

FACTORS INFLUENCING RETURN TO WORK AFTER BREAST RECONSTRUCTION. A POPULATION BASED SELF-REPORTED SURVEY

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Introduction

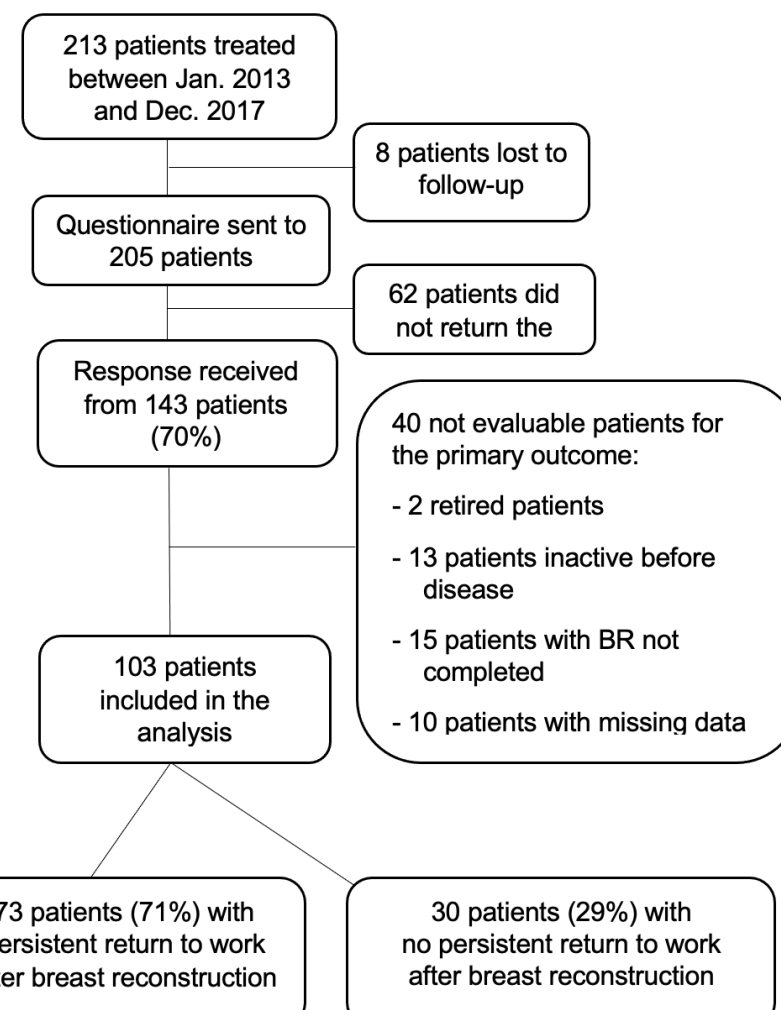
In France, 27% of patients having a total mastectomy for breast cancer will choose to undergo breast reconstruction (BR). While the influence of cancer on the return to work is a matter of concern, little is known about return to work after BR. Our objective was to study the impact of the BR pathway on work activity and to describe the factors influencing return to work.

Methods

We conducted a single-center study including all patients under 60 years old who had undergone breast reconstruction following breast cancer between January 2013 and December 2017 at the Centre Oscar Lambret (Lille, France). An anonymous and specific questionnaire was sent to all patients meeting the inclusion criteria to collect information on their professional activity during and after breast reconstruction, as well as their income, work environment upon return, and working conditions.

