## BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE

GERMANY: NEW WINE NEEDED FOR AN OLD WINESKIN?



# This report is part of a series of profiles focusing on the main employment-related issues affecting female breast cancer patients and survivors in selected EU countries.<sup>1</sup>

Key data	
Crude breast cancer incidence rate per 100,000:	171.5 (2012, IARC)
Breast cancer prevalence (five-year) per 100,000:	765.7 (2012, IARC)
Labour force participation rate—general:	77.6% (2015, OECD)
Labour force participation rate—women aged 40-64:	76.5% (2015, EIU calculations from OECD data)
Unemployment rate—general:	4.7% (2015, OECD)
Unemployment rate—women aged 40-64:	3.8% (2015, EIU calculations from OECD data)

The underlying level of breast cancer in Germany is about the same as that of its immediate neighbours, which is already large. Germany's burden, however, is multiplied by the country's demographic ageing, which has given it the highest median age in Europe.

The numbers show the extent of the issue. Germany's age-standardised breast cancer incidence, at 91.6 per 100,000,2 exceeds the average for western Europe (91.1) and of nearby northern Europe (89.4) only slightly. These numbers are substantial—Germany has the 11th-highest age-standardised incidence globally—but they are consistent with those of similar developed countries.

The crude incidence statistics, which do not adjust for Germany's older population, tell a very different story. Germany's incidence figure, at 171.5 per 100,000 women in 2012, is the world's third-highest and well above the EU's figure of 139.5. However, Germany has a modern healthcare system, which explains its five-year survival rate of 88% in 2012<sup>3</sup>—about the norm for wealthy countries. The net result is a high number of survivors. The five-year prevalence figure is 765.7 per 100,000, but because of Germany's large population, the absolute number of such survivors in the country, nearly 280,000, is Europe's highest.

Changes in employment laws and patterns make these crude incidence and prevalence figures of particular relevance for workforce issues. To address the implications of its ageing population and its tradition of early retirement, Germany enacted two reforms in the previous decade. First, it reduced significantly the maximum duration of unemployment benefit payments to people aged 55 and older, from 36 to 18-24 months according to their age and duration of employment,

- Although male breast cancer does occur, it is very rare, with an age-adjusted incidence of less than 1 per 100,000 in most of Europe and no clear sign of increase or decrease (Diana Ly et al., "An International Comparison of Male and Female Breast Cancer Incidence Rates", International Journal of Cancer, 2012). This study therefore deals exclusively with female breast cancer.
- <sup>2</sup> Unless otherwise stated, incidence, mortality and prevalence data are estimates by the International Agency for Research on Cancer (IARC) of the situation in 2012, the latest internationally comparable figures available.
- 3 "Breast cancer", Robert Koch Institut Zentrum für Krebsregisterdaten. Available at: http://www.krebsdaten. de/Krebs/EN/Content/Cancer\_sites/Breast\_cancer/ breast\_cancer\_node.html
- <sup>4</sup> EIU calculations based on IARC data.
- <sup>5</sup> Deutsche Rentenversicherung, *Reha-Bericht* 2015, 2015; Oliver Rick et al, "Reintegrating Cancer Patients into the Workplace", Deutsches Ärzteblatt International, 2012.

SPONSORED BY



### BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE GERMANY: NEW WINE NEEDED FOR AN OLD WINESKIN?

- <sup>6</sup> Anja Mehnert and Uwe Koch, "Predictors of employment among cancer survivors after medical rehabilitation - a prospective study", Scandinavian Journal of Work. Environment & Health 2013: Dorothee Noeres et al., "Return to work after treatment for primary breast cancer over a 6-year period: results from a prospective study comparing patients with the general population", Support Cancer Care, 2013; Hilke Böttcher et al., "Work-related predictors of not returning to work after inpatient rehabilitation in cancer patients", Acta Oncologica, 2013.
- <sup>7</sup> Mehnert and Koch, "Predictors", [EIU calculations based on raw figures in article. The article's first measurements occur immediately postrehabilitation, which lasts three weeks and began, on average, 11 months after diagnosis. Thus, they are described as "roughly one year" after diagnosis].
- <sup>8</sup> Noeres *et al.*, "Return to work".
- <sup>9</sup> This article discusses the DRV's offerings because they are available to all Germans who contribute towards a state pension and academic research on their impact exists. It is worth noting that other private pension providers and health insurers may offer their own rehabilitation programmes in addition to what is available under the DRV, but these would be accessible by only to a minority of Germans, and data on their extent and effectiveness are unavailable.

making what had been used as an early bridge to retirement less attractive. Second, in 2012 the country began raising the retirement age from 65 to 67, a process that will finish in 2029. In 2017 the retirement age is already 65 years and 6 months.

