BREAST CANCER PATIENTS AND SURVIVORS IN THE EU WORKFORCE

THE NETHERLANDS: A PROMISING START



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.¹

Key data	
Crude breast cancer incidence rate per 100,000:	165.2 (2012, IARC)
Breast cancer prevalence (five-year) per 100,000:	821.4 (2012, IARC)
Labour force participation rate—general:	79.6% (2015, OECD)
Labour force participation rate—women aged 40-64:	71.7% (2015, EIU calculations from OECD data)
Unemployment rate—general:	6.9% (2015, OECD)
Unemployment rate—women aged 40-64:	6.8 % (2015, EIU calculations from OECD data)

The Netherlands faces a substantial breast cancer burden, with the world's, and the European Union's, fourth-highest crude incidence rate at 165.2 per 100,000 women in 2012.² This is, however, not markedly different from the average for western Europe (161.3 per 100,000), which is the region with the highest crude incidence globally.

The five-year prevalence figure of the International Agency for Research on Cancer (IARC) indicates that already over 0.8% of women are living with the disease or its aftermath. Although the Netherlands Cancer Registry (Nederlandse Kankerregistratie) does not provide per-capita prevalence data, it reports that in 2015, 63,784 women had been diagnosed with breast cancer in the preceding five years, and 163,377 had been diagnosed in the previous 20 years. Of particular relevance to the workforce, as of 2012 the cumulative risk of Dutch women having developed, but not died from, breast cancer by age 60 was just under 4%.³

Data from over a decade ago already indicated that breast cancer was having an effect on working women. Between 2001 and 2005, of the 400,000 women working for companies served by ArboNed, a private occupational health and safety service, over 2,200, or more than 0.5%, went on sick leave specifically because they had developed breast cancer. Their average time away from work was almost a year.⁴

Since 2005 a marked change in employment patterns has almost certainly increased the impact of breast cancer on the workforce. Between 2005 and 2015 labour market participation rate for women aged 40-64—the working years when the likelihood of developing the disease is highest—rose from 60.4% to 71.7%, while the equivalent rates for men and for younger women remained relatively stable. As a result, a greater proportion of Dutch employees are at higher risk of being affected by the disease.

- ¹ 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.
- ² 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 EIU calculations using IARC data.
- ⁴ Corné Roelen et al., "Sickness absence and return to work rates in women with breast cancer", International Archives of Occupational and Environmental Health, 2009.

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On the positive side, for both working women and men who develop cancer or any other serious disease the country offers protection through substantial employment rights and detailed return-to-work legislation—a rare combination in Europe. The 2003 Act on Equal Treatment on the Grounds of Disability or Chronic Illness forbids discrimination because of cancer in hiring, terms of employment, working conditions and promotion. This is defined to include a requirement that employers make reasonable accommodation for employees with an illness.

A year earlier, in 2002, the Gatekeeper Improvement Act (WVP) had substantially changed Dutch return-to-work regulations. Under the law, when an employee is on long-term sick leave, the employer must pay at least 70% of the full salary for two years, although in practice other parts of the act provide for employers typically to cover 100% for the first 6- 12 months in most cases. The employer and employee are jointly responsible for preparing for return to work, with mandated co-operation including joint meetings, a mutual exchange of information on the possibility of return to work, and shared decision-making on issues regarding the resumption of active employment and whether professional return-to-work training is needed. Employers must be able to demonstrate that they did everything possible to facilitate the employee's return to work. If they can do so, then they can, after two years of sick leave, also dismiss the employee, who may at that point become eligible for government disability insurance benefits.

Despite these comprehensive requirements, the impact of these two pieces of legislation on return-to-work rates for women with breast cancer is unclear. An academic study based on full-time female employees of ArboNed's clients found that between 2002 and 2008 the number of women with breast cancer who returned to work at least part-time within one year of diagnosis stayed similar, at about 70%. The number of patients returning to full-time work, however, dropped markedly in those years, from 52% to 43%. Moreover, the average time it took to return to work part-time or full-time saw no statistically significant change. The study's authors were reluctant to blame the decline in return to full-time work on regulatory change, because the corresponding figures for part-time work were unaffected. Nevertheless, they found other possible explanations problematic as well.⁵

At the very least, this research indicated that further improvements are needed to ensure that breast cancer patients have the workplace support they need. Indeed, a broader study analysing the WVP found that the ways in which the act distributed requirements and incentives between employee and employer, and how these changed over time, had the unintended effect of sowing mistrust between the parties, as employees and employers had different priorities at different stages of an individual's illness. That mistrust undermined the co-operation needed to facilitate a resumption of employment.⁶

- ⁵ Corné Roelen *et al.*, "Trends in return to work of breast cancer survivors", Breast Cancer Research and Treatment, July 2011.
- ⁶ Nicole Hoefsmit et al., "Work resumption at the price of distrust: a qualitative study on return to work legislation in the Netherlands", BMC Public Health, 2013

