

HEALTH MANAGEMENT INSIGHTS

Cancer

Cancer is the illness that many people most fear, and the older we get, the more likely it becomes. While cancer rates are increasing, survival rates have improved dramatically. HR professionals and managers will face situations in which colleagues undergo cancer treatment during their career, and so a good working knowledge of the condition, its treatments and their side effects, and the impact on work is valuable.

Key takeaways for HR professionals:

- > Cancer rates continue to increase, due to both better recording and screening, longer life expectancy, and changing demographic factors (e.g. obesity). Many people with cancer are of working age and in work.
- > Survival rates are also increasing and death rates are falling.
- > Treatment is increasingly personalised, prolonged, and is likely to affect different people in different ways. Side effects, including psychological impacts and fatigue, can persist long after treatment is complete.
- > Occupational Health can help put in place the right working arrangements and adjustments for people with cancer, both during and after treatment. Employees with cancer are automatically covered by the Equality Act 2010.

1. What is cancer and what are the trends?

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300,000+ people are registered with a diagnosis of cancer in the UK each year.



Survival rates have **doubled** in the last 40 years.

How cancer is treated?

Most cancers will be treated with some combination of surgery, radiotherapy and chemotherapy. Different cancers respond better to different treatments.

- > Surgery is mainly used to treat localised cancer confined to one area and to reduce the amount of cancer before other treatment is given.
- > Radiotherapy uses high energy X-rays to destroy cancer cells, and is also used to treat cancer in a relatively small area of the body.
- > Various other treatments include chemotherapy, hormonal therapy, targeted/immune therapy, and stem cell or bone marrow transplants. These are known as "systemic" treatments as they affect the whole body.

In most cases, more than one treatment is necessary to give the best chance of removing all traces of cancer and thus provide the lowest possible risk of recurrence. A key change in managing cancers has been the recognition of the need to tailor treatments to individual needs. This is likely to increase further with the advent of biological and gene-based treatments.

With improved identification of specific risk factors that may put an individual at greater long-term risk, it is now possible to offer the exact treatment that neither over-treats or under-treats their cancer while offering an improved prognosis.



2. Managing people with cancer in the workplace

Time off during treatment

The amount of time off work that an individual undergoing cancer treatment may require varies enormously. At its simplest, cancer treatment may involve a minor operation under local anaesthetic as a day case (for example, for some forms of skin cancer or pre-cancers of the cervix). Other cancers may be fully treated by more major surgery, but with a return to work after a few days or a few weeks. In many cases however, an initial operation may be followed by a course of chemotherapy over several months and then radiotherapy. In total, treatment may last at least six months, and the individual may need weeks or months afterwards to recover enough to return to work, even on a phased basis.

It is often possible for employers and individuals to agree arrangements to enable continued work in some way during treatment. Occupational Health can be helpful in advising on what to expect and arrangements that might work best. However, everybody is different, and treatment side effects will affect some people much more than others. These side effects most determine whether continuing to work is possible during treatment.



Planning return to work

Employees undergoing treatment should be referred to Occupational Health to prepare for return to work. Health Management's clinicians are all experienced in advising about work and cancer. During the Occupational Health assessment, the effects of the cancer and its treatment will be carefully considered to support advice about the best way to get back to work where appropriate.

For many people undergoing cancer treatment, getting back to work is part of being back to normal, and so is an important goal which we support. Equally, there are situations in which returning to work or to the same job is not appropriate; these situations are handled sympathetically and appropriate advice is provided.

Unfortunately, in some cases cancer cannot be cured. Treatments will likely still be available to slow down progression or spread of the cancer and to treat related symptoms. The treating specialist will be best placed to discuss such options and what the person may expect. In this situation, some people will still choose to return to work if they are well enough to do so, and Occupational Health can advise on supportive adjustments that may help. For some people, ill health retirement may be relevant.

Anyone diagnosed with cancer is automatically protected under the disability provisions of the Equality Act 2010 and their employer should accommodate reasonable adjustments in relation to their work and the impact of the cancer.

3. Side effects and other considerations

Cancer can have less obvious effects on people undergoing and completing treatment.

Psychological issues are often poorly detected, but it is estimated that more than half of people who have had cancer have at least one psychological issue 10 years after treatment, and these are often difficult for people to talk about. Common psychological problems include anxiety, depression, fear of recurrence, and Post Traumatic Stress.

About **90%** of people undergoing chemotherapy and radiotherapy will experience **Cancer Related Fatigue** during their treatment. This is distinct from normal tiredness: it is not consistently related to physical activity, and not relieved by sleep or rest.

For about a third of people, fatigue will persist for five years or more after completing treatment. The causes of this are still poorly understood and this remains a largely invisible problem, and is often difficult for people to talk about. Exercise, planning and pacing the working day, short breaks and early bedtimes may help alleviate fatigue.

Chemotherapy can also cause "**chemo brain**" (neurocognitive dysfunction). Patients describe changes in their memory, concentration, and ability to think clearly, both during and after treatment. Planning the work day, using lists and notes, and mental exercises can help. Other side effects of chemotherapy can include heart failure and accelerated aging.



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Advice for Managers

- > Keep in contact with colleagues who are undergoing treatment, and refer them to Occupational Health as soon as possible.
- > Presume a return to work in most cases, and reassure them about adjustments that can be made, while acknowledging the many unknowns, including the prognosis, treatment effects and time scales. Resist making long-term predictions too soon.
- > It is best to work in partnership with the colleague to maximise their control over their situation, acknowledging that individuals will differ enormously about acceptable levels of disclosure, ranging from wanting visits and communication to completely shutting off from work.
- > Don't assume you know how colleagues are feeling or what they want during their treatment.
- > Remember that recovery is variable and unpredictable, and the need for adjustments may evolve over time.

Further sources of information

Good support and advice is available online. Some of the best sources are listed below:

Maggies: <https://www.maggiescentres.org>

Macmillan: <https://www.macmillan.org.uk>

NHS: <https://www.nhs.uk/conditions/cancer/>

Cancer Research:

<https://www.cancerresearchuk.org/>



healthmanagement.co.uk/

