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INSTITUT NATIONAL DU CANCER

PERSPECTIVES FOR RESEARCH

BACK TO ACTIVITY

A CALL TO ACTION TO SUPPORT CANCER SURVIVORS IN WORK AND EMPLOYMENT

A white paper intended for decision-makers in Europe, particularly those in charge of research in social and human sciences and public health

May 2023

Karolinska Institutet | KAROLINSKA UNIVERSITY HOSPITAL

Karolinska Comprehensive Cancer Center

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LES RENCONTRES CANCER & TRAVAIL

INTRODUCTION

Over two million working-aged people are diagnosed with cancer each year in Europe, bringing new and increased challenges to the fore as individuals lose financial resources, become increasingly isolated and suffer from a lack of social support. This leads to a global loss of workforce, talents, and productivity for the economy. The healthcare system is challenged, as it is dealing with vulnerable patients, financially and psychologically. In addition, social security administrations are confronted with a loss in contributions and rising costs due to compensations.

A focus on return to work (RTW)[1] and/or job retention support for working-aged patients with cancer and for survivors seems to be one appropriate answer to these challenges, if it is carried out under appropriate health-promoting work conditions. In fact, RTW is likely to improve individuals' quality of life as well as their reported outcomes, reducing both the burden on social security administrations and the economic costs for the workplace. Although RTW in good conditions can be therapeutic and contribute to the improvement of functional abilities of patients (in the medium and long term), one should keep in mind that RTW and job retention in the context of cancer are a complex matter. Indeed, many stakeholders are involved in RTW, and the process is likely to be long, with recurrent episodes of the disease over the patient's lifetime. **Current and future scientific research in social and human sciences, and in public health helps to assess the importance of RTW**, providing evidence of its benefits and drawbacks.

Under the auspices of the French presidency of the European Union (EU), an international consortium was built in December 2021, which presented insights on Cancer, work and employment during the 2022 European Cancer Meetings in Paris held on February 3rd and 4th, 2022, and organized by the Institut national du cancer (INCa).

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[1] "Return To Work" (RTW), as used in this document to refers to: "Work retention and return to professional activity, for patients with cancer and for survivors".
[2]French National Cancer Institute, 2021-2030 France ten-year cancer-control strategy: roadmap, February 2021.
[3]INCa – "Cancer & Employment" initiative: https://www.e-cancer.fr/Institut-national-du-cancer/Cancer-et-emploi .
[4]See appendix for the list of the scientific committee members.

This cooperation continued during a dedicated International Scientific Conference on "Cancer, Work & Employment", which was organized on November 21st and 22nd, 2022, underlining the role of scientific research in social and human sciences to assess the importance of RTW. "Cancer, Work & Employment" represents a priority within the framework of the French ten-year cancer-control strategy. INCa has innovated and has been a pioneer in the field, contributing to this groundwork, which preceded European actions. It addressed persistent challenges around the promotion of prevention, the reduction of after-effects and the improvement of quality of life, the fight against cancers with a poor prognosis, as well as ensuring that progress benefits everyone."[2,3] **This conference gathered 110 researchers, from 22 different countries, with support from a multi-disciplinary scientific committee.** This International Scientific Conference aimed at **presenting and discussing diverse types of scientific knowledge** to (further) develop concrete **interventions and policies that would support cancer working-aged patients with RTW.**

A consortium of European scientists continued to work together after this conference, forming a **scientific committee**[4] that supervised the elaboration of this white paper. A subset of this scientific committee formed a working group of seven members, who met regularly to elaborate and edit this document[5], based on proposals of an operational team formed by INCa, Karolinska Institutet and consultants[6] .

This document is **intended for European decision-makers who focus on research in social science, human science and public health.** It reflects the proceedings of the conference and suggests further research perspectives. It is not intended to reflect the state-of-the-art[7].

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[5] List of members: Angela DE BOER, Amsterdam UMC, Netherlands ; Angelique Eveline DE RIJK, Maastricht University, Netherlands; Jean-Baptiste FASSIER, Hospices Civils de Lyon et Université Claude Bernard Lyon, France ; Jérôme FOUCAUD, Institut national du cancer, France ; Pascale LEVET, Université Lyon, France ; Steffen TORP, University of North-Eastern Norway, Norway; Yvonne WENGSTROM, Karolinska Institutet, Sweden.

