Needs Assessment: Young Adults Navigating Work & Cancer

CANCER+ CAREERS

ANDREA ARGENIO FOUNDATION

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About Cancer and Careers

Cancer and Careers (CAC) is a global organization, with non-profit status in the U.S., that solely focuses on the intersection of health and employment. Founded in 2001, Cancer and Careers is committed to eliminating fear and uncertainty for working people with cancer through direct support and education, while also amplifying their voices through research and advocacy. The organization's programs, services and trainings help individuals get back to work and companies build ecosystems of support to retain and attract best-in-class talent.

Cancer and Careers is the trusted authority for patients, survivors, employers, healthcare professionals, the media and anyone touched by cancer.

www.cancerandcareers.org

About The Andrea Argenio Foundation

The Andrea Argenio Foundation was founded to honor Andrea Argenio, who passed away in 2019 at age 27 after a 10-year battle with a rare form of cancer. The Foundation aims to support the psychosocial lives of young adults with cancer and young adult cancer survivors, with an emphasis on helping them launch and develop their professional careers.

www.theandreaargeniofoundation.org

Note to Readers

This report shares findings from our recent survey of young adult cancer survivors (18-40) about their experiences, preferences and needs toward work. While the data was not conducted in an academically rigorous way, it offers valuable insight into the real-world challenges and perspectives of this community through the lens of 516 respondents.

This survey was made possible thanks to the generous support of the Andrea Argenio Foundation.

Process

- Designed, developed and tested a 29 question needs assessment survey from September 26 to December 19, 2024, on the workplace experiences of young adult cancer survivors.
    - The maximum number of questions a respondent could be asked was 29 (19 demographic and 10 assessment questions). The actual number of questions varied based on each respondent's age at the time of participation, age at diagnosis and employment history.
- Coordinated legal incentives for survey participation via US Sweeps for up to 500 respondents.
- The data collection period ran from December 20, 2024, through February 28, 2025.
    - 500 eligible respondents were reached, and the incentivized version of the survey was closed on February 13, 2025. The survey itself remained open through the end of February, garnering an additional 16 eligible responses.

Circumstances and Limitations

- Respondents were comprised of people who self-selected to participate.
- The survey and subsequent analysis were not done in collaboration with an academic institution or public interest research firm. It should not be held to the same rigor as either, nor should it be used by press, the cancer community or the public at large as research held to those standards. This Needs Assessment does offer an in-depth quantitative look at the experiences of the people who opted to participate.
- Responses to the Needs Assessment were not evenly distributed across age categories, nor were there set response quotas for age categories, treatment status or any other demographic area.
    - Specifically, the number of respondents between the ages of 18 and 25 at the time of the survey and those diagnosed before they were 18 are low.
    - Other demographic groups with low representation include individuals who identify as transgender or with a gender other than male or female; those who use pronouns other than she/her or he/him; respondents who were just diagnosed or pre-treatment; and those identifying as Middle Eastern or North African, Native American or Alaska Native, or Native Hawaiian or other Pacific Islander.
- The Needs Assessment did not include questions looking at intersectional issues of the YA population, which may limit the ability to make connections to other factors impacting this group.
    - Specifically, the survey did not ask about debt, marital status, parenthood, industry type, professional level or insurance status — including whether respondents aged 18–25 were still covered under a parent's health insurance plan, as permitted by the Affordable Care Act until age 26.
    - The survey also did not ask about comorbidities or ongoing cancer-related health issues that may impact a respondent's work circumstances and needs.
- The incentive was a driver for the quantity of responses received but may have also encouraged participation from people who otherwise didn't have a strong point of view.

Key Takeaways

Throughout the report, the term survivor will be used. The word survivor (and subsequently survivorship) is widely used in the cancer community to refer to someone from the moment of their diagnosis forward. While not every individual likes the label — and many share words they prefer — this is standard terminology for someone who has ever been diagnosed.

Young cancer survivors (ages 18–40) face a complex mix of work-related challenges, with balancing treatment and employment emerging as the most common struggle across all groups. This was especially true for those currently in treatment, younger survivors and those unemployed.

- Physical and cognitive limitations are major challenges, with half of all respondents reporting physical challenges (50.8%), and over a third noted difficulties with cognitive tasks (37.8%).
    - This was particularly true for the youngest survivors (18–25; 70.3% physical, 56.8% cognitive) and those not currently working (85.3% physical, 62.7% cognitive).
    - Non-Hispanic White survivors were more likely to report these issues (64.0% physical, 50.0% cognitive), vs Hispanic/Latine (29.5% physical, 21.3% cognitive) and Black/African American (48.0% physical and 32.9% cognitive) respondents who reported them less frequently.
- Work-related stressors are also prevalent. 1 in 3 respondents worried about job security, career advancement and re-establishing a professional identity. Job insecurity was highest among those aged 35–40 (50.8% vs 35.1% of 18-25), while younger survivors (18–25) were more concerned about their career advancement (59.5% vs 43.3% of 35–40).
- Disclosure was another source of stress. Over a third of all respondents were concerned about sharing their diagnosis at work (35.7%) and over two-thirds felt that it would negatively impact their chances of getting hired (69.2%).
- Mental health is an articulated issue. More than half of all respondents reported mental health challenges (53.7%) and workplace stress, including job performance concerns (51.9%), with women (56.3% mental health, 51.4% workplace stress), Hispanic/Latine survivors (68.0% mental health, 60.7% workplace stress), and those no longer in treatment (72.3% mental health, 58.9% workplace stress) feeling this most acutely.
- Financial concerns are prominent, with the majority of respondents agreeing that their work decisions were influenced by financial needs (81.2%) and the need for health insurance (75.4%).
- Respondents also shared concerns about how their diagnosis affected their workplace experiences. 7 in 10 respondents felt their diagnosis hurt their job prospects (70.2%) and 3 in 4 felt it had a negative effect on their long-term career goals (76.9%), while over half believed they'd faced discrimination when job hunting (52.3%).
- Confidence in job security after disclosure was low — especially for older survivors (34.6% for those 30–40 vs 61.9% for those 18–29), women (41.6% vs 52.0% of men), and those identifying as Hispanic/ Latine (34.4% vs 44.1% non-Hispanic White and 57.2% Black/African American).
- Most saw value in targeted work-related resources. Return-to-work planning (78.1%), financial support for career development (73.1%), legal education on workplace rights

