

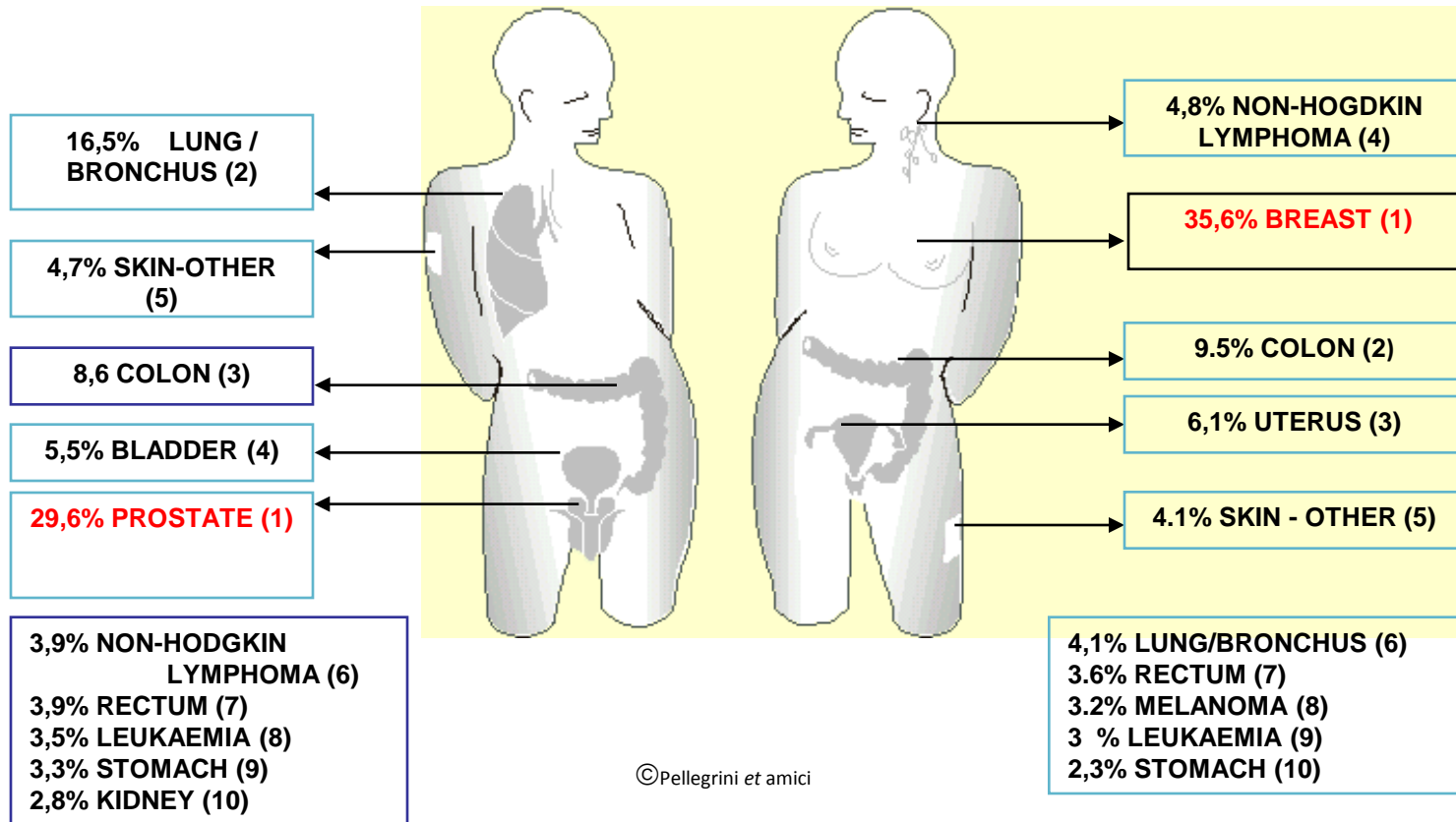


## BREAST CANCER TREATMENT AND WORK INCAPACITY: PATIENT PERSPECTIVES

