

Work after cancer. Special considerations in AYA cancer survivors

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Disclosures

no disclosures

Top 10 research priorities for teenage and young adult cancer

1. What psychological support package improves psychological well-being, social functioning and mental health during and after treatment?
2. What interventions, including self-care, can reduce or reverse adverse short and long term effects of cancer treatment?
3. What are the best strategies to improve access to clinical trials?
4. What GP or young person strategies, such as awareness campaigns and education, improve early diagnosis for young people with suspected cancer?
5. What are the best ways of supporting a young person who has incurable cancer?
6. What are the most effective strategies to ensure that young people who are treated outside of a young person's Principal Treatment Centre receive appropriate practical and emotional support?
7. What interventions are most effective in supporting young people when returning to education or work?
8. How can parents/carers/siblings/partners be best supported following the death of a young person with cancer?
9. What is the best method of follow-up and timing which causes the least psychological harm, while ensuring relapse/complications are detected early?
10. What targeted treatments are effective and have fewer short and long term side-effects?

Work after cancer for AYAs

- Work matters
 - for social *and* financial reasons
- AYAs are more vulnerable
- We, the providers, do not manage it well

What makes AYAs unique?

- **Developmental stage**
 - Key milestones: graduation, first job, moving out of home, parenthood etc
 - Limited time to catch up if delayed
- **Physical and emotional vulnerability**
 - Still developing physically and emotionally
 - Limited life skills
 - Limited financial reserves
 - Limited support
- **More likely to suffer from cancers that are complex, rare, and treated intensively (high cost)**



Australasian Faculty of Occupational
and Environmental Medicine



The Royal Australasian
College of Physicians

Australasian Consensus Statement on the Health Benefits of Work

At the heart of this consensus statement regarding the health benefits of work is a shared desire to improve the welfare of individuals, families and communities.

Realising the health benefits of work for all Australians requires a paradigm shift in thinking and practice. It necessitates cooperation between many stakeholders, including government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions.

We commit to working together to encourage and enable Australians to achieve the health and wellbeing benefits of work. We acknowledge the following fundamental principles about the relationship between health and work.

- Work is generally good for health and wellbeing
- Long term work absence, work disability and unemployment have a negative impact on health and wellbeing
- Work must be safe so far as is reasonably practicable
- Work is an effective means of reducing poverty and social exclusion, including that faced by indigenous populations and other currently disadvantaged groups. With appropriate support, many of those who have the potential to work, but are not currently working because of economic or social inequalities, illness or acquired or congenital disability, can access the benefits of work

AYA HOPE Study

- n=463, 15-39
- At 35 months post diagnosis
- More than 50% reported problems with work/school
- Uninsured least likely to return

