

# Retorno al trabajo después del Cáncer

Encuentro del Grupo de Trabajo de la SEE, 12 de abril de 2024



## Íncide de contenido

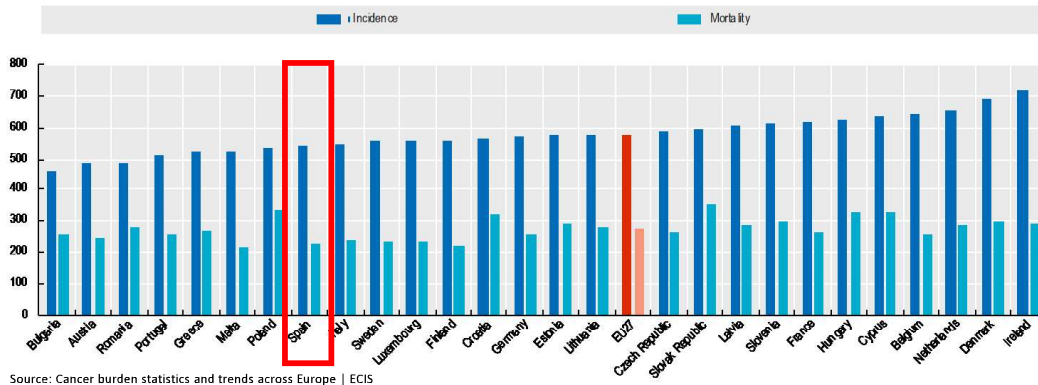
- **Contexto:** El cancer durante la vida laboral
- **Proyecto:** Algunos resultados de la tesis
- **Reflexiones finales:** El retorno al trabajo tras un cáncer como problema de salud laboral
- **Debate abierto:** ¿Qué podemos hacer?

# Cancer epidemiology

- Europe has experienced an increase in cancer rates<sup>1</sup>



- Population ageing
- Exposure to risk factors: tobacco, alcohol, pollution, obesity, sedentary lifestyle, etc.
- Screening

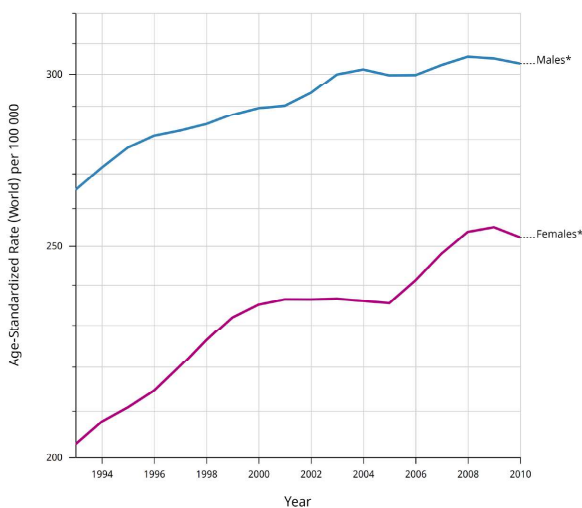


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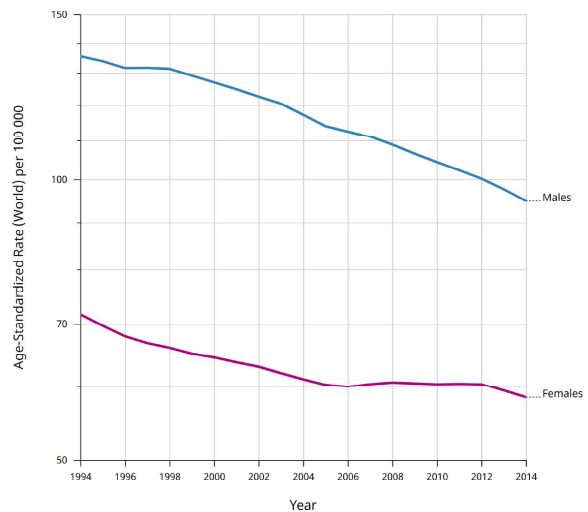
<sup>1</sup> SEOM, Las cifras del cáncer en España (2023).

## Working age cancer epidemiology

- Cancer **incidence** and **mortality** rates trends in Spain, 20 to 64 years.



