

Return To Work after breast cancer: the CANTO cohort

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CANcer TOxicities

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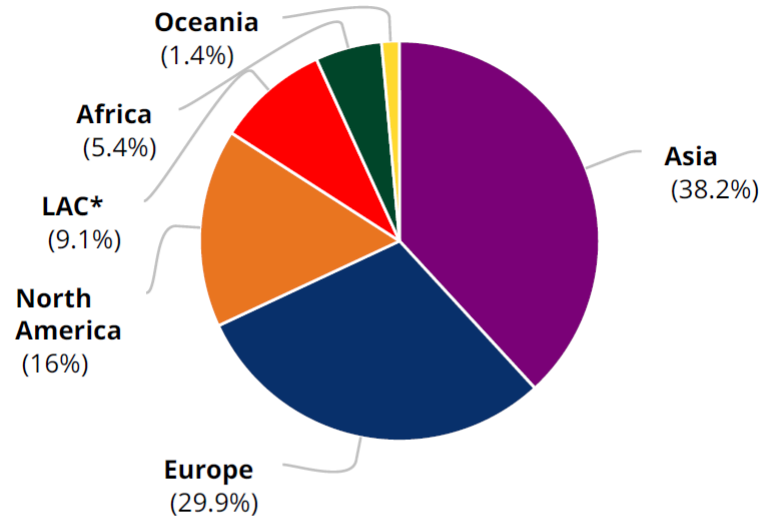
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Background: Breast cancer

+ 2 million breast cancer survivors in Europe (Globocan 2018)

5-year prevalence, both sexes



1/3 patient is < 55 at diagnosis

	Population	Number
	Asia	2 623 745
	Europe	2 054 887
	North America	1 102 533
	*Latin America and the Carribean	624 902
	Africa	370 015
	Oceania	99 017
	Total	6 875 099

Background: Return to work (RTW)

France: sick leave up to 3 years, with reduced income depending on the sector (private/public) and firm accommodations

RTW is a complex process influenced by medical, psychological and social factors

→ Late onset of side effects of breast cancer treatment:

- **Fatigue**
- **Cognitive impairment**
- **Psychological distress**
- **Arm dysfunction**

Background: Challenges

The therapy landscape for early BC has changed

→ New chemotherapy and endocrine therapy agents and targeted therapies such as trastuzumab (Herceptin®)

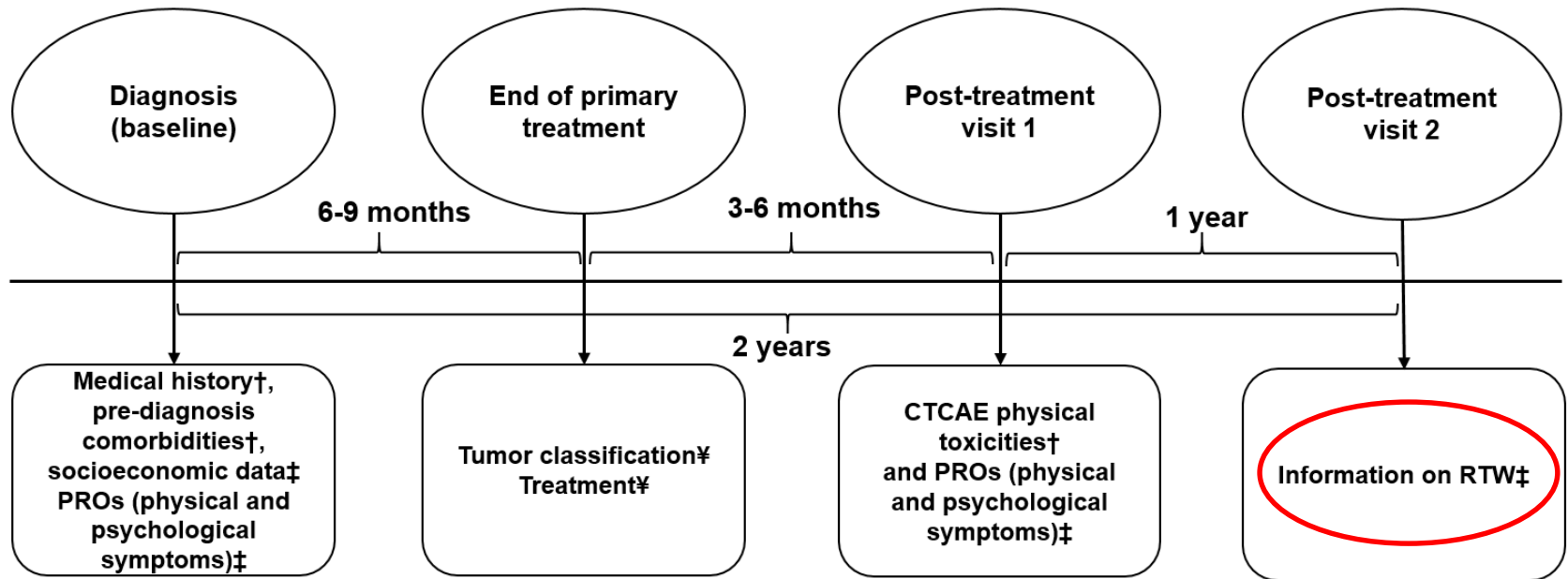
Methodological weaknesses of studies:

→ Retrospective registries or administrative data: limited information on treatment toxicities

→ Cross-sectional studies: limited information on pre-diagnosis comorbidities

→ No simultaneous evaluation of different types of toxicities + PROs

Data collection

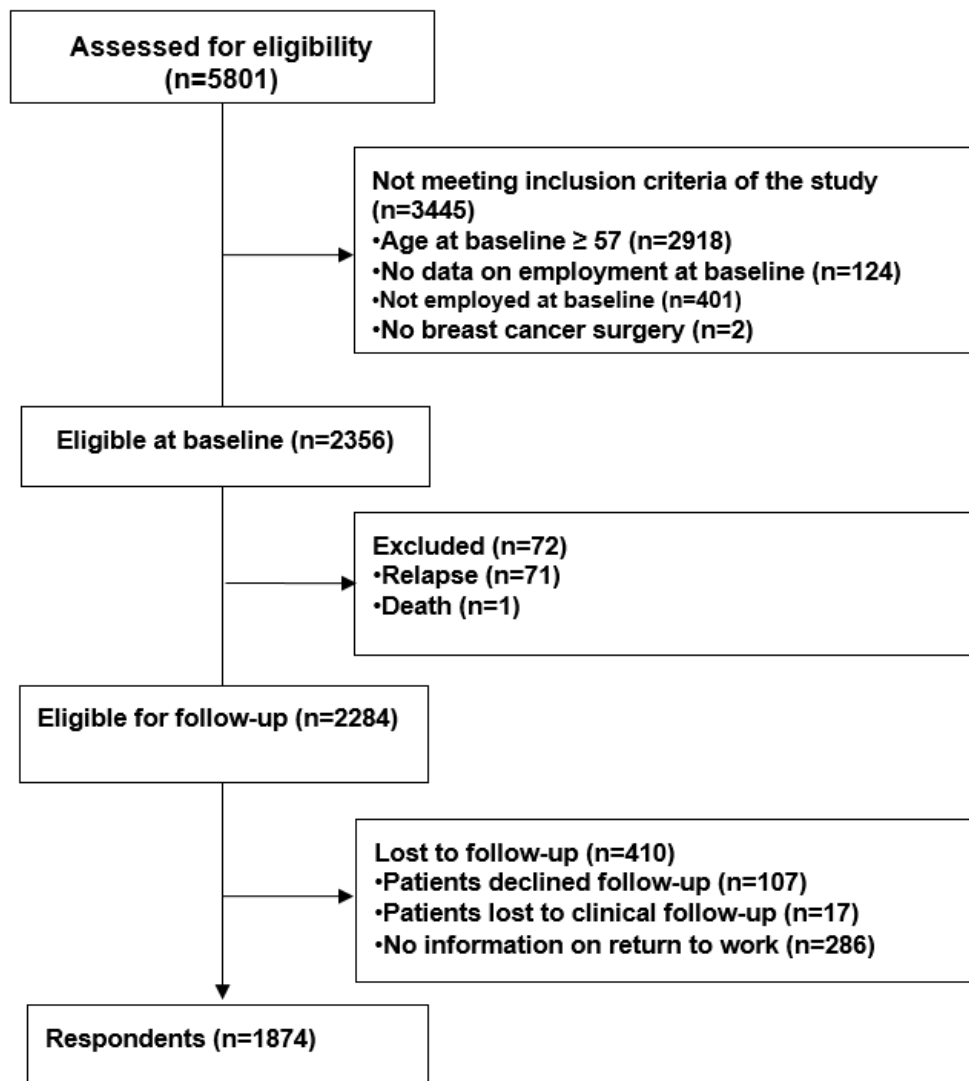


† Data collected during a face-to-face health exam by trained clinical research nurses

‡ Data collected by means of self-reported paper questionnaires

¥ Data extracted from medical files

Study population



1st data lock:

- 5801 patients (pt)
- 2284 eligible pt (<57 & employed at diagnosis)
- 18% of pt lost to follow-up