These changes have had the desired effect on workforce participation levels for older Germans. According to OECD data, although the population-wide labour force participation rate barely changed between 2006 and 2015—going from 75% to 77.6%—among women aged 40-64 it grew from 70.2% to 76.5%, bringing the latter figure in line with the overall rate. The increase in employment among older women occurred almost entirely among those aged over 50 and was particularly marked among those aged 60-64, for whom the participation rate more than doubled, from 24.4% in 2006 to 50.2% in 2015.

These developments have greatly expanded the challenge of breast cancer in the workplace. In 2012 a German woman's risk of developing but not dying from breast cancer by the age of 59 was just under 4%. For those aged 60-64, who are experiencing such a rapid increase in employment, this figure rises to 5.5%. In 2014, 16% of patients treated by the medical rehabilitation programme of the German Statutory Pension Scheme (Deutsche Rentenversicherung, or DRV) were cancer survivors. Data from earlier years indicate that about one-quarter of those with the disease in the programme (around 4%, or nearly 40,000 people receiving medical rehabilitation in 2014) had breast cancer. As more older women who are at higher risk remain in the workforce, this will only increase in the years to come.

The challenges of reintegrating breast cancer patients and survivors into the German workforce are similar to those in other developed countries. Studies conducted in Germany have, as elsewhere, found that higher age at diagnosis; greater severity of the disease and of side effects arising from the condition and treatment; lower socioeconomic class and education levels; manual or physically challenging employment; a perceived lack of employer accommodation; a lack of confidence in one's own work abilities; or simply a low desire to return to the job all impeded resumption of work.<sup>6</sup>

More difficult to see, however, is the extent to which German breast cancer patients and survivors actually return to the workforce. Among the breast cancer patients and survivors included in a wider cancer study, roughly one year after diagnosis 38% of those who had been in the workforce were employed, and after two years the figure had risen to 78%. This research, however, included only those who had taken advantage of the DRV's rehabilitation programme.<sup>7</sup>

### BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE GERMANY: NEW WINE NEEDED FOR AN OLD WINESKIN?

These figures seem good by international standards, but are complicated by context. A study which included women who had participated in rehabilitation and those who had not found that, one year after surgery, 82.5% of breast cancer survivors were employed. Over the next five years, however, the number of this group entering and leaving employment largely cancelled out for a net decline of 1%. On the other hand, in a control group of women used for comparison, the number in employment rose by 12 percentage points. In other words, the breast cancer survivors did not participate in the rapid increase in employment among older women occurring across Germany.

Indeed, overall, the probability of a survivor being employed six years after surgery was only 62% of the probability for a comparable woman from the control group. The study concluded: "Breast cancer clearly influences women's decisions to leave or re-enter work over a 6-year period, especially in the first year."

The biggest mystery around employment and breast cancer in Germany is why these figures are not substantially better.

The country has a long tradition of rehabilitating and reintegrating into the workforce those with disabilities or chronic conditions. One important form this takes is the above-mentioned medical rehabilitation programme run by the DRV and funded by it and health insurance companies. Anyone who has physical, mental or psychological restrictions which either impede their ability to work or are likely to do so has a statutory right to a three-week-long rehabilitation programme. These are typically provided at specialist, multi-disciplinary inpatient centres and include physical and psychological interventions as well as employment counselling where appropriate. For those who need more than one session, up to three of these programmes are allowed within two years of diagnosis. 10

Those who, after medical rehabilitation, have difficulties with returning to work are also often eligible for Step-by-step Occupational Reintegration (Stufenweise Wiedereingliederung), another DRV-administered programme. This allows employees to return to work slowly, starting with one or two days a week and slowly ramp up. The cost of their salaries during the transition is covered by the DRV, making the arrangement more appealing to employers.<sup>11</sup>