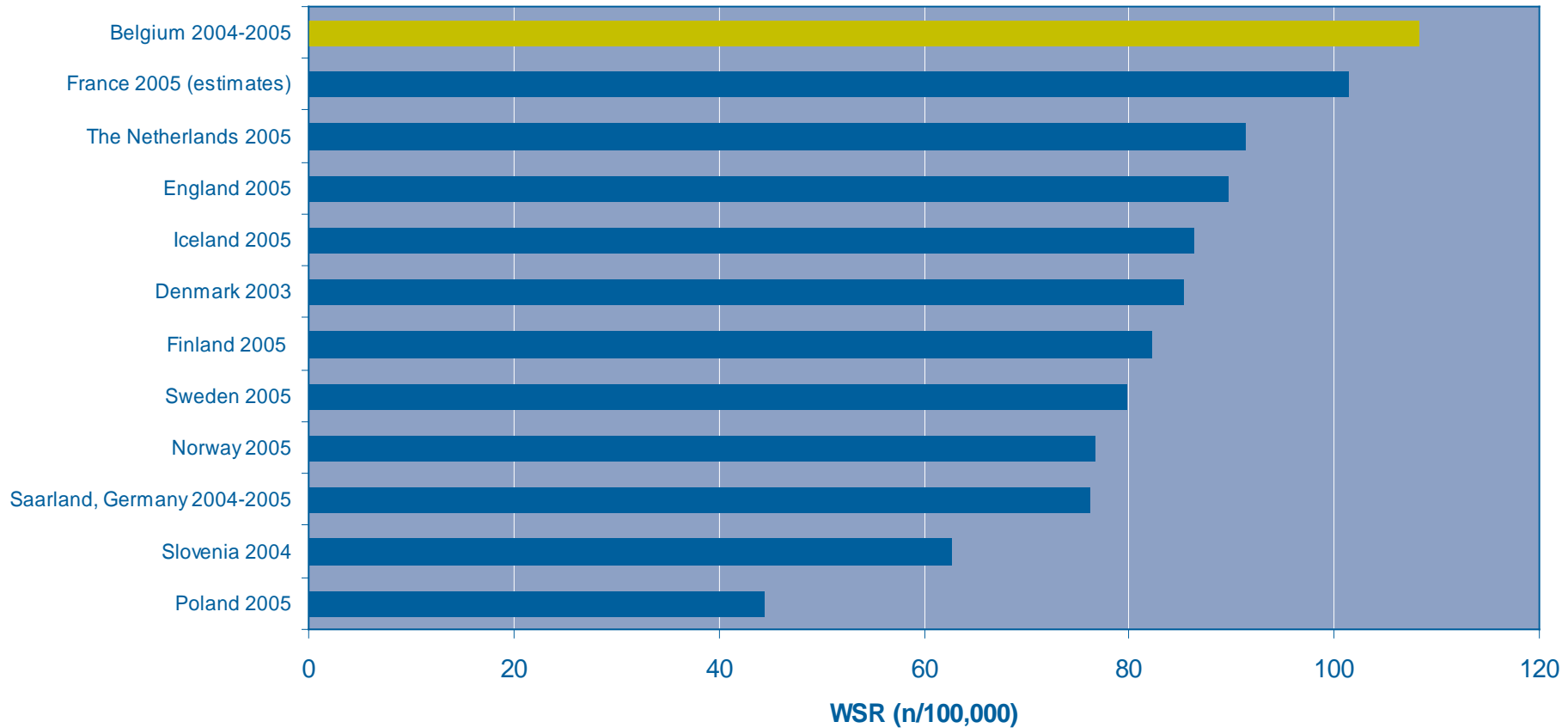
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**LEUVEN**