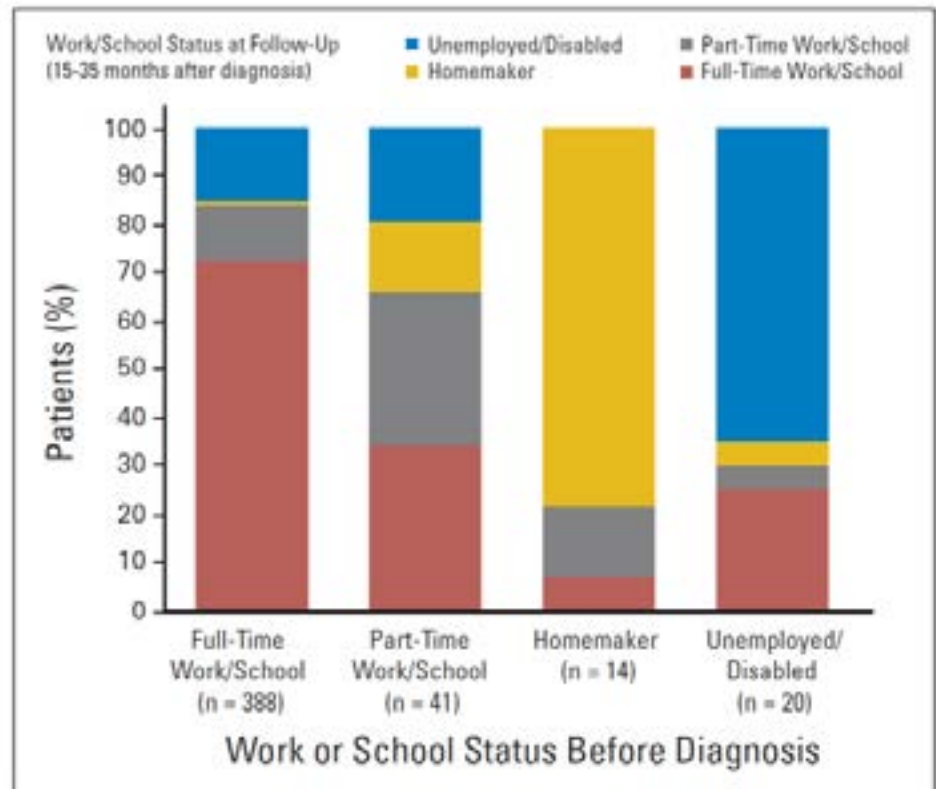


Fig 1. Changes in employment or school status after cancer diagnosis (n = 463).

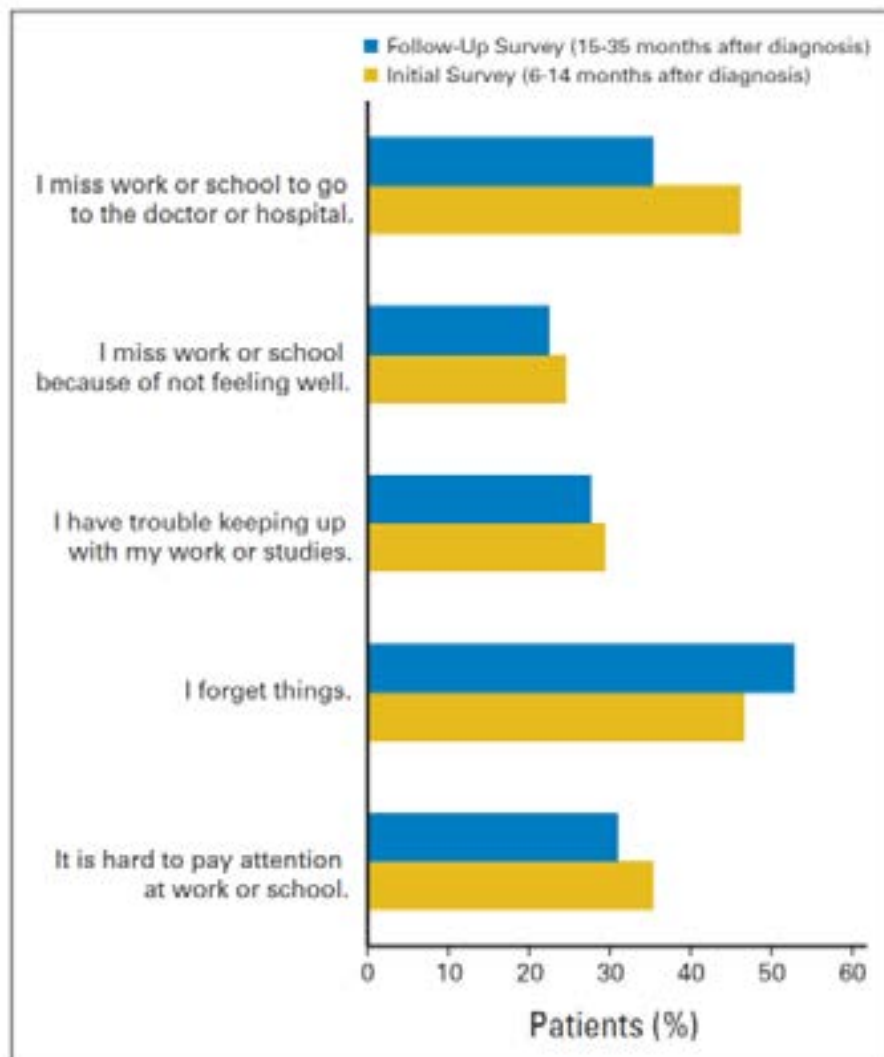


Fig 2. Reported problems with work and school from baseline to follow-up among full-time workers/students (n = 388).

