

PR20 Work outcomes, financial distress, and health-related quality of life among African American cancer survivors. Theresa A. Hastert, Jaclyn M. Kyko, Julie J. Ruterbusch, Angie S. Wenzlaff, Mrudula Nair, Jennifer L. Beebe-Dimmer, Stephanie S. Pandolfi, Ann G. Schwartz. Wayne State University/Karmanos Cancer Institute, Detroit, MI.

Background: Many employed cancer survivors have difficulty maintaining employment during and after cancer treatment, potentially contributing to financial hardship related to cancer and lower health-related quality of life (HRQOL). The objective of this study is to estimate associations between work changes and decreased work participation and financial distress and HRQOL among employed African American cancer survivors. Methods: We utilized data from 910 employed participants in the Detroit Research on Cancer Survivors (ROCS) cohort. African American survivors diagnosed with primary invasive female breast, colorectal, lung, or prostate cancer since January 1, 2013 and identified through the Metropolitan Detroit Cancer Surveillance System were eligible to participate. Participants self-reported employment status; decreases in employment participation (going from full time to part time employment or from being employed to unemployed or on disability after diagnosis); taking paid and unpaid leave; making changes to their hours, schedules, or duties related to cancer; financial distress using the COST measure; and HRQOL using the FACT-G. Linear regression models controlled for demographic, socioeconomic, and cancer-related factors. Results: Mean FACT-G score was 83.1 and mean COST score was 24.6. In adjusted models, FACT-G scores were 13.8 (95% CI: 10.7, 17.2) points lower among survivors who decreased work participation, 5.7 (95% CI: 3.0, 8.4) points lower among those who changed their hours, duties, status, or schedules, 4.6 (95% CI: 1.9, 7.2) points lower among those who took unpaid time off, and 3.4 (95% CI: 0.4, 6.4) points lower among survivors who took extended paid time off. Similarly, COST scores were 9.4 (95% CI: 7.5, 11.2) points lower (reflecting higher financial distress) among survivors who decreased work participation, 5.5 (95% CI: 4.0, 7.0) points lower among those making work changes, 6.5 (95% CI: 5.0, 7.9) points lower among those taking unpaid leave, and 1.8 (95% CI: 0.1, 3.5) points lower among those taking extended paid time off. Work changes were not associated with changes in FACT-G scores between ROCS enrollment and first year follow-up. Work changes and paid and unpaid leave were not associated with differences in COST scores between ROCS enrollment and first year follow-up; however, among survivors who decreased work participation between diagnosis and ROCS enrollment COST scores increased by 3.2 (95% CI: 1.4, 5.0) points between ROCS enrollment and first year follow-up. Conclusions: Employment changes after cancer, particularly decreased work participation and changing hours, duties, employment status, and schedules were associated with

American Association for Cancer Research Virtual Conference:

THE SCIENCE OF CANCER HEALTH DISPARITIES

IN RACIAL/ETHNIC MINORITIES AND THE MEDICALLY UNDERSERVED | October 2-4, 2020

lower HRQOL among cancer survivors, but not with differences in HRQOL over time. Survivors who experienced employment changes due to cancer also reported higher financial distress, although this distress lessened over time among survivors who decreased work participation.