



# Return to Work and quality of life of tunisian women attended by breast cancer

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**Plan**

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**Introduction**

**Methodologie**

**Results**

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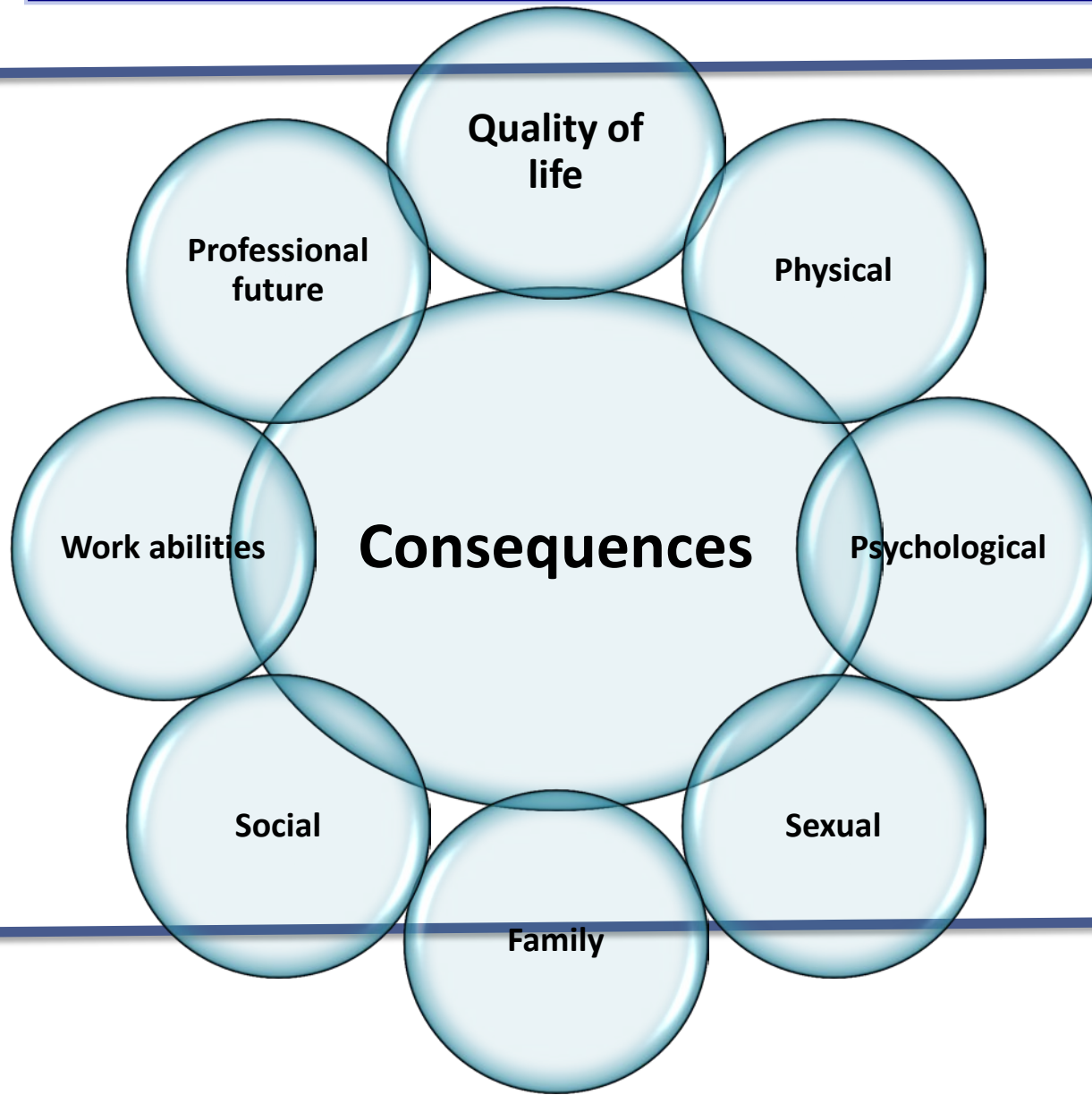
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# INTRODUCTION

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- In Tunisia, breast cancer (BK) is the first women-cancer with an incidence of **2000** new cases per year.
  - The average age at diagnosis in this country, is **50** years which is significantly younger compared to international literature.
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# INTRODUCTION



# AIMS

 **Professional  
future**  
Return to work

 **Quality of Life (QL)**

- Physical
- Emotional,
- Social,
- Sexual

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**Methods:**

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## *Population study*

- Women attended by BK
- Who were initially working
- followed in Monastir UHC
- setback between 2 and 5 years (diagnosis -start of investigation).