## The most frequent invasive tumours among males and females and their relative frequency in 1996-2005



## Breast Cancer: Age-standardised incidence rates (WSR) Selection of European registry data



### Cancer Incidence in Belgium 2004-2005

Belgian Cancer Registry



# Cancer Incidence in Belgium 2004-2005

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- Most frequent cancer in females:
  - ▣ **9.405 new** breast cancer cases in 2005
- Leading cause of death by cancer in females:
  - ▣ **2.286 deaths** from breast cancer in 2004
- Mean age at diagnosis is 61 years
- 25% of breast cancer cases occurs before the age of 50 years
- Belgium has one of the highest incidence rates for BC in Europe

# Economic burden over 5 years

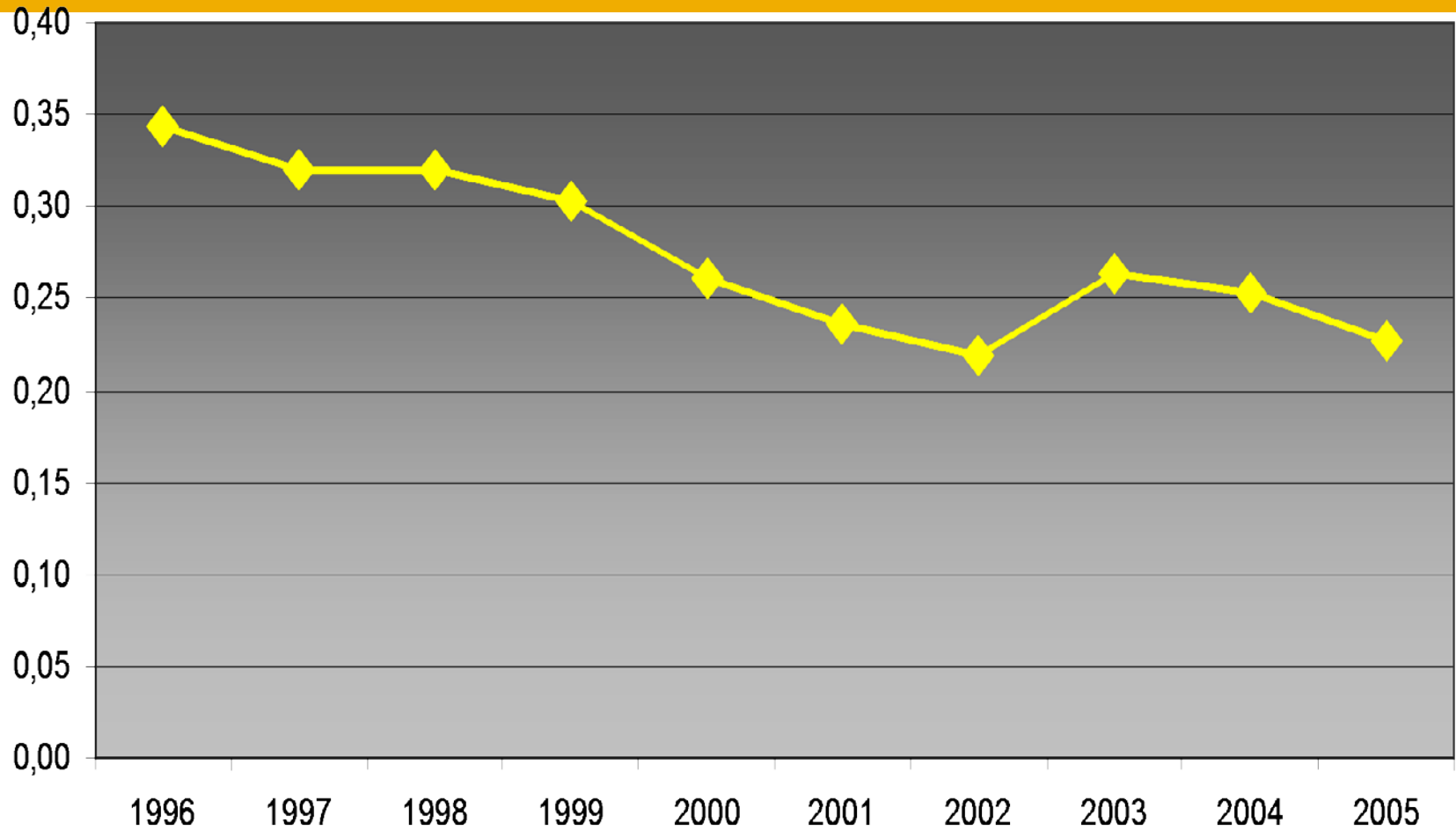
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- Productivity loss costs (89% of costs)  
work absence and premature mortality
- Health care costs (11% of costs)