and accommodations (72.1%), career counseling (68.4%), and peer support programs at work (68.0%) were top priorities for all respondents.
    - Black/African American survivors (78.8% vs 58.0% Hispanic/Latine and 71.7% non-Hispanic White) and those in treatment (73.5% vs 57.6% post-treatment) were especially vocal about the need for programs to help them navigate work after a cancer diagnosis.
- When asked what workplace modifications would/have help(ed) most at work, flexibility topped the list — from scheduling (77.5%) to remote options (62.2%). Other policies of note included additional paid leave (50%), mental health support (45.2%), open communication with management (37.2%), and modifications like workplace adjustments (34.3%).
- Most respondents expressed a preference in engaging in programs, events and groups that address work after a cancer diagnosis alongside others within the YA age cohort, between 18 and 40 years-old (92.64%).
- Social media is the most effective channel (77.1%) to reach this cohort, particularly for women (82.4%), those unemployed (94.7%) and those post-treatment (92%).
- Respondents expressed interest in programming through cancer centers or healthcare providers (56.2%), online support groups (55.6%), in-person events (47.7%), webinars (34.7%), retreats with work-related support (34.9%), and online or printed materials (33.9%).
- In open-ended responses, the top three challenges expressed by respondents were time and energy management, career transition and stagnation, and cognitive or mental health limitations.
    - Respondents also vocalized that the resources that would provide the greatest support were job search and career guidance, emotional or mental health support and workplace accommodations.

COMPREHENSIVE INSIGHTS

The following section presents a detailed look at the survey questions asked, offering a deeper understanding of the challenges and experiences reported by respondents. Where applicable, direct quotes are included from the more than 1,000 responses to the two open-ended questions. These voices were selected to help bring added context and nuance to the data.

Most Common Work-Related Challenges for YA Survivors

- Balancing treatment and work is the most commonly reported issue (67.8%) among all respondents.
    - It is highest across all age groups, those identifying as male or female (67.6%), Black/African American (71.7%), non-Hispanic White (72.1%) and those in-treatment (75.3%).
- Over half of respondents (50.8%) identified physical limitations due to treatment as a major issue.
    - This concern was most prominent among younger survivors aged 18–25 (70.3%) compared to those aged 26–40 (49.3%).
    - Racial disparities were also notable: 64% of non-Hispanic White survivors reported physical limitations, compared to 48.03% of Black/African American and 29.5% of Hispanic/Latine survivors.
    - Employment status played a major role as well — 85.3% of unemployed respondents cited physical limitations, versus 44.9% of employed individuals.

      "The biggest challenge was managing extreme fatigue and brain fog while trying to stay productive. Treatment side effects made even simple tasks difficult." (18–25-year-old unemployed man looking for full-time work and in-treatment)

- Job security was a concern for 38.4% overall, but more commonly among survivors aged 35–40 (50.8% vs. 26–29:41% and 18–25: 35.1%). It was also a higher concern among Non-Hispanic White individuals (43.7% vs 20.5% Hispanic/Latine and 34.9% Black/African American).

  "I was constantly worried about job security. I feared that if I took too much time off or couldn't perform at my best, I would lose my job or miss out on important promotions. The uncertainty surrounding my health made me anxious about my professional future." (26–29-year-old non-Hispanic White male respondent, unemployed and in-treatment)

- Overall, 42.3% of respondents identified career advancement as an issue.
    - Younger survivors were more likely to struggle with career advancement — 59.5% of 18–25-year-olds reported it as a challenge, compared to 40.9% of those aged 26–40.
    - Hispanic/Latine respondents were also less likely to report this challenge (23.8%) compared to Black/African American (44.7%) and non-Hispanic White survivors (41.9%).

"One of the hardest parts has been worrying that my illness will make others see me as less capable. The uncertainty about how my diagnosis affects my career opportunities adds extra pressure." (18–25-year-old Black/AA woman looking for full-time employment)

- Cognitive limitations were reported by 37.8% overall.
  - This finding was more pronounced among the youngest group of respondents (18–25: 56.8%) compared to those aged 30–40 (34.4%).
  - Non-Hispanic White survivors reported cognitive issues more frequently (50%) than Black/African American (32.9%) and Hispanic/Latine (21.3%) peers.
  - Unemployed respondents were nearly twice as likely as employed ones to report cognitive limitations (62.7% vs. 33.6%).

- 20.7% of all respondents indicated difficulties in building or rebuilding a professional identity after cancer.

