FACTORS ASSOCIATED WITH RETURN TO WORK OF BREAST CANCER SURVIVORS TREATED AT THE PUBLIC CANCER HOSPITAL IN BRAZIL

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Objective: Evaluate the impact of return to work in breast cancer patients treated at a public Brazilian Oncology Hospital. **Method:** Ethics Committee approval: 1180/2016. A prospective, cross-sectional, controlled study was conducted with 304 women. Criteria of inclusion was working during 2012–2014, clinical stage 0 to III, age 25–60 years old. Standardized clinical records evaluated all patients. Patients were randomized to a 1:1 to perform physical therapy examination, which was based on shoulder goniometry, hand dynamometry, and limb volume. We evaluated factors related to return to work (patients perspective, disease and work) and quality of life (EORTC QLQ-C30, EORTC BR-23), associated conditions (SPADI, HADS). Data were analyzed by the chi-square test and the Mann-Whitney test. Univariate and multivariate analysis were performed. **Results:** 304 were included, where 163 were submitted to physiotherapy and quality of life evaluation. 54.0% returned to work after treatment. Evaluating the 304 patients in the multivariate model, there were factors many factor associated with the non-return to work: pre-treatment conditions (age, schooling and clinical staging), treatment (axillary surgery), work (type of work, social security benefits, moment of remoteness, dominant member affected) and self-referred sequels (loss of strength). There were no difference in the groups submitted to the complete evaluation and physical/quality of life evaluation. Evaluating multivariate analysis in 163 patients, the facts that predictive the non-return to work was related to age, schooling, moment of remoteness, measured sequel shoulder flexion, and sequel hand strength. The women who returned to work presented a better quality of life through the EORTC QLQ C30 questionnaire; by BR23 presented higher scores related to body image and sexual function; by SPADI lower scores in relation to disability and pain; and by HADS lower scores related to anxiety and depression. **Conclusion:** Multiple factor influenced the non-return to work. Return to work improved patients' quality of life.