*Unpublished data!*

## Mortality / Incidence ratio 1996-2005

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Source : H.Cloots – Flemish administration

# Treatment plan

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- Staging:
  - T N M
  - Tumour characteristics: ER/PR; Her2; grade; type
  
- Multimodality treatment M0 disease:
  - In situ : excision: BCT + Irradiation vs. ME + SLN
  - Invasive:
    - Locally advanced: up-front systemic treatment followed by.....
    - Others:
      - Breast conservation + irradiation +/- systemic treatment
      - Mastectomy +/- reconstruction +/- irradiation +/- systemic treatment
      - Axilla:
        - Sentinel lymph node
        - Axillary lymph node dissection
  
- Metastatic disease: systemic treatment / radiotherapy/ surgery

# Complications – side effects

## *local treatment (1)*

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### □ **Surgery:**

healing without complications can take 1- 4 weeks

- Complications:
  - Bleeding
  - Infection
  - Seroma
- Side effects:
  - Shoulder impairment
  - Lymph oedema
  - Mutilation
  - Pain
- Fitting prosthesis



# Axillary lymph node dissection

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- Bad reputation:
  - Hematoma (27%)
  - Seroma (2-18%)
  - Infection (1-6%)
  - Pain
  - Shoulder impairment
  - Paresthesia (80%)
  - Lymph oedema (10%)

# Complications – side effects

## *local treatment (2)*

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- **Radiotherapy:** takes 5 - 6,5 weeks - takes 30 min.
  - Side effects:
    - Local: swelling, redness, pain,
    - General: fatigue– few weeks
  - Travel to and from RT department

# Complications – side effects

## *Systemic treatment (1)*

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- **Chemotherapy:** 4 months : 6 cycles - every 3 weeks
  - **Fatigue : lasts for months!**
  - **Cognitive alterations**
  - Hair loss – nail changes
  - Infections – febrile neutropenia
  - GI complaints
  - Cardio toxicity
  - e.g.
- **Trastuzumab:** 1 year - every 3 weeks
  - Cardio toxicity

# Complications – side effects

## *Systemic treatment (2)*

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- **Endocrine treatment:** daily - 5 years or more
  - ▣ What: Tam or AI (+/- Castration)
  - ▣ Menopausal complaints:
    - hot flashes, vaginal dryness, libido loss, mood changes
  - ▣ Hair loss
  - ▣ Joint pain
  - ▣ Weight gain

# 'New developments'

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- **Breast conservation (+ RT) vs. mastectomy**
  - 'Small' solitary lesions
  - No evidence for EIC
  - Negative margins
  - No prior radiotherapy
  
- **Sentinel lymph node procedure vs. axillary dissection**
  
- Immediate or delayed **autologous reconstruction**: major surgery!
  
- Systemic treatment: **Targeted therapy**
  - Trastuzumab for Her2 positive patients
  - Other molecules targeting the microenvironment
  
- **'Breast care' in multidisciplinary teams**
  
- **Revalidation programs**: 'KanActief', 'Herstel en Balans' etc.