  "The uncertainty about my health has made it difficult to commit to future career plans, and I often find myself reassessing my priorities." (26–29- year-old non-Hispanic White female, unemployed but looking for work and in-treatment)

- Mental Health and Workplace Stress
  - Mental and emotional well-being emerged as a prominent concern, with over half of all respondents citing mental health challenges (53.7%) and workplace stress (51.9%).
    - These issues were more prevalent among women (mental health: 56.3% vs. 42.8% of men) and Hispanic/Latine respondents, who reported higher levels of financial strain (54.1%), workplace stress (60.7%), and mental health struggles (68%) than Black/African American (36.2%, 42.1%, and 38.8%) and non-Hispanic White (47.3%, 46.9%, and 50.5%) peers.
  - Post-treatment survivors were more likely to identify mental and emotional challenges than those still in treatment:
    - Mental health: 72.3% vs. 44.3%
    - Workplace stress: 58.9% vs. 45.8%

    "The emotional toll of cancer treatment, combined with the pressure of getting back to work, was one of the hardest challenges." (26–29-year-old Hispanic/Latine woman, employed and post-treatment)

- Financial strain was a concern for 48.3% of all respondents, with women (50.4% vs 37.6% of men), non-Hispanic White (47.3%) and Hispanic/Latine survivors (54.1%) reporting it more frequently (compared to 36.2% Black/African American).
  - Post-treatment individuals were also more likely to report financial issues (58%) than those in treatment (41.1%).

- Access to health insurance was a concern for 45.4%, particularly among the unemployed (57.3% vs. 39.5% employed).

  "[My biggest challenge is] not being able to keep a steady job. Being limited in the kinds of jobs I'm able to do. Being reliant on a salaried job for insurance but not being able to commit to the hours." (30–34-year-old non-Hispanic White woman in-treatment, who is unemployed and looking for work)

- Work-life balance was cited by 26.7% overall but was a larger issue among older survivors aged 30–40 (31.3% vs 23.4% of 18–29) and those who were employed (27.9% vs. 10.7% unemployed).

  "During recovery, it was hard to find a proper balance between work and taking care of my health, especially as the side effects of treatment prevented me from fully focusing on work." (30–34-year-old Hispanic/Latine woman who is post-treatment and employed full-time)

Disclosure Concerns

- Overall, 35.7% of respondents reported concerns about disclosing their diagnosis at work.
- 69.2% of respondents said they believe disclosing their diagnosis would negatively affect their chances of being hired.
  - This was more pronounced among survivors aged 30–40 (80.5%) — especially those 35–40 (87.5%) — compared to 59.8% of those aged 18–29.
  - Similarly, Hispanic/Latine survivors (79.5%) were more likely to share this fear than Black/African American survivors (55.3%).

    "[My biggest challenge is] getting fired for having cancer. Being told they wouldn't have hired me if they knew." (26–29-year-old non-Hispanic White woman, unemployed and in-treatment)

- Less than half felt confident in job security after disclosing a diagnosis (45.9%), which dropped with age and treatment status: 54.1% of those aged 18–25 felt confident, compared to 30% of those aged 35–40.
  - Survivors currently in treatment were more likely to lack confidence, with 36.1% disagreeing with the statement, "I feel confident about my job security after disclosing my diagnosis," compared to 22.3% of those post-treatment.

    "The diagnosis and treatment process caused me to lose confidence in my abilities. Returning to work after that was a mental hurdle." (30–34-year-old Black/AA woman, employed and post-treatment)

- 70.5% of respondents felt it was important to be offered guidance on disclosure and how to manage privacy. This was especially true for those currently in-treatment (73% vs 61.6% post-treatment).

The Impact of a Cancer Diagnosis on Work

- 70.2% of all respondents felt their diagnosis had limited their job prospects. This perception was especially strong among those in treatment (76%), compared to 46.4% of those post-treatment.
    - Additionally, 77% felt their long-term career goals had been negatively affected by their diagnosis — a view held by 82.2% of those in treatment, compared to 58% post-treatment.
        - Men (85.2%) were also more likely than women (70.1%) to report this, as were Black/African American survivors (86.2%), compared to 73.4% of non-Hispanic White and 71.3% of Hispanic/Latine respondents.

        "A career gap caused by my treatment has made it hard to re-enter the workforce." (30–34-year-old man in-treatment)

    - 56.8% of 18-25-year-olds feel their cancer diagnosis and limited work experience are moderate to significant barriers to employment.
        - Women were more likely to say this than men (66.7% vs 50%)
        - Those employed were more likely to say this than those unemployed (63.6% vs 46.7%)

        "I have been in treatment for almost 3 years and have been unable to go back to school or obtain a job (in) the career field aligned with my degree. I have a gap in my resume and if I disclose why, I am not hired and if I don't, I'm not hired." (26–29-year-old woman in-treatment)

- Concerns commonly reported across all ages, ethnicity/races, genders and treatment status:
    - The impact of health on job performance (81.4%)
    - Financial needs influencing career decisions (81.2%)
    - Maintaining a work-life balance (79.5%).
- Nearly half of all respondents (44.6%) believed they had lost a job because of their diagnosis.
    - This belief was most common among those aged 18–25 (51.4%) versus 26–29 (34.7%), men (53.3%) versus women (38%), and those in treatment (49%) versus post-treatment (28.6%).
    - Among racial/ethnic groups, Black/African American respondents (42%) were more likely to agree than Hispanic/Latine (23%) and non-Hispanic White (16.7%) survivors.
    - It was also far more common among unemployed survivors (64%) than employed ones (41.3%).
- Just over half of all respondents (52.3%) felt they have been discriminated against while job hunting.
    - This was reported by 62.2% of survivors aged 18–25, compared to 37.5% of those aged 26–29.