[6] From INCa: Jérôme FOUCAUD, Philémon AUROUET and Anne-Fleur GUILLEMIN ; from Karolinska Institutet: Yvonne WENGSTROM; Consultants from Eurogroup Consulting.

[7] While occupational cancer is a real concern in our societies, it raises different questions regarding RTW and the relationships between the patient and his current / former employer. Thus, occupational cancer is not in the scope of this white paper.

PERSPECTIVES
ON ENABLERS REQUIRED TO DEVELOP RESEARCH ON RTW

// KEY TAKEAWAYS

Promote, develop, and support participative and interdisciplinary research on the RTW of cancer survivors across the EU:
- build a multidisciplinary European task force, to move forward high-quality research and coordinate a network of researchers on RTW, including the experiential knowledge of those who lived it;
- ensure availability of financial resources for research projects and initiatives.

Adapt the legal, regulatory, and institutional framework:
- ensure data accessibility, protection, and interoperability;
- adapt the legal framework to facilitate research on RTW;
- build an effective international cooperation research on RTW.

A. PARTICIPATIVE AND INTER-DISCIPLINARY RESEARCH ON RTW

1_Towards a multidisciplinary European task force

European societies are increasingly aware of the importance of RTW, with a strong involvement of NGOs and patient organisations on this matter. Under the umbrella of the EU, a **permanent task force on RTW should move forward high-quality and multidisciplinary research. The task force should coordinate a European network of researchers, including the business world's stakeholders and patient representatives.** The first task might encompass: (1) providing benchmarks, (2) launching joint research programs, (3) coordinating the efforts of researchers, (4) encouraging, in future clinical research, to consider RTW as a key outcome for working-aged patients with cancer, among other outcomes expected. The second task should contribute to reducing socio-economic disparities between and within countries. Third, the network should ensure the effectiveness of the new interventions and policies in everyday practice of all EU countries.

2_Financial resources for research projects and initiatives

Research is necessary to develop and evaluate the kinds of interventions which could help practitioners to better support patients - or identify risk factors for RTW / no RTW to develop new strategies. Research on RTW should benefit from existing European funds. Indeed, having been recently renewed, with a funding of € 1.7 billion (+ 20%) over a ten-year period, **Europe's Beating Cancer Plan** makes improving the quality of life of patients its priority and RTW should be part of it. Research on RTW should also benefit from the creation of a dedicated global cancer fund, as recommended by the European meeting on Cancer in February 2022. This fund could incorporate RTW as a crucial topic. Given that in some countries studying survivorship issues (after cancer or other chronic conditions) is not a priority, chances are that no funds will be allocated for this topic, if there is choice. The creation of funds specifically dedicated to RTW is, in this case, a better solution to support RTW research efforts.

B. LEGAL, REGULATORY AND INSTITUTIONAL FRAMEWORK

1_Data accessibility, protection, and interoperability

There is a strong need to increase data collection and accessibility and to set up new, harmonized ways of collecting data on RTW in EU countries [1]. Access to big data on hospitals cohorts, sick leave, income levels, diagnosis, and employment status in patients with cancer and survivors is also needed, while respecting the highest standards of personal data protection [2].

Being able to collect a core dataset on RTW from the business world, as well as from a group of hospitals in each country (e.g., those with a comprehensive cancer centre) is a good starting point to allow for cross-country comparison research. This data collection could be incentivised by national policies. The final objective is to create a **"European cancer patient digital repository"** [3] with a common database at European level (European Health Data Space). Member States should align strategies and actions on shared data, harmonising the interpretation of data protection policies and data sharing rules across Europe to facilitate cross-border data exchange.

2_ Legal framework to facilitate research on RTW

In line with the call for tenders managed by HaDEA[8] on mapping existing policies in favour of RTW in Europe, there is a need to **strengthen and develop supportive frameworks in favour of policies for maintaining and returning to employment for cancer patients and survivors.** Existing frameworks such as the EU strategic framework on health and safety at work 2021-2027, should be extended in collaboration with the European Foundation for the Improvement of Living and Working Conditions, addressing RTW during and after diseases including cancer.

