CANCER IN THE WORK FORCE

CHALLENGES FOR EMPLOYED SURVIVORS AND THEIR EMPLOYERS: TELEMEDICINE SOLUTIONS
WHAT WILL WE COVER?

- What post-treatment cancer symptoms cause problems for returning employees and employers?

- How does this effect workplace performance, job security, and the economy?

- What can employees and employers do to improve productivity and speed recovery?

- How does telemedicine help?
The Cancer Journey

- The Shock of Diagnosis
- The Intensity of Treatment
- The End of Treatment.
- Then What? Hitting the Wall
The Experience of Many Cancer Survivors

- Cleared by physician to return to work
- Grateful for employer support and compassion
- Feel guilty about loss of time, employer costs
- Afraid of being less than what he/she was
- Feel performance pressure—to ‘do it right’
- Survivor is aware that things are not as they were
- Afraid of how employer will react to differences in performance
Experience of Many Employers

- Employer believes medical release = full recovery
- Employer expects employee to fulfill work responsibilities at previous performance level
- Employer observes mistakes, missed deadlines and ‘tracking,’ and attending problems
- Assumes this is a behavior or motivation problem
- Tensions lead to a communications breakdown
- May discipline, or fire employee
- Supervisor/Employer: “No one told me about this”
The Symptoms

Cognitive challenges
Sleep deprivation/fatigue
Emotional Challenges
Symptoms that Interfere with Work Performance

- **Cognitive**: Thought processes are slower
  - Difficulty focusing and concentrating
  - Can’t remember names and words
  - Makes more mistakes
  - Speech challenges- “Can’t spit it out”
  - Stress makes all this worse

- **Sleep/Fatigue**: Survivor doesn’t get deep, restful sleep
  - Feels constantly fatigued, even after a night’s sleep
  - Sudden energy ‘dips’ in the day

- Cancer-related anxiety, depression, PTSD
WHAT HAS HAPPENED?

Treatments that save lives have side effects

• “Chemobrain”--or cognitive deficits
  • Chemotherapy can cause memory/focus problems
  • Radiation, anesthesia, cancer medications can too

• Circadian and ultradian rhythms are disrupted
  • Interferes with sleep patterns and REM sleep
  • Causes unremitting fatigue that doesn’t go away

• Mood state is also effected
• The Kicker—symptoms may present right away or may present a year or later!
HOW COMMON ARE THESE PROBLEMS?
The Cancer Support Community (CSC) Survey of Need

- October 11, 2011 survey of 1,043 breast cancer survivors
- Average time since diagnosis: 5.6 yrs. Average age: 55 yrs
- Nearly 90% of respondents reported physical, psychological or social problems of moderate to severe magnitude
- Notable symptoms in survey: sleep, fatigue, sexual problems
- Symptoms don’t just go away with passage of time!
Survivor Experience

• “The second hardest phase—after the initial diagnosis—is the minute your treatment ends.” Carie Capossela, patient

• “Patients feel like they are walking out of active treatment and walking off a cliff.” Kim Thieboldeaux, CEO, Cancer Support Community

• “They never feel rested, and that impacts quality of life in all areas—including intimacy, sexuality, the workplace and interpersonal relations.” Susan Brown, Dir, Health Ed, Susan G Komen for the Cure

• “I don’t feel like my brain is back—I don’t know if it ever will be.” Mimi Ferraro, breast cancer survivor.
What is Happening in Our Business Community?

- MMR Focus Group: Employment #1 Issue
  - Employers misunderstood symptoms and the recovery process
  - Survivors were disciplined, fired due to misinterpretations;
  - Employer/employee both suffered
- Comprehensive Cancer Partnership Survey
- We need a proactive business community!
- It is in the business community’s best interest to intervene as early as possible
What Are The Symptoms Most Identified in Alaska?

- Most Reported in our clinical trials: Cognitive Challenges (Focus, completing tasks, remembering)
- Fatigue
- Sleep Deprivation
- Stress/PTSD
- Depression, Anxiety
WHAT CAN BE DONE?

TELEMEDICINE OPTIONS
Optimizing Performance

• There are many things that employers and supervisors can do to improve performance and speed recovery, IF THEY ARE MADE AWARE OF WHAT TO DO

• Short, succinct trainings can be provided to human resources personnel and to supervisors

• Telemedicine means the training can be ‘streamed’ live to where it will be needed

• Example: BP
Optimizing Performance

- However, sometimes it is beyond the Employer/Supervisor’s ability and/or time investment
- Sometimes, professional help is required
- Location and schedule needs must be considered
  - Slope workers
  - Work related Travel
  - Survivor fatigue/work schedule needs
- TELEMEDICINE OPTIONS
IF PROFESSIONAL HELP IS NEEDED
Complicated Problems Require Comprehensive Solutions

- Mind Matters Research LLC, National Cancer Institute funded imagery intervention to address the long-term and late-term effects of cancer treatment.

- Outcomes demonstrated clinical and statistically significant improvements of the long-term and late-term effects (cognitive impairment, sleep deprivation, fatigue, anxiety, depression, stress) compared to controls.

- Intervention also demonstrated improvements in multiple cancer related quality of life domains including improved coping abilities and health behaviors (patient health plan).
Channel 2 Interviews

TELEMEDICINE APPROACH
And Next Steps
CURRENT AND FUTURE DIRECTIONS

In-Person Approaches: (1) Group; (2) One-on-One

Distant/Telemedicine: (1) Group; (2) One-on-One
Envision The Rhythms of Life Sessions 9-16 - 1/25/12 - Mindjet
Local and National Collaborators

- ALASKAN COLLABORATORS
  - Rebecca White, MD
  - Mary Stewart, MD.
  - Judith Link, RN
  - The oncology medical community as a whole
- MD ANDERSON COLLABORATORS
  - Lorenzo Cohen, Ph.D, Director, Integrative Medicine
  - Lynn Palmer, Ph.D., biostatistician
- NIH COLLABORATORS
  - Candace Pert, Discoverer, neuropeptide receptors and former Chief of the Section on Brain Biochemistry of the Clinical Neuroscience Branch of the NIMH
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What Else Should We Consider?

- Study published in CANCER (12/2008) reports breast cancer patients who participated in intensive interventions that reduce stress, improve mood, coping abilities and health behaviors had better survival rates (11 years later) than patients who did not receive such an intervention.

- Patients in the intervention group had about half (55%) the risk of recurrence compared to the control patients.
Patients who suffered recurrence had been cancer-free an average of six months longer than controls (45% reduced risk).

Patients receiving the intervention had less than half the risk (44 percent) of death from breast cancer of controls and a reduced risk of death from all causes, not just cancer.

Quality of life and economic implications

What Else Should We Consider?
QUESTIONS?