

Work status and financial stability during treatment for early breast cancer: a pilot study of an ethnically diverse sample

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Background: Black and Latina women have lower rates of return to work than non-Latina whites (NLW) after breast cancer treatment. We recently showed that stopping work during chemotherapy is associated with not returning to work for 5 years after treatment. Little is known about the impact of breast cancer on employment in other low-English proficiency (LEP) immigrant or minority groups. The ongoing longitudinal Breast Cancer and the Workforce study measures work status in LEP immigrants and ethnic minorities undergoing breast cancer treatment with curative intent. For this pilot, we assessed work status and financial stability during treatment.

Methods: Women aged 18-64, undergoing treatment for stage I-III breast cancer, employed at diagnosis, and able to consent in English, Korean, Mandarin, or Spanish were recruited at 3 community oncology clinics and MSKCC. Participants enrolled any time prior to completing their last treatment (chemo, XRT, or surgery) and self-administered web surveys with in-person assistance, as needed, in their preferred language. Demographic, financial, and pre- and post-diagnosis employment characteristics were analyzed using descriptive statistics.

Results: The sample (n=61) median age was 48 years. 20 (33%) were black, 14 (23%) NLW, 11 (18%) Latina, 8 (13%) Korean, 7 (12%) Chinese, and 1 (2%) other. 37 (61%) were foreign born, 35 (58%) had <college education, 30 (49%) had annual household income <\$50,000. 41 (69%) had private insurance, 14 (24%) Medicaid or Emergency Medicaid, and 2 (3%) Medicare/VA. Before diagnosis, 47 (78%) worked full time and 13 (22%) part time. 36 (60%) had white collar jobs (37% manager/professional, 2% arts/media, 22% sales/admin. support); 24 (40%) had blue collar jobs (5% fabricators/laborers; 35% service). 32 (52%) had paid sick leave available at work; 33 (57%) had disability pay. Most were undergoing active therapy: 44 (75%) receiving chemotherapy (7% neo-adjuvant), 3 (5%) post-surgery awaiting adjuvant therapy, 7 (11%) receiving XRT and 5 (8%) awaiting surgery.

When surveyed, 25 (41%) were working full time, 11 (18%) part time and 25 (41%) not working (13% on disability, 16% on paid sick leave, 12% other). 31 (51%) changed work status – stopped working or reduced hours. Of pre-diagnosis full-time workers (n=47), 23 (49%) changed work status – 4 (9%) to part-time, 8 (17%) sick leave, 7 (15%) disability and 4 (9%) stopped working. Of pre-diagnosis part-time workers (n=13), 6 (46%) changed status – 2 (16%) sick leave, 1 (8%) disability and 3 (23%) stopped working. Overall, 26 (43%) had less money to spend on food since starting treatment; 31 (53%) did not have enough money to cover their needs.

Discussion: In this pilot, 51% of women changed work status during breast cancer treatment. 41% stopped working, of whom almost a third did not have sick leave or disability. 43% experienced food insecurity during treatment, and 53% said they did not have enough money to cover their needs. Additional research is needed to understand factors that disrupt work during or soon after treatment, how these factors vary for low-income and minority groups, and to better define the impact of change in work status on financial stability.