Author's response to reviews

Title: The return to work experiences of middle-aged Australian workers diagnosed with colorectal cancer: a matched cohort study

Authors:

Louisa G Gordon (louisa.gordon@griffith.edu.au)
Vanessa L Beesley (vanessa.beesley@qimrberghofer.edu.au)
Brigid M Lynch (brigid.lynch@bakeridi.edu.au)
Gabor Mihala (g.mihala@griffith.edu.au)
Catherine McGrath (cmacca1900@yahoo.com.au)
Nicholas Graves (n.graves@qut.edu.au)
Penelope M Webb (penny.webb@qimrberghofer.edu.au)

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Author's response to reviews: see over
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Editors
BMC Public Health

Dear Editors of BMC Public Health,

Re: MS: 1666525457128271 - The return to work experiences of middle-aged Australian workers diagnosed with colorectal cancer: a matched cohort study

Thank you for considering our manuscript for publication and for the recent feedback from the reviewers. All the comments raised by the reviewers have been addressed and our responses to the questions are itemised below. The corresponding amendments have been made to the manuscript which has been uploaded to your system.

We trust that the responses sufficiently attend to the reviewers concerns and thank you for ongoing review.

On behalf of the authors,
Yours sincerely,

Dr Louisa Gordon
Reviewer 2: Anja Mehnert

No response required.

Reviewer 1: Tyna Taskila

Reviewer’s report:

My only criticism is about the justifications of the study, which the authors need to revise. Throughout the text, the authors say that this is the first study looking at employment of colon cancer patients in middle-aged individuals. This is statement is slightly odd, as large majority of cancer survivors of working age (over 80%) in general are in their middle-age when diagnosed. This is particularly true in cancers like colon which are normally diagnosed in later life. In discussion, they say first that this is the first study looking at the topic and then later that “they were able to identify four studies that focused on employment outcomes”. This section needs clarification.

We apologise for the confusion. To clarify, we have looked at employment outcomes specifically targeting individuals aged 45 to 64 years who were still in the workforce and we don’t know of any other study that has done this for any cancer population. Including our age group (45-64 years) was so the study could focus on people at a similar stage of life, i.e., middle adulthood. Colorectal cancer is rare in individuals less than 45 and we did not want to capture adults who may have been parents to young children and therefore less attached to the workforce for non-health reasons. We have added a sentence to our manuscript to clarify this (see the sentence below in response to the following point).

Moreover, a quick look on Pubmed shows that there are at least 10 studies that have examined employment outcomes in people with colon cancer. This number excludes those studies that had looked at other cancer types as well in addition to colon cancer. Therefore the authors need to find some stronger justification for the study as there are numerous studies that have looked at employment and colon cancer and other studies that have looked at those in other cancer types (and not only breast cancer).

We are aware that the literature has grown rapidly in the field of cancer and employment outcomes, and particularly in the last few years during the implementation of our study. Our targeted PubMed search of the literature has found 11 studies (from 137 hits) assessing employment after colorectal cancer. However, of these only the 4 studies we have already included in the discussion (Sanchez 2004, Earle 2010, Gordon 2008, Carlsen 2013) actually report work participation or factors associated with work return and therefore, are directly comparable to our study. The remaining studies report the following: Gordon 2011 is a protocol study, Bains 2011 is a feasibility study for an intervention, Bains 2012 reports factors of perceived work ability, and Ceilleachair2012, Regenbogen 2014, and Hanly 2013 report on financial burden but not specifically return to work rates. Only Heinesen 2013 is potentially relevant but this also includes women with breast cancer and it is an econometrics paper. Nevertheless, we have introduced these studies and incorporated them into the Discussion (Page 14, Lines 299-301):

Four previous studies have specifically focused on individuals with colorectal cancer and employment participation outcomes [5, 6, 9, 21]. Other studies involving individuals with colorectal cancer assess different outcomes such as financial burden (ref Ceilleachair2012, Regenbogen 2014, and Hanly 2013), perceived work ability (ref Bains 2012).

Nevertheless, we have provided additional justification for the study and its novelty in the last paragraph of the introduction which now reads as follows (Page 5, Lines 93-105):
This study reports the results of a prospective, population-based study of middle-aged Australian adults with colorectal cancer and their work experiences. Men and women in middle adulthood (ages 45-64 years) were selected, as this age group are often in the prime of their careers and not yet ready for retirement. We have looked at employment outcomes specifically targeting individuals aged 45 to 64 years who were still in the workforce and no other study has done this for any cancer population. We chose these individuals because they will most likely be at a similar stage of life (middle adulthood) and therefore not planning immediate retirement but rather, many would be in the midst of their careers, with many in senior and managerial roles. In addition, unlike most studies that focus on medical or socio-demographic factors as predictors of work return, our study included many work-related factors that could influence return to work such as: type of work, work schedule (e.g., regular daytime, shift-work), type of employer, workplace size, sick leave provisions, degree of work autonomy and the level of support from employers and colleagues. We excluded those aged less than 45 years because colorectal cancer is rare in individuals less than 45 and these individuals may be less engaged with the workforce if they have parenting commitments to young children.

