

Study identifies factors that limit work ability of young adult cancer survivors

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Factors that limit the work ability of young adult cancer survivors are reported today at the ESMO 2017 Congress in Madrid. (1)

Late side effects can occur months or years after [cancer](#) treatment. In [patients](#) diagnosed with cancer in young adulthood, these late effects may interfere with career development.

The NOR-CAYACS study investigated the [work](#) ability of patients diagnosed with cancer at the ages of 19 to 39 years. (2) Patients diagnosed with melanoma, colorectal cancer, breast cancer stages I-III, non-Hodgkin lymphoma or leukaemia in 1985 to 2009, and alive in September 2015, were identified through the Cancer Registry of Norway.

Participants were mailed a questionnaire about late effects of treatment and work status, and then scored themselves from 0 (no work ability) to 10 (highest work ability) on the Work Ability Index.

A total of 1,198 participants answered the questionnaire. The median age at the time of the survey was 49 years, it was a median of 13 years since cancer treatment, and 60% had a full-time job.

A low Work Ability Index was associated with a low level of education, female sex, lymphoedema, fatigue, depression, and reduced physical quality of life and self-reported health. Non-Hodgkin lymphoma survivors had a higher risk for reduced work ability compared to the

melanoma group. Treatment intensity was not associated with work ability.

"We found that psychological and physical late effects of cancer and other conditions were significantly associated with reduced work ability," said lead author Dr Cecilie Kiserud, chair, National Advisory Unit for Late Effects After Cancer Treatment, Oslo University Hospital, Oslo, Norway. "In comparison, treatment intensity and cancer type, apart from non-Hodgkin lymphoma, were not significantly related to work ability."

She concluded: "Greater awareness is needed about the fact that [cancer survivors](#) may be less able to work after treatment because of the late effects they might experience."

Commenting on the study, Professor Gilles Vassal, Director of Clinical Research, Gustave Roussy, Villejuif, France, and Past President of the European Society for Paediatric Oncology (SIOPE), said: "Around 80% of young people with cancer can be cured, but the treatments are intensive and two-thirds of survivors have long-term physical and psychological consequences. This study shows that the psychological and somatic effects of treatment are associated with reduced [work ability](#), rather than the cancer itself."

"Young cancer survivors should be informed about potential toxicities and monitored to minimise the severity of long-term sequelae," he added. "Prospective clinical trials are needed to find treatments that lower the risk of late toxicity without jeopardising the probability of cure."

A second study presented at the ESMO 2017 Congress and published online in ESMO Open (3) has revealed that more than two-thirds (67%) of healthcare providers treating adolescents and [young adults](#) with cancer

in Europe have no access to specialised centres. (4) The gap in care was more pronounced in Eastern and Southern Europe compared to Western and Northern Europe.

The finding comes from a survey on the status of care and research in these patients, conducted by the joint ESMO/SIOPE working group on adolescents and young adults with cancer. A link to an online survey was sent to members of both societies and several European oncology groups. Of 323 responses, 266 were from Europe and these results are reported at the ESMO 2017 Congress.

More than two-thirds (67%) of health professionals had no access to services specialised in managing the late effects of cancer [treatment](#) in this patient group. A similar proportion (69%) were not aware of research in their country in this age group, which has multiple unmet needs.

Most of the respondents were able to refer young patients to professional psychological support and specialised social workers. Nearly half had access to an age-specialised nurse. Overall, 38% of respondents said young cancer patients had no access to fertility specialists, rising to 76% in Eastern Europe. Respondents wanted education on how to advance the care provided to young patients with cancer, address the late effects of [cancer treatment](#), prevent second cancers, and improve molecular profiling of tumours developed in young individuals.

Lead author Dr Emmanouil Saloustros, consultant medical oncologist, General Hospital of Heraklion 'Venizelio', Heraklion, Crete, Greece, said: "The survey found gaps and disparities in cancer care for adolescents and young adults across Europe. Improving care through education and research in this age group is a growing priority for ESMO and SIOPE."

Commenting on the study, Vassal said: "These patients have specific needs that are not covered by paediatric or general oncology centres or classical medical oncology centres, and this survey shows that most do not have access to the recommended special care. Countries without these services can look at existing examples - such as in the UK and France - to build teams equipped to improve survival and survivorship for adolescents and young adults with cancer."

Further studies will be presented at the ESMO 2017 Congress on the availability of paediatric radiation therapy in Europe (5), productivity in patients with advanced gastric cancer (6), and fertility in BRCA mutant breast cancer (7).

More information: References:

1 Abstract 1110PD_PR 'Factors associated with reduced work ability in a nation-wide cohort of long-term cancer survivors treated in young adulthood (19-39 years) - the NOR-CAYACS study' will be presented by Dr Cecilie Kiserud during the Poster Discussion session on 'Public health policy and health economics' on Saturday, 9 September 2017, 16:30 to 17:45 (CEST) in Tarragona Auditorium.

2 NOR-CAYACS is a sub study of a larger investigation on cancer survivorship in young adults in Norway.

3 The care of adolescents and young adults with cancer: results of the ESMO/SIOPE survey. ESMO Open 2017;0:e000252. [DOI: 10.1136/esmoopen-2017-000252](https://doi.org/10.1136/esmoopen-2017-000252)

4 Abstract 1438O_PR 'Report on ESMO/SIOPE European Landscape project key results: Mapping the status and needs in AYA cancer care' will be presented by Dr Emmanouil Saloustros during Proffered Paper session on 'Public health policy and health economics' on Monday,

11 September 2017, 16:30 to 18:00 (CEST) in Alicante Auditorium.

5 Abstract 1439O_PR 'Paediatric radiation therapy across Europe - a European questionnaire survey supported by the SIOPE, ESTRO, PROS and several national paediatric hematology-oncology societies (NAPHOS)' will be presented by Dr Charlotte Demoor-Goldschmidt during Proffered Paper session 'Public health policy and health economics' on Monday, 11 September 2017, 16:30 to 18:00 (CEST) in Alicante Auditorium.

6 Abstract 1112PD_PR 'Real-World Productivity, Healthcare Resource Utilization (HRU), and Quality of Life (QOL) in Patients with Advanced Gastric Cancer (GC) in Canada and Europe' will be presented by Mr Gregory Maglinte during Poster Discussion session on Public health policy and health economics on Saturday, 9 September 2017, 16:30 to 17:45 (CEST) in Tarragona Auditorium.

7 Abstract 1541O_PR 'Reproductive potential and performance of fertility-preserving procedures in BRCA mutation-positive (BRCA+) breast cancer (BC) patients (pts)' will be presented by Dr Matteo Lambertini during the Proffered Paper session on 'Supportive and palliative care' on Saturday, 9 September 2017, 16:20 to 18:00 (CEST) in Cordoba Auditorium.

Provided by European Society for Medical Oncology

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