

# THE ROAD TO A BETTER NORMAL

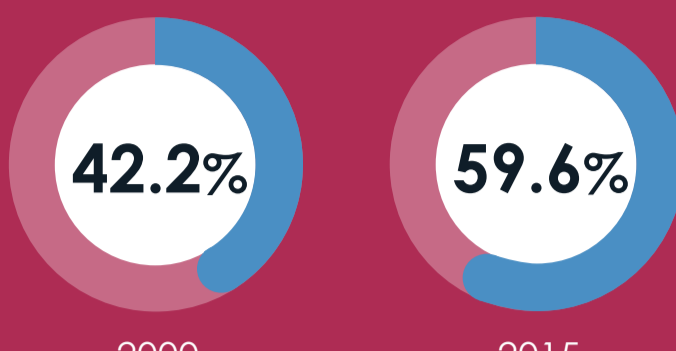
Breast cancer patients and survivors in the EU workforce

## THE GROWING CHALLENGE

From 2000 to 2015 workforce participation for women aged 50-64 increased by 17.4 percentage points. 59.6% of this group were active in the labour force in 2015, up from 42.2% in 2000.

Source: Eurostat

Women aged 50-64 active in the labour force



Incidence of breast cancer is rising across the EU, where

**9** of the **top 10**

national crude incidence rates are found

Source: International Agency for Research on Cancer

However, **more women survive breast cancer**

Despite rising incidence, mortality rates from breast cancer in the EU have been stable since the 1990s

### DIAGNOSED

139.5

### DEATHS

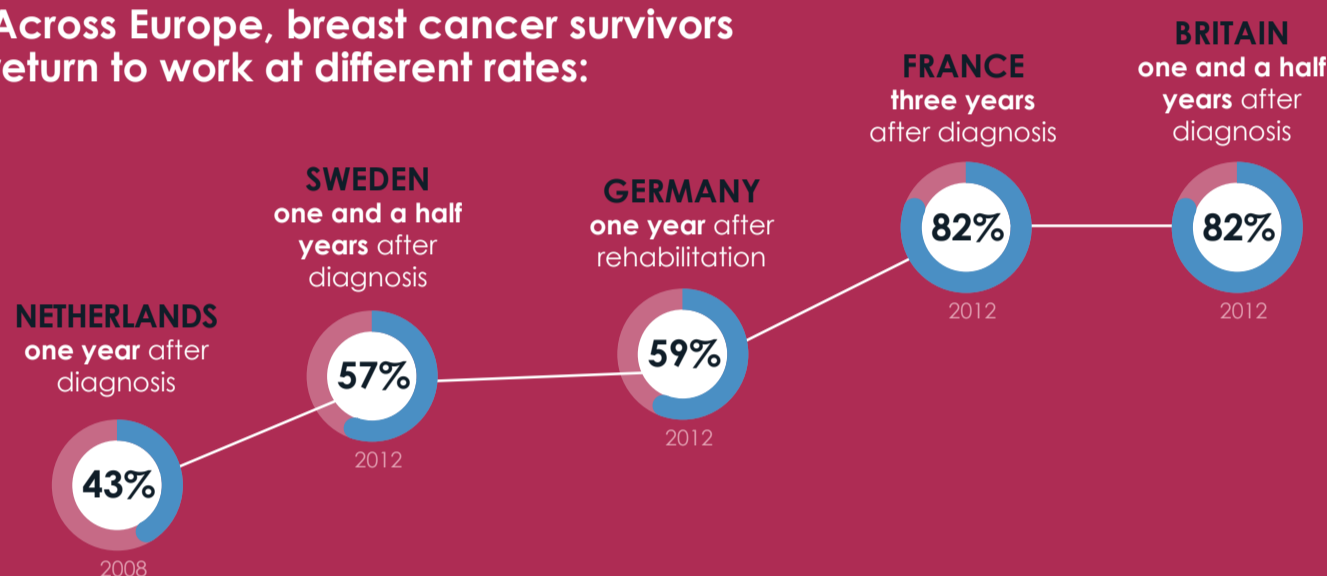
35.3

Per 100,000 women, in 2012

Deaths from the disease in the EU were estimated at **35.3 per 100,000 women in 2012, compared with 139.5 per 100,000 women** diagnosed with breast cancer that year.

Source: International Agency for Research on Cancer

Across Europe, breast cancer survivors return to work at different rates:



Sources: BMC Public Health; Deutsches Ärzteblatt International; Journal of Occupational Rehabilitation

## BARRIERS TO UNDERSTANDING AND EMPLOYMENT

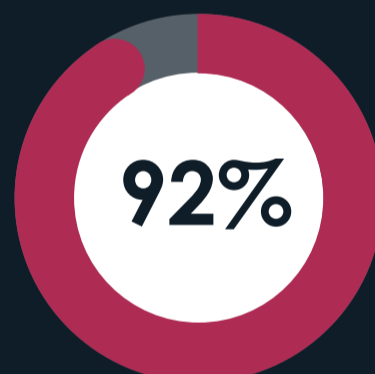
### Little policy exists

to support the employment of breast cancer patients and survivors

Physical, psychological, workplace and sociodemographic factors all influence rates of return to work of breast cancer patients and survivors.

A 2012 study in the Paris region found that, with extensive occupational health support, a group of women largely consisting of salaried office workers or professionals in large firms had a 92% rate of return to work after two years.

Source: Institut National de Cancer



“ We are starting to realise that employers play an important role in return to work, but we don't know exactly how, and I have not come across any research on what government policies work here. ”

**TAINA TASKILA**

Research fellow,  
Health and Society Research Group, University of Greenwich

## WHERE CHANGE IS NEEDED



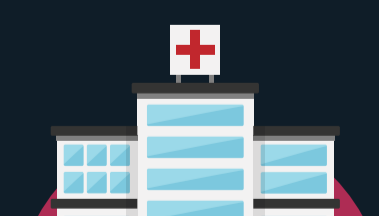
### Employers:

Decisions needed on: commitment to keep impacted employees, organisational response policies, ensuring open dialogue, and allowing individualised plans.



### Government:

EU national policies vary from integrated social, employment and healthcare efforts to modest rehabilitation programmes for those who have a disability. These were rarely designed with the needs of cancer survivors in mind and should be.



### Healthcare professionals:

Uninformed neutrality towards, or advice against, resuming work are likely to dissuade women.



“ A big challenge has been that health systems do not see work as a clinical outcome of care. ”

**LIZ EGAN**

Working through cancer Programme Lead,  
Macmillan Cancer Support