

# Return-to-work outcomes in cancer survivors

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Return to work seems to be a relevant and important issue for cancer patients [1–3]. About 60% of patients are able to work following a cancer diagnosis, and multidisciplinary programs have been shown to help cancer survivors to return to work [1–3].

In Germany, cancer patients have the right to participate in medical rehabilitation, depending on rehabilitation criteria, including need and the patient’s prognosis. In this setting, occupation-oriented rehabilitation concepts for individuals with work-related problems are emphasized and the outcomes in the different phases of the return-to-work process are of high interest [1, 3]. In their longitudinal multicentre study, “Outcomes across the return to work process in prostate cancer survivors attending a rehabilitation measure - results from a prospective study”, Anneke Ullrich and colleagues analysed the return-to-work outcomes among prostate cancer survivors in different phases of the return-to-work process, which can be conceptualized as a multiphase construct based on a conceptual framework of occupational reintegration by Wasiak and colleagues [1, 4]. The authors were able to show that most prostate cancer survivors have positive expectations regarding future working life in the ‘off-work’ phase and show favourable outcomes regarding their occupational reintegration (at 12-month follow-up). Furthermore, they were able to show that prostate cancer survivors with low socio-economic status are more often negatively affected [1]. Therefore, the authors emphasize that the important question of social

inequality should receive more and special attention in the setting of rehabilitation and work reintegration [1].

In their review “Exploration of return-to-work interventions for breast cancer patients: a scoping review”, Bilodeau and colleagues indicate that it is important to define the return-to-work concept in order to develop appropriate multicomponent interventions based on current evidence, and explain survivorship care, including management of late symptoms that persist over time to facilitate return to work and job retention to be an important issue [5].

In my own country (Austria), cancer rehabilitation, with the goal to improve functional status, quality of life, and (social) participation, is also an important issue in the management of cancer patients. At the Comprehensive Cancer Centre (CCC) of the Medical University of Vienna (General Hospital of Vienna, Austria), we have a so-called CCC-platform for Side effects-Management, Supportive Care & Rehabilitation (CCC-SMSCR) which is able to help patients to handle various barriers such as functional deficits, symptoms, and emotional distress [6]. Furthermore, this CCC-platform aims “to increase knowledge”, “to inform and to network” and “to improve quality of treatment and care” at the moment especially including aspects of sports, workability, employment and return to work [7, 8]. So—besides other very important aspects of care and rehabilitation—workability, employment and return to work are very important and “modern” issues. This, especially due to the fact that a new law, as of the 1st of July 2017, in Austria, has been implemented. The so-called Wiedereingliederungsteilzeitgesetz—a law with the intention to help to integrate disabled people—for the first time will enable cancer survivors to return to work earlier. This will lead to a new and very challenging situation for all “players” in Austrian cancer survivorship care, and people planning rehabilitation and return-to-work concepts. A few months ago, the field of Occupational Medicine has been integrated into the former Department of Physical Medicine and Rehabilitation Medicine

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(part of the CCC, coordinating the “CCC-platform for Side effects-Management, Supportive Care & Rehabilitation”) of the Medical University of Vienna, Austria. In our opinion, this new structure with a new Department of Physical Medicine, Rehabilitation and Occupational Medicine as part of the CCC, will help to coordinate rehabilitation and return to work for cancer survivors of our centre. Our interdisciplinary working group will report about this law’s effects on cancer survivor’s rehabilitation and return to work. Furthermore—for us and all other researchers examining this topic—it would be important to get in touch with other research groups (like Ullrich and colleagues, Bilodeau and colleagues) and build a network to conduct international research on factors affecting rehabilitation and work reintegration to improve the return-to-work process for cancer patients all over the world. Return to work seems to be a very important issue for many cancer patients. As many survivors are able and willing to work following a cancer diagnosis, future research should focus on rehabilitation and work reintegration concepts.

#### Compliance with ethical standards

**Conflict of interest** The author declares that he has no conflict of interest.

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