

## Return to Work – A symbol of normality or yet another challenge for cancer patients?

Long-term survival rates for breast cancer are improving. This is good news for World Cancer Day, held every 4th of February, as the global initiative to reimagine a world where millions of cancer deaths are prevented and access to life-saving cancer treatment and care is available to all – no matter who you are or where you live. Thanks to advances in early diagnosis, more effective treatments and improvements in quality of care, more people than ever are transitioning from breast cancer patient to a person who had or lives with breast cancer. But treating cancer is only part of the journey. While returning to work is not an option for every cancer patient, an increasing number of people with breast cancer – those with primary, advanced or metastatic cancer - are returning to work, and it can be challenging. Post-COVID, in many cases these challenges have been exacerbated. It is essential that people who had or live with breast cancer and wish to return to work, can successfully manage this transition both during or after treatment, enabling them to fully participate in their communities and society.

On the occasion of World Cancer Day, European Commissioner Stella Kyriakides hosted an <a href="event">event</a> entitled "Ensuring equal access to all: Cancer in Women - Europe's Beating Cancer Plan". The event highlighted that for some, the new year is filled with the excitement and enthusiasm of new beginnings, yet, for some cancer patients, this new year marks yet another challenge – the challenge of returning to work. Often, due to the impact of treatment and its side effects, a temporary or more extensive absence from work may be necessary. In the long-term, treatment may lead to long-term side effects, to physical and emotional exhaustion, to cognitive impairment, to fatigue, to reduced memory and attention span. In addition, in many communities and cultures there is still the stigma associated with having cancer. A return to work, or a continuation of employment, must take all of these impacts into account.

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## Unemployment higher with breast cancer patients

While people with cancer often associate returning to work with recovery, a return to normal life and financial independence, reports show that the possibility of unemployment for people diagnosed with cancer is 40% higher compared with those without cancer. In addition, they often experience job loss or stop working during or after treatment and consequently face financial loss with negative consequences for their well-being. Those with cancer may also face challenges associated with their workplace such as lack of support and adjustments to their way of working, as well as discrimination. Therefore, it is clear that despite the increasing population of working-age cancer survivors, there are still many accompanying challenges.

European support for cancer patients in resuming, returning to or finding work

EU Anti-Discrimination legislation must provide for protection from discrimination, including for those with and living with cancer, particularly in the workplace. Complementarily, social supports and services to assist those resuming, returning to or finding work is essential. To achieve this, it is essential that all national cancer plans include vocational, multidisciplinary interventions to be implemented in the workplace, supported by social services, including guidance by oncology professionals and occupational physicians to create practicable return to work plans. As a defender of women's rights, I believe breast cancer has a profound impact on women and we need to ensure they can be facilitated to continue to live their lives, both during and after cancer, in both their communities and society.



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## Accommodating cancer survivors' needs

In addition to physical rehabilitation support, counselling, coaching and line management training are also essential to achieving successful employment outcomes, as is flexible working and other workplace adjustments to accommodate cancer survivors' specific circumstances. For those who are unemployed, receiving vocational training, job search and placement services should significantly improve their employment prospects, and they should be considered as part of the mainstream upskilling and retraining programmes. With the Beating Cancer Committee's report almost finalised, laying out a new paradigm and programme for cancer care and treatment in the EU, it will be critical to ensure that a return to work for cancer patients is at the centre of this discussion.

## **Frances Fitzgerald**

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