

# ASTCT Return to Work Guidance Committee Recommendations for Health Care Providers Who Take Care of Hematopoietic Cell Transplantation Patients

American Society for Transplantation and Cellular Therapy (ASTCT) in collaboration with the National Marrow Donor Program® (NMDP)/Be The Match® and other national and international medical centers

## Highlights for Physicians:

Hematologic cancer patients are at increased risk for delayed return to work, unemployment, and reduced work capacity. Research shows survivorship services may not address return-to-work-related goals. The ASTCT assembled expert committee members from various specialties to provide an evidence-based guidance document for health care providers to enhance patient support in facilitating return to work after hematopoietic cell transplantation (HCT).

- The literature shows that only 50-60% of post-HCT patients return to work at any time following their HCT.
- Key barriers include physical strength, decreased ability to focus, fear of infectious or toxic exposures, and poor communication between patients, providers, and employers about what supports or accommodations are needed.
- Collaboration among health care providers, patients, and employers is integral to a successful transition back to work. The committee recommended that support begin in the pre-HCT period and continue through all phases of HCT.

## Results at a Glance:

**Return to Work Guidance Committee:** Experts (N=9), including 2 physical therapists, 1 occupational therapist, 3 oncologists, 1 transplant infectious disease specialist, 1 clinical psychologist, and 1 social worker. Experts had specialties in HCT survivorship and managing HCT patients.

- The evidence was graded using a 3-tier system based on a similar approach to prior ASTCT guidance documents; most literature was not from randomized controlled trials.
- Recommendations suggest health care providers collaborate with patients about work-related goals, refer patients to physical therapy to optimize physical fitness, and facilitate communication between the patient and their employer during specific intervals from pre- to post-transplant.
- A key recommendation is starting the process with patients as early as pre-transplant to develop a flexible return-to-work plan. Evidence suggests that employers may struggle to understand what accommodations and supports patient's need and health care providers can provide valuable insight to assist with this transition.

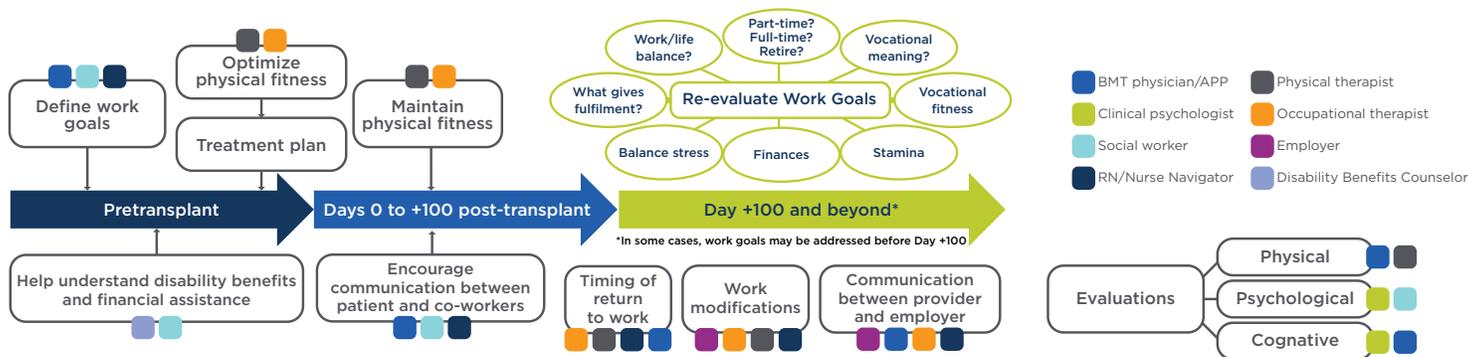


Figure: Proposed Coordination Model for Return to Work. Used with permission of the study team.

## Advancing Practice and Improving Outcomes:

NMDP/Be The Match and the CIBMTR® (Center for International Blood and Marrow Research®) are committed to patients thriving after transplant. Developing evidence-based guidelines for health care providers to support patients returning to work post-HCT can promote optimal quality of life and survivorship. Our research programs are committed to evaluating novel treatment strategies that can optimize outcomes and improve coordinated care for all patients.

Read the publication in Transplantation and Cellular Therapy ([10.1016/j.itct.2022.09.017](https://doi.org/10.1016/j.itct.2022.09.017)).

## You can support your patient's journey both pre- and post-transplant by:

- Discussing work goals early with your patients. Keep in mind that they may change throughout their transplant journey.
- Collaborating with the team of health care providers (nurses, physical therapy, psychiatry, social work) to determine the patient's readiness to go back to work.
- Advising that your patients speak with their employers about flexibility and accommodation (these are required as long as the job is being held).
- Making sure that your patients understand their disability benefits and that they can work part-time and still receive disability insurance.

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