Results

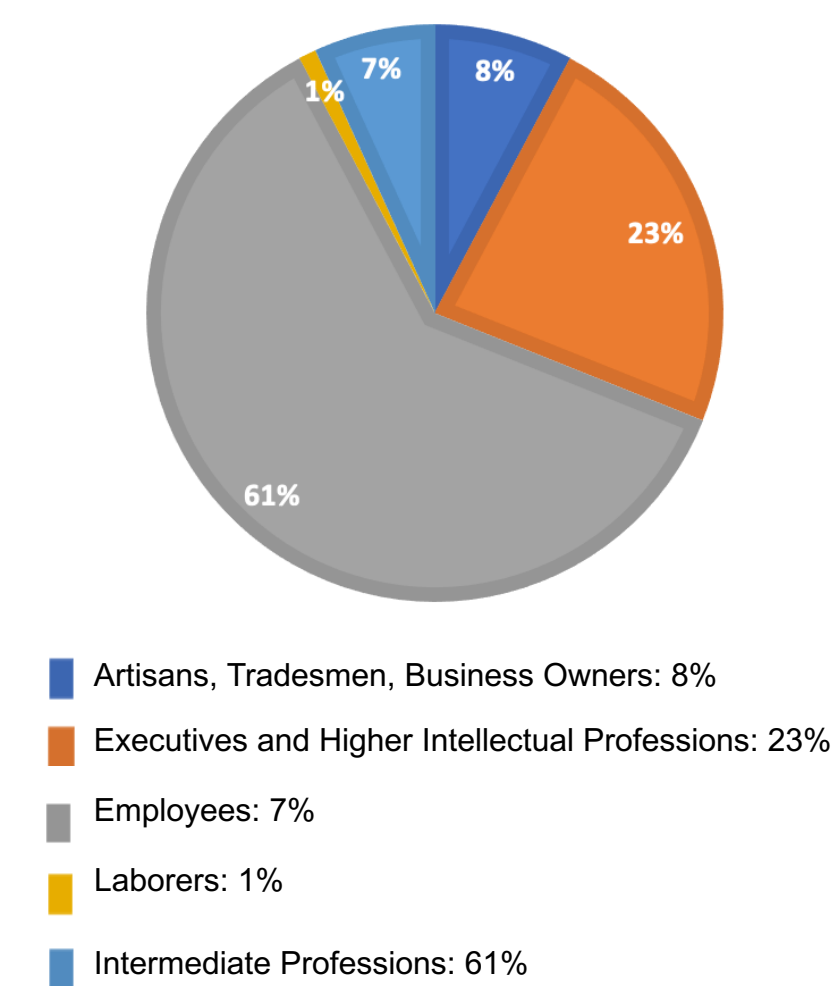
Flow chart



Population characteristics (N = 103)

Characteristics	N (%)
Treatment received outside of surgery (multiple choices)	
Chemotherapy	57 (55)
Radiotherapy	55 (53)
Hormonotherapy	55 (53)
None	20 (19)
Timing of breast reconstruction	
Immediate	64 (62)
Delayed	39 (38)
Type of breast reconstruction	
Flap	28 (39)
Implant	44 (61)
Total number of interventions	
Mean (standard deviation)	2.8 (1.5)
Less than 3 interventions	44 (47)
3 or more interventions	50 (53)

Socio-Professional Categories



Results

The average age of the patients analyzed (n=103) was 49.7 years. The average duration of sick leave was 12.84 months. The median interval between the survey and the end of BR was 26 months (2-50 months).

