

Expert Views

Supporting the Return to Work After Breast Cancer

A Human-Centered Insurance Approach

SCOR
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EXECUTIVE SUMMARY

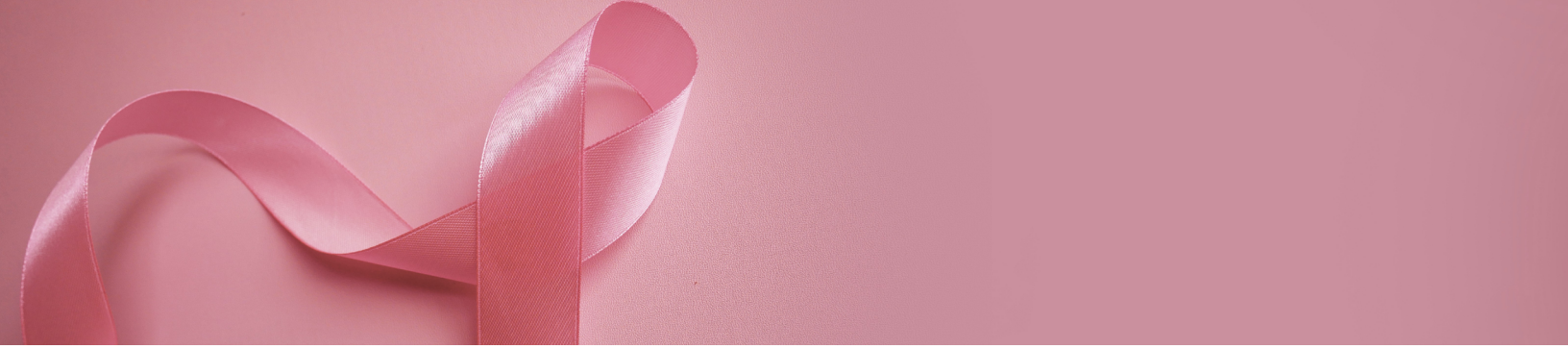
- Breast cancer remains the most prevalent cancer among women globally, with significant implications for long-term health, emotional well-being, and professional reintegration. While medical advances have improved survival rates, the journey through diagnosis, treatment, and recovery is often marked by persistent physical, cognitive, and psychological challenges that complicate the return-to-work (RTW) process.

- This paper highlights the multifaceted barriers breast cancer survivors face when re-entering the workforce, including prolonged fatigue, cognitive impairments ("chemo brain"), mental health issues, and workplace-related stressors. Data from France and other countries shows that sick leave durations often exceed seven to 11 months, with a substantial proportion of women not returning to work even three years post-diagnosis.

- A successful RTW strategy requires early identification of at-risk individuals, integration of supportive care during treatment, and sustained employer engagement. Healthcare providers play a critical role in preparing patients for reintegration, while employers must foster inclusive environments through flexible work arrangements, open communication, and psychosocial support.

- From an insurance perspective, these findings underscore the need for proactive case management as well as rehabilitation services, to facilitate gradual RTW and collaborative frameworks with employers that promote workplace accommodation.

- Insurers are well positioned to innovate in coverage design, claims management, and customer support, enabling a more compassionate and effective transition back to work.



BREAST CANCER: EPIDEMIOLOGICAL FACTS AND CONSEQUENCES

Epidemiological Facts

Globally, breast cancer is the leading cause of cancer incidence and mortality in women, as reported by GLOBOCAN 2022. The incidence varies by country and age group, with a notable increase over the past 50 years. Risk factors for breast cancer are both actionable (such as lifestyle modifications) and non-actionable (such as genetic predisposition).[1,2] Breast cancer continues to pose a significant health challenge for women, and early detection remains critical for improving outcomes. Multimodal therapies including surgery, radiotherapy, chemotherapy, immunotherapy, and hormonotherapy are proposed, and have demonstrated highly significant benefits that can lead to sustained complete remission and cure at any stage.