# Back to work



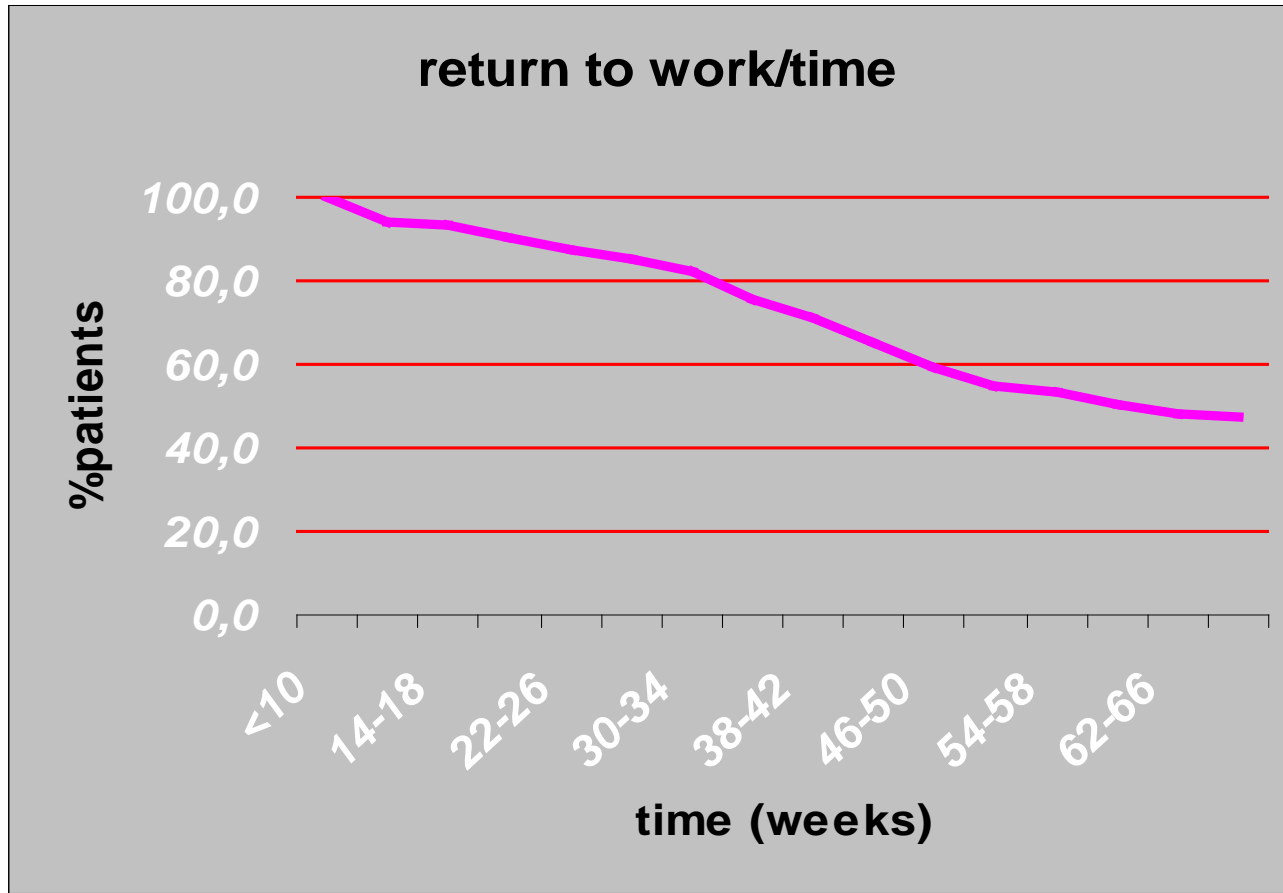
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- Type of surgery: BCT vs. ablation
- Axillary dissection vs. SLN
- Chemotherapy +/- trastuzumab vs or - plus hormonal treatment
- Radiotherapy: duration and field
- Complications
- Side effects
  