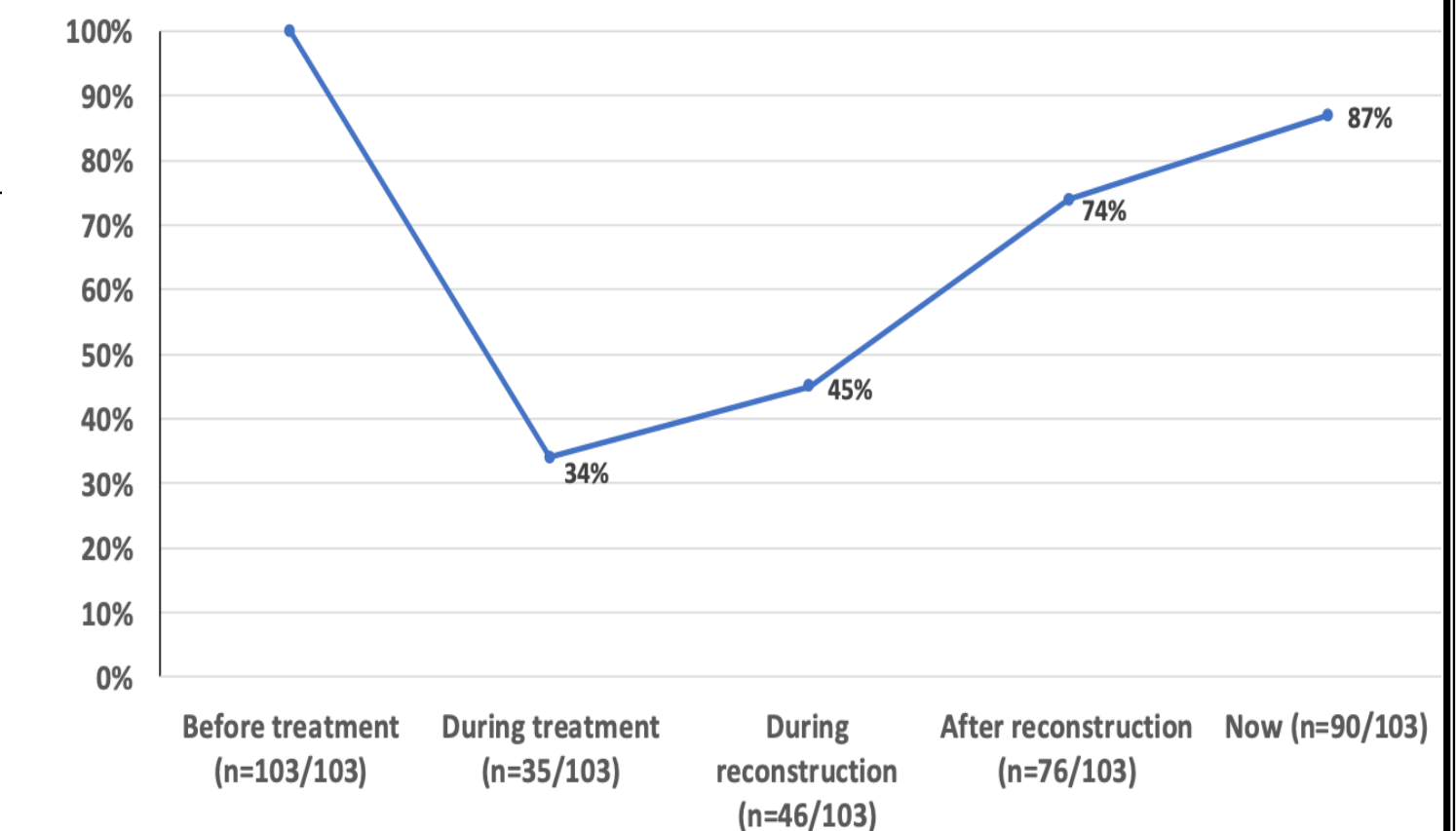
Univariate and multivariate analysis of factors associated with return to work

	Univariate analysis				Final Multivariate Model		
	N(no-pRTW*) /Ntot (%)	OR	(95% CI)	p	OR ⁽¹⁾	(95%CI) ⁽¹⁾	p ⁽¹⁾
Depression during reconstruction (MD=3)							
No	20/85 (24)	1		1	1		
Yes	9/15 (60)	4.87	(1.6 – 16.2)	3.82	4.03	(1.06 – 17)	0.04
Complementary treatment of the disease							
No	7/20 (35)	1					
Yes	23/83 (28)	0.71	(0.26 – 2.1)	0.52	-	-	-
Painful side-effects of the treatment							
No	22/84 (26)	1			1		
Yes	8/19 (42)	2.05	(0.71 – 5.8)	0.17	4.16	(1.06 – 19)	0.04
Early prolonged cessation of work							
No	5/54 (9)	1			1		
Yes	25/49 (51)	10.2	(3.72 – 33)		11.7	(3.78 – 46)	<0.001

(1) Final logistic regression with the painful after-effects of treatment, depression and early prolonged cessation of work

*no-pRTW : No persistent return to work

Occupational activity at different times of care for the study population



Conclusions

The identification of risk factors for not returning to work, such as early prolonged medical leave, residual pain, and depression, allows for the adaptation of information provided to patients.

Results of this study can be expected to impact the cancer policy to increase the focus on the breast reconstruction pathway.

References

(1) Variations in the BR rate in France: A nationwide study of 19,466 patients based on the French medico-administrative database. The Breast 42 (2018) 74-80. C. Regis et al.

Persistent return to work defined as stable up to the time of the survey