- Men (61.1%) were also more likely than women (44.7%) to report this.

  "(I experienced) Employer discrimination and job termination because I disclosed my cancer diagnosis and asked for ADA and FMLA accommodations." (35–40-year-old-respondent)

- 61.2% worried about facing stigma or discrimination at work or while looking for work.

  "There is always a lingering fear that I could face discrimination in the workplace due to my cancer history, even if it's unspoken." (26–40-year-old non-Hispanic White man who is working full-time and in-treatment)

- Fear of asking for help at work was another concern — 56.6% said they were hesitant to ask for support due to fear of discrimination, with higher rates among those aged 18–25 (56.8%) compared to 26–29 (40.3%), and among those in treatment (59.2%) versus post-treatment (47.3%).

- Feelings of isolation were more prevalent among men (56.3% vs 20.1% of women) and those 18–25-year-olds (59.5% vs 39.6% of 26-29-year-olds)
  - 30–40-year-olds (56.8%) also reported more isolation than younger peers.
- Those in treatment were much more likely to report feeling isolated (54.9%) than those post-treatment (8.9%), as were employed individuals (50.6%) versus unemployed (20%).
- A majority (82.6%) of respondents said that workplace-specific resources and support programs are needed.
  - This was echoed especially by Black/African American survivors (88.8%) and those currently in treatment (85.6%), compared to 74.6% of Hispanic/Latine and 71.4% of post-treatment survivors.

    "Having resources to manage my health while working, such as wellness apps or workplace health initiatives, would help balance my recovery and work." (30–34-year-old Hispanic/Latine man who is employed and post-treatment)

- Workplace support varied significantly. Overall, 64.2% of respondents felt supported by their employer in balancing health and work. However, those in treatment (68.6%) reported more support than those post-treatment (48.2%).

  - 73.7% of Black/African American respondents agree they felt employer support, compared to 62.3% of Hispanic/Latine and 59.5% of White respondents.

    "Some colleagues or managers didn't fully understand the impact of my treatment, leading to moments where I felt unsupported or misunderstood. This lack of empathy in the workplace has made it harder for me to stay engaged in my career." (26–29-year-old non-Hispanic White female who is in-treatment and looking for work)

- 18–29-year-olds (74%) expressed greater confidence in discussing health needs with employers or potential employers than 30–40-year-olds (55%).

- Those in treatment (66.8%) and employed (65.1%) were more confident than their post-treatment (49.1%) and unemployed (50.7%) counterparts.
- Black respondents (73%) showed higher confidence than White (58.6%) and Hispanic/Latine (57.4%) respondents.

- Overall, 72.7% of respondents said they understood what workplace accommodations are and how they might help. However, awareness was far stronger among:
  - Men (81.2%) than women (65.9%)
  - Black respondents (84.9%) than White (68.5%) and Hispanic/Latine (68%)
  - Those in treatment (79.5%) than post-treatment (48%)
- Many respondents shared a desire to work not just for income, but for independence (76.5%) and a sense of normalcy (76.5%).
  - This was particularly prevalent among 18–25 year-olds, with 89.2% agreeing they work to feel independent and 89.2% for normalcy. The 26–29 group also echoed this sentiment (81.9%) more than 30–34 year-olds (68.3%).
  - Black/African American respondents (82.9%) and Non-Hispanic Whites (80.2%) were more likely to say they work for independence than Hispanic/Latine respondents (62.3%).
  - A similar pattern emerged for wanting normalcy: 84.7% of Non-Hispanic Whites and 77% of Black respondents, compared to 62.3% of Hispanic/Latine.

    "After completing treatment, I faced the challenge of adjusting to a 'new normal' at work. I wasn't sure how much I could handle or what my limits were. I had to redefine my boundaries and set realistic expectations for myself, which was difficult after spending so much time pushing myself to keep up." (26–29-year-old respondent looking for work)

- Physical and cognitive limitations influenced work decisions for many (76.7% physical, 70.5% cognitive).
  - Men (78.6%) were more likely than women (64.1%) to report cognitive impacts.
  - Black respondents (81.6%) were also more likely to agree, compared to 70.3% of White and 59% of Hispanic/Latine respondents.

    "My lifestyle has drastically changed from being busy to feeling physically weak, and it's hard to adapt." (35–40-year-old non-Hispanic White woman who is employed full-time and in treatment)

  - Those in treatment felt these effects more strongly, especially regarding physical limitations (81.4% vs 59.8%) and cognitive challenges (78.7% vs 41.8%).

Desired Workplace Modifications

- When asked about which workplace modifications would be most helpful during or after cancer treatment, flexibility emerged as the most important need with 77.5% of respondents selecting flexible scheduling as helpful.
    - This preference was especially pronounced among those aged 35–40 (83.3%), compared to 70.3% of those aged 18–25.
    - The need was even greater among unemployed survivors (90.7% vs 75.3% employed), suggesting flexible hours could play a role in whether someone stays employed during treatment.
    - Similarly, 80.9% of those currently in treatment selected flexible scheduling, compared to 65.2% of post-treatment respondents.

- Remote work options followed as a highly valued modification, particularly among older age groups. While just 43.2% of those aged 18–25 selected remote work as helpful, 66% of those aged 30–40 did.