- 1874 pt in CC analysis (multiple imputation)

Factors under study

Outcome of interest: Non-return to work (Yes/No) 1 year after treatment completion

Covariates of interest

Clinical variables

- Stage
- Charlson Comorbidity Index
- Presence of ≥ 3 additional comorbid medical conditions

Toxicities

- ≥ 1 CTCAE v4 grade ≥ 3 : cardiovascular, gynecological, rheumatological, gastrointestinal, dermatological, pulmonary, neurological

Socioeconomic (individual)

- Age, having a partner, number of dependents, education, occupational class, income of the household

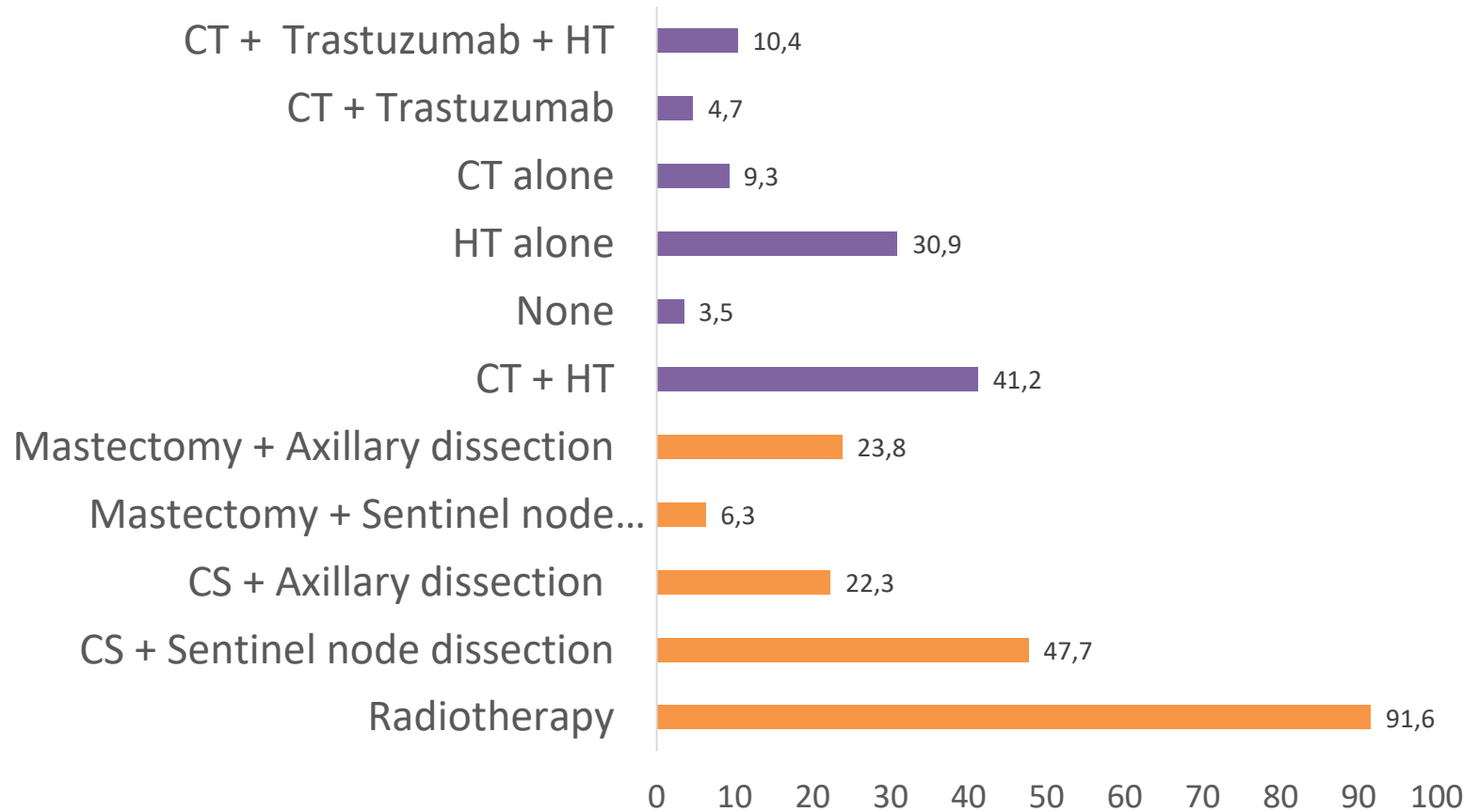
Patient reported outcomes (PROs)