Breast cancer is nowadays associated with long-term survival, requiring a focus on quality of life and the "return to normal life" in the growing population of breast cancer survivors. This includes being able to return to work and to access credit — two elements of the social rehabilitation of former patients where the insurance industry plays a major role.

Consequences of cancer and cancer treatment

From the patient's perspective at diagnosis, the cancer roadmap is often perceived as long and chaotic, with emotional, physical, and financial challenges. Moreover, depending on the specific given treatment and individual health history, side effects may vary.

While some somatic adverse effects are temporary, such as hair loss, appetite suppression, nausea, heightened infection risk, and so on, others may be present for a long time, from several months to several years. These can include difficulties with memory and concentration (known as "chemotherapy-related cognitive impairment" or "chemo brain"), pain, cardiac toxicity, neuropathy, and fatigue.

For instance, fatigue is reported during initial treatment (surgery, radiation, and/or chemotherapy) and may last for up to 10 years in long-term breast cancer-free survivors in approximately 33% of cases.[3] Fatigue triggers or exacerbates physical and psychological symptoms. It also leads to a delayed return to work. Chemo brain can also be a challenge for women when it comes to going back to work and managing a lot of different activities.[4]

Moreover, diagnosis and treatment of breast cancer may induce mental health challenges such as anxiety, depression, anger, uncertainty about the future, feelings of despair, fear of recurrence of cancer, fear of separation from relatives, fear of pain, reduced self-esteem, impaired body image perception, and fear of death.[5]

Finally, several factors must be considered in terms of how people experience the illness. A history of mental illness, trauma, being young at the time of diagnosis, lacking social support, having a lower level of education, or having a lower income are significant risk factors, leading to poorer emotional management of the illness and its repercussions.

It is therefore important to identify risk factors from the very beginning of treatment, not only for healthcare staff but also for companies, as this will affect how they support the return to work of survivors.

Length of time off work worldwide

VICAN 5 — a national survey of French adult cancer survivors five years after a primary cancer — has provided a wide source of information on the outcome of patients following cancer cure. In France, the average sick leave (full or partial) is 434 days. For those on full-time sick leave, it takes an average of 309 days before returning to work. This puts sick leave durations somewhere between seven and 11 months.

Worldwide, the data is quite similar.[6,7] Sickness absence ranges from 5.8 months in the UK to 11.8 months in the Netherlands.[8,9]



RETURNING TO WORK AFTER BREAST CANCER

In France, again, a recent study showed the trajectories of women returning to work over the three years following diagnosis.[10]

- At one year post-diagnosis, 41.6% of women had not returned to work, while 11.4% had returned partially and 47.0% had returned fully.
- At three years post-diagnosis, 14.2% of women had not returned to work, 8.5% had returned partially, and 77.3% had returned fully.

The French VICAN 5 study mentioned earlier provides us with important information: five years after diagnosis, 25% of patients are no longer working. The employment rate drops by 11 points in five years, while the unemployment rate rises by two points, and the disability rate by 8.5 points. There are medium and long-term effects of the disease. Cancer has a long-term impact, with repercussions that extend beyond the initial return to work.

