

"They had no benefits and they said 'I want private medical insurance for all my staff and this is my budget'."

Smith noted "You're not going to get that."

She added: "So they have now got four or five benefits for their employees for that value – in fact for a bit less.

"All of the added values are being pulled out, so that the employee is looking at it

and thinking - 'wow, this is great, I've got all of these benefits.

"No, they haven't got private medical insurance, but they have got all of these benefits and the costs to the employee is minimal based on what they would have had."

A part of that means, not just managing expectations, but managing future costs and explaining the range of benefits.

Smith said: "We have tried to manage the future costs as best we can, whereas if we start out with PMI we say you want it for this now – but what's your budget going to be in the future, because you know its a 10% increase every year.

"We've just turned it around. Our role as advisers is to not be afraid to challenge our clients and say 'OK, you saying you want this – but have you thought about this? Have you thought about how actually none of your employees have life insurance?'

"It is a minimal cost, but perception to them is really high, because they're looking after their loved ones if anything untoward were to happen.

"So explaining all of the other benefits, we're able to bring it all to life, rather than having two different people or two different agendas – but really looking after that client, and understanding what that client wants now and what they're going to be looking at in the future.

"And what is the individual driver for the person that's putting those benefits in as well as the company culture, because sometimes they can conflict.

"So listen to the clients, but do not be afraid to challenge - these people are important, and we want to make them feel important."

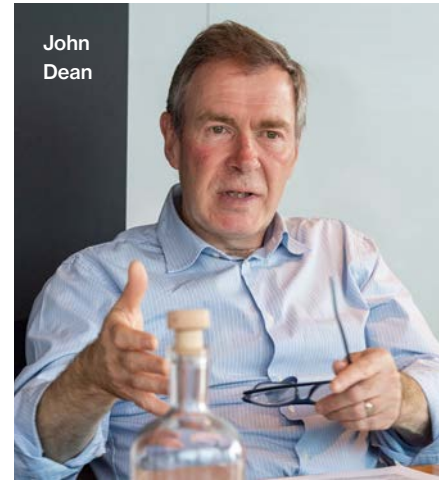
HOW TO EVOLVE

There was also a discussion over the crisis



Morgan
Fitzsimons

John
Dean



facing employee healthcare as the cost of advanced cancer treatments continue to increase - which is putting traditional PMI and employee healthcare under greater strain.

John Dean, head of health and protection at Second Sight, put the issue into greater focus.

"Isn't this an evolution that we are talking about? "

He noted that a lot of business might be about renewing policies, but that times were changing similar to the pensions industry which had to change because they became unaffordable with people living longer.

"We are now in that cusp for medical benefits."

McCabe looked deeper into the issue of SMEs, which can be more challenging than larger corporates.

"Sometimes the proposition needs to be a little bit different for an SME versus a really large corporate – because some SMEs won't see a cancer case every year, versus a really a really large employer where they might have a lot data about cancer claims."

Cran agreed and said: "I think it just depends on the client and the industry. If you've got someone who is relatively new to the market, they'll be more open to providing people with the right support but don't want to worry about a massive claim coming in."

She noted that some SME's may say they don't see the value of PMI as they've literally only got one person in their company using it.

But she added that "I think they will definitely value supporting employees, with some of this meaning being more paternalistic." ■

THE BATTLE TO PROVE ROI ON HEALTH AND WELLBEING BENEFITS AMID RISING COSTS

With ROI now a top priority, employers are struggling to measure the true value of cancer care and wellbeing support writes **Richard Browne**

One of the main things that employers are looking for when it comes to workplace health and wellbeing is return on investment (ROI).

That was the view of participants at the Health & Protection Cancer care in the workplace roundtable in association with Perci Health.

With the unfortunate state of the NHS at the moment, it is one of the areas that seem to be coming under increasing pressure.

ROI IS A BIG REQUEST

Emily Jones, client consulting director at Broadstone kicked off the conversation and said: "We all have experience of the rising cost of insurance – so it is about really looking ROI which is a big request from a lot of our financial directors.

"And its how do you articulate that –



because it is really difficult to actually demonstrate the results of having all these various insurance policies and provisions in place, and the impact and the benefits of that.