Such programmes intuitively make sense, but the evidence is mixed about how much they improve return-to-work success rates in practice. Although step-by-step reintegration clearly helps those with certain conditions, notably mental illness, return-to-work studies show mixed

- <sup>10</sup> For details, see Maria Hellbom et al., "Cancer rehabilitation: A Nordic and European perspective", Acta Oncologica, 2011; Rick et al., "Reintegrating"; Patricia Findley and Catherine Wilson, "International Efforts: Perspectives, Policies, and Programs", chapter 13 in Michael Feuerstein, Work and Cancer Survivors, 2009. For the detailed interventions available for breast cancer patients, see DRV, Reha-Therapiestandards Brustkrebs, 2016.
- <sup>11</sup> Rick et al., "Reintegrating"; Findlay and Wilson, "International Efforts."
- 12 A large study with propensity-score-matchina to create a comparison group found that it improved return to work for cancer and other patients: Matthias Bethge, "Effects of graded returnto-work: a propensity-scorematched analysis", Scandinavian Journal of Work, Environment & Health, 2016: a smaller study, which uses a control group (considered cally) for benefits for patients with certain conditions but not those with cancer: Wolfgang Bürger and M Streibelt, "Wer profitiert von Stufenweiser Wiedereingliederung in Trägerschaft der gesetzlichen Rentenversicherung?" Rehabilitation, 2011.

### BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE GERMANY: NEW WINE NEEDED FOR AN OLD WINESKIN?

results when it comes to cancer patients.<sup>12</sup> As for medical rehabilitation, some research suggests it may even hurt. A 2013 study found that 69% of breast cancer patients who took part in medical rehabilitation were employed one year after surgery, compared with 93% of those who did not.<sup>13</sup> This is likely to reflect the greater difficulties in adjustment experienced by those who choose rehabilitation, which has to be requested. Nevertheless, other studies either lack a robust control group for comparison or indicate that, at the very least, medical rehabilitation on its own does little to help cancer patients return to work. One of the few controlled studies that looked specifically at breast cancer survivors found no sustained employment benefit.<sup>14</sup>

Part of the problem may be that medical rehabilitation attempts to cover a wide range of issues—physical, social and psychological—in three weeks. Specific efforts focused on returning to employment are only part of a large number of potential interventions, and for many years they saw relatively little use: for example, according to a 2008 study, only 7.4% of breast cancer patients in DRV medical rehabilitation schemes received support for professional integration.<sup>15</sup>

The low impact of medical rehabilitation on return-to-work rates for a number of medical conditions has led the DRV to focus increasingly on the development of what it calls work-related medical rehabilitation, with return to work as a specific outcome. In 2011 it published guidelines on what it expects to see in such programmes, including work-related functional training, psychological interventions and counselling. Such programmes have shown promise for other medical conditions, but their study with respect to cancer is still in its initial stages. One early piece of research, however, suggests that cancer survivors who fall out of employment are often affected by issues of mental health and confidence, indicating that longer-term support, rather than three-week bursts of rehabilitation, may be needed.<sup>16</sup>

Insofar as German employment policy relies on greater workforce participation by older citizens, it will bump up hard against the higher incidence of breast cancer—and other chronic diseases—in the very age group which it wants to bring into greater employment.

Germany has a substantial infrastructure for rehabilitation. It now needs to find better ways to use it to improve return-to-work rates for cancer.

- <sup>13</sup> Noeres et al., "Return to work".
- <sup>14</sup> Julian Wienert et al., "Effectiveness of work-related medical rehabilitation in cancer patients: study protocol of a cluster-randomized multicenter trial", BMC Cancer, 2016; Angela de Boer and Monique Frings-Dresen, "Employment and the common cancers: return to work of cancer survivors", Occupational Medicine, 2009.
- <sup>15</sup> DRV, Leitlinienreport: Leitlinie für die Rehabilitation von Patientinnen mit Brustkrebs, 2008. For the detailed interventions available for breast cancer patients, see DRV, Reha-Therapiestandards Brustkrebs, 2016.
- <sup>16</sup> Wienert et al., "Effectiveness of work-related medical rehabilitation"; Böttcher et al., "Work-related predictors."

SPONSORED BY