3_ Towards an effective international cooperation on RTW

The participants in the European meetings of INCa strongly supported the creation of permanent international cooperation mechanism between researchers and stakeholders involved in the fight against cancer (prevention, healthcare, RTW). This International Cancer Group, that gathers nation-wide organisations and international institutions, will be launched in May 2023 and could make RTW one of its topics of focus.

[8] European Health and Digital Executive Agency.

CHALLENGES
FROM THE INDIVIDUAL'S PERSPECTIVE

// KEY TAKEAWAYS

- Cancer and its treatments lead to physical, psychological, and social symptoms, with consequences on the individual's ability to work.
- Effective interventions are available to support patients with cancer and survivors to return to work and stay at work.
- To promote RTW, assessing work ability of working-aged patients and survivors in relation to the demands of their work is key, as is evaluating the cancer-related cognitive impairments. But there is strong evidence that activity can make a substantial contribution to restoring work ability.
- To promote peer to peer support as well as a long-term approach starting as early as the diagnosis phase.
- A specific focus should be put on caregivers of patients with cancer at the long-term.

A. IMPACTS AND PERCEPTIONS OF CANCER AND ITS TREATMENT

Cancer and its treatment may lead to **physical symptoms**, such as high levels of fatigue, pain, and functional impairments [4, 5]; it can also cause many induced **mental health problems**, including anxiety, concentration problems, distress, and feelings of isolation. Finally, cancer and its treatment may lead to **social consequences: overall diminished quality of life and daily functioning, and difficulties to keep one's work.** More generally, working-aged patients are affected by triple distress: cancer diagnosis, job insecurity, and financial insecurity[9][6].

[9] Partners of cancer survivors can also experience impaired physical and psychosocial well-being [7].

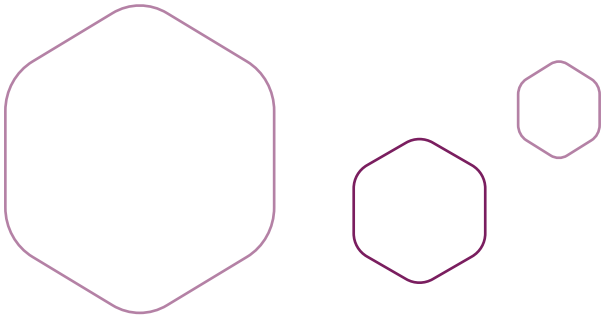
Employment for patients with cancer has been observed to be up to 37% less than the rest of the population [9] inducing lower earnings, more often in manual workers compared to managers [25]. Beyond a reduced employment rate, inactivity[10] can be a major reported risk after 5 years of diagnosis.
RTW can improve one's quality of life, as it is associated with less financial stress, better access to health insurance and with social well-being [2]. While the average RTW rate is 64 % 18 months after diagnosis [9], this rate varies according to cancer type. About 17% of patients with colorectal cancer leave the workforce 15 months after diagnosis, while 80% of breast cancer survivors and prostate cancer survivors RTW in the first year after diagnosis [10]. RTW rates vary also according to the type of treatment. Those who received chemotherapy are more likely to be still unemployed 4 years after diagnosis [11]. These variations of health implications come to support the value of tailored interventions to different cancer sites.

Various effects can impair one's job performances. For example, "Chemobrain" can persist months or even years after the end of cancer treatment [8] and minimizes working capabilities [4] and work ability, and executive functioning [5]. Also, oral therapies may have adverse side effects which can hinder working abilities, although more research is needed on work outcomes of this type of therapy. Surgery might increase unemployment in some cases [11]. With all else being equal, RTW depends also on economic, work and employment conditions, which constitutes a rich field for scientific research.
A study on perceptions of "avoidable" and "non-avoidable" types of cancer [12] showed that lung cancer or skin cancer are more often stigmatized than other cancer types. Stigma should thus be addressed in research.