# Questionnaires

**Medical  
entertain**

Professional items

**EORTC  
QLQ-C30**

General QLQ for  
cancer patient

**QLQ-  
BR23**

Specific QLQ for BK  
patient



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# Results

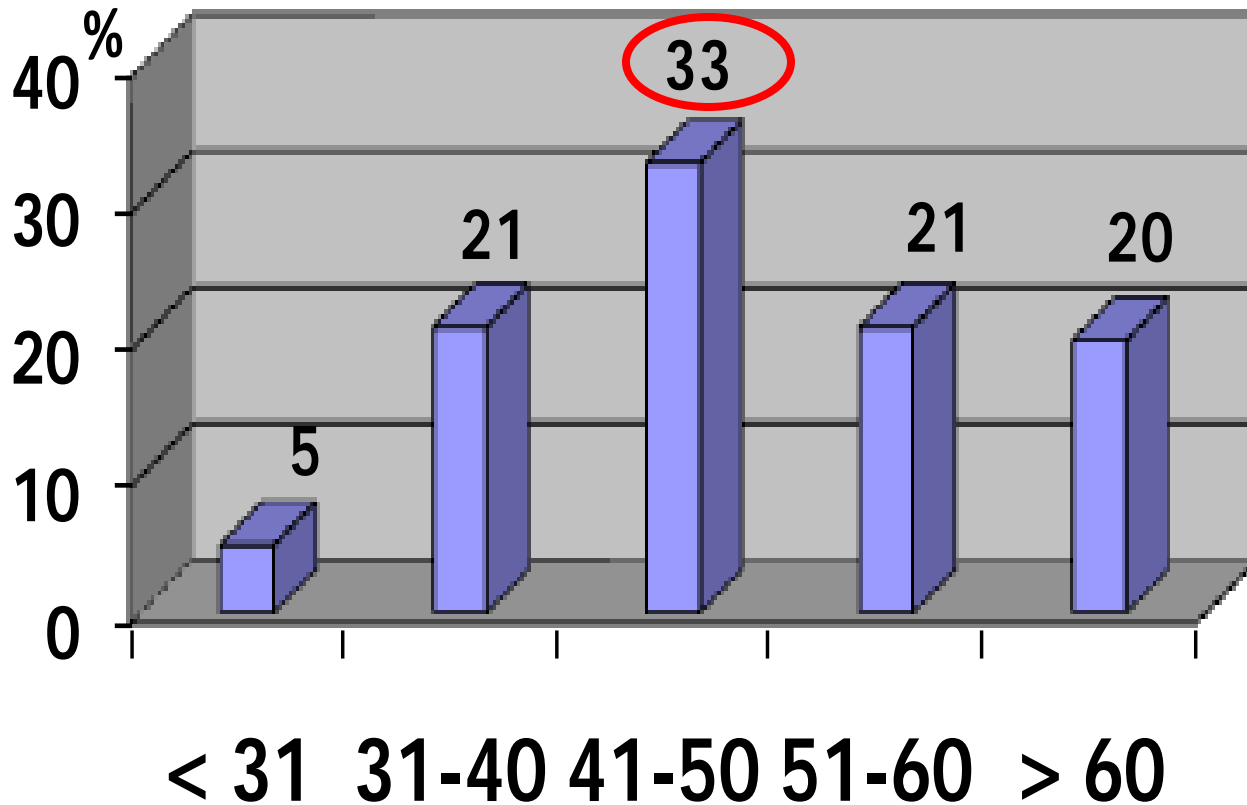
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# Results

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- 108 patients met the inclusion criteria
  - 8 have not given their consent
  - Average age was **48 ± 11** years
  - Patients were married in **91%**
  - Average number children was **2,3.**
  - **87** patients worked in public sector
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# Distribution by age