"A lot of it is doing the analysis on where the starting position is and what we are looking at at the moment - what's the absentee rate and doing that analysis before we even start. Because there isn't a magic calculator or a tool to do it.

"So a lot of it is piecemeal where you are pulling all that information together.

"More than ever the scrutiny is on the cost of these provisions and then justifying the benefits requirements.

"And that's a big challenge."

HARDER THAN EVER

And the situation isn't getting any easier either.

Jones reflected that she had been in the industry for 25 years - "and it is harder than it has ever been."

Husted agreed wholeheartedly and said: "The healthcare spend is blowing people's minds."

She said employers want to know "What can I do to offset that cost by some early intervention, screening or prevention.

"The screening and the intervention will help, but it is an upfront cost and you're not going to see any dividends for another couple of years.

"So its really hard to sell and nobody wants to cut back because that's an even worse story.

"But equally if you don't get ahead of this and do some early stuff now, it is going to continue to get worse."



ONE GOOD POINT OF CONTACT

An important element is to have one good point of contact, according to Karen Smith, corporate team lead at Towergate.

"What we see with our clients is that it is really important that we have got that one point of contact – because when you're dealing with all of the benefits you need to get the actual breadth of knowledge of the client and how it is affecting all these benefits.

"So we can manage the client's expectations that little bit more right at the start.

"We are doing some work with clients on prevention of cancer and we're seeing that requested a lot."



START FROM THE TOP

And clients are asking for specific screening too.

Beth Husted, associate director of health and benefits at WTW said: "Clients are saying they want specific cancer screening, we want to do something on cancer awareness – how we can help our employees.

"Because not everybody takes out private medical insurance.

"So we're in a bit of a cycle where we've got to sort of break somewhere to get out of, because PMI is still a really valuable employee benefit to give.

"When it comes to the cost breaking point – that's where you get a feeling of being disheartened from the majority of employees, because they're penalised on cost. And the value then gets degraded.

"It is such a really good benefit that we're offering – but by bringing all the benefits together and making them work together using the added value from all of the providers – then I think that makes the whole proposition work – understanding where those gaps are and looking at prevention, that starts to come through.

"But it has to start from the top"

One of the biggest problems of thinking about ROI for insurance is that employers need to realise that the length of the investment can be considerable, and therefore it may take



Amanda Cran

longer for a return on investment than they would want.

NOT A PRECISE SCIENCE

John Dean, head of health and protection at Second Sight, was quite blunt in his view of the main issue facing the desire for a quick ROI, and asked a simple question: "How many of us would consider a five-year plan before seeing a return? Has anyone ever seen that anywhere in the world work? No.

"You might get some enlightened, privately-owned firms who might say that – but it is a lucky day in the office when you see one of them.

"Most of them are looking at a return in the mid to short term, so that's a challenge.

"I think risk is easier in some ways, because the rule sets around risk are easier, because they either cover management or they cover everybody."

And then there is another problem, which is that half of the claims might be with people who are dependents and are not even working for the company.

But Dean noted that things can change quickly when cancer hits the management team.

"Suddenly you find the chief execs or someone in the business has suffered cancer, and HR will see the need for investment – but actually it is a reaction to something that might have happened in the past."

The end result is very different

approaches from different employers.

"Some are just hoping, fingers crossed, that the increase in insurance will be less than 6% - in which case I'll just put it in the bag and go 'whew' and deal with that next year. And then others are much more enlightened.

"But it's not a precise science."

He said: "Obviously the bigger clients are actually easier – when you've got 4,000 employees or more, you've got something you can grab hold of. You can get some data that's relevant and you can look at things."

But get a typical 200-person company and it can be a different story, as there isn't enough data.

"You can do it – but it needs to be super large clients when you're doing data driven analysis."

INCREASING COSTS

Meanwhile, the cost of insurance is ever increasing.

Dean said: "We've got to change because you can't go forward five years and, even my maths at 10% knows that in the next five years, a healthcare scheme for a single person is going to cost more than a pension in the UK.

"So we can't carry on like this.

