



Merry Montgomery is happy to be back to work.

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Back to Work After Cancer — Women Meet the Challenge

—By Noelle Robbins

One hundred words per minute. Merry Montgomery was proud of the typing speed that fueled her confidence and sense of security as an executive secretary. So it was with shock and dismay that, at age 50, changes in her company left her unemployed. Being thrown into the job market so abruptly triggered deep depression: for two years, Montgomery could barely muster the energy to leave her home.

Her discovery of a lump in her breast changed everything. Looking back, Montgomery acknowledges that "Cancer got me out of the house." Having served as her father's caretaker as he was dying of untreated cancer, she knew without a doubt that in regard to a cancer diagnosis, "You have to deal with it, or it will deal with you." Montgomery knew that her age, ethnicity (she is African American), and her new identity as a cancer patient intensified the challenges she would face returning to work. She knew, too, that she needed more than just a salary; she needed to feel productive. "Dealing with cancer made me remember the professional I was."

Emotionally energized, but without the health insurance or income provided by a job, Montgomery launched herself into the world, seeking resources crucial to her survival.

A recently completed study explores the obstacles facing women like Montgomery who are attempting to negotiate the often overwhelming journey from breast cancer diagnosis to fully functioning re-entry into the working world. The "Return to Work After Breast Cancer Pilot Study" looks at the impact that access to medical care and treatment side effects can have on the ability to return to work, particularly for women of color. As Montgomery discovered, identifying medical programs available for low-income women is a crucial first step before return-to-work issues can be addressed.

Possessing health insurance, access to medical care, and job security are no guarantee, however, that the return to work for breast cancer survivors will be free of roadblocks. Another breast cancer survivor can attest to the hurdles that test the heart and mind during the process of returning to work. For Linda Epley, a woman seemingly poles apart from Montgomery on the socio-economic scale, the struggle to regain her livelihood following the diagnosis of breast cancer would prove dramatically different. Ultimately, however, each woman's individual journey would lead down a similar path.

Epley was enjoying all the outward symbols of success as a high-powered criminal lawyer, managing to thrive in a courtroom atmosphere saturated in stress and grief. Or so she thought. Epley, now 49, was embroiled in a death-penalty murder trial when a self-exam revealed a lump in her breast. She faced a huge dilemma: "I could not stop in the middle and say, 'You know, I need to take a break.'" It would be almost six months before Epley learned her diagnosis.

Receiving the news that she had breast cancer was a devastating blow. "In that instant everything changed," recalled Epley. "I was totally shattered and felt a lot of fear. I thought I was going to die." Ironically, Epley, a solo-practice attorney, had already decided to take a six-month hiatus from her hectic pace. Unlike Montgomery, she had the option to choose a temporary retreat from her work life, knowing that her law practice awaited her return and that her insurance coverage offered excellent choices for medical care. Like Montgomery, Epley felt her cancer diagnosis was a vital wake-up call.

Montgomery urgently needed medical care; Epley desperately sought emotional support. Securing these lifelines would prove necessary in order for each woman to successfully return to work.

Montgomery's search for treatment initially led her to Highland Hospital's Cancer Navigation Program. Using this program, and her own dogged determination, Montgomery obtained financial aid through governmental sources, located medical care, and underwent a radical mastectomy. With her newly charged can-do attitude, Montgomery was ready to plunge into the job hunt with vigor. What no one told her, unfortunately, was that a side effect of her surgery might sabotage her efforts: lymphedema.

Lymphedema can result from a mastectomy that is accompanied by the removal of diseased lymph nodes in the area of the armpit. Lymphedema means extreme pain, swelling of the affected arm and loss of range of motion. Montgomery developed disabling discomfort, a significant setback to her job-hunting activities.

She found help at the Summit Alta Bates Lymphedema Clinic. There she learned self-

massage, acquired an arm wrap, and discovered she could never again have her blood pressure screened on her affected arm.

"I was so upset, and I might have been able to prevent it." Montgomery was well aware that to regain her extraordinary typing speed use of both her arms was essential. Now she knew she wanted more than just a job; she wanted to help other women facing similar cancer survival issues. The Women's Cancer Resource Center (WCRC) provided Montgomery with the opportunity to do both.

Epley came to the WCRC with a different set of concerns. "Even as an educated, professional woman, I felt I needed to learn to ask the right questions. Facing mortality is a very humbling experience. I went to the WCRC immediately, sat down and started to cry "Please help me."

Having faced a potentially life-threatening situation, Epley felt it was urgent to reorder her priorities. She knew that her family was her most precious treasure on earth, and that drastic changes would be required to reduce the anxiety level of her work.

For Epley, participation in a WCRC support group led to a positive reassessment of her career and to new hope. She shifted the focus of her law practice, significantly reduced her job stress and accepted that a decline in her income was a price worth paying to allow her to focus on the joys of family life.

Montgomery, on the other hand, was able to use WCRC resources to help identify employers with flexible work hours, enabling her to attend computer class and diligently work to regain her typing speed.

Peggy McQuire, Director of the WCRC, readily agrees that Epley and Montgomery represent two different facets of the back-to-work dilemma faced by many women following breast cancer treatment. "Many women return to work too soon, partly to reclaim their identities and to step back into a healthy life." She acknowledges, too, that "Lower-income women must work to live."

The results reported by the Return to Work After Breast Cancer Treatment Pilot Study echo these observations. The study, funded by the California Breast Cancer Research Program, examined return-to-work difficulties experienced by women in a variety of occupations but particularly prevalent among women of color. Many of the challenges study participants faced in returning to work were directly related to post-treatment complications such as lymphedema.

As McQuire notes, the study reveals that equally important factors are unexpected levels of fatigue and depression. She stresses the critical need for clear and compassionate communication on the part of professionals engaged in employing women following cancer treatment.

Epley now serves on the WCRC Board and Montgomery works part time for WCRC doing follow-up on study participants. Both women feel it is essential that employers be open to the recovery process of cancer survivors. As Montgomery has discovered, "Cancer survivors want to move on with life." She feels that there may be a perception in the professional community that cancer survivors are less capable. But in reality, she

asserts, many women discover that "They are actually very capable of doing more."

For more information about the Women's Cancer Resource Center see <http://www.wcrc.org>. For information about the Alameda County Medical Center Cancer Navigator Program (a joint effort of ACMC and the American Cancer Society), visit www.acmedctr.org. To learn about Alta Bates Summit Medical Center's Lymphedema Clinic, visit .