Educational and vocational goal disruption in AYA cancer survivors (Vetsch et al, 2018)

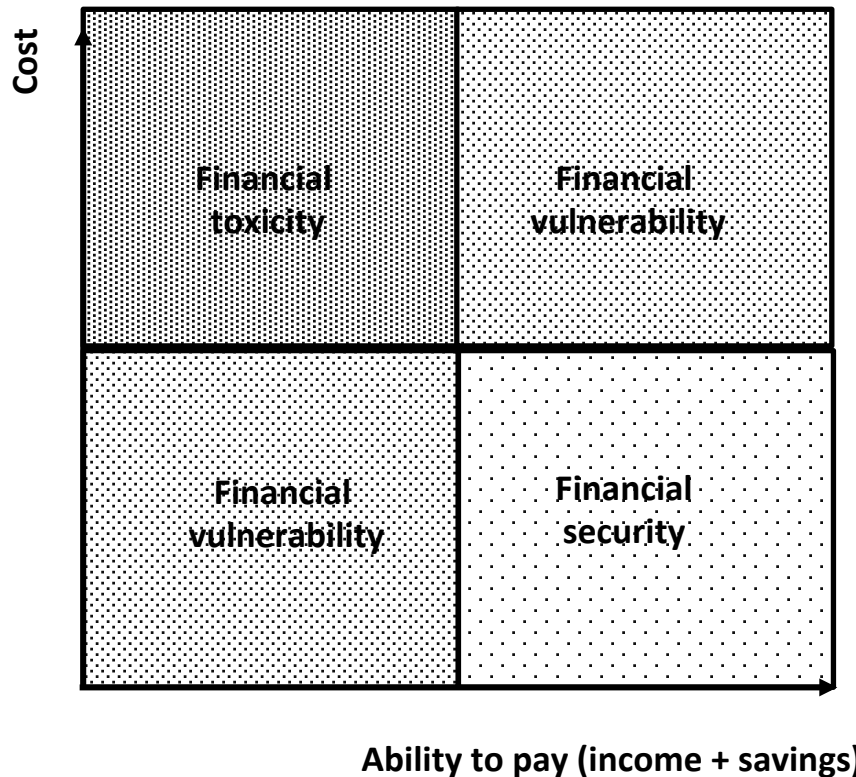
- 42 participants (50% female), 7 hospitals
- 15-26 yr, less than 2 yrs post treatment
- Psychosocial Adjustment to Illness Scale

- 12(28.6%) mild impairment
- 14(33.3%) moderate impairment
- 3(7.1%) marked impairment
- most did not see their performance as compromised (23/42;55%)
- the majority indicated their vocation goals were of equal or greater importance than before diagnosis (26/42;62%)

Why should it matter to oncologists?

- **General distress**
 - QOL, survival and health service utilization
- **Financial toxicity**
 - QOL, survival and health service utilization
- **Treatment/follow-up non-adherence**
 - QOL, recurrence and survival

Work and financial toxicity – connecting the dots



AYA HOPE study

- 90% need for financial support
- Quitting work was a risk factor for non-adherence to follow-up

What can be done?

- Data
 - Vulnerable subgroups data reporting
 - Manual labour/low education/rural and remote
- Screen for problems
- Provide resources
- Deliver interventions

Return to work after cancer rehabilitation

Mehnert et al

Table 2. Time period of return to work (RTW) and reemployment after rehabilitation (N=568).

Employed patients	N (t ₀)	Time period to RTW / re-employment				P-value	φ / η ²
		Patients who returned to work immediately after rehabilitation		Weeks until RTW / re-employment			
		N	%	Mean	SD		
Baseline employment status						<0.001 ^a / <0.001 ^b	0.68 ^a / 0.24 ^b
Patients working	268	228	85.1	1.64	2.46		
Patients on sick leave	290	48	16.6	8.90	9.83		
Unemployed patients	10	2	20.0	21.60	16.67		
Total	568	278	48.9	5.68	8.60		
Social class						0.008 ^a / 0.63 ^b	0.13 ^a
Lower social class	133	53	39.8	6.23	8.23		
Middle social class	343	169	49.3	5.41	8.44		
Upper social class	92	56	60.9	5.89	9.64		
Cancer entity						0.001 ^a / <0.001 ^b	0.20 ^a / 0.05 ^b
Breast cancer	348	171	49.1	5.19	7.98		
Gynecological cancers	81	38	46.9	5.23	6.77		
Head and neck cancers	39	14	35.9	8.03	10.31		
Skin cancer	38	30	78.9	2.76	6.00		
Colon/rectum cancer	36	16	44.4	10.21	13.41		
Lung cancer	10	1	10.0	13.70	14.21		
Hematological neoplasias	16	8	50.0	5.13	7.53		

^a Significance and effect size refer to group differences in patients who returned to work immediately after rehabilitation.

