

Cancer Diagnosis and Earnings: Evidence on Labor-Force Exit and Sex Differences in the United States

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ABSTRACT

Serious health shocks such as cancer have the potential to significantly disrupt labor market outcomes. However, the economic consequences of a cancer diagnosis, particularly across sexes and baseline employment status, remain incompletely understood. This study utilizes a large US household survey, the Panel Study of Income Dynamics (PSID), to analyze how cancer affects labor market outcomes using a longitudinal event-study design, by examining changes in earnings before and after diagnosis. We analyze earnings trajectories before and after cancer diagnosis to identify causal effects of health shocks on economic outcomes. The results demonstrate parallel trends, indicating no change in the pre-diagnosis period across groups and a substantial and statistically significant decline in earnings following cancer diagnosis, with effects that persist and deepen over time, reaching up to 70% reductions in the post-diagnosis period. Comparative analyses by sex indicate that while women exhibit somewhat smaller declines than men, these differences are not statistically significant. Average earnings change only minimally for the subgroup of individuals who earn at least the statutory minimum wage throughout the observation period, suggesting that the primary mechanism driving overall earnings losses is labor-force exit rather than wage reductions among continuously employed workers. The identifying assumptions of the event-study design are supported by the absence of differential earnings trends prior to diagnosis. These results underscore the importance of policies aimed at preserving labor market attachment for individuals facing serious health shocks such as cancer patients, including flexible work arrangements, comprehensive medical leave policies, or workplace accommodations designed to mitigate the economic burden of cancer.

Keywords: Labor market outcomes; Gender differences; Earnings trajectories; Labor force participation; Health shocks; Cancer survivorship

INTRODUCTION

Cancer is one of the leading causes of death globally creating significant impact on health, social and

financial outcomes in families impacted by the disease (1). Cancer affects both men and women across a broad range of organs, with incidence patterns varying by age and sex. Beyond its clinical impact, a cancer diagnosis can disrupt employment, income stability, and long-term financial security, highlighting the importance of studying its labor market outcomes (2). Understanding the economic consequences of a cancer diagnosis, across all cancer types and for both sexes, is therefore critical for evaluating broader labor market dynamics.

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Advances in treatment methods have improved mortality rates for many cancers, enabling more patients to return to their communities and employment following diagnosis (3, 4). However, the path from symptoms to diagnosis, and following diagnosis to full recovery can be extremely complex and recovery often imposes significant physical, psychological, and financial burden (5). These disruptions can translate into reduced labor force participation, lower earnings, or long-term detachment from employment (6). As cancer survivorship rates continue to rise, understanding the long-term economic stability of survivors becomes increasingly critical for informing evidence-based policy interventions and assessing broader macroeconomic trends (7, 8).

Existing studies on health shocks and labor markets reveal the negative effects on unemployment but the dimension specifically related to cancer remains under studied (9). Evidence suggests that a cancer diagnosis can be associated with substantially altered participation in the labor market, often leading to prolonged absences, reduced working hours, job loss, or withdrawal from the workforce altogether (10-12). Due to differences in traditionally established social roles based on sex along with existing gender pay gap, economic outcomes may differ by sex. There are several factors that can impact the economic outcomes of cancer survivors such as total employment rates, job types and annual earnings, number of days worked, outcomes related to marital status. Such factors could impact men and women differently. When considering established social roles, flexible work arrangements, employer accommodations, and access to comprehensive paid leave can significantly generate differences in ability to sustain employment which could lead to differing trends (13). In general, the long-term impact on annual earnings for men and women remains less understood. This lack of clarity stems from the fact that existing research has yielded conflicting results regarding the economic outcomes experienced by survivors of the different sexes. The variability in study findings makes it challenging to draw definitive conclusions highlighting the need for further investigation in this area.

While the economic consequences of cancer may vary over time, it is possible in the long-term to experience a partial recovery of employment prospects. The short- and medium-term aftermath of diagnosis and treatment on the other hand, often results in substantial and lasting economic consequences (14). However, many existing studies focus on single sites, specific occupations, or

short follow-up periods, limiting the generalizability of findings (15). Cross-national differences in social insurance, workplace protections, and healthcare systems mean that the magnitude and persistence of employment effects may vary substantially between healthcare settings. There is therefore a need to further characterize the associations between cancer diagnosis short- and long-term labor outcomes for both men and women in general across diverse income levels in the United States.