Reviewer 3: Sietske Tamminga
Reviewer’s report:
In my opinion this is a worthwhile exercise.
Minor Essential Revisions
Results
• Line 296; the authors state: ‘our findings generally agreed with the results of these studies’. I would like to suggest being specific; which results were the same and which weren’t.
Discussion
• Line 298; Please provide the exact return-to-work rates instead of referring to lower and higher.

These lines are both in the Discussion. The word ‘generally’ is removed. The second sentence has been amended to provide more detail (Page 13, Lines 304-308).

Our findings generally agreed with the results of these studies in terms of chemotherapy, older age, advanced stage and lower socio-economic indicators being impediments to work participation. However, two studies [6, 21] found higher rates of colorectal cancer survivors who were not working at 12 months (range 33-40%) while another was similar to our results[5] (17%).

Table 1
• Do the numbers not always add up due to missing values? Please mention.

Yes, Table 1 footnote 1 explains this. Our apologies, this seems to have been omitted from the reviewer’s copy:
1. sums of frequencies can be less than the overall group sizes due to missing data

• The reference to footnote 1 is missing, please add.

As above.

Major Compulsory Revisions
Background
• The authors provide as explanation to account for their choice of including middle age workers only ‘this age group are often in the prime of their careers and not yet ready for retirement’. What was their reason for excluding young people? Would work outcomes differ between young and middle aged workers? I would like to suggest providing a more extensive justification, supported by references.
See response to Reviewer 1 above.

Results
• Line 233; What was the reason for these participants to stop working? Could it have been their own decision?

We have stated that ‘Having colorectal cancer was the sole reason stated by 71% of participants who stopped work in the cancer group.’ We specifically asked if the cancer was the reason for stopping work. Other individuals would have stopped for many other reasons that we can only speculate would be by their own choice, by their work situation or other reasons such as re-evaluating their priorities or perhaps other health reasons. However, it appears for the majority of participants who stopped, the cancer was the prime catalyst in their decision. No changes were made to this sentence.

Discussion
• Line 287; I would like to suggest adding a foundation for this conclusion based on the results.

We have amended the following sentence relating to Lines 293-296:
Our findings also show that The model by Steiner et al. (2004) that advocates a wider social approach to examining work outcomes for cancer survivors, integrated with medical and patient, socio-demographic and work-related factors, is indeed highly relevant [18]. This is due to our findings showing significant factors associated with work return crossing all three of these domains.

• Line 328; the authors state: ‘many participants completed their interviews during work time or while receiving intravenous chemotherapy in their outpatient clinic appointments. Therefore, it is possible that we may have over-estimated the proportion of men stopping work’. Could you please provide an explanation for this interpretation because I do not comprehend the argumentation.

Thank you for highlighting this. We are not sure we can speculate about either over or under-estimating stopping work as a consequence of low response rate – people were very time poor in the study because they were working. Participants would have finished chemotherapy treatment by 12 months follow-up and so this should not have influenced work departure. We have deleted the relevant sentence and amended an earlier one (Page 14, Lines 337-340):

‘Our response rate was low. One Possible reasons include the target group was too ill at the recruitment time or too that the target group was time-poor with little capacity to join a research project. Many participants completed their interviews during work time or while receiving intravenous chemotherapy in their outpatient clinic appointments. Therefore, it is possible that we may have over-estimated the proportion of men stopping work.

• In my opinion, the authors should address implications for research and practice more in detail. For instance, the authors state: ‘the implication of these events suggest that employers will need to be prepared for more flexible arrangements as employees require time off work’. I would like to suggest elaborating on this statement by adding for instance suggestions for interventions to enhance these flexible arrangements or information about the employers perspective. Another example; the authors state: ‘rehabilitation programs to assist patients return to work as part of broader policies to increase work participation after acute illness or injury should be more attractive than increasing welfare payments or taxes’, which is in my opinion a rather broad statement. I would like to suggest making it more specific based on the results of the study

The Discussion paragraph on implications has been extended as follows (Page 14, Lines 332-335):
Our findings present a starting point from which to understand the impact of colorectal cancer upon work, and the adaptations patients and employers make when facing this disease. The implications suggest that employers will need to be prepared to make more flexible arrangements as employees require time off work. Employers may need to plan for an absence of around three months with many taking up to six months off and others even longer. Longer time off is necessary for those in blue-collar or physical occupations. Clear discussions between patients and employers on capacity to work and each party’s expectations will facilitate this planning (ref McKay 2013). Early identification and warnings to employers about how to manage and support employees diagnosed with cancer may help and encourage their timely work return [23]. More broadly, it is critical that the Government is prepared to address issues around the impending loss of skilled people from the workforce with chronic illnesses. Australia’s ageing population will reduce productivity during the next few decades with the ratio of adults not in employment to those in employment continuing to rise. Yet it appears that the Government is slow to make decisions that meet the challenges of an ageing population [22]. Rehabilitation and retraining programs to assist patients return to work as part of broader policies to increase work participation after acute illness or injury should be more attractive than increasing welfare payments or taxes. Rehabilitation and retraining programs are likely to create specific, sustainable and positive work retention measures and avoid incentivizing long-term work departure with welfare support. Early identification and warnings to employers about how to manage and support employees diagnosed with cancer may help and encourage their timely work return [23].