

# Proceedings of the International Scientific Conference “Cancer, Work & Employment”

Paris, November 21 and 22, 2022

Compte rendu de la conférence scientifique internationale « Cancer, Travail et Emploi »  
Paris, 21 et 22 novembre 2022

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**Abstract** This paper is an overview of the International Scientific Conference on “Cancer, Work & Employment” that was held in Paris on November 21 and 22, 2022, and organized by the French National Cancer Institute (INCa). The conference was structured around four keynote presentations and two roundtables, with renowned international speakers. The focus of this conference was to discuss the challenges of return or access to work and job retention when facing cancer, from interdisciplinary perspectives (e.g., psychology, sociology, economics). Speakers analyzed return-to-work (RTW) determinants for cancer patients, with a particular focus on specific forms of cancer, working conditions (e.g., self-employment, adaptations at work when returning), and the influence of differences in social welfare systems. Current interventions to support RTW were analyzed, from the patient’s point of view and in terms of improving healthcare professionals’ practices. Prospects for future research in the field were also discussed (e.g., focus on underrepresented populations, considering the influence of longer treatments, incorporating changes in career paths). Finally, the broad spectrum of disciplines and the diversity in involved countries offered a rare opportunity to exchange ideas and helped initiate collaboration between participants.

**Keywords** Cancer · Employment · Return to work · Scientific conference

**Résumé** Cet article est une synthèse de la conférence scientifique internationale « Cancer, travail et emploi », qui s’est tenue à Paris les 21 et 22 novembre 2022, sous l’égide de l’Institut national du cancer. La conférence était structurée autour de quatre présentations principales et de deux tables rondes, avec des intervenants internationaux de renom. L’objectif de cette conférence était de mettre en débat des défis posés par le retour, le maintien et l’accès au travail face au cancer, à travers des regards interdisciplinaires (e.g., en psychologie, en sociologie, en économie). Les orateurs ont présenté une analyse des déterminants du retour au travail (RAT) en cas de cancer, en mettant l’accent sur les différentes formes de cancer, les conditions de travail (e.g., les travailleurs indépendants, les adaptations au travail lors du retour) et l’influence des disparités entre les différents systèmes de protection sociale. Les interventions actuelles pour soutenir le RAT ont été questionnées à travers, d’une part, le point de vue des patients et, d’autre part, de l’amélioration des pratiques des professionnels de santé. Ensuite, les perspectives de recherches futures dans le domaine ont été discutées (e.g., se concentrer sur les populations moins représentées, considérer l’influence de traitements plus longs, intégrer les changements dans les parcours professionnels). Enfin, la large couverture disciplinaire et la diversité des pays impliqués ont permis un partage des idées ainsi que l’initiation de collaborations entre les participants.

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**Mots clés** Cancer · Conférence scientifique · Emploi · Retour au travail

The French National Cancer Institute (INCa) is a public health agency strongly committed to supporting employees and their companies in return to work (RTW) and job

retention during and after the disease. As an extension of its previous actions, INCa organized an international scientific conference in Paris on the theme “Cancer, Work & Employment” on November 21 and 22, 2022. The conference aimed to bring together the multidisciplinary international scientific community involved in the field and to provide a rare opportunity to exchange on this topic of research. The scientific program of the event was based on four main questions: (1) Overview of the situation: What data do we have? (2) Legislation: Which differences between countries for which lessons? (3) Return, maintenance, and access to work after cancer: Where are we regarding interventions? and (4) A diversity of trajectories: How can we tackle obstacles faced by the less protected populations?

The scientific committee of this event was composed of renowned European researchers working in the field along with patient partners: Corinna Bergelt, Hélène Bonnet, Angela de Boer, Saskia Duijts, Jean-Baptiste Fassier, Christine Le Clainche, Mathilde Leonardi, Pascale Levet, Alain Paraponaris, Adela Popa, Bertrand Porro, Angélique de Rijk, Yves Roquelaure, Steffen Trop, and Yvonne Wengström.

The conference brought together nearly 110 attendees. It fostered discussions between researchers from various disciplines (e.g., psychology, economics, public health, sociology) and countries around the world. The meeting was structured around four keynote presentations and two roundtables. There were also three sets of parallel sessions and two poster sessions. The meeting was also followed by a conference for a public audience on the same topic (not presented in this paper) the following day. In this paper, we will discuss the keynote presentations, roundtables, and opening and closing sessions.