To address these gaps, this study examines the impact of a cancer diagnosis on labor market outcomes using a longitudinal event-study framework applied to PSID data from 2005 to 2023. By tracking individuals over time, the analysis estimates changes in earnings up to eight years following diagnosis, distinguishing between overall earnings effects and outcomes among continuously employed individuals. The study hypothesizes that a cancer diagnosis leads to a decline in earnings driven primarily by reduced labor market participation; the analysis further explores whether these effects vary by sex. By linking population-based health and employment data, this study provides evidence on the mechanisms through which cancer affects economic outcomes and contributes to a clearer understanding of how labor-force attachment evolves following a major health shock. Understanding these relationships is essential for informing policies that support sustainable employment, income security, and quality of life among individuals affected by cancer.

METHODS AND MATERIALS

Data Source and Study Population

The data used for this research was sourced from Panel Study of Income Dynamics, (PSID), a longitudinal study by the University of Michigan's Institute for social research. PSID is one of the longest running surveys of US households, which started in 1968 and tracked the same families and their descendants for over 50 years. The data collected biennially, contains a nationally representative sample of over 18,000 individuals living in 5,000 families in the United States. PSID defined household heads and spouses with typically the head being the male and the spouse being the female. The PSID data tracks economic, social, and demographic dynamics that have been collected continuously on these individuals and their descendants, including data covering employment, income, wealth, expenditures, health, marriage, childbearing, child development, philanthropy, education, and numerous other topics.

Longitudinal data was important in this analysis to understand the long-term impact of cancer on economic outcomes.

The estimation samples included all household respondents who reported a cancer diagnosis observed within an eight-year window around the first reported diagnosis year ($k = -6$ to $k = +8$, where k denotes years relative to the diagnosis of cancer). The sample was restricted to survey waves from 2005 onward as this was the first year in which cancer diagnosis was collected in the survey. The baseline demographics of the sample are shown in Table 1.

Table 1. Baseline demographic and economic characteristics of the PSID cohort at cancer diagnosis.

	All	Women	Men
Number	1,564	302	1,262
Age at Diagnosis (years)	63.2	65.9	62.6
Annual Earnings (yearly)	27,629	11,330	31,650
Employed (%)	82.4	68.2	85.7
Married	68.4	1.7	84.4

Values are presented for the full sample and stratified by sex. Annual earnings are reported in U.S. dollars.

Empirical Strategy

This analysis estimates the causal effect of a cancer diagnosis on annual labor earnings using an event-study design. The central challenge in estimating this effect is selection: individuals who receive a cancer diagnosis may already differ from those who do not in ways that also affect their earnings trajectory - for example, pre-existing health conditions, occupational exposure, or socioeconomic status. Simply comparing earnings before and after diagnosis for cancer patients or comparing cancer patients to non-patients at a single point in time, would conflate these differences with the true effect of diagnosis. The event-study design addresses this by using each person as their own control, estimating deviations from individual-specific baseline trends as a function of the number of survey waves since diagnosis.

Outcome Variable

The outcome variable was defined as the natural logarithm of one plus annual labor earnings: $\log(1 + \text{annual earnings})$. This transformation was

accommodated in the analysis observations with reported annual earnings, which was a common observation in the data, without dropping those observations. In addition, this preserved the approximately proportional-change interpretation of ordinary log earnings regressions for individuals with higher than zero earnings. All estimated coefficients were converted from log-point differences to exact percentage changes using the formula $(\exp(\beta) - 1) \times 100$, which correctly accounted for the asymmetry of the exponential function and avoided the approximation error of the linear approximation $\Delta\% \approx 100\beta$ that grows large for coefficients above roughly 0.1 in absolute value. As a result, the confidence intervals displayed in the figures are not symmetric around the point estimate.