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Beyond law and regulation, the Dutch Society of Occupational Medicine has engaged in an important initiative to improve return-to-work rates for cancer patients and survivors. As it became clear that too often occupational medicine professionals—let alone patients—lacked knowledge of employment-related issues, the society brought together a multi-disciplinary group of occupational physicians, oncology specialists, general practitioners, psychiatrists, academics versed in employment issues, patients and employers to create a set of formal, evidence-based guidelines on how health professionals should counsel cancer patients about returning to work. These recommendations are wide-ranging and include information from the patient's general practitioner making sure that a back-to-work plan exists, through to company occupational physicians knowing where to refer patients in the case of common cancer treatment side effects. The guidelines were published in 2009.⁷

This and other efforts may have helped to improve Dutch breast cancer return-to-work rates since 2008, but data do not exist to show this one way or the other. What information is available indicates that current regulations explain some differences between the work experience of breast cancer survivors and patients in the Netherlands and elsewhere. Those in the Netherlands, for example, do not experience any rise in formal unemployment—defined by receipt of specific unemployment or disability benefits—for one year after diagnosis. Thereafter, a study found, the odds of survivors and patients receiving unemployment benefits were about the same as for women in a control group. Between years one and two after diagnosis, however, the percentage of patients and survivors who went on disability benefit rose from 9% to 25%, while for the control group the increase was from 8% to just 10%. This probably reflects employer requirements to keep paying sick employees, as discussed earlier.⁸

Another difference between the Netherlands and other developed countries is that Dutch patients and survivors who receive disability benefits tend to have higher rather than lower education levels. This anomaly also probably arises from regulation. In the Netherlands, eligibility for disability benefits is based on the extent of the drop in wages brought on by an individuals' change in medical status; as a result, a woman earning higher wages when diagnosed is more likely to be eligible if she has to take a different, lower-paying job.9

Despite these minor differences to the employment situation in other developed countries, breast cancer patients and survivors in the Netherlands have similar issues as their peers elsewhere. ¹⁰ In particular, remaining employed is harder than for those who have not experienced the disease. Given the different types of government benefits available in the Dutch system, a 2016 study took a broad view, including in one group all of those who received any unemployment benefit, disability pension or welfare payments from the state, along with females who did not receive

- ⁷ Angela de Boer and Monique Frings-Dresen, "Employment and the common cancers: return to work of cancer survivors", Occupational Medicine, 2009; Blauwdruk Kanker En Werk, 2009.
- ⁸ C Paalman et al., "Employment and social benefits up to 10 years after breast cancer diagnosis: a population-based study", *British Journal of Cancer*, 2016.
- Peter van Muijen et al., "Factors associated with work disability in employed cancer survivors at 24-month sick leave", BMC Cancer, 2014.
- 10 Fulya Balak et al., "Return to Work After Early-stage Breast Cancer: A Cohort Study into the Effects of Treatment and Cancerrelated Symptoms", Journal of Occupational Rehabilitation, 2008; Van Muijen et al., "Work disability"; De Boer and Frings-Dresen, "Employment and the common cancers"; Paalman et al., "Employment and social benefits".

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any income at all from employment. For women with breast cancer, the proportion falling into this group rose from 27% before diagnosis to 66% ten years after it, or 39 percentage points. For a control group, over the same period, the figure went from 29% to 51%, or 22 percentage points—only about half the percentage-point increase experienced by breast cancer patients and survivors.

The research also found that the form that non-employment takes changes over time. Levels of formal unemployment are higher for survivors than for their peers in the first few years after diagnosis, but then they slowly converge. Instead of continuing to seek employment, many women who have lived through breast cancer simply leave the workforce and go on disability benefit or welfare.

This study finding indicates that a problem related to employing breast cancer patients and survivors clearly remains even within a system with substantial return-to-work legislation and legal protections. Accordingly, an important part of the current research response involves a focus on building an evidence base for interventions that increase return-to-work rates. Some trialled interventions, such as one involving individualised job coaching, have fallen flat. ¹² Others, such as the use of web-based information on cancer and work have shown initial promise and are being developed further. ¹³ Still another will look at a combination of counselling and physical exercise. ¹⁴ Hopefully, such efforts will create the knowledge needed to better fulfil the potential of the Netherland's active return-to-work framework for breast cancer survivors.

- ¹¹ Paalman et al., "Employment and social benefits".
- 12 Martine van Egmond et al., "Effectiveness of a tailored return to work program for cancer survivors with job loss: results of a randomized controlled trial", Acta Oncologica, 2016.
- ¹³ Sietske J Tamminga *et al.*, "Enhancing the Return to Work of Cancer Survivors: Development and Feasibility of the Nurse-Led eHealth Intervention Cancer@ Work", *JMIR Research Protocols*, 2016.
- ¹⁴ IF Groeneveld et al., "A multidisciplinary intervention to facilitate return to work in cancer patients: intervention protocol and design of a feasibility study", BMJ Open, 2012.

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