    - Among those currently in treatment, 64.9% found remote work helpful, compared to 52.7% of those post-treatment.
    - Unemployed respondents also prioritized remote work more than those employed (78.7% vs. 59.4%).
- Additional paid time off or medical leave was selected by 54.9% of women and 43.2% of men.
    - 68% of unemployed respondents found this helpful, compared to 46.9% of employed respondents.
    - 58.1% of Non-Hispanic White respondents selected this option, compared to 46.7% of Hispanic/Latine and 39.5% of Black/African American respondents.

      "Needing to take unpaid time off due to many appointments. Not enough medical paid leave. I am afraid of missing work because I won't be able to buy food and pay rent." (35–40-year-old non-Hispanic White woman)

- When it came to mental health and emotional support services, 53.3% of respondents aged 35–40 selected this, compared to 40.5% of those aged 18–25.
    - It was also more frequently selected by post-treatment respondents (57.1%) than those in treatment (41.8%), potentially highlighting a shift in needs over time.
- Physical workspace adjustments were more important to younger respondents, with 44.8% of those aged 18–29 selecting it. This contrasts with just 29.4% of those aged 30–40.
    - Men (40.61%) were more likely than women (28.9%) to say this was helpful.
    - 41% of Non-Hispanic White respondents selected this, compared to 20.5% of Hispanic/Latine respondents.

- Among unemployed individuals, 52% selected physical workspace adjustments, versus 31.3% of those employed, again alluding to the impact of accommodations on workforce participation.

  "Workplaces that promote inclusivity and provide clear support for employees with health conditions would help ease concerns and create a more secure work environment." (18–25-year-old Black/AA woman in-treatment who is looking for work)

- Open communication with HR and management about accommodations and policies was more valued by younger respondents, especially those aged 18–25 (46%), compared to 34.2% of those aged 35–40.
  - 50% of post-treatment respondents selected this, compared to 33.7% of those in treatment.
- Shift changes were another accommodation more frequently chosen by the younger age group: 37.9% of 18–25-year- selected this, compared to only 10.8% of those aged 35–40.
  - Black/African American respondents (30.9%) were also more likely to select shift changes than Hispanic/Latine respondents (9.8%).
- Lastly, reduced physical demands were also more often selected by those unemployed (60%) than employed (47.4%).

Resource and Program Preferences

- Return-to-work planning assistance was highly valued, selected as important by 78.1% of all respondents.
  - This was especially important to survivors aged 18–25 (89.2%), those in treatment (81.7%) versus post-treatment (65.2%), Black/African American (82.2%) and non-Hispanic White (80.6%) versus Hispanic/Latine (67.2%) respondents.

  - Unemployed survivors also ranked this as their top priority (73.3%).

    "The support from articles within Cancer and Careers helped me feel validated when I struggled to return to work because the work felt very meaningless. I think more support and resources around the true difficulties that people can experience 'returning to normal life'." (26–29-year-old woman)

- Educational materials on workplace legal rights and accommodations were also highly rated overall (72.1%), with 35–40-year-olds (81.7%) valuing it more than those aged 30–34 (66.2%).
  - Black/African American (75.7%) and non-Hispanic White (76.6%) respondents were more likely to find this important than Hispanic/Latine survivors (56.6%).

- Those unemployed (70.7%) also prioritized this resource.

  "Information and guidance on employment laws (like the Americans with Disabilities Act) would empower me to advocate for myself in the workplace." (30–34-year-old Black/AA man looking for work)

- Financial assistance for career development was cited as important by 73.1%, with higher ratings from Black/African American (77.6%), non-Hispanic White (76.1%), and in-treatment respondents (76.7%), compared to Hispanic/Latine (59%) and post-treatment survivors (59.8%).
- Career counseling was valued more by 26–29-year-olds (75.7%) than younger (18–25: 64.9%) and older (30–34: 63.4%) peers.
  - Black/African American respondents (78.3%) valued it more than Hispanic/Latine (58.2%), and those in treatment (73.8%) more than post-treatment (49.1%).
- Job search support was prioritized more by 35–40-year-olds (73.3%) than those aged 30–34 (60.6%), and more by men (71.2%) than women (43%).
  - It was also more valued by in-treatment (71.3%) versus post-treatment (48.2%), Black/African American (72.4%) and non-Hispanic White (68.5%) respondents than Hispanic/Latine (51.6%).

    "I think career coaching or mentorship would be extremely helpful. Having someone who understands the challenges of returning to work after a major health setback could offer guidance and provide motivation to help me move forward in my career." (35–40-year-old Hispanic/Latine woman who is employed and post-treatment)

- Peer support programs and guidance on disclosure/privacy were of greater value to 35–40-year-olds (79.2% and 78.3%), than those aged 30–34 (64.8% and 65.5%).
  - Black/African American respondents (75% and 73%) were more likely to rate both as important than Hispanic/Latine (55.7% and 61.5%).

    "Joining a cancer support group allows you to share experiences with others facing similar challenges, offering mutual encouragement." (35–40-year-old woman employed part-time and in-treatment.)

- 59.5% of 18-25-year-olds said finding a mentor or support group of other young adults navigating similar challenges was very to extremely important to them.
  - Non-White Hispanic respondents were more likely to say this than Black/African American and Hispanic/Latine (70% vs 50% and 33.3%)
  - Women were more likely to say this than men (73.3% vs 50%)

- Those post-treatment were more likely to say this than those in-treatment (100% vs 53.1%)

  "Support groups for cancer survivors in my field, mentorship from someone who has navigated a similar experience, and flexible work options would make a big difference. Access to career counseling or resources that address returning to work post-treatment would also help me feel more prepared and confident." (18–25-year-old Black/AA man looking for work and in-treatment)

- Trainings for managers and colleagues and workshops on communication strategies were important to all respondents (68.2% and 66.7%). Both were rated higher for Black/African American (75% each) and non-Hispanic White respondents (70.3% and 66.2%) than Hispanic/Latine respondents (54.1% and 57.4%).
- These were also more important to those employed (70.5% and 68.5%) than unemployed (54.7% and 56%).