Regression Specification

Equation (1) gives the main estimating equation for the overall population:

$$\text{Log}(1 + \text{annual earnings}_{it}) = \alpha_i + \delta_t + \sum_{k \neq -2} \beta_k * I(\text{RelTime}_{it} = k) + X_{it}\gamma + \varepsilon_{it}$$

where i denotes individuals and t denotes calendar years. The individual fixed effects absorb all time-invariant characteristics such as gender, race, and permanent earnings capacity. Calendar-year fixed effects controls aggregate macroeconomic fluctuations (recessions, inflation) that affect all individuals simultaneously. The event-time indicators $I(\text{RelTime}_{it} = k)$ equal one when individual i is k years relative to their first reported cancer diagnosis, and zero otherwise. Because the PSID is biennial, k takes even-integer values: $-6, -4, -2, 0, +2, +4, +6, +8$. The base period is $k = -2$ (the survey wave immediately before the diagnosis wave), which allows for each event as estimated relative to that baseline year. Standard errors are clustered at the individual level to allow for arbitrary serial correlation in ε_{it} within person. The time-varying control vector X_{it} includes marital-status indicators, age in years, a retirement indicator (equal to one if age ≥ 65), and an employment-status indicator. The employment-status control is included because conditional-on-employment wage effects are of substantive interest for assessing whether cancer affects productivity among workers who remain employed. However, the employment status is a potential mediator on the causal pathway from diagnosis to earnings, so the coefficient vector β captures the effect of cancer on earnings conditional on continued

employment status, not the total effect including the employment margin.

It was assumed that the earning trend in the pre-diagnosis period would evolve on the same trend as the post-diagnosis period. As a result, the assumption using the joint F-test $H_0: \beta_{-6} = \beta_{-4} = 0$ for each sample and subgroup was formally tested. Additionally, the joint significance of the post-diagnosis trajectory is tested via $H_0: \beta_0 = \beta_2 = \beta_4 = \beta_6 = \beta_8 = 0$.

Minimum-Wage Robustness Sample

The full data set estimated reduction in cancer diagnosis either through individuals exiting from employment entirely or through reduced hourly wages or hours among workers who remain employed. The $\log(1 + \text{annual earnings})$ transformation included zero-annual earning observations, so the full-sample estimates captured both channels. To isolate the wage channel among continuously employed workers, a robustness check restricted the sample to observations where annual earnings exceeded the contemporaneous federal minimum wage for full-time work (2,000 hours). This threshold was applied symmetrically to all event-time periods, not only pre-diagnosis periods, to avoid the mechanical selection bias that would arise from admitting low-wage post-diagnosis observations that would have been excluded pre-diagnosis.

Heterogeneity by Sex

To examine whether the earnings response to cancer diagnosis differed by sex, Equation (2) augments the main specification with event-time \times sex interaction terms:

$$\begin{aligned} \text{Log}(1 + \text{annual earnings}_{it}) = & \alpha_i + \delta_t + \\ & \sum_{k \neq -2} \beta_k * I(\text{RelTime}_{it} = k) + \sum_{k \neq -2} \theta_k \\ & * [I(\text{RelTime}_{it} = k) \times \text{Female}] + X_{it} \gamma + \varepsilon_{it} \end{aligned}$$

Because individual fixed effects absorb all time-invariant characteristics including sex, the sex main effect Female_i is subsumed by α_i and cannot be estimated separately. The interaction coefficients θ_k identify the differential trajectory for women relative to men at each event-time k ; the total effect of cancer on women's earnings at event-time k is $\beta_k + \theta_k$. To isolate the women-only and men-only estimates directly, Equation (1) is also estimated on sex-restricted subsamples.

RESULTS

Pre-diagnosis Trend Validation

Across all subgroups and sample definitions, the pre-diagnosis event-study coefficients are small and statistically indistinguishable from zero. For the full pooled sample, the joint F-test of $H_0: \beta_{-6} = \beta_{-4} = 0$ yields $F(2, 1554) = 0.70$, $p = 0.498$, providing no evidence against parallel pre-trends. Pre-trend tests are similarly non-significant for the women-only subsample ($F(2, 300) = 0.05$, $p = 0.951$), the men-only subsample ($F(2, 1253) = 0.67$, $p = 0.513$), and the minimum-wage robustness sample ($F(2, 909) = 1.17$, $p = 0.312$). These results support the identifying assumption that, in the survey waves preceding diagnosis, cancer patients were on a trajectory similar to their own base-period trend.