# Tumor characteristics

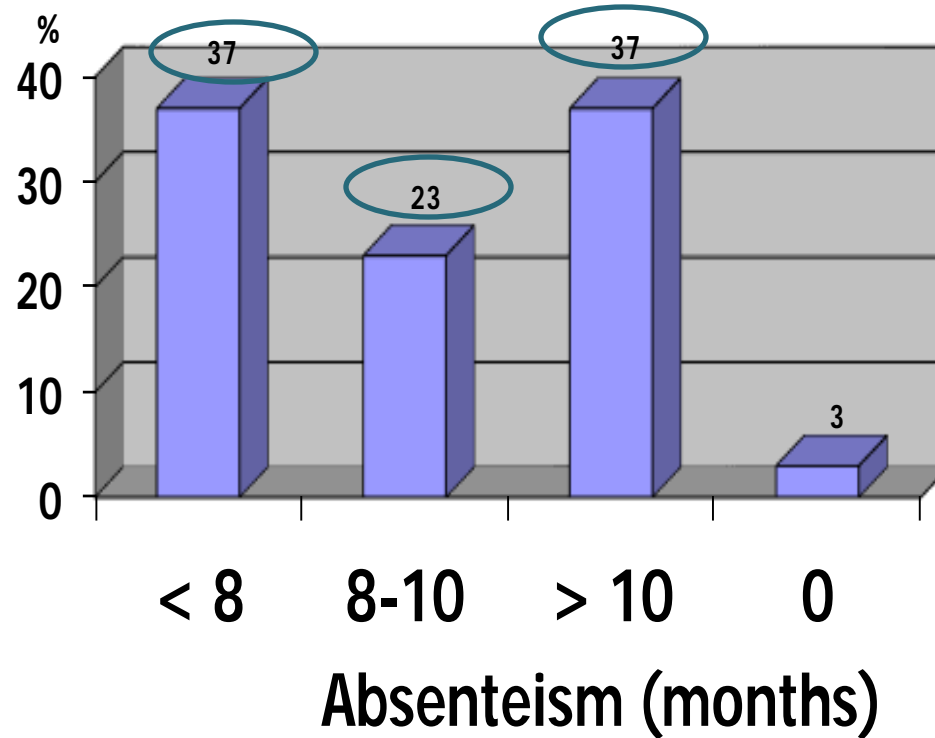
		<b>M0</b>	<b>M1</b>
<b>T1</b>	<b>N0</b>	<b>2</b>	-
	<b>N1</b>	<b>6</b>	-
	<b>N2</b>	<b>4</b>	-
<b>T2</b>	<b>N0</b>	<b>12</b>	-
	<b>N1</b>	<b>20</b>	-
	<b>N2</b>	<b>8</b>	-
<b>T3</b>	<b>N0</b>	<b>18</b>	-
	<b>N1</b>	<b>20</b>	-
	<b>N2</b>	<b>10</b>	-
<b>T4</b>	<b>N0</b>	-	-
	<b>N1</b>	-	<b>1</b>
	<b>N2</b>	-	<b>2</b>

# Treatment

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- Radiotherapy: all cases
- operation : **97** cases
- Hormonotherapy: **52** cases
- chemotherapy in **80** cases.

## Professional future



# Professional future

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- Absenteism average duration the was **9.5 months**
- A longer work stoppage was significantly related to the **public sector** ( $p = 0.01$ ) in the **professional category** of workers ( $p = 0.01$ ), and the **type of contract** ( $p = 0.02$ ).

# Professional future

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At investigation:

- **28 %** of patient were no longer working
- **5%** of them kept their initial work.
- Workplace management was performed in **28%** case.



# Professional future

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- The loss of the workstation is secondary to health problems in **77%** of cases.
  - A lower monthly income was reported by **76** patients
  - Colleagues' discrimination by **95** of them.
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# Professional future

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- A lower monthly income was reported by **76** patients
- Colleagues' discrimination by **95** of them.

# Quality of life

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	Very bad	Bad	Rather well	Midel	Fairly well	well	Excellent
Global Quality of Life	1	5	39	28	27	-	-
Health status	2	4	36	41	16	1	-

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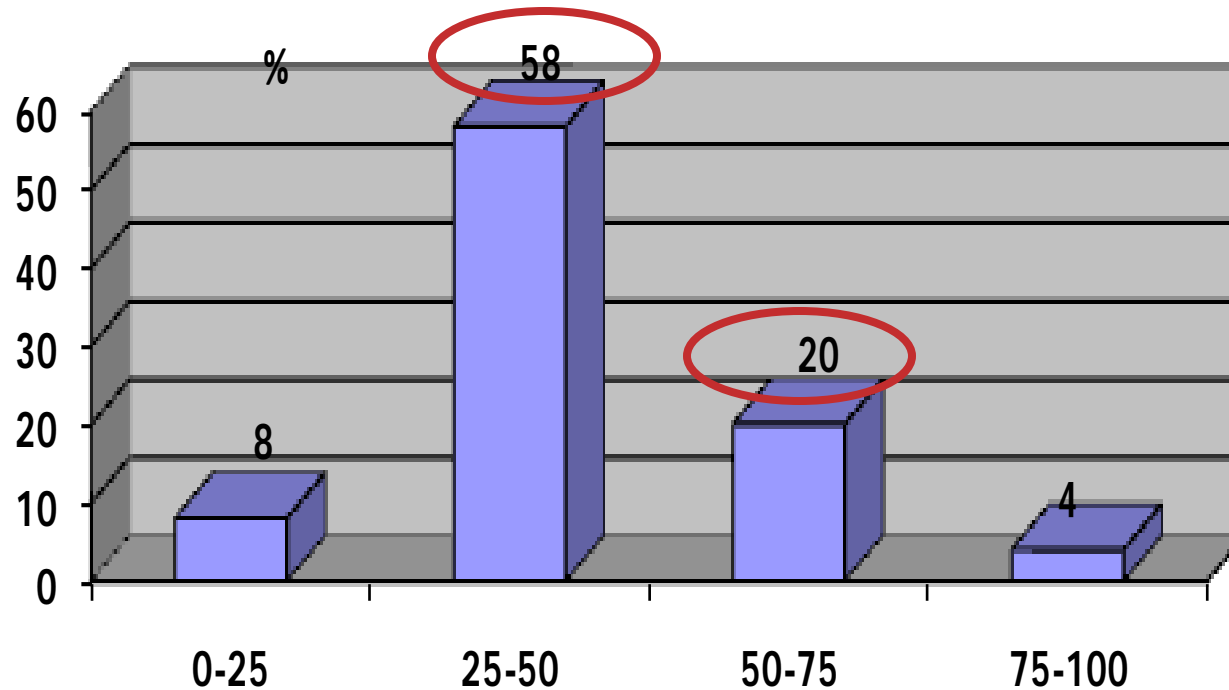
# Quality of life