- EORTC-C30-BR23 : systemic therapy side effects, arm & breast morbidity
- EORTC-FA12 (Fatigue)
- HADS (Anxiety and depression)

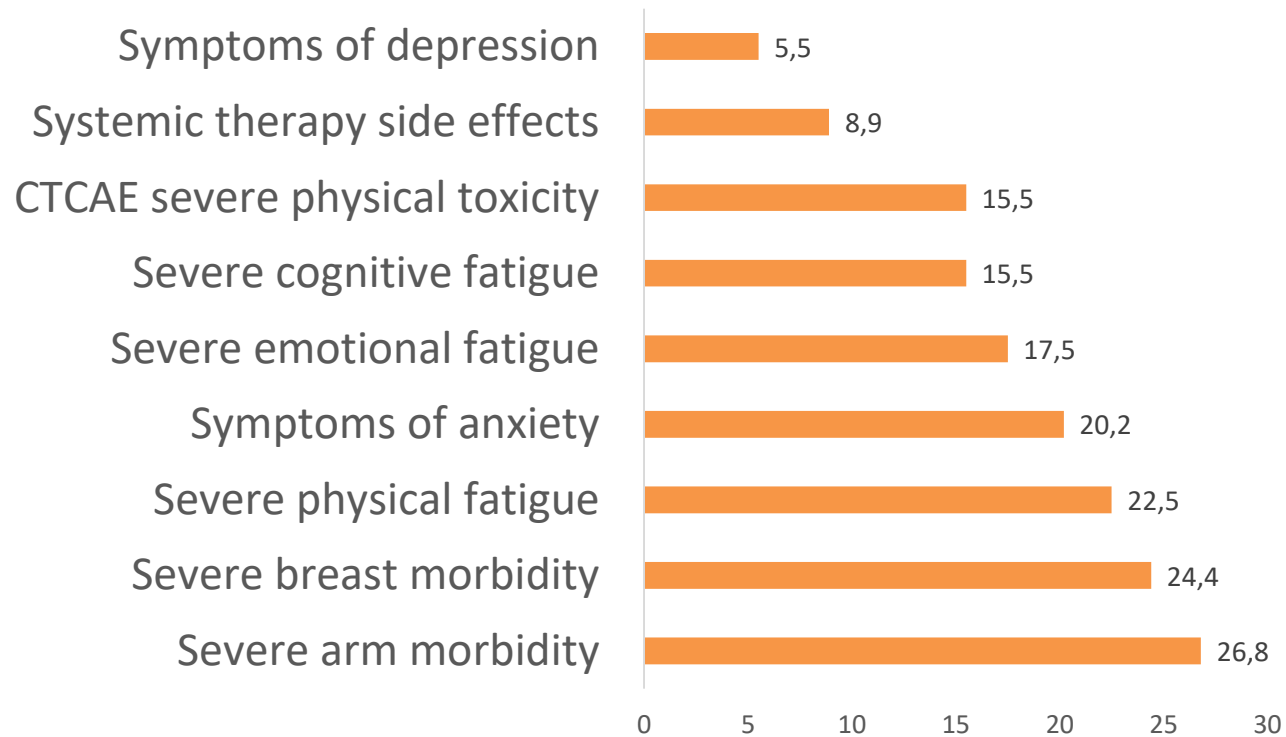
Working conditions

- Working hours
- Size of the firm, type of contract
- Arduous working conditions (strenuous postures, shift working hours)
- Workload, autonomy, perceived stress
- Employer accommodation
- Supportive environment
- Perception of work
- Work/Life imbalance