  "I really like the idea of knowledge/sensitivity training for everyone in what people post diagnosis may be experiencing." (35–40-year-old non-Hispanic White woman who is post-treatment and employed full-time)

- Mentorship programs were supported by 68.8% of respondents overall, with Black/African American survivors (73.7%) valuing them more than Hispanic/Latine (59%).
- The way resources were perceived differed by age: survivors aged 30–34 were more likely to say some resources were not important compared to those aged 26–29:
  - Career counseling: 36% of 30–34 vs 22.9% of 26–29
  - Job search support: 57.8% of 30–34 vs 42.4% of 26–29
  - Educational materials: 33.8% of 30–34 vs 20.8% of 26–29

Preferred Outreach Methods

- Top communication method: social media platforms
  - 77.1% of respondents overall selected social media (e.g., TikTok, Facebook, Instagram, X) as the best way to reach them.
  - This method was especially favored by:
    - 30–40-year-olds (93.1%) and 30–34-year-olds (91.6%), significantly more than younger groups.
    - Women (82.4%), more than men (70.3%).
    - Non-Hispanic White (84.7%) and Hispanic/Latine (79.5%) survivors, compared to Black/African American (65.8%) respondents.
    - Unemployed respondents (94.7%) over those employed (74.2%).
    - Post-treatment individuals (92%) more than those in-treatment (73%).
- Text Messaging/SMS Alerts (33% overall):
  - 26–29-year-olds (36.1%) preferred this more than 18–25 (18.9%).

- Email Newsletters (28.5% overall)
    - More favored by:
        - Non-Hispanic White (35.6%) than Hispanic/Latine (18.9%) and Black/African American (24.3%).
        - Unemployed respondents (46.7%) vs employed (25.4%).
        - 26–29-year-olds (37.5%) vs. 18–25 (24.2%).
- Least Preferred Outreach Method
    - Alumni Associations/Career Services at Universities: Selected by only 17.8% overall.
        - More likely to be chosen by Non-Hispanic White (23%) than Hispanic/Latine (9.8%).

Preferred Program and Service Models

- Collaborations with Healthcare Providers/Cancer Centers (56.2% overall)
    - These collaborations were especially effective for:
        - Ages 35–40 (61.7%) compared to 18–25 (37.8%).
        - In-treatment respondents (59.9%) more than post-treatment (42.9%).
        - Ages 26–29 (56.3%) more than 18–25 (37.8%).
- Online Support Groups/Forums (55.6% overall).
    - Non-Hispanic White (61.3%) were more likely to select this than Black/African American (54.6%) or Hispanic/Latine (46.7) respondents.
    - Unemployed respondents (64%) were more likely to select this than those employed (54.2%).
- In-person Community Events/Meet-ups (47.7% overall)
    - Selected higher among 26–29-year-olds (50%) compared to 18–25 (35%).
- Webinars or Virtual Workshops (34.7% overall)
    - Non-Hispanic White respondents (39.64%) were more likely to select this than Hispanic/Latine respondents (26.2%).
- Online Articles/Printed Materials (33.9% overall):
    - 26–29-year-olds (42.4%) more than 18–25 (24.3%).
    - Non-Hispanic White (40.1%) respondents more than Black/African American (29.6%) or Hispanic/Latine (28.7%) respondents.
    - In-treatment respondents (36.1%) more than post-treatment (25.9%).
- Retreats/Trips with Work-Related Guidance (34.9% overall)
    - Favored more by younger groups: Ages 26–29 (49.3%) and 18–29 (44.8%) compared to 30–40 (28.2%).
    - Black/African American (47.4%) and Non-Hispanic White (34.7%) were more likely to select this than Hispanic/Latine (19.7%).
- The majority of respondents (92.6%) prefer to engage in programming with peers close in age.

- Just over half (54.1%) favor connecting with others aged 18–40, while 38.6% prefer those within 15 years of their own age.

  "Connecting with others who have gone through a similar experience and returning to work after a cancer diagnosis would be valuable. Having a network of peers to share experiences, advice, and encouragement could provide reassurance that I'm not alone in this journey" (30–34-year-old Hispanic/Latine woman who is employed and post-treatment)

Perceived Challenges and Solutions (Open Ended Responses)

All survey respondents were required to answer two questions: the most significant challenge they faced in their work or career, and potential resources that would make them feel the most confident about restarting their career after a diagnosis. This section includes some additional responses from these questions.

Respondents expressed their ongoing time crunch from juggling work, treatment and recovery. Travel time to appointments, the frequency of medical visits and follow-up care, and unexpected complications were mentioned.

> *"One of the most significant challenges I faced was managing the demanding treatment schedules while trying to maintain my professional responsibilities. Between chemotherapy, doctor appointments, and recovery time, it felt like there was no space left for work. I had to take frequent sick days, and that often left me feeling guilty about my career progress."* (26–29-year-old woman)

> *"Balancing appointments, recovery, and expectations has been overwhelming, but I've learned to prioritize my health and ask for support when needed."* (18–25-year-old man)

Persistent fatigue was also highly reported, making a pre-diagnosis work pace often feel out of reach. This was especially noted from individuals in active treatment.