	S5G	p
<b>Age (years)</b>		
< 40	65	0,01
> 40	40	
<b>Chimiotherapie</b>		
yes	40	0,02
No	63	
<b>Traitement</b>		
Conservateur	65	0,02
Patey	43	

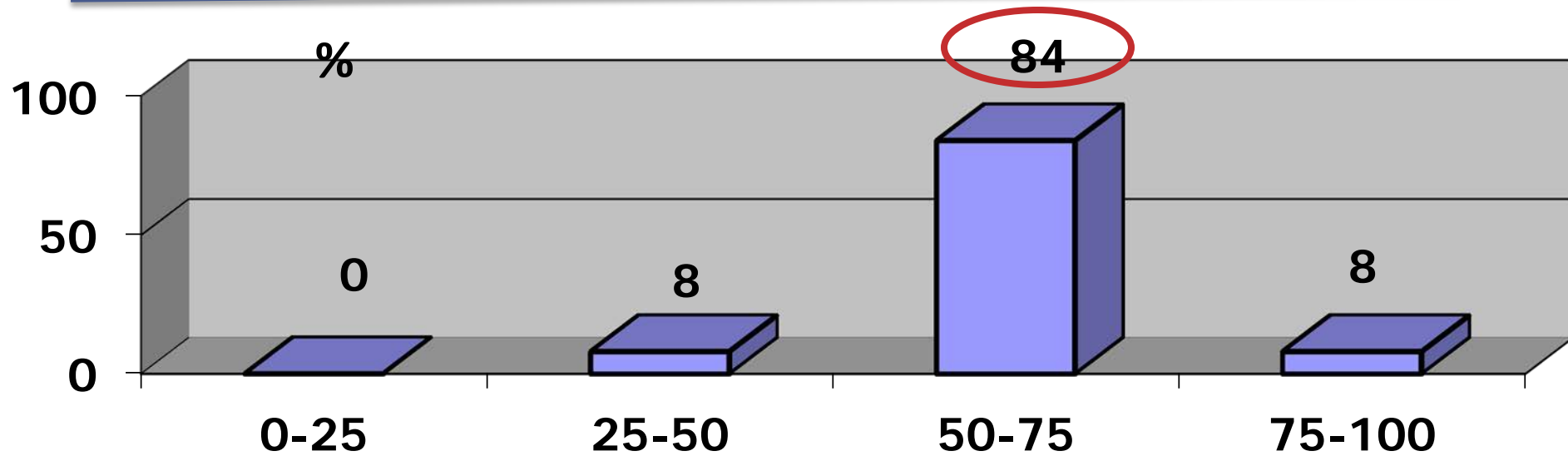
# Quality of life

Score	Average	Min-max
Global Health (GHS)	45,2 ± 13,9	0-75
Physical functioning	53.7 ± 19,8	6,7-93,3
Emotional functioning	31,7±12	0-58,3

## score limitation of physical functioning



# Score of social functioning



## Symptom scores of QLQ-BR23

Score	Average (min-max)
Body image	61 ± 11,7 (33,3 - 91,7)
Sexual pleasure	53,7 ± 14,9 ( 0- 66,7)
Future perspectives	84 ± 16 (33,3- 100)
Symptom on breast	50,6 ± 13,3 (25- 83,3).
side effects of treatment	32 ± 13 (4,7- 76,2).
Symptom on arms	54 ± 16,9 (11- 88,9).
Hair loss	23,7 ± 30 ( 0-100).



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**Conclusions:**

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## Conclusion

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- Our study has highlighted heavy consequences of BK on QL with physical, psychological, social function.
  - It noted also difficulties of returning and maintaining in work of these patients.
  - This results, imposed a multidisciplinary management of patients with breast cancer.
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# Conclusion

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- Such management shall integrate the various aspects of quality of life and return to work. In and must be multidisciplinary and associate with change of health policy.



Thanks for your  
attention



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