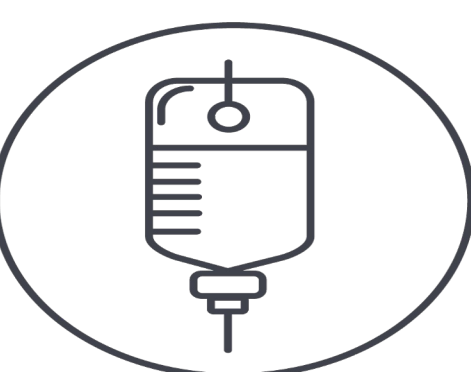




The PrIDE Project : Infectious risk prevention, vaccination and return-to-work of cancer patient

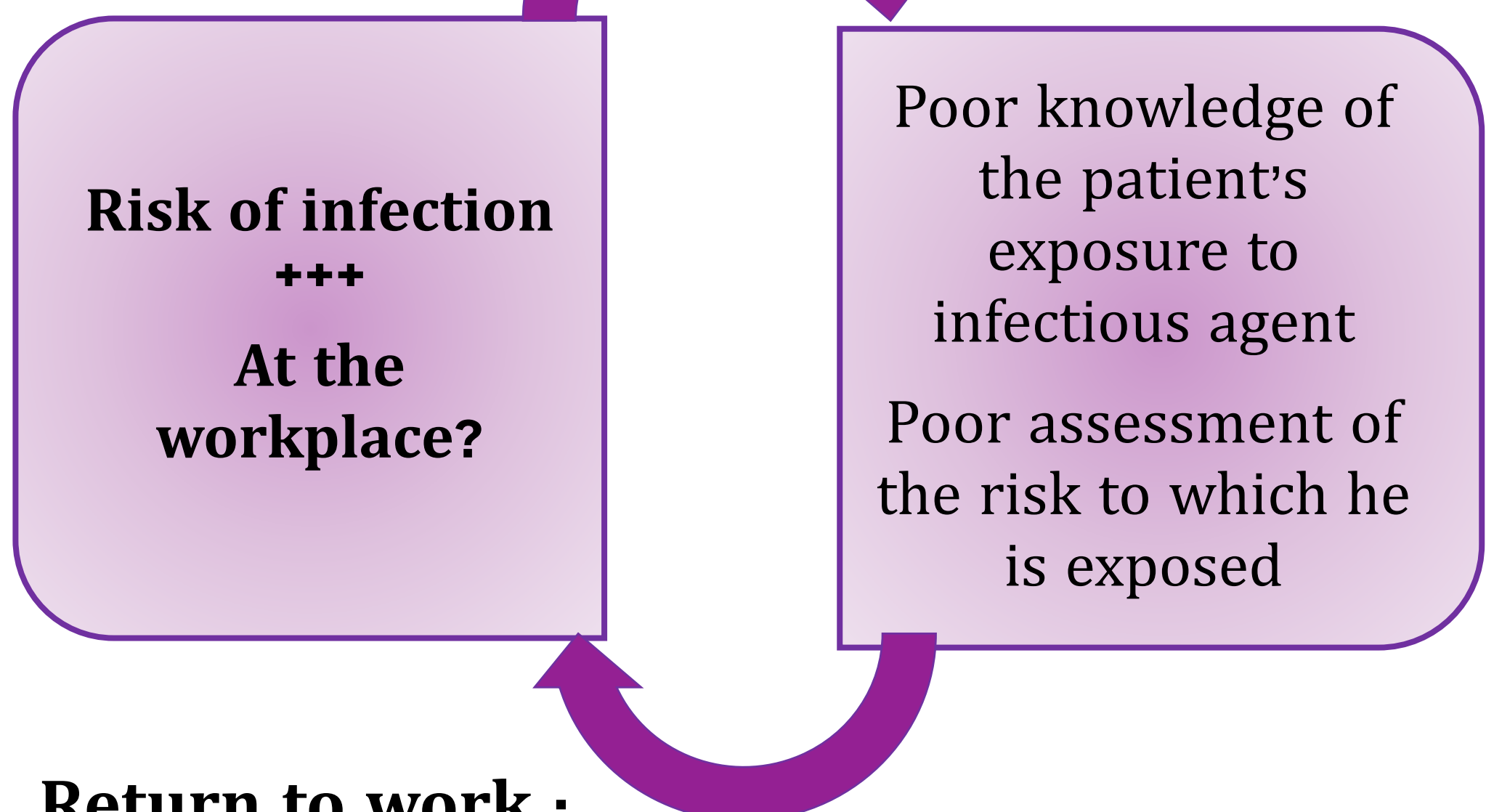
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INTRODUCTION