"We've got to look at doing things differently, and we've got to get to part-funding schemes where the corporate company will pay some of it, allowing employees to top up." ■



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- 💰 Reduce claims costs
- 🔑 Retain key talent
- 📈 Increase policy value

Our results

- 📅 86% return to work within 6 months
- 👤 4.9/5 NPS rating by members
- 🤝 Trusted by leading insurers and employers
- ★ 4.8* rated Excellent on Trustpilot

ADAPTING TO A NEW CANCER LANDSCAPE: HOW OUR INDUSTRY CAN SUPPORT CHANGE

Kelly McCabe, CEO and co-founder Perci Health



C

ancer has long been a central concern for the health and protection industry.

Today, the urgency to rethink how we support people affected by cancer is growing. With more people living with and beyond cancer, it is increasingly being recognised as a long-term condition.

This shift carries significant implications for insurers, healthcare providers and employers, and calls for a coordinated, forward-thinking response.

With more than 16 years in cancer care - as an NHS clinician, private hospital operator, and now CEO of Perci Health - I've seen firsthand the critical gaps in care.

These go beyond clinical issues; they're rooted in access, continuity, and communication, presenting a real opportunity for the protection industry to drive change.

A SHIFTING REALITY

By 2040, more than five million people in the UK will be living with and beyond cancer. Globally, the figure will exceed 100 million.

Earlier diagnosis and improved treatments mean more people survive. But support systems have not kept pace.

Preventative care is underdeveloped, despite 40% of cancers being preventable. Screening uptake is low, with over a third of NHS appointments missed. Late diagnosis leads to poorer outcomes and higher costs.

After treatment, many feel unsupported. Care often falls to charities or general wellbeing services, which are rarely equipped to address the complex needs of people with cancer.

Cancer now affects more younger people. Diagnoses in under 50s have risen by 80% over three decades. Over 70% of people living with cancer have another chronic condition. Mental health issues

are widespread, particularly among younger adults.

THE FINANCIAL STRAIN

The rising complexity of cancer means generalist services are no longer sufficient. Cancer now accounts for up to 30% of private medical insurance claims, compared with under 1% two decades ago. Some employers are scaling back cancer cover, which is concerning.

Macmillan reports that 83% of people affected by cancer experience financial hardship, with losses of up to £570 per month. Income protection and critical illness cover are essential, not just for financial support but as entry points to broader care.

WHAT BETTER SUPPORT LOOKS LIKE

A modern approach must include early risk identification, prevention, timely diagnosis and specialist cancer recovery. It starts with understanding personal risk, including lifestyle and family history.

This can lead to targeted interventions such as smoking cessation or dietary advice.

Screening matters. Many people do not know which screenings apply to them or how often they should attend. Personalised reminders and fewer access barriers can improve early detection.

Once diagnosed, rapid access to treatment is critical. Virtual GP services, diagnostics and specialist navigation reduce delays and help people understand their options.

Navigation also supports mental health, finances and family responsibilities.

After treatment, recovery is key. At Perci Health, return to work programmes have helped 86% of participants return to work within six months. This supports both individuals and employers.

INCLUSIVE, JOINED-UP SUPPORT

We must also consider carers. This often affects women and brings both emotional and financial strain. Carer support is a simple way to improve inclusivity and impact. Insurance products need to work together. Medical insurance, income protection, critical illness policies and employee assistance programmes all play a role.

But integration is essential. Consider how people move between NHS and private services and whether all employees are covered.

Two areas are particularly worth investing in: prevention and specialist vocational rehabilitation. Both reduce cost and improve outcomes, yet remain underused. People must also be aware of available services, understand them and know how to access them.

Technology can streamline access. Digital triage tools and personalisation engines connect people with the right support at the right time.

Younger generations, in particular, value digital first solutions.

A COLLECTIVE EFFORT

Brokers and advisers are in a powerful position. Ask if the cancer strategy is proactive, inclusive and outcome driven. Is it easy to access? Is it built around the full experience, not just the clinical stage?

Cancer care is not just a medical issue. It is human, financial and systemic. By embracing collaboration, innovation and empathy, our industry can offer meaningful support to those navigating cancer.

We have a responsibility to act and a real opportunity to lead. ■

Perci Health

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