Navigating the path back to work: a cross-sectional analysis of a multicenter survivorship program

Author Block: M. Mathias Machado[1], T. Santana[2], F. Santos Dumont Sorice,[3] F. Oliveira[4] ,C. Chiodi[5], R. Brant Costa[6], M. de Azevedo Kalile[7], C. Pavei[8], M. Borges Bittencourt[8], D. Strassburger Nunes[6], H. Pantoja[3], T. de Melo Passarini[6], M. Behrends Pinto[10], M. Couto[11], C. Perini[12], C. Cerqueira Mathias[5], M. Laloni[8], M. Cruz Rangel Silva[6] C. Alves Costa e Silva[5], L. Landeiro[5]; [1]EBMSP, Escola Bahiana de Medicina e Saúde Pública, Salvador, BRAZIL, [2]NOS, Oncoclínicas Sergipe, Aracaju, BRAZIL, [3]Cancer Center Oncoclinicas, Oncoclínicas Minas Gerais, Belo Horizonte, BRAZIL, [4]Cancer Center Oncoclinicas, Oncoclínicas Espirito Santo, Vitória, BRAZIL, [5]NOB Ondina, Oncoclínicas Bahia, Salvador, BRAZIL, [6]Oncoclínicas Minas Gerais, Oncoclínicas&Co, Belo Horizonte, BRAZIL, [7]OncoclínicasBahia, Oncoclínicas&Co, Salvador, BRAZIL [8]Oncoclínicas São Paulo, Oncoclínicas&Co, São Paulo, BRAZIL, [9]Oncoclínicas Rio de Janeiro, Oncoclínicas&Co, Rio de Janeiro, BRAZIL, [10]Oncoclínicas Rio Grande do Sul, Oncoclínicas&Co, Porto Alegre, BRAZIL, [11]Oncoclínicas DF,Oncoclínicas&Co, Brasília, BRAZIL, [12]Oncoclínicas Paraná, Oncoclínicas&Co, Curitiba, BRAZIL.

Introduction

Breast cancer remains the most common type of cancer among women[1]. With advances in diagnostic and treatment methods, both the incidence of breast cancer and the number of survivors have increased. Consequently, new challenges have emerged for this population. Among them, returning to work often represents a significant hurdle, mainly due to the physical and psychological effects of the disease and its treatment. These factors can significantly impact women's professional lives, financial stability, and the overall economy.[2,3,4,5] However, there is still limited information about the main factors associated with returning to the workforce. Therefore, the aim of the present study is to identify the determinants of work reintegration in order to promote long-term quality of life and socioeconomic stability for breast cancer survivors.

Methods and Materials

Study Design

- Cross-Sectional analysis including 391 breast cancer survivors enrolled in "OC sobre VIVER,"
  a multicenter survivorship program led by the Oncoclínicas Group, the largest structured survivorship initiative in Brazil.
- Participants were 3-18 months post-active treatment

Assessments

- Structured interviews assessed:

Employment status: work interruption during treatment and return-to-work (RTW)

Psychosocial factors: supportive psychosocial network, self-esteem, emotional distress, anxiety, depression

Treatment related toxicities: cognitive impairment, arthralgia, pain, motor limitations, neuropathy

- Data were collected and managed via REDcap

Key Measures

- Employment status and work interruption during treatment
- Return-to-work (RTW) status
- Need for workplace accommodations
- Functional and psychosocial measures (motor limitations, neuropathy, pain, cognitive impairment, emotional distress)

Exploratory analyses:
Associations between RTW and treatment-related toxicities and psychosocial measures

Statistical Analyses

Descriptive and bivariate statistical analyses performed using GraphPad Prism, version 10

Results

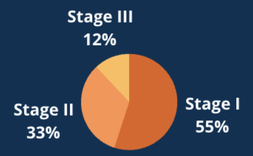
Population Overview

391 women

Median age: 50 years (36-86)

376 with available staging data

95% (360/376) invasive breast cancer

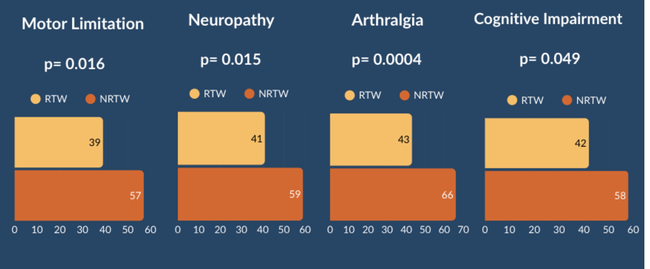


40,9% (158/386) discontinued work during treatment

- 56% returned to work (n=88/158)
- 28% required workplace accommodations (n=43/158)

Overall, 55% (197/356) were working at the time of data collection

Factors Associated with RTW



Near-significant trends

Chemotherapy	48 % RTW	p= 0.093
No Chemotherapy	62% RTW	
Endocrine + Chemotherapy	52% RTW	p= 0.144
Endocrine therapy	66% RTW	
Symptoms of depression	44% RTW	p= 0.117
No Symptoms of depression	56% RTW	

No Statistically Significant Association

Tumor Stage	p= 0.572
Type of Breast Sugery	p= 0.702
HER-2 targeted terapy	p= 0.454
Anxiety Symptoms	p= 0.507
Low-self esteem	p= 0.202
Pain	p= 0.112
Emotional Distress	p= 0.887
Supportive Psychological Network	p= 0.844
Immunotherapy	p= 0.710

Discussion

The study population consisted mostly of women of working age (median age 50 years), consistent with prior reports that many women diagnosed with breast cancer remain active in the workforce.[2–4] Nearly half of those with available employment data discontinued work during treatment, and 28% required workplace accommodations upon returning, reflecting the substantial impact of cancer and its treatment on employment.[2,4] Most participants had early-stage disease (88% in stages I–II), a pattern likely driven by improved detection and survival, which further highlights the importance of understanding long-term functional recovery in this growing population.[3,4] In this descriptive analysis, neuropathy, cognitive impairment, arthralgia and motor limitations were the factors most strongly associated with lower RTW rates, aligning with existing evidence that functional deficits can compromise work capacity months after completing active treatment.[2,5] Although chemotherapy itself did not reach statistical significance, several toxicities typically linked to systemic therapy were associated with reduced RTW, suggesting that the cumulative burden of functional sequelae, rather than treatment modality alone, may be the primary driver of employment challenges. Identifying these limitations within survivorship care highlights opportunities for earlier referral to rehabilitation, ergonomics, targeted symptom management, cognitive

Conclusion

- **Returning to work after breast cancer treatment** remains a major challenge for many survivors and may contribute to psychosocial distress and financial toxicity.
- **Persistent functional and cognitive sequelae**—particularly neuropathy, arthralgia, motor limitations and cognitive impairment—were strongly associated with lower RTW rates, whereas chemotherapy, anti-HER2 therapy and immunotherapy themselves were not; instead, toxicities commonly linked to systemic therapy contributed to reduced work reintegration.
- **Structured survivorship care** that systematically identifies physical, cognitive and psychosocial limitations, and integrates rehabilitation, targeted symptom management, cognitive support and workplace adaptations, is essential to support a successful and sustainable return to the workforce

- DOI: The author who is presenting declares that they do not have any conflicts of interest

- **This presentation is the intellectual property of the author/presenter. Contact them at malumathiasmachado@gmail.com for permission to reprint and/or distribute.**

Scan the QR code to access the full reference list