RETURN TO WORK: HOPE OR REALITY?

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Overall rate of returning to work after cancer

Cancer has a negative impact on employment patterns with studies estimating between 10% and 38% of employees do not return to work following treatment for cancer.

The overall rate of returning to work following a cancer diagnosis has grown to over 75% due to innovative therapies.

In **FRANCE**, 82.1% of working women diagnosed with breast cancer returned to work after a median sick leave of 10.8 months.

In **THE NETHERLANDS**, 83% of working individuals diagnosed with head and neck cancer returned to work, and most often within 6 months after treatment.

In **JAPAN**, 81% of patients diagnosed with cancer returned to work within 12 months of their initial sick leave.
The impact of cancer on employment patterns must not be underestimated!

- More people are diagnosed when they are still young.
- More people are diagnosed at earlier stages and survive cancer.

Patients are increasingly likely to be of working age.

Issues regarding productivity and continuing employment must be addressed by patients and employers alike.
Benefits to returning to work

• Monetary gain

• Feel connected

• More distraction from worrying about health

• Work boosts self-confidence

• Work provides valuable social interactions with peers
Possible limitations

- Fatigue
- Cognitive problems (Chemo-brain)
- Pain
- Other treatment side effects
Cancer-related fatigue

- Cancer-related fatigue is very common among people being treated for cancer

[Diagram: Incidence of Fatigue among Cancer Patients]

78% of patients surveyed experience debilitating fatigue

Figure 1: These data on the incidence of fatigue among cancer patients are based on a survey of 419 patients who had received chemotherapy or radiation therapy. Source: Ortho Biotech Inc.
Figure 2: These data on the impact of fatigue among cancer patients are based on a survey of 419 patients who had received chemotherapy or radiation therapy. Source: Ortho Biotech Inc.

- Cancer-related factors
- Chronic inflammation
- Genetic factors in cytokine genes
- Biobehavioral factors
- Immune system
- Neuroendocrine system
- Cancer and cancer treatment
- Cancer-related fatigue

Impact of Fatigue among Cancer Patients

- Concern about mortality and survival
- Relationships with family and friends
- Ability to take care of family
- Ability to take care of partner
- Emotional well-being
- Physical well-being
- Ability to work
- Ability to live in treatment
- Ability to live with treatment
- Physical activity

- 70% 60% 57% 55% 54% 42% 38% 33% 20% 10%
Cancer-related fatigue

- Cancer-related fatigue can present significant challenges for workers: affecting their physical functioning, causing emotional distress and making it difficult to concentrate.

- Cancer-related fatigue can have a substantial negative impact on the physical, psychosocial and economic wellbeing of both employees with cancer and caregivers.
Chemo-brain

Quick facts

What is "chemo brain"?
Cognitive impairment or cognitive dysfunction reported by patients related to cancer and its treatment

Symptoms
- Short-term memory loss
- Difficulty concentrating
- Disorganization
- Trouble finding words
- Difficulty with multi-tasking
- Mental and physical fatigue
- Shortened attention span
- Slowed processing speed

Causes
- Pain medications
- Low blood counts
- Radiation
- Chemotherapy
- Depression
- Steroids
- Anxiety
- Hormone therapy

How to help
- Make a to-do list.
- Use a pill box to organize meds.
- Have a special place for items such as keys, wallets, etc.
- Physical exercise.
- Follow a routine.
- Let your doctor and family know what you are experiencing.

Most people recover after finishing treatment, but up to 30% may have persistent symptoms.

Up to 75% of patients with solid tumors report experiencing chemo brain during treatment.

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Chemo-brain

Figure 1. Pathogenesis of 'chemobrain'.

- **Possible Determinants**
  - Treatment characteristics
    - Dosage
    - Duration
    - Type of regimen
  - Genetic susceptibility
    - APOE E4
    - COMT-Val
    - BDNF-Val
  - Cytokine imbalance
    - IL-6
    - TNF-α
    - IL-1β
  - Hormonal factors
    - Oestrogen
    - Progesterone

- **Mechanisms**
  - Oxidative stress
  - Telomere shortening

- **Primary Outcome**
  - Acute CNS damage (transient)

- **Amplifying factors**
  - Psychological stress

- **Secondary Outcome**
  - Reduced quality of life

- **Delays CNS damage due to demyelination and other mechanisms**
  - Executive functioning
  - Processing speed
  - Attention and/or concentration
  - Verbal and visuospatial memory

- **Anaemia and other side effects**
  - Work
  - Education
  - Social interaction
Going back to work is not an option for every cancer survivor!

- Physical, mental, or emotional effects of cancer treatment change or delay work plans
Help patients to make the right choice for themself!

- Continue working
- Go on short-term disability
- Go on long-term disability
Planning Return

- The timing of return to work depends on:
  - The long-term side effects of treatment
  - The physical demands or stress of job
  - The need for follow-up care
Some small changes can help

- Take small breaks to keep energy up throughout the workday

- Use lists and alarms to remember important meetings or tasks

- Discuss concerns with the manager

- Help survivors to know their rights (or to know they have rights! i.e. flextime, job sharing or telecommuting)
Creative scheduling options may be the solution

- Part-time hours at least in the first months
- Flex time that allows leave for medical appointments
- Job sharing on important projects
- There is evidence that a supportive work environment is positively associated with rates of cancer survivors returning to work, and physically demanding manual labour is negatively associated with return-to-work rates
Suggest patients to talk to a therapist before returning to work

- Emotions (positive and negative) must be taken into account (always!)
Work-life balance

- Refers to the individual’s ability to balance the commitments, responsibilities and goals relating to his/her paid work (e.g. working hours, expected outputs of the job, career advancement), with personal commitments, responsibilities and desires (e.g. recovery, parenting, recreational activities, community commitments, further education)
Finding a healthy work-life balance isn't a one-time thing. It is a continuous process, especially as each person and his/her interests, family and work life change.

In general, women who maintain a healthy balance between work and their personal lives not only achieve a sense of well-being and feel that they have control over their working life, able to determine when and how much they work, they also lead rich and fulfilling personal lives.
• This is particularly true for survivors who have to cope not only with work and personal life, but also with physical and emotional consequences of their illness
Return to work: hope or reality?

• To transform a hope in reality it is necessary to follow the right steps with the right method

• HELP PATIENTS TO DO IT!
THANK YOU FOR YOUR ATTENTION

NOW PLEASE CLAP