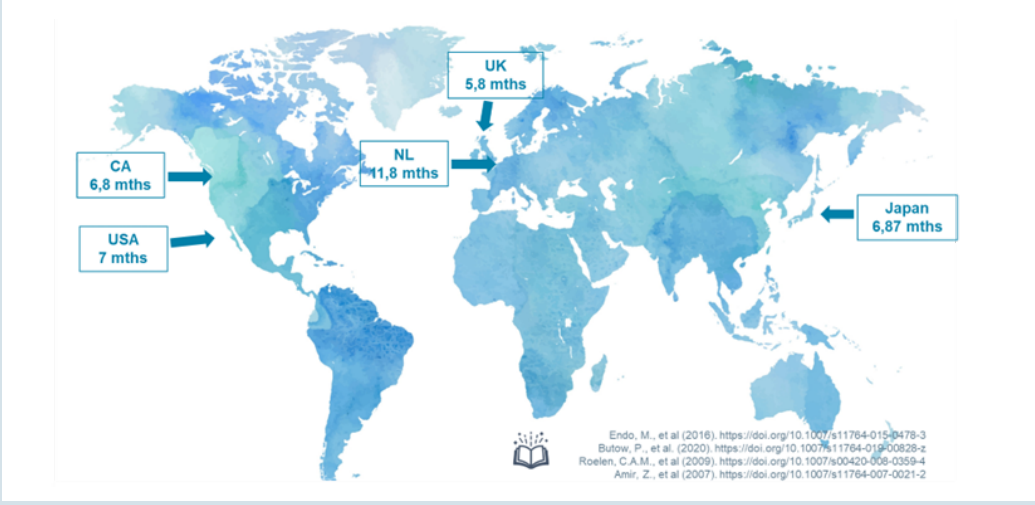
Challenges in returning to work

There are many barriers to returning to work, whether related to the burden of treatment or to work specificities.

- Adjuvant chemotherapy can prolong absence duration (9.5 months compared to 5.4 months for women not receiving chemotherapy).[11] This is independent of any sociodemographic or other treatment-related factors.
- Even after completing treatment, several side effects of chemotherapy such as neuropathy, depression, fatigue, and cognitive dysfunction are said to persist and affect the ability to work.[12]

- Both surgery and radiotherapy to the regional nodes cause arm morbidity, reduce work capability, and can cause psychological problems.[13]

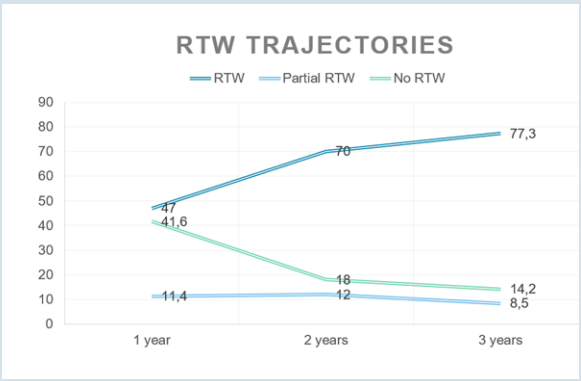
Figure 1: Duration of sickness absence.



Source: See References[6,7,8,9]



Figure 2: Return to Work Trajectories.



Source: Varnier et al (2024)[10]

Work-related data is also important to observe:

- Manual jobs are more at risk of prolonged absence. The same goes for the most stressful non-manual jobs involving a very heavy workload.
- Insufficient support from colleagues or employers, and a lack of connection during the treatment period, can prolong the duration of absence. This is linked to concern about returning to work in an unsupportive work environment.
- Furthermore, income loss during the illness does not help to speed up the return to work. These losses are experienced as a dual burden and undermine the trust women have in their employer.
- Finally, the longer the absence, the more difficult it will be to return to work, with returns being almost always on a part-time basis. A return to full-time work may never be possible. The longer the absence, the lower the productivity upon return. Total disconnection from the world of work is not always desirable.

It is also important to raise awareness about family caregivers. They may experience reduced productivity at work during the treatment period and may need to adapt their working hours. Depending on the healthcare coverage, they may need help to offset the cost of treatments. Family caregivers are at high risk of fatigue.

ENHANCING THE RETURN TO WORK

Complementing the work done by healthcare providers within companies can encourage a quality return to employment for women who have had breast cancer. It seems important to act during the treatment period rather than waiting until the end of treatment to optimize the likelihood of returning to work.

Medical professionals often identify at-risk patients. These patients are referred, from the very beginning of their care to complementary care providers such as psychologists, physiotherapists, dietitians, and so on. This helps to improve patients' experience of the disease and associated treatments, limiting negative consequences and preparing for life after cancer. Beyond medical treatment, patients are encouraged to engage in self-care strategies to improve overall survival and quality of life, including lifestyle modifications and psychosocial support.

At the company level, a key factor is being able to help colleagues and managers better understand not just the illness and its treatment but also the needs of women returning to work, so that support is as appropriate as possible. Some organizations have developed specific programs designed to help employers support women in their return-to-work process.