^b Significance and effect size refer to group differences in weeks until RTW/reemployment.

COST – FACIT (Version 1)

Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

		Not at all	A little bit	Some- what	Quite a bit	Very much
FT1	I know that I have enough money in savings, retirement, or assets to cover the costs of my treatment.....	0	1	2	3	4
FT2	My out-of-pocket medical expenses are more than I thought they would be.....	0	1	2	3	4
FT3	I worry about the financial problems I will have in the future as a result of my illness or treatment.....	0	1	2	3	4
FT4	I feel I have no choice about the amount of money I spend on care.....	0	1	2	3	4
FT5	I am frustrated that I cannot work or contribute as much as I usually do.....	0	1	2	3	4
FT6	I am satisfied with my current financial situation.....	0	1	2	3	4
FT7	I am able to meet my monthly expenses.....	0	1	2	3	4
FT8	I feel financially stressed.....	0	1	2	3	4
FT9	I am concerned about keeping my job and income, including work at home.....	0	1	2	3	4
FT10	My cancer or treatment has reduced my satisfaction with my present financial situation.....	0	1	2	3	4
FT11	I feel in control of my financial situation.....	0	1	2	3	4

http://workaftercancer.com.au/

The screenshot shows a web browser window with the address bar displaying "workaftercancer.com.au". The page content includes a navigation menu with the following items:

- Home
- Work After Cancer
- Working during cancer treatment
- Returning to work when treatment is done
- Changing work
- Workplaces
- Employers
- Health care providers
- People with cancer
- Resources
- Contact Us

Below the navigation menu is a video player. The video title is "Work After Cancer" and the description is "Working during cancer treatment. Returning to work when treatment is done. Changing work. A guide for people diagnosed with cancer, health care providers and employers". The video player shows two construction workers in white hard hats and yellow safety vests looking at a document on a construction site. The video player has a play button, a progress bar, and a volume icon. The Windows taskbar is visible at the bottom of the screen, showing the search bar and several application icons.

Add to the favorites bar by selecting ☆, or by getting them from another browser. [Import your favorites](#)

Welcome to the Work after Cancer website –a resource to support work during and after cancer diagnosis, providing advice to people diagnosed with cancer, their loved ones, clinicians and employers about their options, rights and responsibilities.

In order for us to best assist you, please select the role that best describes you.



Person diagnosed with cancer / carer / family member



Health care professional



Employer

Workaftercancer.com.au – key features

- Return to work plan
- Return to work/driving assessment
- Questions prompts
- Rights and responsibilities
- Stories of survivors
- Links to existing resources

Cancer and Work McGill

 [DONATE](#)



- Survivors
- Healthcare providers
- Employers
- Tools
- Research
- Events
- About us
- Contact us
- 
- 



I am a cancer survivor

[Start](#)



I am a healthcare provider

[Start](#)



I am an employer

[Start](#)

**Interventions to enhance return-to-work for cancer patients
(Review)**

de Boer AGEM, Taskila TK, Tamminga SJ, Feuerstein M, Frings-Dresen MHW, Verbeek JH

- 15 RCTs of 1835 patients (7 BC, 2 PC)
- all in high income countries
- moderate evidence that multidisciplinary interventions incorporating physical training, psycho-education and vocational components improve RTW
- there were no studies directed at the workplace

Priorities for research

- Targeted interventions
 - Decision support
 - Rehabilitation
- Data
 - Embedding socioeconomic determinants of health into the data analysis for clinical cancer trials
 - *Note: financial toxicity and work is not reported on in clinical trials*