B. INITIATIVES TO UNDERSTAND AND ALLEVIATE INDIVIDUALS' STRUGGLES TO RTW

There is a great need for interventions that support cancer survivors to return to work and stay at work. These interventions are most important to alleviate the individuals' struggles with RTW and work retention. Successful interventions that proved to be effective are **early (at the time of diagnosis) and multidisciplinary interventions which combine psycho-educational, physical activity and vocational elements, and interventions that promote physical activity** [2].

[10] Inactivity refers to being out of the labour market and / or in long-term unemployment.



Work ability assessment evaluates the ability of an employee to do his/her job in his current and future situation, in relation to job requirements, work environment, and their own mental and physical resources [3]. Work ability constitutes a challenge given the career duration and retirement age increase. A study [13] highlighted that more than half of the applicants with cancer still can work, but with reduced working hours. Lower work ability was associated with emotional distress, disability, lower resilience and fatigue [14].

Cognitive symptoms are among the most prevalent symptoms (20-30% of survivors) and largely affect one's work ability but are not routinely considered in relation to work ability [14]. A study in the Netherlands found an association between cognitive symptoms and impaired work ability [8]. Cognitive symptoms relate to non-manual work, long-lasting cancer, depressive symptoms, and fatigue [14]. More intervention research is needed [15] to formulate recommendations [3] about cognitive rehabilitation, remediation protocols and responsive medical care, with special support for patients with advanced cancer and for young cancer survivors.

Caregivers are important for patients and survivors with cancer. They themselves face health- and work-related issues because of prolonged stress and have a need for support [7].

C. PERSPECTIVES FOR FUTURE SCIENTIFIC RESEARCH

Future scientific research could further investigate how to cope with individuals' hardship in the RTW process. Since **multi-disciplinary, peer to peer support** and **physical interventions** have proven their efficiency, future research should deepen the evaluation of these practices while encouraging the emergence of new ones [2]. Moreover, more **natural, realistic, field-based** and **tailored** experiment research could be developed. Implementation research focusing on fidelity, sustainability and scalability of interventions should be developed. Theory-driven and realist evaluation of interventions linking context, mechanisms and outcomes should be promoted to better identify what works, for whom, and under which circumstances.

CHALLENGES
FROM THE PERSPECTIVE OF HEALTHCARE SYSTEMS

// KEY TAKEAWAYS

- Although they can play a decisive role in working-aged patients' and survivors' RTW, healthcare professionals seem to be not fully prepared for this role.
- Ongoing research has demonstrated that integrating health follow-ups within the workplace can be beneficial through occupational health professionals and rehabilitation services.

A. ROLE OF THE HEALTHCARE SYSTEM AND ITS ACTORS IN RTW

40% to 50% of cancer survivors are of working age at time of diagnosis, thus making a case for work-related support in healthcare [9]. The choice of treatment should always integrate the patient's career plan [11]. To promote RTW, a bridge should be built between the healthcare system and the workplace, especially in some countries where the patients is the only communication vehicle between these actors [2, 22].

Healthcare professionals (HCP) play a decisive role in supporting patients with cancer and survivors in the RTW process, but they also face difficulties [7, 16]. HCP might lack understanding of the work-related implications of (rare) cancers [16]. To cope with these difficulties, HCP should tailor their guidance based on their patient's specific diagnosis and work context [16]. A single contact person must be established, especially throughout the (rare) cancer disease trajectory [16].

B. EXAMPLES OF SUCCESSFUL INITIATIVES

1_ Fastracs

Oncologists may lack the time, skills or interest to become involved in RTW issues [32], but they can propose patients with breast cancer to participate in a RTW program at the end of their chemotherapy, involving their general practitioner and their occupational physician (OP) [33]. The FASTRACS intervention (facilitate and sustain RTW after breast cancer) has been successfully implemented and is currently being evaluated through a randomized controlled trial with a realistic approach.

2_ Guidelines for occupational physicians (OP) and social insurance physicians

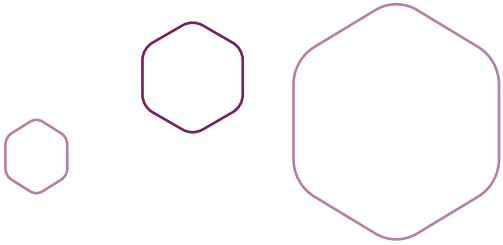
An intervention [17] showed that, in some companies, the healthcare system can be integrated within the workplace by offering medical consultations. In the Netherlands, OP assess work ability by regularly checking the legitimacy of sickness absence and guiding RTW [18] while insurance physicians (IP) assess the access to work disability benefits [18]. Guidelines for OP and IP to assess and support work abilities in relation to cancer are in line with evidence-based medicine [18].