## Context

Thanks to therapeutic progress, millions of people in Europe are surviving cancer and even living with the disease [1]. Studies show that more than 1 million people of working age are diagnosed with cancer in the European Union (EU) each year, and cancer treatments are often accompanied by sick leave [2]. Employment and RTW are considered as drivers for improving cancer survivors’ quality of life and socialization [3]. It appears that continuing to work during and after treatment, when possible and desired by the employee, helps improve the quality of life of cancer patients [4].

In France, 20% of people between 18 and 54 years old in employment at the time of diagnosis are no longer working 5 years after and still suffer from several side effects of the disease [5]. Governmental programs have been developed notably in the national fight against cancer coordination roadmap *Plan cancer 2014–2019* (e.g., improving the legal right to be forgotten). The current national 2021–2030 ten-year cancer-fighting strategy emphasizes the importance of

reaching companies to develop an awareness of these issues and encourage them to develop tailored solutions. In line with scientific literature, there is a need to shape within-the-company and out-of-the-hospital interventions. Such intervention models and spaces for exchanges between companies and researchers still need to be developed [6,7].

RTW appears to be a multilevel challenge (as illustrated in the ARENA model) [8]. On supranational and national levels, the challenge consists of the legislative and social policies implemented by countries to support RTW, for example, in terms of sick days or replacement income. On a company level, the challenge encompasses the structural policies implemented for handling disability and chronic illness, with the presence (or absence) of clear guidelines. On a more practical level, the importance of management practices and relationships with the manager is also highlighted as a critical component for promoting RTW. Finally, the individual level is important, including the intrapersonal (e.g., abilities, motivations, disability) and interpersonal characteristics of the patient/survivor.

## Opening Session

As an opening, Thierry Breton, INCa’s Director General, gave introductory words recalling the impact of the disease on people’s lives and their expectation for adequate support. He paved the way for scientific discussions by addressing the challenges faced in mobilizing all stakeholders supporting RTW after cancer, especially companies. INCa has been involved in this challenge for several years and launched a unique “Club of companies” that encourages sharing experiences among its members and allows them to exchange with researchers. Resulting of this innovative experience, the Club members supported the development of a “Cancer & Work” Charter providing guidelines to its signatories [9]. Designed with the employee, this Charter proposes concrete actions to facilitate changes in perceptions of the disease in the workplace. It encourages companies to anticipate job retention and RTW, provide training and information about the disease within the company, seize this window of opportunity to make health promotion at work a priority, and evaluate and share information with other involved companies. Thierry Breton concluded by inviting the participants to take advantage of this in-person exchange opportunity to foster innovative research collaborations that would generate the progress necessary to tackle these challenges.

## Keynotes

As an opening presentation, Professor Angela de Boer (Amsterdam University Medical Centers, The Netherlands) talked

about “Effective interventions to enhance return-to-work for cancer patients: past, present, and future.” In her presentation, she framed the issue of RTW, by showing that patients struggle in returning to work, whether in terms of being employed, taking time to RTW, or facing disabilities when willing to go back to their previous occupation. This appears particularly in contrast with evidence showing that working (after cancer) is associated with less financial stress, better access to health insurance, social well-being, and overall quality of life. In a publication of her work [10], existing evidence on interventions to enhance RTW was reviewed and showed that the current level of effectiveness remains low, albeit with promising results in multidisciplinary interventions, along with the need for increased consideration of physical activity interventions, which appear to contribute to better well-being and also to RTW. She then listed several of the current projects that are implemented in her team, and in several teams across the world on supporting RTW, with different focuses (e.g., patients, managers, general practitioners [GPs], and occupational practitioners [OPs]). The future issues that she identifies for the field relate to two main topics: (1) focusing on vulnerable or under-investigated groups and (2) tailoring support through big data. Now that the understanding of RTW is increasing, several social groups would benefit from getting more attention, whether based on their personal characteristics (e.g., low socioeconomic status, non-dominant ethnic groups, young and older adults) or on work-related characteristics (e.g., self-employment, emotionally and physically difficult jobs). Tailoring support through big data is aimed at defining a comprehensive framework of RTW profiles to target specific interventions to specific groups. This would require a large amount of data, from multiple sources and multiple challenges that will need to be addressed. Two of the main concerns regard the risk of profiling citizens and that this information would not remain confidential.