> *"Fatigue was a constant struggle. Even on days when I managed to go to work, I couldn't focus or work at my usual pace. It took a lot longer to complete tasks, and sometimes I would have to leave early or take longer breaks just to manage the exhaustion. This affected my productivity and how I was perceived by my colleagues."* (26–29-year-old man)

> *"The long treatment periods have made me feel mentally and physically exhausted, and sometimes it's hard to keep going."* (35–40-year-old woman)

The strain from having less energy and less time resulted in the articulation of workplace stress and discouragement.

> *"Striking a balance between personal health and work commitments was one of the toughest parts of my journey. On one hand, I had to push myself to continue working, but on the other, my body was telling me to rest. This constant tug-of-war between professional demands and personal health led to a lot of stress."* (30–34 year-old woman)

> *"Cancer treatment left me feeling physically exhausted, which made it difficult to maintain a full-time job. There were days when I could barely make it through a few hours of work before I felt drained. This affected my productivity, and I had to ask for flexibility in my work schedule, which was not always easy to get. It felt like I was letting down my team and coworkers."* (26–29-year-old man)

Respondents felt that their professional credibility and perceived level of commitment were at stake. They regularly compared themselves to their peers.

> *"I struggled with the fear of being judged for taking time off or not performing well during treatment. It was tough to focus on my health and healing when I felt like others might view me as less capable or committed. This fear created a constant internal battle, as I tried to balance self-care with maintaining professional credibility."* (30–34-year-old woman)

> *"A major challenge was the pressure to keep up with my colleagues while undergoing treatment. Everyone else seemed to be moving at full speed, and I felt like I was falling behind. Even though I was doing my best, the physical limitations of treatment, like low energy and muscle weakness, made it hard to keep up with the workload. It was difficult not to compare myself to others."* (26–29-year-old woman)

The unpredictable nature of cancer — from fluctuating stamina levels to changing treatment schedules — was also an articulated challenge.

> *"(I have) scheduling uncertainty: Appointments, tests, and unexpected complications constantly throw my work schedule into disarray. It's hard to plan anything long-term, and I often have to cancel meetings or miss deadlines last minute."* (26–29-year-old woman)

> *"The unpredictability of my health can make it difficult to manage my time effectively, leading to missed deadlines and delays."* (26–40-year-old man)

> *"Some days, I felt like I could conquer the world, while on others, I could barely get out of bed. This inconsistency made it difficult to maintain a steady work schedule. I often had to cancel meetings or ask for extended deadlines, which caused me to worry about my professional reputation."* (30-34-year-old woman)

Respondents reported on how time spent on treatment and recovery directly affected their career prospects long-term.

> *"Due to treatment, I missed out on many career development opportunities and feared missing important promotions or falling behind industry trends."* (30–34-year-old woman)

> *"As I progressed in my treatment, I faced the challenge of missing out on career milestones. I had to take time off for surgeries, follow-up appointments, or treatments, which led me to miss key career moments, like promotions or job opportunities. It was hard not to feel like my career was on hold, especially as I watched colleagues advance while I was focusing on recovery."* (30–34-year-old woman)

Many felt the need to readjust their expectations, goals and timing to prioritize their health.

"Balancing my career ambitions with the need to focus on my health was incredibly difficult. While I wanted to continue advancing in my career, I had to constantly remind myself that my health needed to come first. This led to some tough decisions about whether to take on new projects or to focus more on recovery, and at times, I felt like I was sacrificing my career progress." (20–26-year-old woman)

> *"For me it's been accepting that I can't push for promotions or change professions with ease. As I've been in and out of remission, I've been reluctant to leave my present position (classroom teacher) for other positions (lead teacher roles at district) because I like the flexibility my present position provides. Though I feel capable of taking on more responsibilities, I worry about having to take tons of time off and doing a disservice to my county by taking up a job another person can give their all to. Thankfully I love my present job so I'm okay with staying put for now. After five consecutive years of remission, I will see if I want to make a change."* (35–40-year-old man)

Worries about getting and keeping a job were expressed.

> *"After being diagnosed with cancer, I had to pause my career, which was very frustrating. I had many plans and goals, but the diagnosis disrupted the course of my life. Although I am currently not working, I constantly worry about whether I will be able to return to the workforce or if my health will prevent me from having future career opportunities."* (35–40-year-old woman)
>
> *"(I have a) fear of rejection and getting fired (from) my job."* (35–40-year-old man)
>
> *"Being fired or almost being fired. Making mistakes and embarrassing myself. I need a new job but can't find work for disabled. Or (a) simple job that will pay bills."* (35–40-year-old woman)

Respondents noted the impact of side effects.

> *"The mental toll of cancer treatment made it hard to focus on daily work tasks."* (30–34-year-old man)
>
> *"Memory loss is something I suffer from now heavily after having cancer and treatments. My most challenging is remembering the important things to do repetitively."* (26–40-year-old female)
>
> Terms like "cognitive impairment", "mental exhaustion", "mental strain", "brain fog" and "mental fatigue" were all cited.

Emotional "ups and downs" were also articulated.

