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LETTER TO THE EDITOR

Return to work after treatment for breast cancer

Luigi Cavanna, Massimo Ambroggi, Elisa Stroppa, Camilla Di Nunzio, Laura Dallanegra, Michela Monfredo

In their interesting article “Trends in return to work of breast cancer survivors”, published online in January 2011 issue of “Breast Cancer Research and Treatment”, Roelen et al [1] demonstrated that partial return to work (RTW) one year after the diagnosis of breast cancer was more or less stable around 70% in the period from 2002 to 2008, whereas full RTW showed a decreasing trend in women of all ages. We recently reported preliminary results of a prospective study aimed to explore the influence of breast cancer and related treatments about the decision to stop or to return to work [2,3]. In our study the treating physician or psychoncologist recruited patients before the start of initial treatment, in the period from August 2007 to January 2008.

We report here final results: 76 of 112 consecutive patients with early breast cancer admitted to our outpatient medical oncology accepted to participate this study and to complete the interviews; all patients were interviewed at diagnosis and after 1, 3, 6, 9, 18 and 24 months. Clinical and psychological data including diagnosis, stage, age, anxiety, depression, treatment planned, job at diagnosis were recorded for each patient. After 1 month from diagnosis 45% of patients stopped work and after 3 to 9 months 55,3% of patients stopped work. In our group of patients, 77,9% of them had full RTW after a median delay of 10,3 months, that is inferior when compared with the delay reported by Roelen et al [1]. Anxiety and depression seem affect employment by decreasing work hours, and increasing absence. According to other Authors [4,5]: age > 55 years, chemotherapy, physical and psychological status were the major factors affecting the return to work, while type of surgery, sentinel lymphnode biopsy or axillary dissection, radiation therapy and hormonal therapy did not negatively influence the return to work, as previously reported [4].

People treated for cancer have reported a variety of problems at work [4-6]. Also the importance of social support from the workplace in relation to sickness absence in general is well documented [7] and more recently Johnsson et al [8], in their study, clearly demonstrated the importance of social support from the employer and coworkers for the return to work. Work is important for individual's identity and provides also a social connection, however the experience of continuing or returning to work following cancer and related treatment is a largely unknown area of cancer research, so we believe that the report of Roelen et al [1] is important to involve

clinicians and other professionals to enhance participation of cancer survivors in the work life.

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