3_ Impact of having access to occupational rehabilitation

Rehabilitation affects employment positively [19] depending on the timing of the intervention, the age and educational level of cancer survivors. Rehabilitation seemed to be more beneficial to more vulnerable patients.

C. RESEARCH PERSPECTIVES

Future scientific research should further investigate ways in which the healthcare system and HCP can positively be involved in the RTW process of patients and survivors with cancer, by supporting them and working in closer collaboration with the workplace. The (cost) benefits of this approach need to be studied. The healthcare system should also target new groups such as self-employed workers [6]. Also, there is a need to develop criteria for occupational rehabilitation, which require a rehabilitation specialist [19]. Reducing stigma in the workplace by government and private sector education initiatives is recommended [20]. Also, the impact of targeted oral anticancer medicines (TOAMs) on labor participation needs to be studied [11], given that systemic therapy combinations including trastuzumab was proved to be associated with increased odds of non-RTW [34]. The effects of TOAMs on work ability needs to be studied. The advantages of tailoring (more in line with specific patient needs) and its disadvantages (to be able to tailor, one requires knowledge and skills; unequal treatment of patients) need also to be addressed in research.



CHALLENGES
THE SOCIAL SECURITY PERSPECTIVE

// KEY TAKEAWAYS

- Several types of disparities can be observed within the EU, especially regarding RTW legislation (which can vary according to the type of welfare state) and employment statuses (where self-employed, those working for temporary job agencies and platform workers can suffer from a lack of legal protection and financial worries).
- Policymakers develop different avenues for reducing these inequalities in social security support and to stabilize RTW legislation for working-aged patients and survivors with cancer.

A. A WIDE DIVERSITY OF LEGAL FRAMEWORKS AND EMPLOYMENT STATUSES

1_ Legislation disparities

In EU countries, people with disabilities generally have the right to use services that enable them to take part in the labour market, and to have a work environment adapted to their needs. EU countries also experience an expansion of the understanding of health and the field of occupational health, accelerated by the COVID-19 health crisis. But legal frameworks might be not adapted nor prepared to new challenges. Despite many social rights, legislation is scarce on RTW and there is a big diversity in sickness absence regimes [6bis].

Discrepancies between EU countries are visible when it comes to RTW legislations, especially working contracts and legal provisions [6, 6bis]. Sickness absence regimes, remuneration, employers' social premium and taxes all vary between EU countries. Some European countries like Ireland, or other central and South-Eastern European countries possess a less developed policy framework for rehabilitation and RTW, resulting in a crucial lack of working options for workers able and willing to be part of the workforce [22]. Most countries do not have a **right to be forgotten** to be considered by insurance companies. In France, it was reduced to 5 years for all[11] [21].

[11] Until the law voted in February 2022, the duration was of 10 years, except for cancer diagnosed before the age of 18, for which it was of 5 years.

2_ Disparities by employment statuses

In many EU countries, employees with permanent contracts have better access to RTW support and financial support than other workers [6, 6bis]. Self-employed and platform workers must deal with more financial/business worries, weaker legal protection and often do not have access to occupational health services or labour unions. Self-employed workers confronted with cancer are more likely to keep on working to maintain their business, sometimes at the expense of their own health and wellbeing [6, 23].

B. TOWARDS A STABLE LEGAL FRAMEWORK TO FACILITATE RTW

The EU currently implements an overall strategy to support patients with cancer (including the right to be forgotten) returning to normal life [21] but this strategy should incorporate RTW support and job retention. Patients need more knowledge of their legal rights, and companies require more support from the legal system in action [24].

C. RESEARCH PERSPECTIVES

Future scientific research might further compare legal frameworks across countries in order to learn from one another [6bis]. Also, patients require more knowledge of their legal rights and companies require more support [24].