Source: Global Cancer Observatory (who.int)



- **Incidence rate 2022, 20 to 64 years<sup>5</sup>**



341.9  
per 100,000



337.4 per 100,000  
Breast, colorectal, lung,  
uterine corpus, thyroid



348.3 per 100,000  
Prostate, lung, colorectal,  
urinary bladder, kidney

<sup>5</sup>ECIS - European Cancer Information System

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# Working age cancer epidemiology

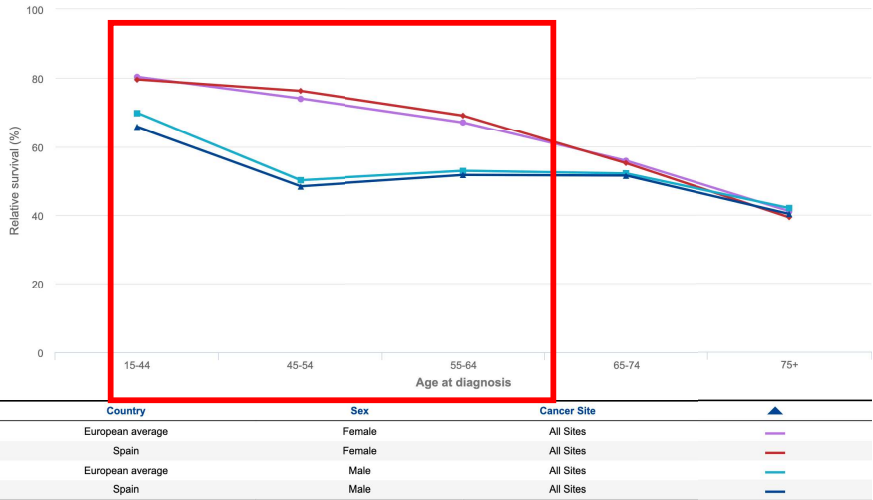
- 5-year survival, Spain<sup>6</sup>



62% (breast 85.5%)

54% (prostate 89.8%)

2 countries, Both sexes, All Sites, 15+ years, 2000-2007



Source: Cancer burden statistics and trends across Europe | ECIS

<sup>6</sup>Guevara M. Cancers (basel) (2022).

# Clinical cancer epidemiology

- Cancer treatments



**Aggressive**

Gap of **knowledge side effects**<sup>7</sup>

**Latent side effects**<sup>8</sup>

**Long-lasting 5, 10 even 20 years**<sup>9</sup>



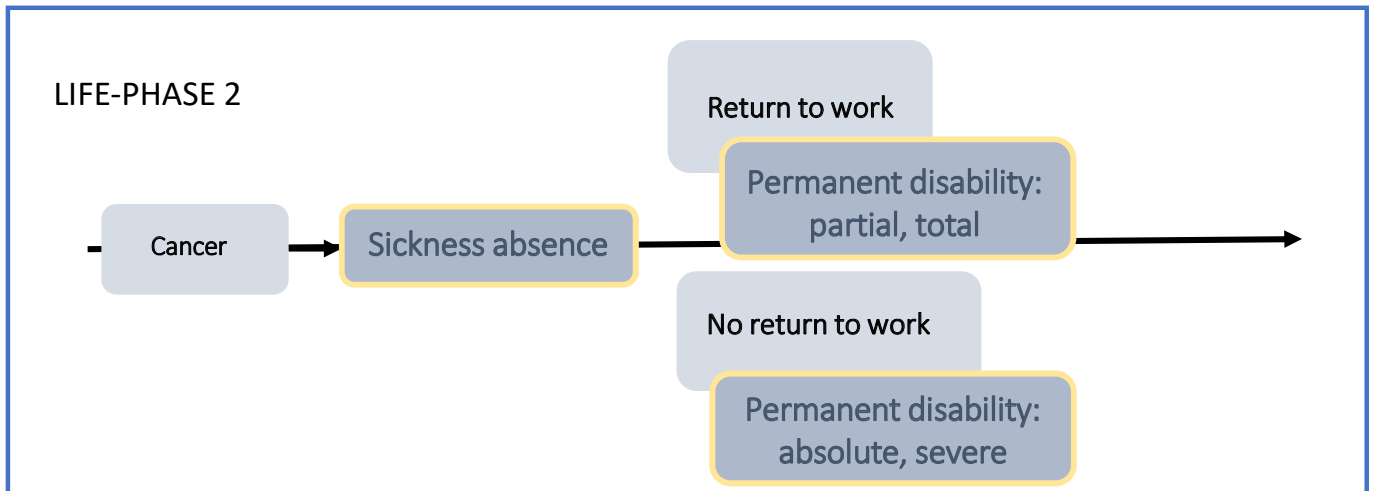
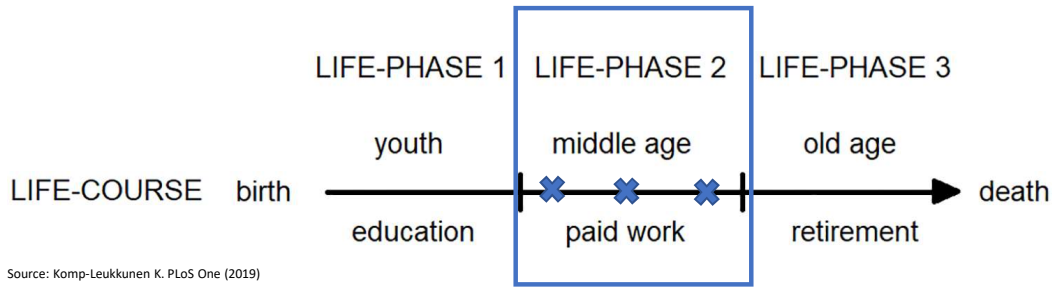
**Chronification**<sup>10</sup>:

- Depression
- Anxiety
- Chronic pain

Source: Cancer Council Australia

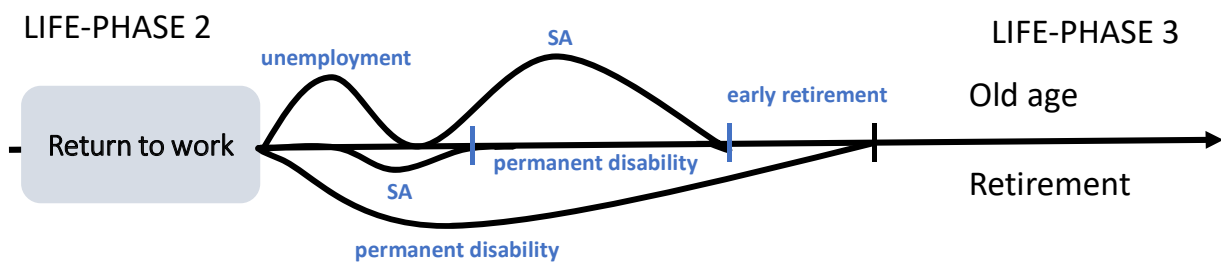
<sup>7</sup>Aziz NM. Acta Oncol. (2007); <sup>8</sup>Lagergren P. Mol Oncol. (2019); <sup>9</sup>Gegechkori N. Medical Clinics of North America (2017); <sup>10</sup>SEOM. Plan Integral de Atención a los Largos Supervivientes de Cáncer (2013)

# Cancer in the working life trajectory



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# Cancer in the working life trajectory



	<b>Socio-demographic factors</b> <ul style="list-style-type: none"> <li>• 40% higher risk of unemployment than healthy counterparts<sup>14</sup></li> <li>• 20% higher risk of unemployment with benefits<sup>15</sup></li> <li>• RTW rates in Spain: 55%<sup>16</sup></li> </ul>	Age (-) Education (?/+) Marital status (?/+) Ethnicity (+) Socioeconomic status (+) Cancer stage <sup>19</sup>	Stage of disease (?/-) Cancer site or type Cohort <sup>18</sup> Symptoms Cancer symptoms (-) Functional limitations (-) Pain, anxiety, fatigue (-) Absence of cancer <sup>20,21</sup>
	<b>Work-related factors</b> <ul style="list-style-type: none"> <li>• Higher risk for permanent disability with differences between cancer types, treatments and stage at diagnosis<sup>22</sup></li> <li>• Early retirement risk 55% higher in women and 60% higher in men<sup>23</sup></li> </ul>	Type of work Occupation (+) Work demands Sick leave <sup>24</sup> Precarious employment (-)	Type of treatment (needed 8 years after) Type of surgery (-/?) Chemotherapy (-) Other treatment-related factors Postoperative complications (-)

<sup>14</sup>de Boer AG. Journal of Cancer Survivorship (2020); <sup>14</sup>Tavan H. Indian J Palliat Care. 2019; <sup>15</sup>Paltrinieri S. Supportive Care in Cancer (2018); <sup>16</sup>Picazo C. Psicooncologia (2023); <sup>17</sup>De Boer AGEM. Journal of Cancer Survivorship (2020); <sup>18</sup>De Boer AGEM. JAMA (2009); <sup>19</sup>Paalman CH. Br J Cancer (2016); <sup>20</sup>Baloch AN. Journal of Cancer Survivorship (2022); <sup>21</sup>Nord C. Acta Oncol. (2015); <sup>22</sup>Carlsen K. Scand J Public Health (2008); <sup>23</sup>Lindbohm ML. Psychooncology (2014).