- **Coping mechanisms patient and family: back pack!**
- **Depression - fear**
- **Prior work situation and motivation**
- **Support of work provider / reimbursement**
- **Financial aspects**

# Return to work study

(A. Knops et al. - Limburg, Belgium)

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# RTW – logistic regression

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- No chemotherapy: RTW x 3,6
- Absence of post operative pain: RTW x 3,3
- Absence of lymphoedema, fatigue and depression: RTW x 3 to 4
- Perception of health as good: RTW x 4,5
- Self-employed (4x) and white collar workers (3x) more RTW than blue collar workers and unemployed



# Importance of RTW

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- Breast cancer = frequent
- Mean age is relatively low (as compared to other malignancies)
- Treatment is more and more effective, mortality decreases
- Increasing number of “breast cancer survivors” confronted with problem of work incapacity and RTW
- Role of insurance physician?
  
- Perspective of the patient?

# Patient perspective

## Literature review Tiedtke et al, 2009

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- Diagnosis and privacy:
  - ▣ Disclosure is very difficult moment
  - ▣ Fear for personal and professional relationships
- Recovery and return to work:
  - ▣ Many considerations: worries about appearance and productivity, fear of disappointing employer and colleagues
  - ▣ Support at work is very variable: conflicting emotions, impact on motivation
- Attitudes towards work:
  - ▣ Change of priorities: less or more focussed on (importance of) work
  - ▣ Work stop: for health reasons, work-related reasons, not always possible due to financial situation

# Literature review

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- Advice:
  - ▣ Work and RTW is not often discussed with treating physician
  - ▣ Main point of discussion with insurance physician is duration of work incapacity
  - ▣ Communication with employer and occupational physician?
- Support and work adaptations:
  - ▣ RTW is facilitated by cooperative working environment: flexibility, gradual return, work adaptations and emotional support
  - ▣ Lack of support: having to 'beg' for adapted work, dismissal due to absenteeism for treatment, negative reactions
- Discrimination:
  - ▣ Changed relationship with employer and colleagues ('silence' or 'difficult questions')
  - ▣ Changed work situation, different tasks or loss of job and dismissal