Professor Jean Baptiste Fassier (Université Claude Bernard Lyon 1, France) followed with the presentation of the FASTRACS project (“*Faciliter & soutenir le retour au travail après un cancer du sein*”). His presentation consisted of a presentation of the project itself, and also a presentation of the Intervention Mapping method [11,12], which was used to develop their intervention. He elaborated on the different steps that led to the development and implementation of FASTRACS. Broadly summarized, the process takes place in six sequential steps. The first step aimed at carrying out the assessment of needs and developing a strategic group, stressing that both should be based on the ARENA model of work disability prevention [8]. That first step led not only to syntheses of the literature [13] but also to a reflective collaborative work process for developing interventional studies in RTW in cancer [14,15]. Step 2 consisted of developing the intervention target. This step was mainly based on the matrix of change objectives (see Munir et al. [16]) that

intersects the determinants of the target behavior and each “performance objective,” (i.e., the targeted behavior). Steps 3 and 4 consisted of developing the components and tools for the intervention. It led to the elaboration of two guides, one for the patient and one for employers, accompanied by two checklists, one for GPs and the second the OPs. The patient guide consisted of psycho-educational/self-development material, as well as a tool for assessing their needs, along with a document to prepare for their meeting with their OP/GP. The employer guide consisted of a leaflet providing information on RTW challenges in the case of chronic illness, as well as tools for Human Resources and front-line managers to support RTW in their environment. Steps 5 and 6 consisted of implementing and evaluating the intervention. These steps were based on recommendations to develop complex interventions [17].

Professor Cathy Bradley (University of Colorado, USA) made her keynote on “Diagnosis, work, and recovery: employment and economics dilemmas for cancer survivors and caregivers.” In her presentation, she took the perspective of RTW in the American context, including its specificities regarding work-related health insurance. From an economic standpoint, she began by showing that RTW for cancer patients/survivors is an important economic challenge (e.g., working fewer hours, longer periods of time-off, higher levels of unemployment, lower earnings). Aside from this overall picture, the cancer site as well as the treatment seem to have an influence on RTW. She stressed the importance of expanding investigations of the consequences of oral cancer treatments, which are quite recent but also pose several challenges, including their long-term side effects that may influence the ability to work. Regarding the methodology of measuring RTW outcomes, she highlighted that, for now, there is a substantial lack of available data (apart from in some Scandinavian countries) simultaneously providing information about the course of the disease (including ability to work) and career trajectory. This is particularly important for longitudinal data with control groups to isolate the effect of cancer, which provides insightful information [18]. RTW should also be considered from a gender perspective, as the challenges faced by women and men remain distinct, particularly in the United States, where health insurance may be subject to the level of employment [19]. Because men and women do not have the same working status from start, their trajectory of potential RTW will evolve differently. The accommodations that cancer survivors receive at work should also be measured in a more comprehensive way, as they may differ in nature, intensity, and relevance with the work. This should be done while keeping in mind that selection bias often occurs (i.e., more productive employees often receive more accommodations as the company wants to keep them in the long run). Nevertheless, accommodations have an important role in how cancer patients RTW, even if their effect

(iveness) may be counterintuitive [20]. Professor Bradley added that the benefit of returning to work for the employer should also be investigated in RTW research, to explore how promoting RTW can positively influence productivity and results, to not only focus on patients' outcomes. She then concluded by stressing that the choice of treatment should always be made based on the patient's career plan, which is too often overlooked by oncologists that have their own view on the matter.

Professor Angelique de Rijk (Maastricht University, The Netherlands), co-chair of the conference's scientific committee, talked about "Unity, diversity and uncertainty of societal safety nets for workers with cancer across Europe: implications for comparative studies." As its title suggests, this presentation focused on the similarities and diversity of the situations in the EU regarding RTW legislation, employer and employee involvement and support, self-employed status, flex workers, and new groups of workers. It also addressed societal safety nets in place, such as mental health support, employee assistance programs, and financial or legal support. Frequently, patients are not aware of these schemes. However, safety nets help to reduce social inequalities and, thus, need to be discussed with patients. In keeping with this, several initiatives are deployed in some countries, such as France, Belgium, and the Netherlands. In other countries, challenges associated with RTW can be different due to a lack of societal safety nets and emerging initiatives related to cancer and employment. The societal context must therefore be taken into account such as differences in cancer survival rates between the Member States. For both employers and healthcare providers, assisting workers with cancer is complex, and there is a need for structured procedures, "soft skills" (e.g., communication), and information. Some initiatives related to patient-manager dyads were indeed discussed during parallel sessions. At a European level, a new divide seems to be emerging, partly based on financial uncertainty, between low-wage/digital workers with cancer, and employees with a permanent contract. Highlighting more advantageous RTW legislation, organizational factors, and labor market characteristics found in the Member States, Professor de Rijk concluded by suggesting learning from other countries through methods such as LOLA (Legislation, Organization, Labour, Amazed (see de Rijk et al. [21]) and developing research in the EU particularly using common outcomes set for RTW [22].