In the Event-Time graph, zero marks the year of first cancer diagnosis; changes after zero reflect the post-diagnosis trajectory relative to the pre-diagnosis reference period. The timing of these changes, occurring at or immediately following diagnosis, is consistent with cancer being a plausible contributor to the observed shifts in annual earnings.

Figure 1A displays the pooled event-study coefficients for the full sample. Pre-diagnosis estimates at $k = -6$ and $k = -4$ are positive and not significantly different from zero (approximately +10.6% and +13.3% respectively, relative to the $k = -2$ base year), confirming a flat pre-trend. At the diagnosis year, the estimated effect is -36.3% ($\beta = -0.451$, $SE = 0.103$, $p \leq 0.001$). The decline deepens sharply in subsequent waves of analyses (-62.4% at $k = 2$, -67.7% at $k = 4$, -71.1% at $k = 6$, and -74.2% at $k = 8$). The joint F-test for post-diagnosis coefficients is $F(5, 1554) = 10.96$, $p \leq 0.001$ and highly statistically significant.

Figure 1B presents the analogous estimates for the minimum-wage robustness sample. In this sample, the post-diagnosis estimates are substantially attenuated with the coefficient at $k = 0$ being -3.7% ($\beta = -0.038$, $SE = 0.021$, $p = 0.070$), and at $k = 2$ it is essentially zero (-0.4%, $p = 0.879$). However, the joint post-diagnosis test was statistically significant ($F(5, 909) = 5.18$, $p = 0.0001$). Taken together, the full-sample and minimum-wage results suggest that the dominant channel through which cancer reduces earnings is labor-force exit rather than wage reduction among the continuously employed. One noteworthy feature of Figure 1B is that the coefficient at $k = 8$ turns positive (approximately +14.4% for the pooled minimum-wage sample), a pattern that may seem counterintuitive. The most plausible

explanation is progressive survivorship selection. By eight years post-diagnosis, the minimum-wage sample retains only those cancer patients who both survived and maintained continuous above-minimum-wage employment throughout the entire window, a highly selected group of healthy, high-functioning survivors whose earnings trajectory may lie above the sample average. Additionally, eight years is sufficient time for natural career progression (raises, promotions) to offset any initial cancer-related earnings drag, even before accounting for selection. The wide confidence intervals at $k = 8$ reflect the small number of observations at that horizon and caution against over-interpreting this single point estimate.

Figure 2A displays the interaction coefficients from the full sample to investigate the sex interaction. Each measures the differential earnings response to cancer diagnosis for women relative to men at event-time k ; a value of zero would indicate identical trajectories for

both genders. Pre-diagnosis interaction coefficients at $k = -6$ and $k = -4$ are small and statistically insignificant ($\approx +2.6\%$, $\approx -12.9\%$), consistent with parallel pre-trends for both sexes. Post-diagnosis, the interaction coefficients are positive throughout suggesting that declines in annual earnings for women are somewhat smaller than men in absolute terms. However, these changes are not statistically significant (all individual p -values ≥ 0.12 ; e.g. $\approx +18.4\%$, $p = 0.480$; $\approx +54.0\%$, $p = 0.160$; $\approx +36.6\%$, $p = 0.379$). The pre-trend test for the interaction terms yields $F(2, 1554) = 0.70$, $p = 0.498$. Therefore, there is no statistically distinguishable difference in how men's and women's earnings change after a cancer diagnosis, given the sample sizes available in this study.

Figure 2B shows the sex-interaction coefficients for the minimum-wage robustness sample. The differential effects between men and women are even smaller ($\approx +1.4\%$ ($p = 0.804$), $\approx +8.4\%$ ($p = 0.220$)), and all remaining post-diagnosis interaction terms are similarly small and insignificant (all ≥ 0.20). Among continuously employed workers who maintained annual earnings as stipulated above-minimum-wage throughout the event