# Literature review - summary

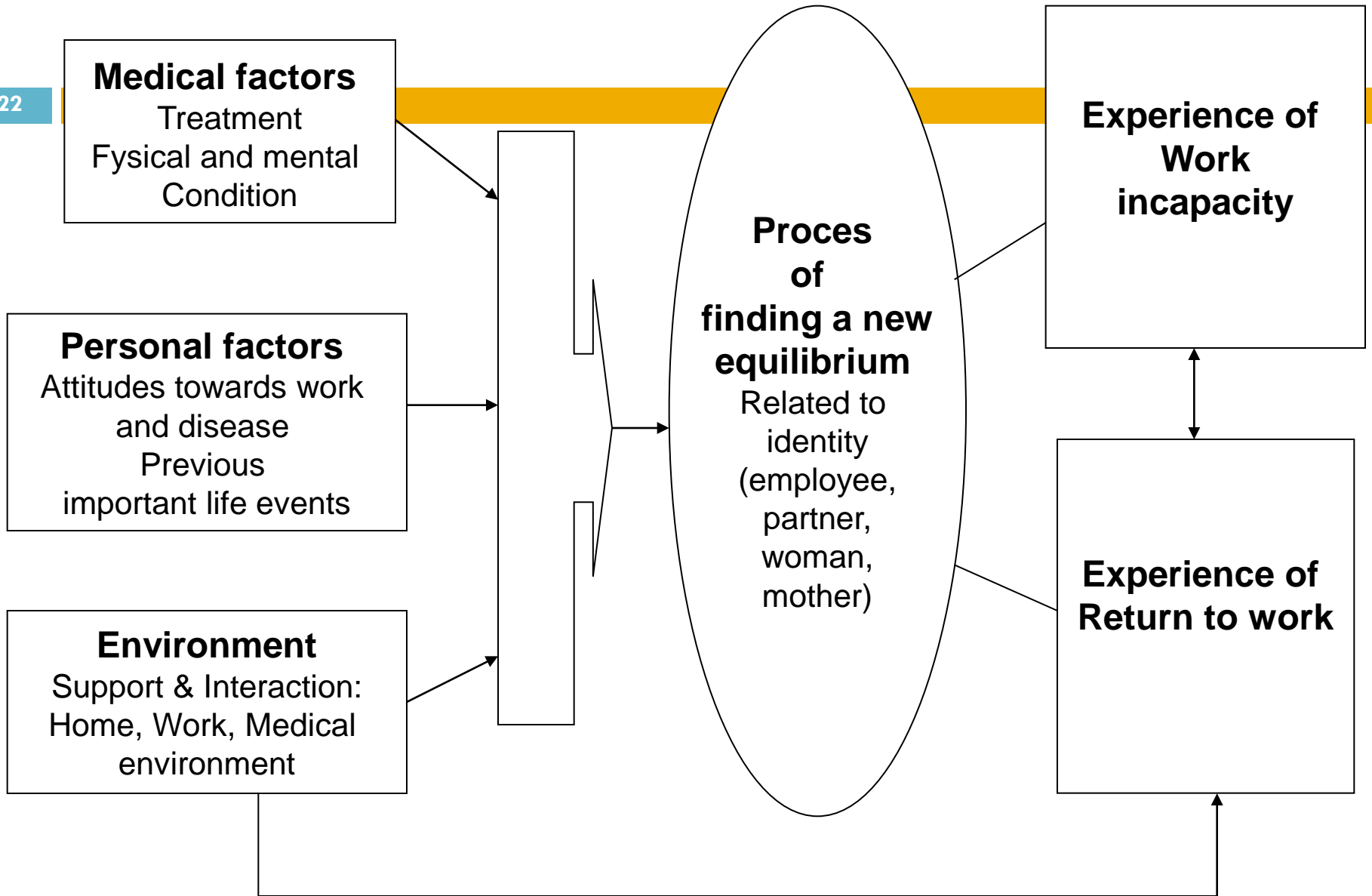
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- Work incapacity and RTW = complex decision taking process
- Huge impact on life and work: support is needed and helpful, more communication and advice is needed
- Role of employer is crucial
- Adequate interventions from treating physicians and insurance physicians about work are needed
- Absence of knowledge on the experience of women about work incapacity and return to work

# Qualitative research

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- How is work incapacity and return to work experienced by the women with breast cancer
- How is this experience influenced by treating physician, occupational and insurance physician, employer, personal environment
- Personal in-depth interviews (grounded theory)



# Results: experience of work incapacity

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Breast cancer women go through a process of finding equilibrium and experience their work disability in broadly different ways. We distinguished three main dynamical experiences of being work-disabled:

1. disruption, with the feeling of irreparable loss, despair and no hope for the future
2. episode, an unpleasant and inconvenient period, after which life continues as before
3. meaningful period, during which new priorities are set for their entire life, including work.

# Results: Disruption

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- ▣ Feeling that “Everything is taken away”
- ▣ Impact: standing at the sideline
- ▣ Impact: no way out
- ▣ Impact: absence of perspective for future



# Citation (disruption)

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“...I don't feel at ease at home, home is not my place, it's not where I belong, meanwhile I've adapted a bit, but when you have always worked fulltime, you are used to that hectic life, at home I feel guilty, I blame myself for not working, I want to contribute to society...financially you also lose, I didn't want all these things to happen, I want my life back, next week will be my birthday, to have my life back, would be a beautiful present...one week, give me one week, one week of working again, one week back to the walking and working woman I was, that would be the most beautiful present...but now, I feel put off from everything, everything has been taken away, no more work, no colleagues, no social contacts, no appearance anymore, it has an enormous impact, it's a rude awakening [lump in throat], and besides I have a lot of trouble with my arm, the lymph vessels have been removed, I have a very heavy arm, but I am not complaining...should that be all, please give me two such arms and give me back my life instead, and my former appearance and let me walk and run like before and, and, and... but things will never return...”  
[resp.4]