Neoplasia under chemotherapy
 ~ 400 000 persons

Immunocompromise



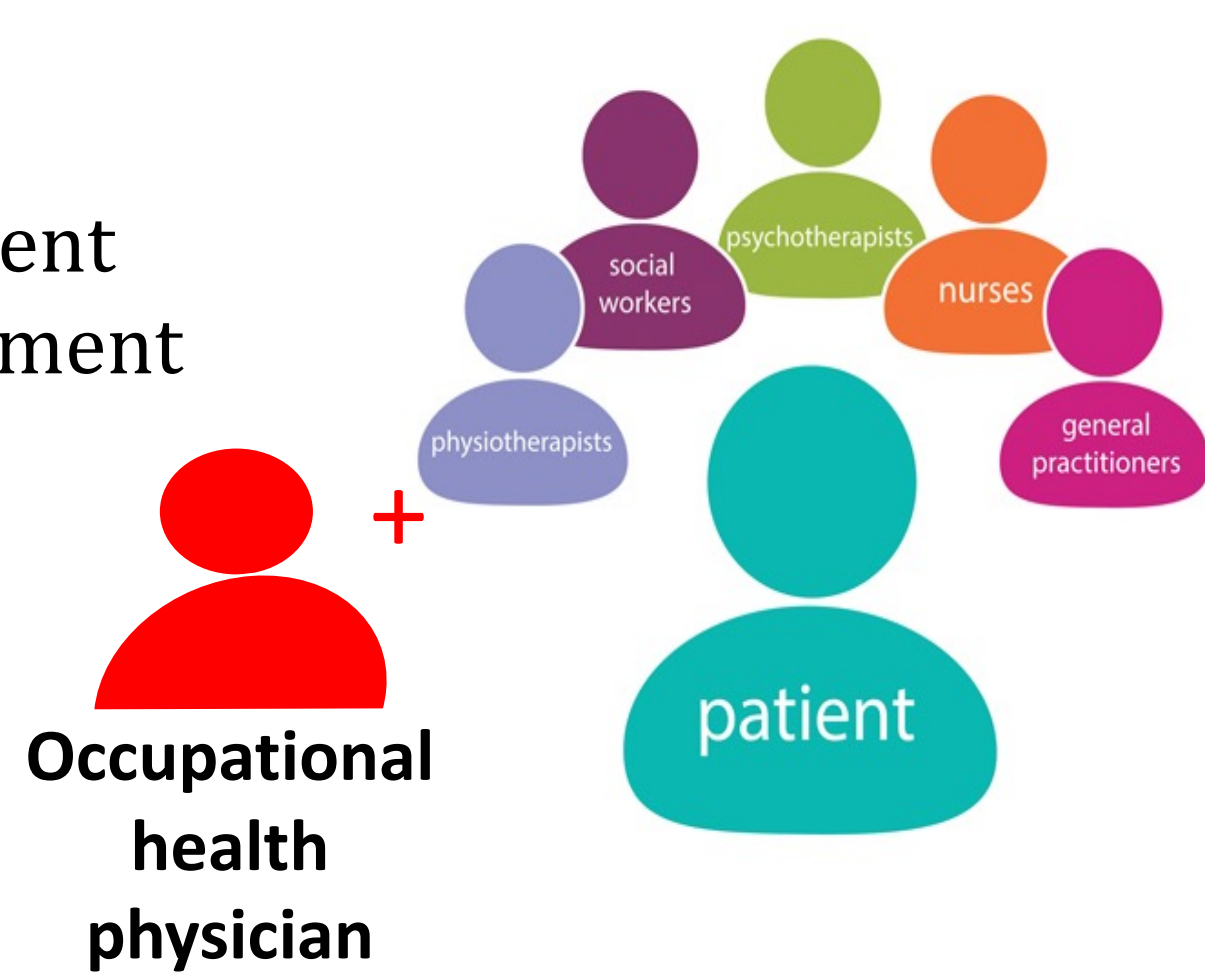
Return to work :

- 62% (30-93%) after cancer
- 60% at 3 years of HCT
- <65 ans: : 40% of cancer patients

METHODS

Population

- All adult cancer patients ≥ 18 years old willing to work are offered expert medical consultations in the department of occupational health
- Collaboration with :
 The infectious disease department
 The onco-hematological department



Design

Initial consultation

- ✓ At diagnosis
- ✓ During treatment
- ✓ At the end of the treatment

Evaluation at 6-12 months

Data collection

1 Assessment of the type of immunocompromise and secondary infection risks

Medical history, type of treatments, previous vaccines, biology (Neutrophil count, gammaglobulinemia, lymphocyte phenotypes...)
 → Patients' electronic records, health card.