Some systems do not incorporate proper formal channels of communication between social security actors, patients, employers and physicians. This might result in a significant burden for patients with cancer who might have to deal with consequent bureaucracy to receive compensation for RTW, which can have damaging effect on RTW. Administrative procedures, as well as coordination between various players deserve further research.

Further research should cover salaried and non-salaried workers [6]. More research is needed on self-employed cancer survivors, including mechanisms potentially employed by welfare administrations to support them [23]. Also, institutional changes should be focused on leveraging difficulties encountered by vulnerable groups to enter the labour market, and thus reducing inequalities (low-skilled and under-protected workers, non-take-up of rights) [25].

CHALLENGES
THE WORKPLACE'S PERSPECTIVE

// KEY TAKEAWAYS

- Cancer can be a challenge to the workplace, as RTW may vary according to cancer type, treatment, and the company's size. Furthermore, cancer can influence labour market dynamics through labour supply reductions and early retirements, especially for 50+ aged patients.
- Various interventions have been developed by researchers to alleviate working-aged patients and survivors with cancer burden by giving both employees and employers practical tools to ease and support RTW.

A. RTW AS A CHALLENGE FOR THE WORKPLACE

RTW after cancer is a challenge for colleagues, management, and the employer. All actors need support with clear guidelines on do's and don't's regarding job accommodations, support of the cancer survivor and regarding stigmatization.

RTW may be increased by policies such as employment-contingent health insurance or by accommodations within companies [11]. In particular, patients with cancer and survivors aged 50+ suffer from employment discrimination, leading to unemployment, working from home; or early retirement [26]. The COVID-19 pandemic has only reinforced these effects [26].

Cancer survivors' reintegration can be supported by managers via awareness-raising actions that increase the managers' level of identification, perceived action and knowledge about the disease [12].

B. RTW INITIATIVES TARGETED AT EMPLOYEES AND EMPLOYERS

Different interventions exist, aiming at supporting sick employees (as well as their colleagues and caregivers), and at guiding employers and managers in the RTW process through checklists, examples of good practices, coaching and tailored interventions adapted to their needs. Some frameworks are already being drawn, as it can be seen with the development of The Open Innovation Project "Work and Breast Cancer in Companies and Organizations". This project is built around 5 major objectives: (1) Organize (a right to) connection during sick leaves; (2) Explore working conditions during the sick leave; (3) Set up a stability fund to go beyond the statutory logic; (4) Anticipate mediation devices; (5) Design and test the uses of a model for reasonable work maintenance [27].

Most frequently, modified workstations and schedules, as well as reduced working hours were offered. These latter were more often accepted by female workers, employees in companies with more than 10 employees, employees with permanent contracts, and in case of cancer chemotherapy or comorbidities [35].

Flexible programs tailored to the worker's situation and legal opportunities presented by part-time work, coaching, peer to peer support, follow-up programs such as multidisciplinary programs including psychosocial, physical aspects, and occupational healthcare, structural implementation of a RTW program with trial workplace sessions, as well as career coaches seem to constitute notable facilitators [4, 28].

The main barriers towards RTW include workload, stressful working hours, work-life imbalance, perceived discrimination, cultural stigma related to cancer diagnosis, or others'/self-uncertainty regarding work abilities [4, 28]. Also, HCP might lack support for RTW or be too protective [4].

C. RESEARCH PERSPECTIVES

More research is needed to assess the benefits of RTW for the workplace, such as productivity and return on investment [11, 29]. Besides research on interventions to ensure social support int the workplace and to reduce stigma [20], research is needed to establish clear guidelines, referral guides, and tailored information for vulnerable groups [2, 7]. Existing interventions need to be adapted, especially when it comes to teenagers, young adults and vulnerable groups (lower education, lower socio-economic status, higher rates of self-employment and flex working, challenging jobs, different ethnic groups, older employees, adolescents and young adults, those with a rare cancer diagnosis, and those receiving palliative treatment) [2, 29]. All patients diagnosed with cancer at working age deserve RTW support and financial security.