# Results- Study I

## scientific reports

OPEN

### Returning to work after a sickness absence due to cancer: a cohort study of salaried workers in Catalonia (Spain)

Amaya Ayala-Garcia<sup>1,2,3,✉</sup>, Laura Serra<sup>1,2,3,4</sup>, Julio C. Hernando-Rodriguez<sup>1</sup> & Fernando G. Benavides<sup>1,2,3</sup>

Check for updates

**Objective:** To estimate the **probability of continuing in employment** after an episode of sickness absence (SA) due to cancer, compared to an episode of SA due to other causes or not having SA, between 2012 and 2018.

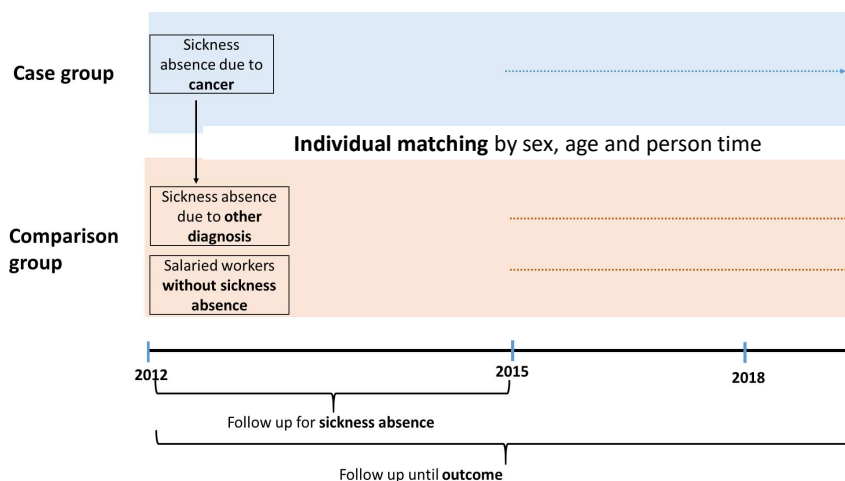
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# Results- Study I

## Design and study population

**Retrospective cohort** of a sample of salaried workers from the Continuous Working Life Sample, affiliated to Social Security and living in Catalonia between 2012 and 2018 (N=1.548, 57% women).

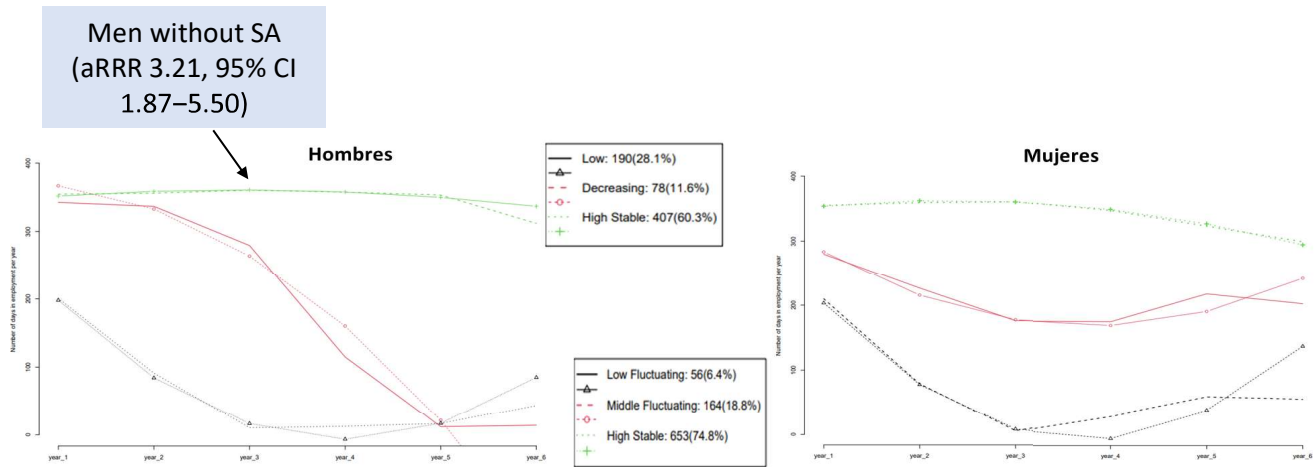
Each case with SA due to cancer was **matched by sex, age and following time** with **1) SA other diagnosis** and **2) SA-free**.



