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Short-term effects of breast cancer on labor market attachment: results from a longitudinal study

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Abstract

In this longitudinal study, we examine the consequences of breast cancer for women's labor market attachment for the 6-month period following diagnosis. Women with breast cancer, with the exception of those having in situ cancer, were less likely to work 6 months following diagnosis relative to a control sample of women drawn from the Current Population Survey. Breast cancer's non-employment effect appears to be twice as large for African-American women. Women with breast cancer who remained working worked fewer hours than women in the control group.

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1. Introduction

Nearly 140,000 women under the age of 65 were diagnosed with breast cancer in 2001 (American Cancer Society, 2003). The number of working age women diagnosed with

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breast cancer is not likely to diminish in the future as screening is recommended annually for women age 40 and over, and as screening technology improves, tumors of smaller size that would have gone unnoticed will be detected and treated. In addition, treatment for breast cancer has become considerably more aggressive, even for early stage tumors (Fisher et al., 2001). Due to these changes in detection and treatment, women are likely to bear the consequences of breast cancer during their working years when they may have otherwise lived and functioned for some time without knowledge or effects of their disease. In this paper, we study the consequences of breast cancer for women's labor market attachment for the 6-month period following diagnosis.

In a review of studies addressing cancer survivors' abilities to return to work, Spelten et al. (2002) concluded that there is a lack of systematic research regarding the return to work for cancer patients and that future studies need to adopt a longitudinal and prospective design. As the United States' health priorities focus on early detection and turning once life-threatening conditions into chronic conditions, a better understanding of labor market outcomes in a chronically ill population is critical. Our study answers this call for research. By using a longitudinal dataset collected for the purposes of studying labor market outcomes of women newly diagnosed with breast cancer, we examine the immediate post-treatment changes in labor supply among women, most of whom were working prior to their breast cancer diagnosis, relative to a control group of women.

Breast cancer's short-term labor market outcomes are not well understood, but are important since screening guidelines for working age women are in place, and if cancer is detected and treated in working women, then return to work is an objective indicator of recovery from treatment. The National Comprehensive Cancer Network (NCCN)¹ treatment guidelines for breast cancer recommend a combination of surgery, radiotherapy, and chemotherapy depending on cancer stage, histology, and other clinical factors. These aggressive treatment regimens are believed to reduce the chances of recurrence and thus prolong survival (Fisher et al., 2001), but can also cause impairments such as loss of range of motion in the arm on the affected side, lymphadema, reduced concentration and cognition, pain, and fatigue (Ahles et al., 2002; Lippman and Hayes, 2001; Olin, 2001). It is estimated that as many as 80% of women who undergo breast conserving surgery, axillary dissection, and breast radiation experience arm and psychological distress (Maunsell et al., 1993; Yap et al., 2002). Women, physicians, and employers need to be informed about possible periods of non-employment that may have long-term consequences such as limiting one's ability to return to the labor force, obtaining or retaining health insurance, and reducing earnings. An examination of breast cancer's short-term effects on labor supply is largely absent from the literature.

This paper is organized as follows: first, we review breast cancer survivorship in the context of labor supply; second, we describe the cancer and control samples for this investigation; third, we present methods for the empirical analysis; fourth, we show our results; and finally, we discuss our findings and identify areas for future research.

¹ The National Comprehensive Cancer Network (NCCN) is a not-for-profit, tax-exempt corporation that is an alliance of 19 leading cancer centers. The NCCN Practice Guidelines in Oncology are the recognized standard reference for appropriate practice in the field of oncology.

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