APPENDICES

REFERENCES FROM THE INTERNATIONAL SCIENTIFIC CONFERENCE "CANCER, WORK & EMPLOYMENT", PARIS, NOV. 21ST AND 22ND, 2022:

[1] Jean-Baptiste FASSIER, A journey into the FASTRACS project, Keynote presentation.

[2] Angela DE BOER, Effective interventions to enhance RTW for cancer patients: past, present and future, Keynote.

[3] Matilde LEONARDI, Workability and psychological factors following surgery: an exploratory study among cancer survivors, Roundtable.

[4] Marine CAVET, Cancer, Work & Employment: European perspectives & challenges, Roundtable.

[5] Pedro RODRIGUES, E-ONCOGITE: Evaluation of a cognitive therapy adapted to the "Chemobrain" in patients treated for breast cancer.

[6] Angelique DE RIJK, Specific challenges for maintenance & RTW after cancer: considering various situations, Roundtable.

[6bis] Angelique DE RIJK, Unity, diversity and uncertainty of societal safety nets for workers with cancer across Europe: implications for comparative studies, Keynote.

[7] Amber Danielle ZEGERS, Developing tailored work participation interventions using the Stages of Change: perspectives of (occupational) health care providers and cancer survivors, parallel session.

[8] Johanna EHRENSTEIN, Establishing general working population normative data, parallel session.

[9] Fenna VAN OMMEN, Interventions for work participation of unemployed or work-disabled cancer survivors: a systematic review, parallel session.

[10] Anne-Lise ROLLAND, Care trajectories and RTW in breast cancer survivors: a French population-based cohort study (Constances), parallel session.

[11] Cathy BRADLEY, Diagnosis, work, and recovery: Employment and Economics Dilemmas for Cancer Survivors and Caregivers, Keynote.

[12] Julie DAUL, Being viewed as accountable for one's illness as a barrier to RTW.

[13] Henk-Jan BOERSEMA, Cancer and inability to work fulltime: prevalence and associations among work disability claimants, parallel session.

[14] Saskia DUIJTS, Effectiveness of internet-based cognitive rehabilitation for working cancer survivors: results of a multicentre randomized controlled trial, parallel session.

[15] Donna BEERDA, Experiences and perspectives of patients with advanced cancer regarding work resumption and work retention: a qualitative interview study.

[16] Daphne OLISCHLAGER, Rare cancer and RTW: experiences and needs of patients and (health care) professionals, parallel session.

[17] Anastasia SAADE, Infectious risk prevention, vaccination and RTW of cancer patient.

[18] Joan LUITES, Prognostic factors for RTW and long-term work disability among cancer survivors, parallel session.

[19] Roy NIELSEN, Does access to rehabilitation impact employment rates among cancer survivors? parallel session.

[20] Cameron STOCKDALE, Organizational innovation as a lever for job retention: experience in reconciling chronic illness and work, capitalizing on experiential knowledge and reconfiguration work, parallel session.

[21] Christine CHOMIENNE, Cancer, Work & Employment: European perspectives & challenge, Roundtable.

[22] Adela POPA, Specific challenges for maintenance & RTW after cancer, Roundtable.

[23] Steffen TORP, Specific challenges for maintenance & RTW after cancer, Roundtable.

[24] Rebeca MARINAS-SANZ, Returning to work after female breast cancer: A qualitative approach from Spain.

[25] Alain PARAPONARIS, Specific challenges for maintenance & RTW after cancer, Roundtable.

[26] Rui DANG, Understanding Labor Market Disparities for Old Cancer Survivors before and during the COVID-19 Pandemic: Evidence from the Survey for Health.

[27] Pascale LEVET, 9 ¾ a tool to regain control on your work with or after cancer, parallel session.

[28] Michel GREIDANUS, Enhancing the RTW of cancer survivors; evaluation of the MiLES intervention targeted at employers.

[29] Maureen PARKINSON, Understanding the weight of frameworks when conciliating cancer & work, parallel session.

[30] Wim GELUYKENS, Let's break down the barriers around cancer and work! parallel session.

[31] Pascale LEVET, Hélène BONNET, Organizational innovation as a lever for job retention: experience in reconciling chronic illness and work, capitalizing on experiential knowledge and reconfiguration work, parallel session.

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