Priorities for system change

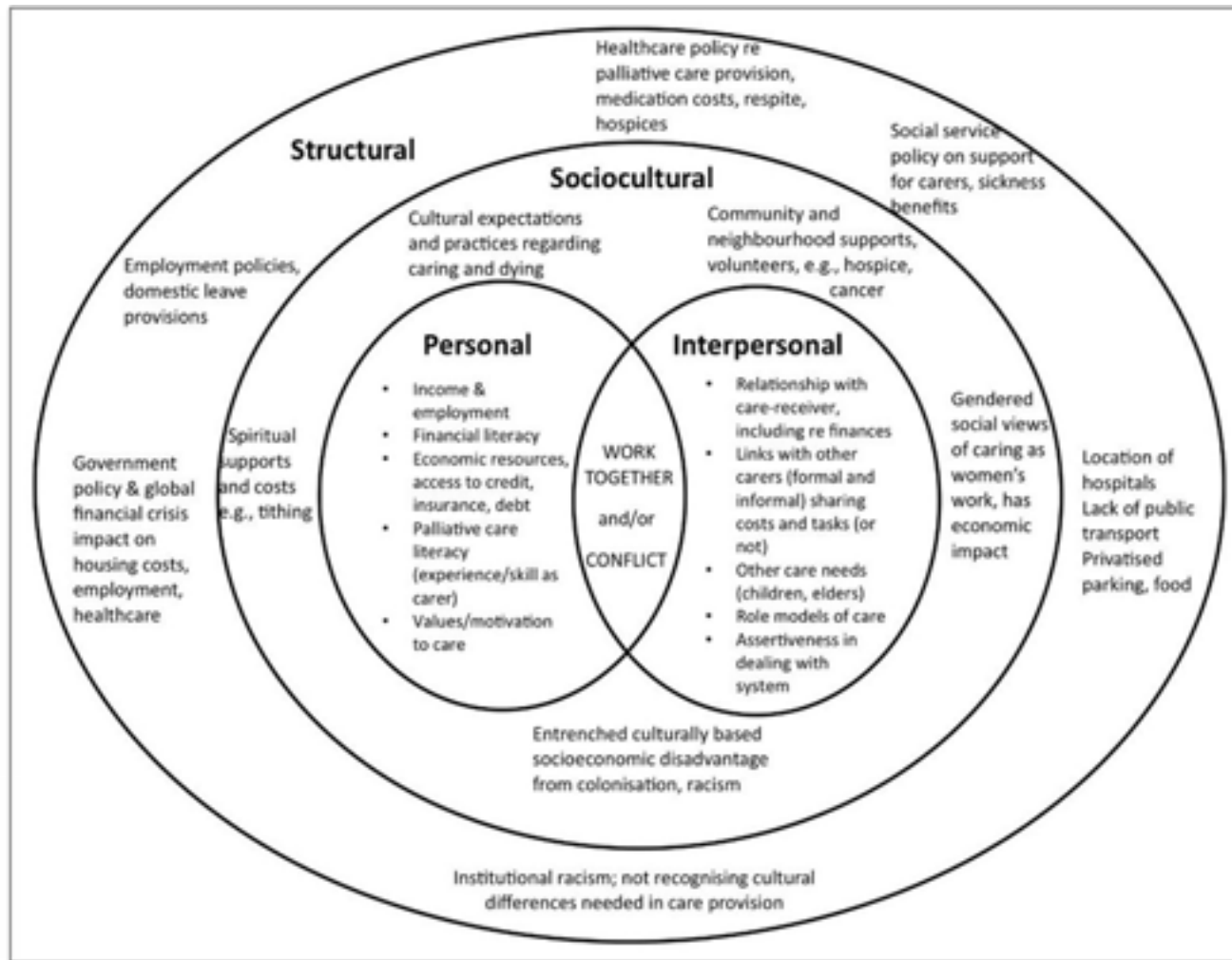


Figure 1. Four dimensions influence financial costs of care.

Work after cancer for AYAs

- Work matters
 - for social *and* financial reasons
- AYAs are more vulnerable
- We, the providers, do not manage it well
 - But there is much that we can do!



“The consequence of not dying was nearly as tragic as my diagnosis because I had no direction, no one to coach me as to what’s next for a 22-year-old who’s lost his career”

Matthew Zachary. Founder, Stupid Cancer



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