> *"During treatment, I often experience emotional swings, from initial optimism to later pessimism, and it's hard to keep my emotions stable."* (35–40-year-old man)
>
> *"Emotional Toll: The stress of a cancer diagnosis and the emotional rollercoaster of treatment can also contribute to fatigue and make it difficult to focus on work."* (26–29-year-old man)

"During treatment, I went through significant emotional ups and downs, and the work-related pressure made me feel anxious and depressed, affecting my performance." (30–34-year-old woman)

Respondents shared their anxiety about relapse.

"I had to deal with the fear of relapse, which affected my confidence in taking on new projects." (35–40-year-old man)

"Not knowing whether or not the treatment would work added pressure to every aspect of my life. At work, I constantly worried that if I relapsed, I'd have to take even more time off, which could hurt my career." (30–34-year-old man)

"I always feel uncertain about the future, fearing that the cancer might return or my health might not fully recover." (30–34-year-old man)

"That if my cancer comes back while I'm teaching again, that there would be security and accommodations for me." (26–29-year-old woman)

Career coaching, counseling, mentorship and job search support were requested to help respondents.

"I feel that having access to career counseling or retraining opportunities would greatly boost my confidence in returning to work. Especially if I could work with a professional career advisor to help me replan my career path and explore suitable industries and roles given my current health condition, I would feel more guided." (26–29-year-old man)

"(A) mentorship program on career progression." (26–29-year-old woman)

"Having a clear roadmap for my career, including realistic short-term and long-term goals, would help me stay motivated and feel more in control of my future." (26–29-year-old man)

"Connecting with other survivors who have been there. That's really it. I think job coaching could be helpful, but ultimately, the experience is just completely isolating if nothing else. It would be great to have support through coaching or something to help you move forward and feel less behind, but it's invaluable to have someone who's been through it too. Someone else who was left behind who can understand that feeling." (35–40-year-old woman)

Respondents cited "*vocational rehabilitation", "on-the-job training to help cancer survivors gain experience in their desired field*" and *"skill development courses for cancer patients (to) help-them acquire new skills and improve their career competitiveness".*

"I wish there was (an) organization or programs cancer patients/survivors could take that would give them work experience or align them with internships or jobs that specifically hire those impacted by cancer." (26–29-year-old woman)

"Job posting platforms specifically designed for cancer patients (to) help them find job opportunities that suit their needs." (35–40-year-old man)

"Career fairs specifically for cancer survivors (to) provide job opportunities and career guidance." (35–40-year-old man)

Additional job search support requests included, "job placement services", "resume help", "job fairs/workshops" and "return to work planning assistance."

More general career or employment resources that were named spanned educational materials, webinars, podcasts and online articles.

Respondents were looking to reduce stress, manage emotions and strengthen self-esteem.

"Access to mental health counseling or therapy would help me navigate the emotional challenges and anxieties about reentering the workforce." (30–34-year-old woman)

Other respondents spotlighted, *"access to materials on mental health," "workshops that focus on building self-esteem and overcoming challenges," and "programs specifically designed to build resilience and coping strategies for cancer survivors."*

One respondent reported that they were not necessarily looking for in-depth mental health services, *"but support and tips on how to keep (career vs. health) in perspective, managing stress and mental burnout from this life-long journey."* (35–40-year-old woman)

Requests related to workplace accommodations and creating a supportive work culture ranged from flexibility and education to affinity groups and equipment.

"Having access to flexible work hours or the option to work remotely would make a huge difference. It would allow me to manage my health and treatment while still contributing to my career." (26–29-year-old man)

"Having access to job modification assistance to adjust my work duties according to my physical and mental needs would be invaluable." (30–34-year-old woman)

"Workplace education about cancer and chronic illness, along with policies that ensure fair treatment and accommodations, would help me feel more secure and supported." (18–25-year-old man)

"Programs that prioritize diversity, inclusion, and the rights of people returning to work after illness would help ensure equal opportunities." (30–34-year-old woman)

"(An) employee resource group especially for cancer survivors." (26–29-year-old man)

"Decent policies and kind (management)" (26–29-year-old woman)

"Acceptance from my senior colleague." (35–40-year-old man)

"(I) need more equipment for support." (30–34-year-old man)

Respondents spoke about the need for their workplace to have specialized training — raising awareness and understanding about work and recovery.

"It would help if employers offered sensitivity training on cancer recovery for managers and co-workers. A supportive and understanding work environment would make it easier for me to re-enter my career with confidence." (26–29-year-old woman)

> *"I really like the idea of knowledge/sensitivity training for everyone in what people post diagnosis may be experiencing."* (35–40-year-old woman)

Extra support when returning to work after treatment and recovery was cited.

> *"Seminars focused on helping individuals transition back to work after a major health crisis."* (26–40-year-old man)
>
> *"Return-to-work guides and strategies (to) help cancer patients transition smoothly back into the workplace."* (35–40-year-old man)
>
> *"Career coaching services specializing in helping cancer patients re-enter the workforce and plan their career paths."* (35–40-year-old man)
>
> *"Structured programs that help people gradually transition back into their roles, such as a phased re-entry program, would make the process less intimidating."* (30–34-year-old woman)

There was also a desire to know which companies would provide the best working environments in advance, to better inform a job search.

> *"(I would like) help finding a job with good health insurance and benefits with a good work culture and supportive management. Knowing what businesses have the best health coverage without having to go all the way through the interview process."* (35–40 year-old woman)
>
> *"Resources for looking for jobs from companies that are more open minded about health. Resources to search for jobs that the database filters by what quality of health insurance the job provides."* (18–25-year-old woman)
>
> *"Knowing I have an understanding employer who values my potential despite my journey would give me the confidence to move forward."* (26–29-year-old man)