Return to work after treatment for breast cancer: single-center experience in a cohort of 273 patients

An increasing number of patients are treated for breast cancer during professional life. A meta-analysis published in February 2009 found that breast cancer survivors were more unemployed than healthy control participants (35.6% versus 31.7%, pooled RR, 1.28; 95% confidence interval: 1.11–1.49) [1]. We report a retrospective study that assesses both medical and socioprofessional factors impacting on the likelihood of patients to return to work after treatment.

Between 1 January 2004 and 31 December 2005, a cohort of 1067 patients who were <60 years of age and had been surgically treated in our institution received a questionnaire with medical, sociodemographic and professional items. An answer was obtained in 586 cases. After excluding in situ carcinomas, local relapses, bilateral tumors and patients without professional activity before treatment, 273 patients were assessable. All the clinical files of these patients were reviewed. We studied return to work qualitatively (by univariate and then by multivariate logistic regression) and quantitatively, by measuring time to return to work (by log-rank and then by multivariate Cox model).

Overall, 79.8% of the patients returned to work after a median delay of 11.5 months. In the multivariate analysis, the factors affecting the return to work were age ($P < 0.0001$), particularly patients >55 years returning to work in 58% of cases versus more than 80% in younger ones, educational level ($P < 0.001$), colleague support ($P < 0.001$), chemotherapy ($P < 0.05$), lymphedema ($P < 0.01$), and the physical ($P = 0.01$) and psychological ($P < 0.01$) professional constraints of the job. Local pain with ankylosis of the shoulder was significant only in the univariate analysis ($P < 0.0001$). The factors affecting time to return to work were similar. We showed there was no significant difference observed according to type of surgery, tumorectomy versus mastectomy, sentinel lymph node versus axillary clearance, radiation therapy or not, and hormonotherapy or not.

It is important to interpret this study in the context of the French social model. Our return to work rate is similar to that of previous publications [2, 3], whereas the length of sick leave is much longer as compared with English and North American studies [4]. As in previous publications, age is one of the main factors correlated with a lower rate of return to work [2, 3, 5]. The only clinical factor negatively correlated with the return to work is chemotherapy. This treatment also delays the return to work: 14.3 versus 7.2 months for patients who did not receive...
Chemotherapy, $P < 0.001$. Some studies find a negative effect of chemotherapy on return to work [4, 5], while others do not [2, 5]. Axillary dissection had no influence on return to work. Nevertheless, lymphedema is correlated with a lower rate and a longer delay of return to work. Physical and psychological constraints of the job are factors with a deleterious effect on the return to work rate; Bouknight et al. [2] also found that women who had jobs that involved heavy lifting were less likely to return to work.

The identification of potential problems to return to work should be looked for from the time of diagnosis, in order to anticipate them and to favor the rehabilitation and the work resumption.

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**disclosure**

The authors declare no conflict of interest.

**references**


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