Various approaches, support measures, and actions are possible:

For employees

During treatment:

1. Talk about the RTW with your doctor/ nurses/psychologist.
2. Think about a full or partial return to work.
3. Discuss the side effects of treatments with occupational health professionals to adapt your workplace.
4. Maintain physical activity to stay in good shape and limit the side effects of treatments.

After returning to work:

1. Think about what you want to share about your experience. It is often better to anticipate questions and choose to talk about your care experience to avoid rumors and misunderstandings.
2. Get back into physical activity! It's a great way to protect your mental health, fight fatigue, and deal with any side effects from treatment.
3. Focus on a healthy and varied diet, which contributes to good physical and mental health.
4. Discuss persistent side effects (neuropathy, fatigue, pain, memory/ concentration problems) with your manager and/or colleagues, so that they understand and can support you as effectively as possible.
5. There are associations that offer cognitive remediation. Talk to your doctor or employer about this.

For colleagues

During treatment:

1. Keep in touch.
2. If you know the person well, suggest meeting up sometimes.

After returning to work:

1. Ask the person what they prefer: whether they want to talk about their journey themselves, or whether they would prefer not to discuss it within the company.
2. Continue meeting with them after their return to work. Survivors often feel that, after their first week back at work, no one is interested in what they're going through and that colleagues are unaware of the impact of their illness and long-term treatment.



For managers

During treatment:

1. Address how the absence will be communicated: Ask the employee if they wish to communicate the reasons for their absence and, if so, choose the most appropriate method (formal or informal) together.
2. It is also important for patients to remain connected with the workplace, through colleagues and employers. Share recent changes within the company (reorganization, departures or arrivals of colleagues) so that the employee feels up to date and included.
3. Understand the employee's expectations: Discuss how they envisage their return to work to best adapt their return.
4. Consider offering and funding return-to-work coaching during treatment. This is very effective and highly appreciated by recipients.

After returning to work:

1. Suggest flexible working hours, to take both ongoing treatment and fatigue into account.
2. Give the employee the option to work from home if they wish to do so, bearing in mind that 100% remote working could hinder their reintegration.
3. Be aware of cognitive impairment or brain fog, which is quite common after cancer. Offering cognitive remediation can be very helpful and promote a better quality of professional life.
4. Ascertain the feelings of other employees, identify any concerns, and address them. In terms of rebuilding relationships, it can also be beneficial to explain the reintegration process to other employees and to mark the return with welcoming gestures, such a "welcome back" drinks event.

INSURANCE PERSPECTIVE

From an insurance perspective, these findings emphasize the importance of:

- **Enhanced disability and income protection products** tailored to long-term cancer survivorship.
- **Proactive case management** and rehabilitation services to support gradual RTW.
- **Collaboration with employers** to promote workplace accommodation and psychosocial support.
- **Recognition of caregiver impact,** as productivity losses extend beyond the patient.

A successful RTW strategy requires early identification of at-risk individuals, integration of supportive care during treatment, and employer engagement throughout the recovery process. For insurers, this presents both a challenge and an opportunity to innovate in coverage design, claims management, and customer support.



CONCLUSION

Returning to work after breast cancer is not merely a logistical or medical milestone — it is a critical step for autonomy and financial stability, and a deeply personal and social transition reflecting a woman's recovery, resilience, and reintegration into daily life. While medical advances have significantly improved survival rates, the long-term physical, cognitive, and emotional effects of treatment continue to shape the return-to-work experience.

A successful reintegration requires early, coordinated efforts between healthcare providers, employers, and the patients themselves. By identifying risk factors early, maintaining open communication, and offering tailored support throughout the treatment and recovery process, we can foster a more inclusive and compassionate work environment.

Ultimately, returning to work should not be seen as the end of a journey, but as a meaningful step toward reclaiming autonomy, purpose, and quality of life after cancer. Insurance providers can play a pivotal role in enabling this transition through comprehensive, empathetic, and forward-thinking solutions.

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