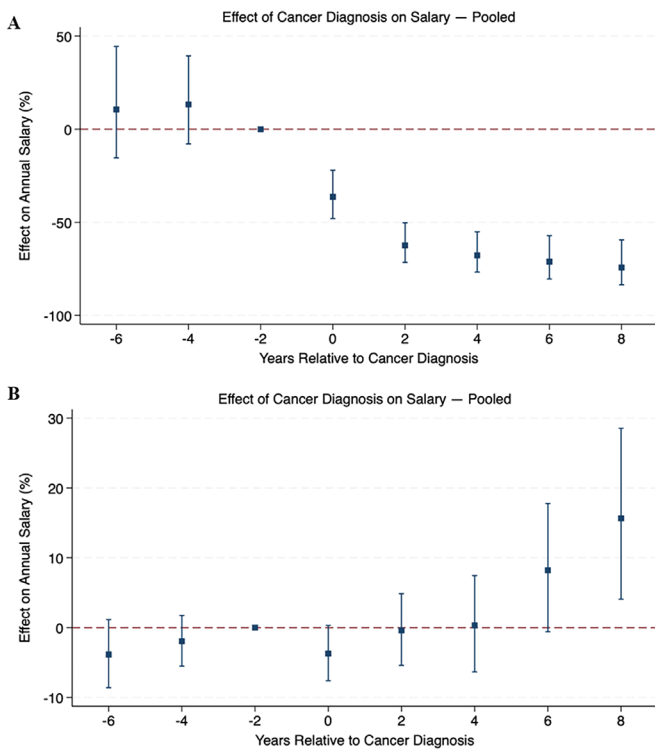


Figure 1. Percent change in annual earnings relative to cancer diagnosis. (A) Full sample. (B) Continuously employed (minimum-wage robustness) sample. Estimates are relative to the pre-diagnosis period ($k = -2$) using $\log(1 + \text{annual earnings})$. Error bars represent 95% confidence intervals.

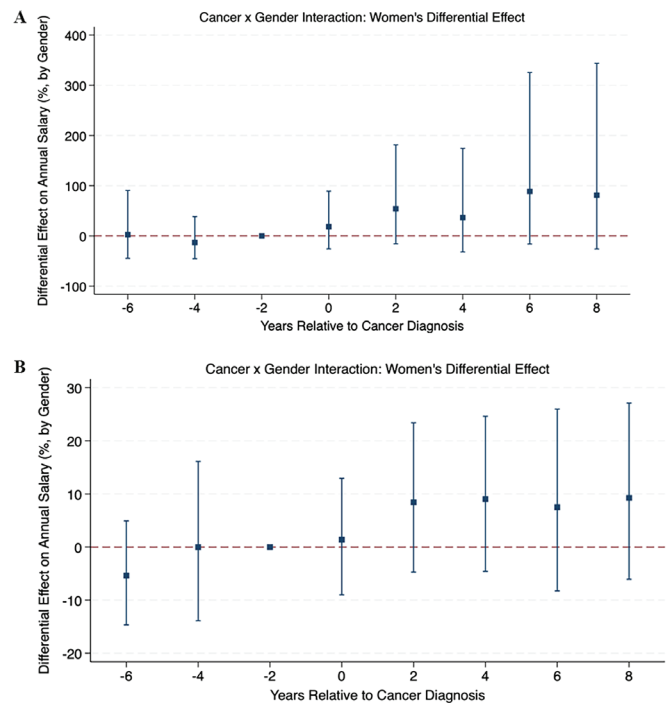


Figure 2. Differential percent change in annual earnings by sex relative to cancer diagnosis. (A) Full sample. (B) Continuously employed sample. Values represent the difference in earnings changes for women relative to men. Error bars represent 95% confidence intervals.

window, there is thus no detectable sex difference in the earnings impact of cancer diagnosis. Both men and women in this selected sample experience the same modest, short-lived annual earnings drag documented in Figure 1B.

DISCUSSION

The effect of cancer on socioeconomic outcomes specific to sex or prior minimum wage earned is not fully understood. This paper examines how cancer diagnosis affects labor market outcomes overall, as well as for specific subpopulations defined by sex (men versus women) and baseline employment status (individuals earning at or above full-time minimum wage as a proxy for continuous employment), in order to inform the design of targeted economic policies for these groups. An application of the event analysis methodology reveals a large and statistically significant decline in earnings following a cancer diagnosis, estimated up to 70% over time. Additional analysis shows that this effect is primarily driven by the extensive margin—labor-force exit—rather than reductions in wages among those who remain employed. An examination of heterogeneity by sex reveals no statistically significant differences in earnings responses between men and women.