## Expert Roundtables

The first roundtable was titled "Cancer, Work & Employment: European perspectives and challenges" and chaired by Doctor Matilde Leonardi (Centre-Research Branch Fondazione IRCCS, Istituto Neurologico Carlo Besta, Italy) and

invited Marine Cavet (EU-OSHA, Spain), Wim Geluykens (Kom op tegen Kanker, Belgium), and Professor Christine Chomienne (Horizon Europe Cancer Mission Board, Belgium). Matilde Leonardi started by presenting the Chrodis Workbox, a toolkit to support employment for those with chronic conditions, developed through an international collaboration [23]. This toolbox provides tools to support inclusiveness and ability to work in institutions, as well as tips to implement them. Marine Cavet then presented a summary review by the EU-OSHA on instruments and practices to support RTW in cancer, focusing on employees or employers (see Braspenning et al. [24]). She primarily stressed that these practices are influenced by the size and resources of the institutions, making them particularly challenging to implement in small- and medium-sized companies. Additional barriers to the successful implementation of RTW programs are an inability to provide work accommodations, stigma and misconceptions around cancer, overly protective physicians, and failure to address RTW in cancer care. Facilitators included multidisciplinary component intervention, program flexibility, presence of structural RTW programs within institutions, and legal illness-related part-time accommodation options. Employers appear to be key stakeholders in the implementation of such programs, particularly frontline managers (from their positive attitude toward the employee to more complex interventions and accommodations). Christine Chomienne then summarized what the EU is currently implementing as an overall strategy to support cancer patients, for example, reduced discrimination against patients (including the right to be forgotten), support for the return to normal life, and a particular focus on the younger population. To attain such goals, initiatives are being implemented, such as (1) developing and validating a set of quality-of-life measures, (2) implementing a European cancer patient digital data repository to help find relevant information for policies and research at a European level, and (3) creating workshops for young cancer survivors to share their experience and make recommendations. Finally, Wim Geluykens presented part of the work of the Patient Support Working Group of the Association of European Cancer Leagues through "Stand Up to Cancer." One of their main productions was the "How to manage cancer at work" handbook, which provides implementable practices and tips for companies [25]. The discussion between the participants highlighted the diversity of tools available, particularly for employers and patients. It was raised by the panel that it is now difficult to reach these RTW actors through these guides and aids. The next step would be to help them identify and implement those best suited to the cancer survivors concerned, to the size of the companies, and to the support schemes in place to promote RTW and job retention.

The second roundtable titled "Specific challenges for maintenance and return to work after cancer: considering