2 Assessment of infectious occupational risks

Exposure to infectious agents : Job tasks, environmental characteristics (humidity, atmospheric metrology, temperature,...), human (children, patients, colleagues), animal or environmental exposures (organic dusts...); protection equipments
 → Self and straight standardized questionnaires

PROBLEMATIC

The current pandemic has reminded us of the existence of **infectious risk**
 +
 The **vulnerability** of immunocompromised subjects with respect to exposure to infectious agents



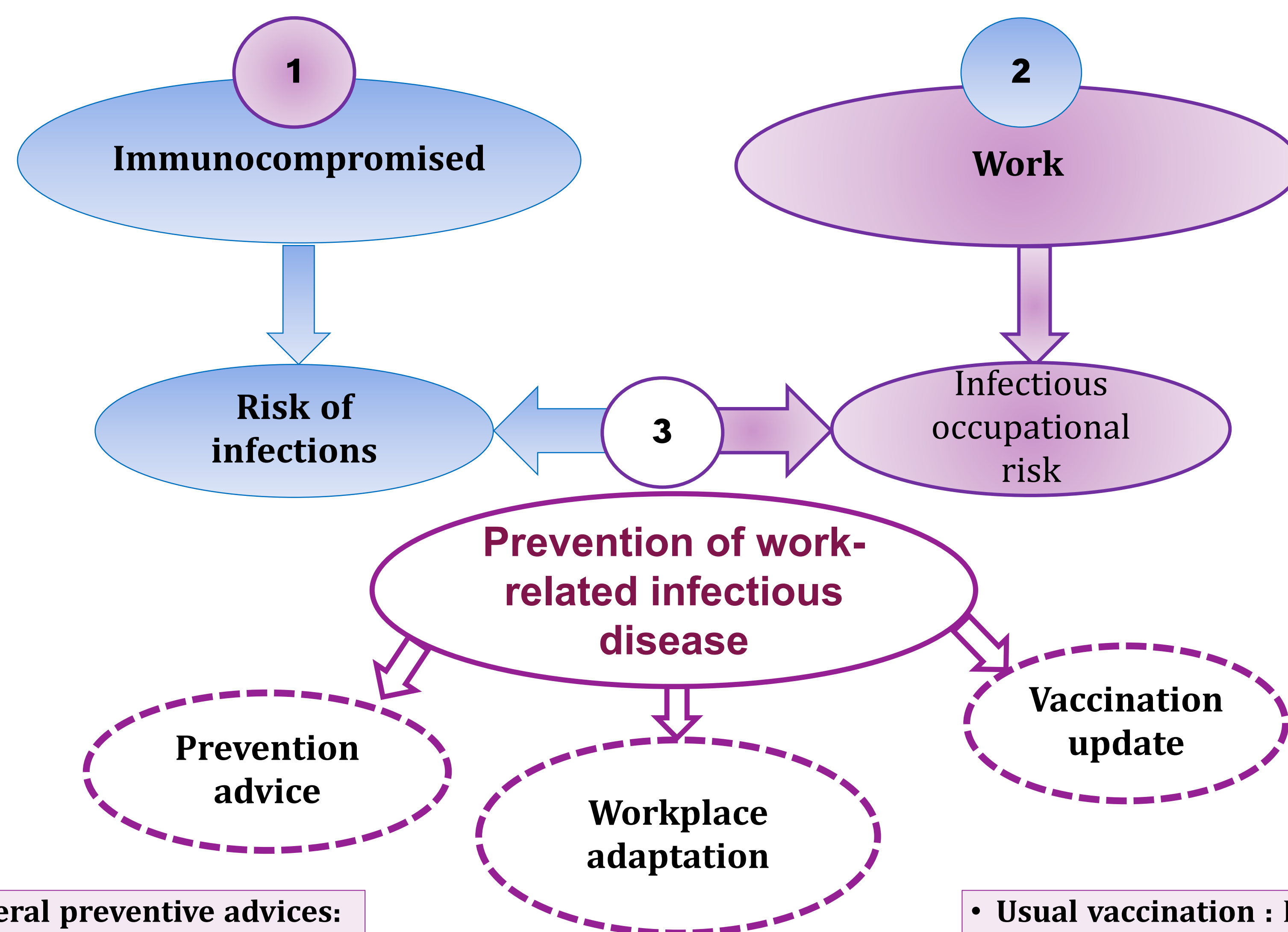
NO longer possible to discuss a professional project without first taking into account the risk of infection.

→ To date, scarce data are available concerning the infection risk assessment for cancer patients at the workplace

HYPOTHESIS

→ Occupational infectious risk assessment → increased return to work and quality of life

Intervention



General preventive advices:

Type of food to consume, Outdoors activities, Cleaning tasks, Close contacts precautions

Training / information on infectious diseases exposures and risks related

+ Supports
 • Employers
 • Specific organizations such as « Cap Emploi »

At the same workstation: General adaptation

- Processes
- Ventilation
- Protective Equipment:
 - Protective measures for children, patients and ill colleagues
 - Protective measures against dust, animals, waste, compost, water, food...
- Work organization
- Reclassification (Maintenance of employment in a new position)
- Entry into training/Resumption of studies
- Disability retirement
- Pension for work accident or occupational disease

Usual vaccination : DTaP, B hepatitis, Influenza

Vaccine for immunocompromised hosts :
 Pneumococcus
 Measles-Mumps-rubella and Zoster depending on the serology and the type of immune defect.
 HPV
 Bivalent COVID dose
 Meningococcus ACYW and B
 Yellow fever depending on the serology and the type of immune defect.

Outcomes

Usefulness of prevention advice

Adapted Workplace

Vaccination to date

+ Quality of life :
 • WHOQOL BREF

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