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# Results- Study I

**Results:** Comparison groups are more likely to be employed in both men and women (at least 9% higher), especially men without SA (IRRa 1.27, 95% CI 1.06–1.53).



**Men without SA** were more likely to belong to the **high-stable trajectory** than those with a SA due to cancer.

\*Covariates: Previous working life -% time in employment-, Occupational category -proxy-, Type of contract, Economic activity, Type of working day, Company size, Company ownership, Average monthly income

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# Results- Study IV

## STUDY IV

- **Descriptive** approach and **socio constructivist** perspective.
- **Theoretical** sampling until saturation.
- Six discussion groups were conducted **virtually**:



SA due to cancer, N=7, N=8 and N=8



Oncology care professionals, N=7



Human resources professionals, N=7



Health and safety professionals, N=4



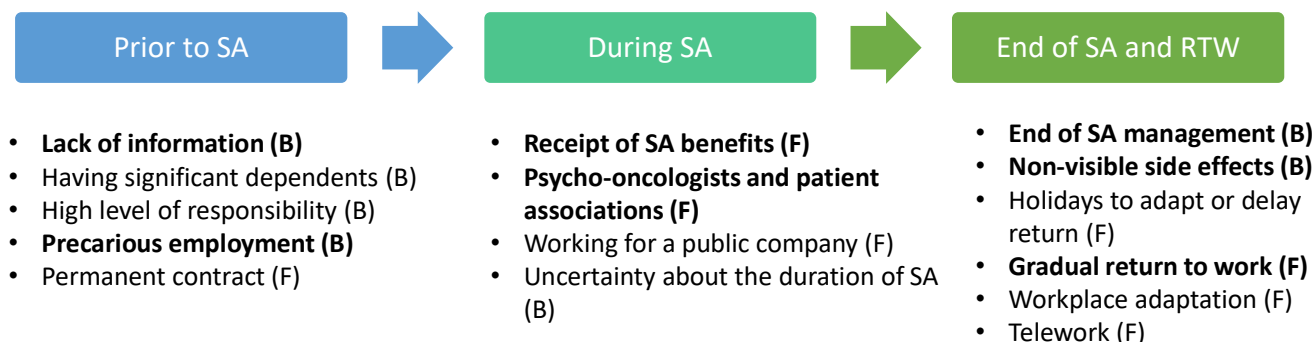
General practitioner

- The sessions were recorded, transcribed verbatim and analyzed by **thematic analysis** and **mixed coding**.

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# Results-Study IV

According to the **stage of the process** from **diagnosis** to the **end of sickness absence (SA)**:



*“GF3P7: (...) I had breast cancer 10 years ago. At that **time I had been with the company for a while and they had just had to renew my contract** and as I had to undergo chemo and so on they didn't even condescend to talk to me. **I directly received a burofax saying that they had fired me** because my contract had expired... **I was in the middle of... well... of chemo and radio.** (...)”*

*“GF2P5: (...) When you come back, you come back. Of course, you can't go back to 50, 60, 40... **you have to go back to 100**, right, which is the eight hours... I would say that **this is one of the big handicaps that we all encounter**. So, of course, I think that at a general level, **the treatments leave us all... very, very, very affected**, they have a lot of toxicity and so forth. So, well...yes, I would say that this is one of the things...I mean, the positive part of going back to work is this...that you somehow take your reins, obviously **mentally it helps you...the negative part is that of course it is all or nothing, right?** (...)”*

*“GF2P8: (...) **Guidance on sick leave...** (...) Nobody gave it any importance...and... I said, "What's going to happen to me? Do I have to take sickness absence?" (...) **They didn't explain anything about that to me.** And the doctors said "Well, it depends on the work you do...you decide whether you take sickness absence or not". (...)”*

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## Implications for policy and practice

- **SA, permanent disability benefits** provided by Social Security should **holistically consider specific needs** of cancer survivors on their **working life journey** as a survivor.
- More **vulnerable workers** should be paid special attention by social security after cancer, for they can be the ones suffering the most serious consequences of labour and social exclusion.
- **RTW regulations** could be implemented, individual approach **from the diagnosis** stage, involving **all stakeholders** that take part in the continuum from diagnosis of cancer to RTW and work retention.
- **Healthcare professionals** should be instructed and stimulated to give at least basic **advice and guidance** on immediate and long-term **consequences** of cancer in **working life**.

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Thank you!!

