

**Sociodemographic and occupational factors associated with receipt of work accommodations among employed breast cancer survivors.**

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**Background:** Many cancer survivors face occupational challenges when staying in or returning to work after treatment yet little is known about sociodemographic and work-related factors associated with receipt of work accommodations (e.g. flexible work time, reduced workload). **Methods:** We analyzed data from the *PinkWorks* study (n = 154 female breast cancer survivors), a cross-sectional online survey. Participants were: ≥18+ years, speak English, ended treatment within 36 months, and working ≥20 hours per week at both the time of diagnosis and currently. Due to small n's in strata, we performed descriptive analyses (frequencies, Chi-Square tests) to identify possible univariate associations between occupational factors and granting of work accommodations. An exploratory multiple Logistic Regression was performed with receipt of accommodations (yes, no) as the dependent variable. **Results:** Among participants, 43.8% received work accommodations from employers, and 11% reported that their physicians had a direct conversation with their employer. Participants who were native English speakers were more likely to receive work accommodations compared to those where English is a second language (44.8%, 22.2%, respectively, n.s.). Workers who held executive positions were more likely to receive accommodations compared to those in either supervisory or non-supervisory roles (60.0%, 43.1%, 42.9%, respectively, n.s.). We observed a higher prevalence of work accommodations among participants who reported that a discussion between the physician and employer occurred compared to those who did not report such a conversation (58%, 41.9%, respectively, n.s.) An exploratory logistic regression controlling for age and educational attainment was consistent with descriptive findings regarding language and type of position. **Conclusions:** Less than half of employed breast cancer survivors were provided work accommodations. Suggestive disparities in the receipt of accommodations were observed among those who were not native English speakers or in non-executive positions. The occurrence of a conversation between the participant's physician and employer was linked to a higher prevalence of accommodations but the cross-sectional design of the study limits interpretation. Additional multivariate analyses are recommended to further explore these relationships, including structural equation modeling to address the strong interconnections among the study variables. Research Sponsor: None.