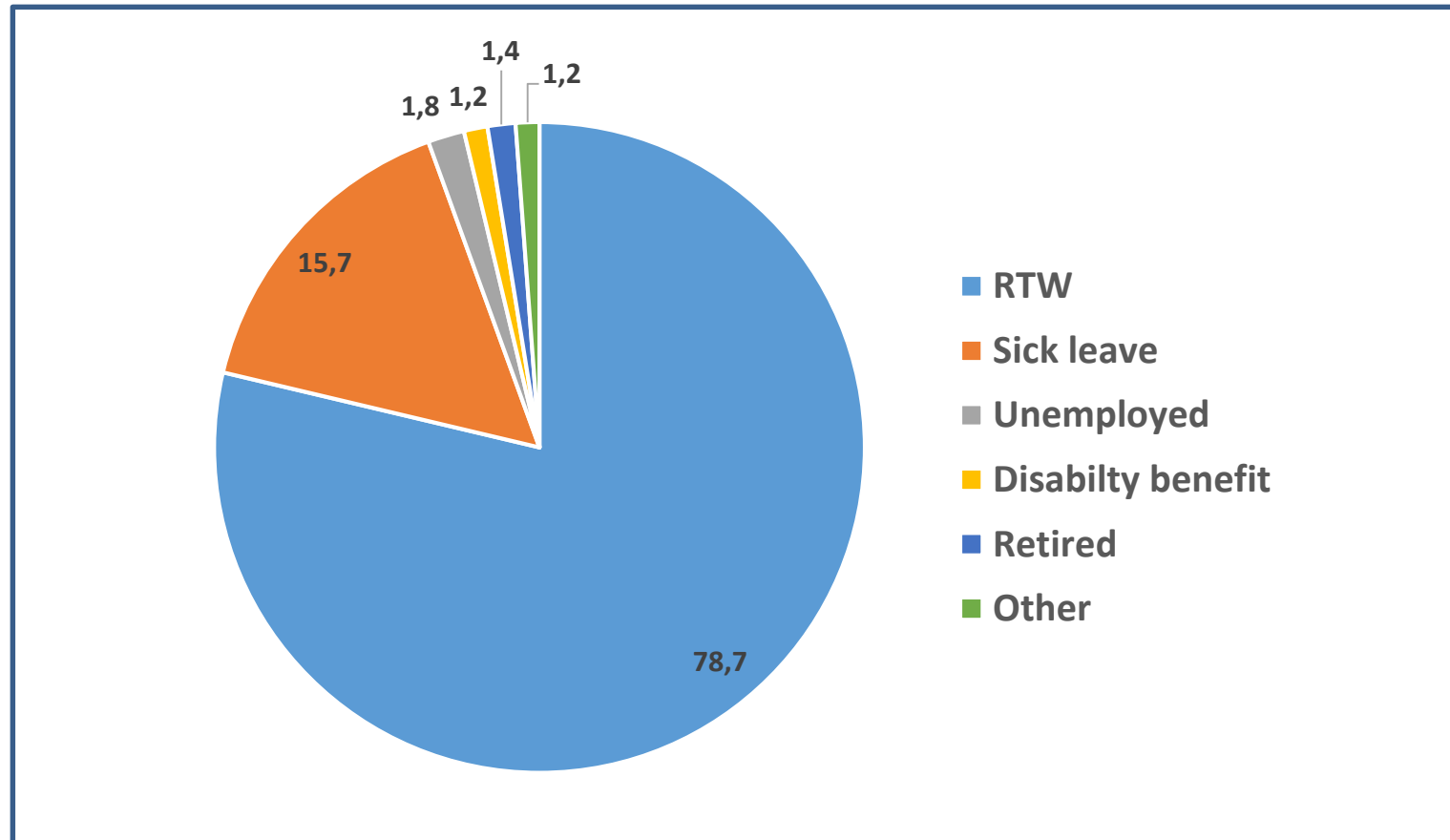
Treatment received



Toxicities at treatment completion

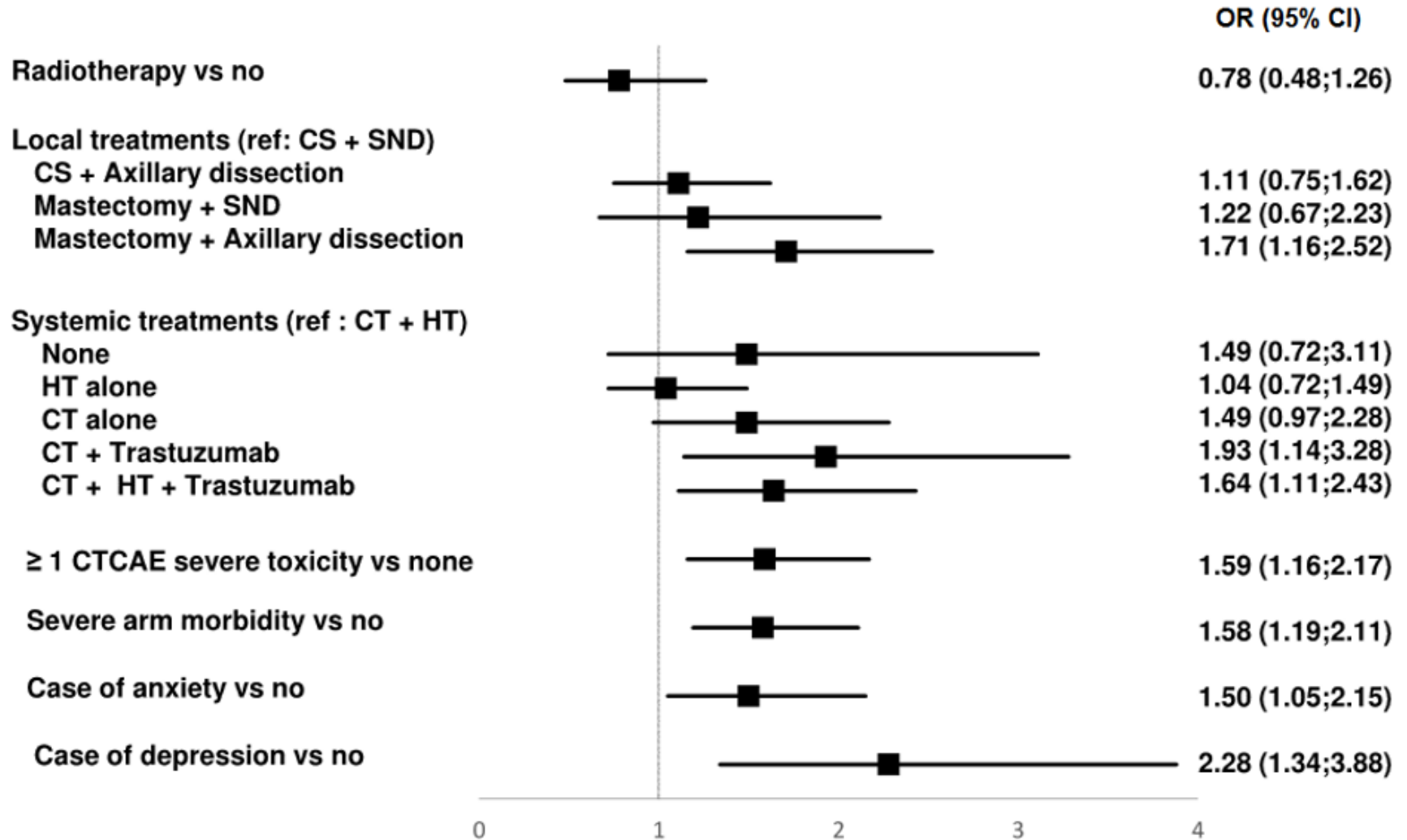


Work situation 1 year after treatment completion

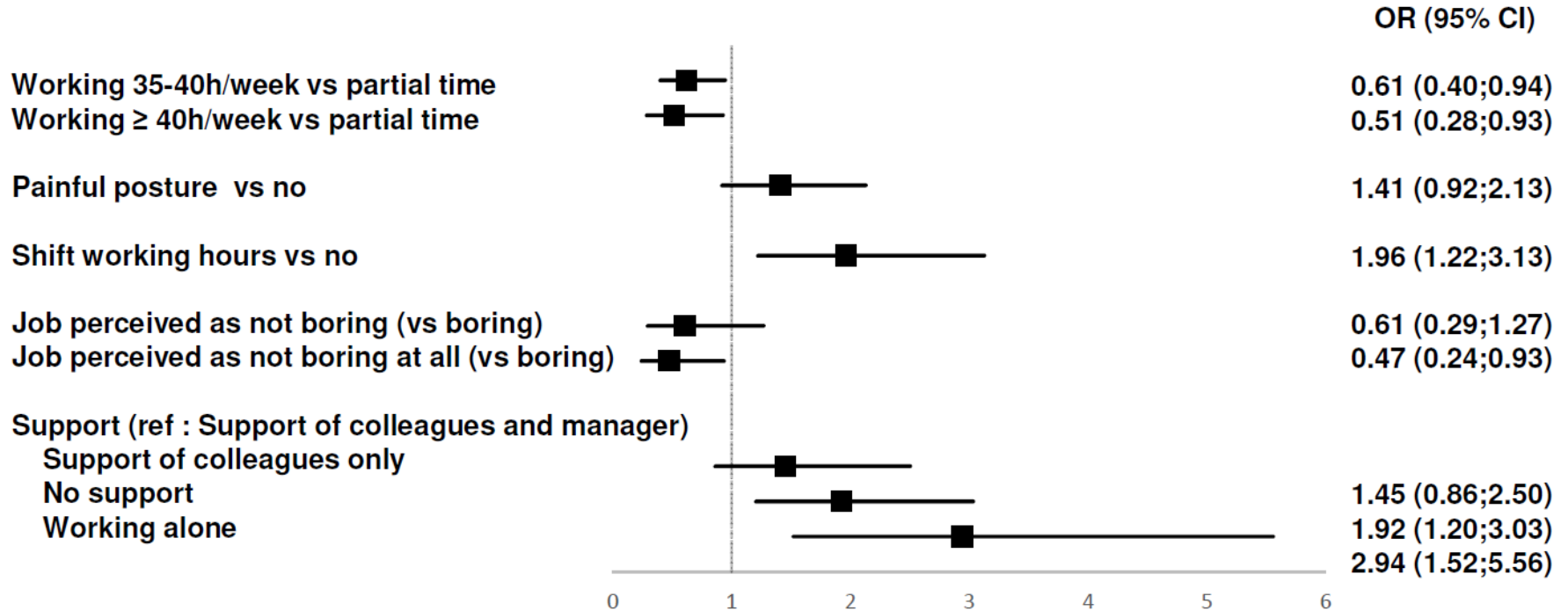


Among full-time workers at diagnosis, 23.6% had become part time employees

Results: Clinical factors and toxicities associated with non-RTW



Results: Working conditions associated with non-RTW



■ **Physical and psychological limitations of treatments have a major role in RTW, as well as factors related to work environment**

→ **Need to improve the management of physical and psychological sequelae and to propose interventions targeting both individuals and organizations**



Thank you!

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