# Citation (disruption)

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“...yes, I am out on my own, who I can share my trouble with, sometimes I think, is this my life [lump in throat], now I have my children and I strongly rely on them, but other than that [running eyes], yes, sometimes [raising her voice] I believe, I know I shouldn't think about it, but sometimes I think death is a release, simply that you [tears falling and silence]...but I should not think like that because of my children, my children do need me...” [resp.1 2]

# Results: EPISODE

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- ▣ Focus on healing process
- ▣ Return to work is expected (what is cause, what is effect?)
- ▣ Life will continue as before
- ▣ “Moral duty” to stand firm and go on

# Citation (episode)

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“...I just thought: I have this cancer, okay, it’s happening to me, I just want to survive, and I want a reconstruction, and then, my troubles will gradually come to an end, I guess, yes, I’ve been very hard on myself, and down-to-earth (...) I don’t worry too much, that doesn’t make sense, it’s no use thinking about: why me, how come...yes, it’s hormonal, but I don’t know why, or how, or what, no, that’s not the point, it’s like breaking your arm, you don’t make a fuss about ‘breaking your arm’, I’ve got breast cancer, it’s like a complicated broken arm, yes, and that’s temporarily inconvenient...” [resp.16]

# Results: Meaningful period

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- ▣ Breaking with old habits
- ▣ New priorities in life
- ▣ Re-appreciation of the meaning of work
- ▣ Acceptance of the process

# Citation (meaningful period)

*“...actually, the whole world should get cancer once, the world would be a better place I believe, people would change their ways of life, and think differently, now I stand up for myself more and more, I used to say: oh, my work, oh my work, oh my work, work, work, work, yes I did, I still do my work well, but so far, so good...”*  
[resp.19]

# Citation (meaningful period)

“...going on according to this book, you actually think: falling ill probably wasn't pleasant at the time, but it made me see, look, my life had been accomplished at that point, I had to set a new course, and those things in one's life, apparently make you realize you have to set a new course, because otherwise I wouldn't have quit with my colleague, you just go on then, even if you don't like your work as much as you used to, but, yes, may be I may not say so, but I have the feeling, I had to be ill, to fall ill, to realize, I had to start doing something different...”

[resp.17]

# Conclusion

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- Vrouwen die geopereerd zijn wegens borstkanker hebben verschillende ervaringen met betrekking tot arbeidsongeschiktheid en terugkeer naar werk.
- Drie typen van ervaringen van arbeidsongeschiktheid werden gevonden: breuk, episode en betekenisvolle periode, alle met verschillende schakels naar verleden en toekomst
- Verschillen kunnen verklaard worden vanuit medische factoren, hun vroegere attitude naar werk toe en hoe de werkgever hen steunt bij de werkhervatting (*deze conclusie moet nog preciezer getest worden in het materiaal*)



# Conclusion

- Vijf typen ervaringen met terugkeer naar werk werden gevonden, afhankelijk van de ervaring van arbeidsongeschiktheid, eerdere attitude ten aanzien van werk, de ernst van de medische problemen, de sociale omgeving (in het bijzonder de werkgever)
- Verschillende ervaringen vragen verschillende typen van steun van medici (behandelaars en medisch adviseurs) en werkgevers

# Future research?

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- Ervaring met knelpunten en oplossingen van
  - werkgevers
  - adviserend geneesheren
  - bedrijfsartsen
- Hoe zijn werkgevers, adviserend geneesheren en bedrijfsartsen betrokken in het re-integratieproces?

# Thank you for your attention

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Lut de Block