This study hypothesizes that the diagnosis of cancer in the overall population and specifically in women will lead to a significant decline in annual earnings post-diagnosis, given the burden such a health shock imposes on individuals and families. In addition, the decline in earnings following a cancer diagnosis is hypothesized to be driven by reduced labor market participation, including exit from employment rather than solely changes in wages or hours, and that these effects may differ by sex due to differences in occupational roles and caregiving responsibilities. It was also anticipated that such effects on annual earnings would likely be most pronounced in men who continuously earned minimum wage at the time of the diagnosis and in the years immediately following diagnosis and treatment, reflecting the physical and emotional toll of illness, as well as potential employer factors such as limited workplace accommodations.

Consistent with the previous reports, it was found that there was an overall decrease in annual earnings in the overall population immediately following a diagnosis of cancer (16). The impact remained sustained and long-term with minimal recovery. The large decreases immediately after the diagnosis year reflect a direct link to the cancer

event. The observation is driven by a compound effect as the cancer diagnosis is associated with substantial labor-force exit, which drives annual earnings to zero for many respondents. The progressive deepening of the decline over subsequent years is consistent with survivorship bias. The individuals remaining in the sample at longer event-time horizons are a selected subsample of cancer patients who survived long enough to be interviewed and is consistent with persistent employment exit following diagnosis. This implies a serious health shock to the economic status of an individual, underscoring the burden associated with cancer diagnosis.

In the pooled analysis of individuals earning at or above minimum wage, there was little to no immediate decline in annual earnings, with effects that were smaller and often statistically insignificant. This suggests that earnings losses observed in the full sample are not driven by wage reductions among continuously employed workers but rather by labor-force exit. While modest effects in annual earnings may emerge at longer post-diagnosis horizons, the primary channel through which cancer reduces earnings remains the cessation of employment rather than a decrease in pay for the continuously employed.

An analysis of the earnings gap reveals that women with a cancer diagnosis exhibited a trend toward a smaller decline in annual earnings compared to men. Furthermore, the wage decline in women was further attenuated in the subpopulation earning at least minimum wages prior to diagnosis in contrast to the more prominent decline seen in men in the same subgroup. However, these differences were not statistically significant compared to men. Therefore, a conclusion based on this specific analysis is both sexes experience an overall negative effect on earnings. The lack of significance could largely be driven by the fact that female cancer patients represent only about one-fifth of the sample ($n=302$), limiting statistical power to detect differences from men. Such a lack of statistical difference was also observed in the sample composition of the continuously employed (minimum-wage) subgroup analyzed to compare men and women. This subgroup includes 7,577 overall responses out of a total sample of 20,332 (approximately 37%), representing individuals with sustained labor market attachment over the observation period. While this constitutes a substantial portion of the overall sample, subgroup analyses, particularly those involving interactions by sex, are inherently less precise than full-sample estimates. As a result, the absence of statistically significant differences between men and

women within this subgroup should be interpreted with caution, as it may reflect limited statistical power rather than the absence of meaningful underlying differences. These results reinforce the importance of considering sample size and precision when evaluating heterogeneity in labor market responses to health shocks.

In further exploring the change in annual earnings in women post-diagnosis, the trend shows that women appear to experience somewhat smaller declines in later periods compared to men although these differences are not statistically significant. This rise in annual earnings post-cancer diagnosis may reflect financial necessity, not genuine opportunity or favorability for women. These patterns suggest that aggregate post-diagnosis earnings effects may be driven by lesser labor force exit of women rather than wage growth among continuously employed women. A possible explanation for these patterns is that women considered head of household or earning members in a household may have larger financial necessity. In addition, they may be assisted or in need of workplace protections such as availability of employee sponsored health insurance or employer work accommodations (17). Some employers may also have accommodations specifically for women with medical disabilities, including paid medical leave or extended sick leave, which supports the lesser change in annual earnings post-diagnosis for employed women. These patterns may reflect differences in labor market attachment or household financial dynamics; however, the data does not allow us to directly test these mechanisms. Finally, it may be possible that there is positive selection into employment following diagnosis, whereby women that may enter the labor market after cancer differ systematically from those who remain employed, filling a specific deficit in the labor market (18). While these results may reflect the impact of job protection and employer accommodations for women, they highlight a broader need for inclusive corporate healthcare policies. Since cancer-related work disruptions affect both sexes—with data suggesting even stronger effects for men—employers should implement support systems like medical subsidies and flexible high-level policies that mitigate health shocks for the entire workforce.