various situations and populations” was chaired by Professor Angelique de Rijk (Maastricht University, The Netherlands) and invited Professor Saskia F. A. Duijts (Amsterdam University Medical Center, Netherlands Comprehensive Cancer Organisation, The Netherlands), Professor Alain Paraponaris (Aix-Marseille University, France), Professor Adela Popa (Lucian Blaga University of Sibiu, Romania), and Professor Steffen Torp (University of South-Eastern Norway, Norway). Saskia Duijts started with a focus on rare cancer patients and work. She showed that one in five cancers is a form of “rare” cancer, a group of heterogeneous forms of cancer that, however, have some similarities: They are often misdiagnosed, have a delayed diagnosis, and have less common and effective treatment [26]. This specificity also has an influence in the longer run, as it impacts cancer care, with poorer continuity of care and lower levels of functioning (e.g., social, cognitive). These patients also experience more difficulties concerning RTW, because of their specific condition [27] and because they have singular needs [28]. Alain Paraponaris took over by highlighting the diversity of paths to RTW, highlighting the need to consider RTW as a time-dependent process with data from the “*Vie des personnes après leur diagnostic de cancer*” (VICAN) survey [29]. He also stressed the need for adequate matching techniques to adequately compare cancer patients and their counterparts. By doing so, we can identify the importance of workplace accommodations in supporting the RTW and their particular role depending on the type of work (e.g., executive jobs vs. management jobs) [30]. Adela Popa then presented the collaborative work she led on the comparison of social and work-related policies relating to RTW in cancer patients, with a particular focus on countries within the EU that provide less support [31,32]. This work showed the necessity to consider that level in our analysis of RTW, as social and work policies importantly vary, even within the EU. Steffen Torp emphasized on self-employed workers who are often less considered in RTW studies, mainly because of their accessibility. Self-employed workers form a heterogeneous group, but they have some characteristics in common: They do not have an employer, they work on average longer hours, and they have a poorer work–life balance, with the benefit of greater autonomy and satisfaction. Self-employed workers with cancer have a singular profile as they have fewer sick-leave days, RTW more quickly, and receive less financial support [33,34]. Future studies should try to include this group more comprehensively, including in support interventions. The discussion between the participants highlighted the need to transfer this knowledge to decision-makers, health professionals, managers, and all other stakeholders in the RTW of cancer survivors. Our understanding of the different situations still needs to be improved, but it is already clear that there is a need to develop tailored RTW support strategies.

## Closing Session

Professor Yves Roquelaure (University Hospital of Angers, France), co-chair of the conference’s scientific committee, summarized the discussions over the 2 days and provided some remarks. In his presentation, he emphasized the importance of keeping up working to support, on a public policy level, RTW and job retention after cancer, particularly by taking social health inequalities into account. At the European level, the differences in regimes and inequalities within Member States are points to focus on. In terms of interventions in the workplace, several have demonstrated their effectiveness—some of which were presented at this conference—and a multitude of tools are now available to stakeholders. It seems appropriate to move toward the transferability of an evidence-based model that can be personalized to populations and environments, and that considers social occupational inequalities in terms of the risk of social disintegration or additional difficulties in job retention. All these questions must be considered in light of the constant changes and reconfigurations of the labor market and working conditions, particularly in relation to the increasing digitization of work activities and the impact of the COVID-19 pandemic. The potential of increased hybrid work may provide the benefits of remote working to cancer survivors, but it may also apply constraints on worker autonomy, and have an impact on their social relations in the workplace, the management modes in place, or work intensity [35]. In conclusion, Professor Yves Roquelaure called for the acceleration of research on RTW and job retention issues after cancer, by making use of shared experience and expertise on a European level via the formation of a permanent international research working group.

The closing words of the conference were given by Professor Norbert Ifrah, INCa’s President, thanking the participants and calling for the creation of a European research program. Within the framework of the last French Presidency of the Council of the EU, INCa coordinated the work of a European expert group that produced several recommendations for supporting research on the theme of “Cancer & Work.” Embedded into a political declaration adopted by Czechia and Sweden, this work advocates for developing research benefiting from cross-country comparisons. Such research in social and human sciences helps reduce employment inequalities for cancer survivors, and interventional research helps identify and amplify models that best support individuals in RTW after cancer. He also called to encourage taking into account the specific obstacles faced by some populations when willing to maintain or RTW, such as the youth, the most vulnerable, or self-employed workers. As recalled by Professor Bruno Quesnel, Director of the INCa Research and Innovation Division, for the opening of the

second day, there is still a lack of knowledge at the European level about the prevalence and determinants of survivors' career paths. Research here plays a key role in providing tools and perspectives for public health stakeholders. Professor Norbert Ifrah concluded on the importance of maintaining vivid work on this theme with active research collaborations as it constitutes a prevalent reality faced by European citizens.

## Conclusion

The first edition of this scientific conference on cancer and employment was a great success, due to the presence of international speakers and the quality of the discussions. It highlighted some current initiatives, real-life projects in progress, and prospects. However, the discussions focused mostly on RTW, overlooking other career trajectories during cancer treatment, such as job retention, job loss, and change of job or career. Furthermore, although initiatives focusing on patients and managers were presented, those for healthcare professionals or partners were barely addressed during this conference. Few research projects are indeed conducted with these cohorts.

In conclusion, this conference undoubtedly had an impact on the attendees, whether for future collaborations or in making them aware of the work conducted in other countries. Hopefully, the next conference will assemble worldwide with international research experts, patient representatives, patient associations, institutions, and clinicians to keep moving forward.

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