Working status and financial security of breast cancer patients during chemotherapy: a prospective study of a Brazilian Cancer Center

M. S. Montemor[1], S. S. Santos[2], B. M. Figueroa[2], K. G. Sousa[2], F. B. Makdissi[2], S. M. Sanches[2];
[1]Departamento de Obstetrícia e Ginecologia, Hospital das Clínicas da Faculdade de Medicina da USP, São Paulo, BRAZIL;
[2]Centro de Referência de Tumores de Mama, AC Camargo Cancer Center, São Paulo, BRAZIL

955
PS1 - 04 - 23

INTRODUTION

Breast cancer (BC) is a major burden, affecting many working age women. In Brazil, it is estimated an adjusted incidence rate of 41.9 new cases in 100 000 women per year, of these, around 40.0% are diagnosed in advanced stages (stages III and IV). An important fraction of recently diagnosed BC patients will undergo neoadjuvant or adjuvant chemotherapy (CT). The treatment impact in work and household routine is an important factor to be discussed by healthcare team and patients in each therapeutical plan.

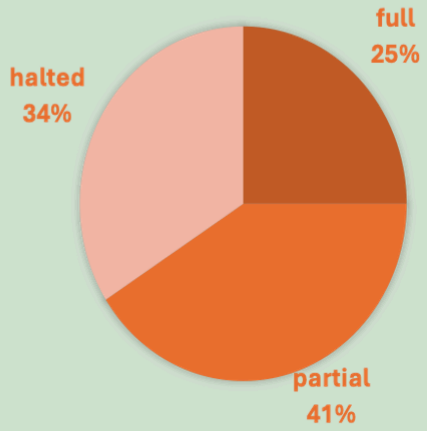
OBJECTIVE

Evaluate working status of recently diagnosed BC patients and CT implications on social and economic stability.

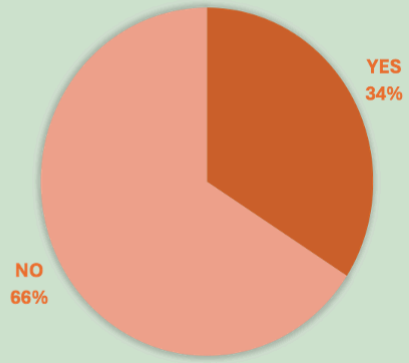
METHODS

We conducted a prospective observational study among insurance-assured patients diagnosed with BC in a Brazilian Cancer Center with indication of neoadjuvant or adjuvant CT. Patients were evaluated with a self-related questionnaire at diagnosis and after CT finished.

WORKING STATUS DURING CHEMOTHERAPY



INCOME DROP DURING CHEMOTHERAPY



RESULTS

44 female patients diagnosed with BC from March to November of 2024 responded to the questionnaire. Median age of diagnosis was 50 years old, 61.4% of patients self-recognized as white, 72.7% were married, 27.3% had no children. About 11.4% patients were in use of antidepressants and 25.0% at psychological care prior to diagnosis. Clinical stages II (54.5%) and III (25.0%) were most prevalent, and all patients were non metastatic. Luminal subtype totalized 77.3% and triple negative 6.8%. Around 52.3% patients underwent neoadjuvant CT.Nearly **29.5% and 57.0% of patients had total or partial participation in family income, respectively.** Additionally, 31.8% patients had no financial dependents. Patients worked 36.5 hours per week in average , and 70.5% were socially secured. **The median satisfaction rate with work was 8.0/10.0.** Almost 41.0% intended to maintain full time job, 31.8% planned to keep it partially and 27.3% desired to halt it during treatment. Approximately 43.2% of women didn't follow the original labor plan during treatment: of these, 14/19 worked less than expected and 5/19 increased workload. **The majority of patients (65.9%) kept fully or partial working, and all of them described adjustments to do so. Most common adaptations were home-office regimens and reduced working hours.** Most of bosses were women (79.5%) and 60.0% were described as empathic to patient's situation. Degree of work satisfaction was maintained after CT. The majority of the group (65.9%) didn't experience income decrease during treatment. Finally, 59.0% of patients felt depressed or psychological altered during treatment and 47.7% received psychological support.

DISCUSSION / CONCLUSION

The group analyzed comprises mostly socially secured and economically active women, with decent social-family support. Most of the group managed to keep working and didn't have income decrease during treatment. It is essential to notice that all of them needed to adjust to keep working. Therefore, flexibility and leadership empathy are key to secure working status for breast cancer patients.

It is of utmost importance to approach working status and expectations with recently diagnosed breast cancer patients, as this population consists mostly of economically active people. Maintaining and returning to work enable women to be socially integrated. Moreover, returning to work has been shown to be associated with higher survival rates.

CONTACT
Solange M. Sanches, M.D. PhD - solange.sanches@accamargo.org.br

This presentation is the intelectual property of the authors/presenter. Contact them for permission to reprint and/or distribute.