In comparison, it was concluded from the analyses that men had a more pronounced decrease in annual earning, consistent with the original hypothesis. Given the PSID database structure, it is assumed that most men were earning at least minimum wage during the time of cancer diagnosis. While initial observations showed

a decrease in average earnings for men, graph analysis of continuously employed workers reveals that this trend is primarily driven by labor-force exit rather than a reduction in hours among those who remain employed. It was observed within the dataset that men's annual earnings were approximately three times higher than those of women (Table 1). Therefore, a health shock such as cancer diagnosis could have a more prominent impact on the annual earnings for men.

The data does not allow us to directly identify whether the spouse of a diagnosed man takes on a higher-earning role following diagnosis. However, it may be theorized that female spouses of affected men may enter higher-earning roles or full-time work. This theory is supported by Böckerman *et al.* (18), who found that women increase labor market participation when a male partner's earnings are disrupted by illness. Although limited in the current database for such analyses, these potential hypotheses require further validation in future research.

This research has some limitations, particularly about the generalizability of the data. Cancer diagnosis and related information were only included in PSID data set in a limited number of years. Therefore, the analyses only include information on the year an individual was diagnosed with cancer from 2005-2023, with individual event-study follow-up of up to 14 years. However, a 14-year evaluation timeframe provides an adequate longitudinal assessment of the impact of cancer on long term annual earnings for individuals. Additionally, PSID reports cancer information primarily for the household head and spouse by restricting the sample to these individuals. The analysis may introduce selection bias, as other household members like non-married individuals and children are not captured. Furthermore, because the analysis does not separate employment probability effects from wages conditional on employment, the observed changes may partially reflect selection into or out of the labor force rather than wage changes among continuously employed individuals. Since the primary variable of interest was annual earnings, the data was further restricted to include only households that included variables of salary as well as marital status, sex, employment and a diagnosis of cancer. However, PSID is a well-recognized, large survey dataset with good quality longitudinal information and could be representative of other households who would have reportable income but were not captured in the database or single-family households. Such analyses could be enhanced with specifically designed longitudinal studies with more

comprehensive or targeted data sets for such economic analyses. An additional limitation is the potential for selection bias related to cancer severity. Individuals who remain employed following a cancer diagnosis may systematically differ from those who exit the labor force, particularly in terms of the severity or progression of their illness. Due to a lack of detailed information on cancer type, stage, or treatment intensity within the PSID data set, these factors cannot be directly controlled for in the analysis. As a result, the subgroup of continuously employed individuals proxied using the minimum-wage threshold may disproportionately represent individuals experiencing less severe health shocks. This selection effect is particularly important for interpreting the findings, as the smaller estimated earnings changes observed in this subgroup may reflect underlying health differences rather than the true causal impact of cancer on wages. Consequently, comparisons between the full sample and the continuously employed subgroup should be interpreted with caution, as they may partially capture differences in health status rather than purely differences in labor market responses.

CONCLUSION

This study highlights the importance of conditioning on baseline employment status when evaluating the labor market consequences of health shocks. A cancer diagnosis leads primarily to employment exit for many workers, with more moderate effects among those who were earning at or above full-time minimum wage prior to diagnosis and who remain employed. No statistically significant differences in these effects by sex were found in this study. This work contributes to the literature by clarifying the mechanism underlying observed earnings decline following a cancer diagnosis. Rather than reflecting uniform earnings reductions, the results show that income losses are primarily driven by labor-force exit, while earnings effect among continuously employed individuals are comparatively modest. While point estimates suggest that women may experience smaller declines in earnings than men, these differences are not statistically significant. The magnitude of the employment-exit channel implies that policy interventions aimed at preserving labor-market attachment, such as flexible work arrangements, disability accommodations, and paid medical leave, could substantially reduce the economic burden of cancer, particularly for workers at risk of exiting the labor force. Further work is warranted to define the nature and type of policy interventions

in specific populations, with a potential focus on men and those who are not continuously employed.

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CONFLICT OF INTEREST

The author declares that there are no conflicts of interest related to this work.

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