



BMT in childhood linked with higher jobless rate in adulthood

After survivors of childhood blood or marrow transplants (BMT) grew up, they had above-average rates of joblessness, according to one study.

Researchers studied nearly 3,000 young adults, aged 18-32. Everyone had BMT during childhood, sometime between 1985 and 2010. About half had BMT in the U.S.

Although many BMT survivors were working or students, as a group, they had higher unemployment rates than average during 1996-2016. In the U.S., survivors had unemployment rates of about 15% (15 out of 100 people), compared to average rates of 5-10% (5 to 10 out of 100 people). Survivors who had BMT outside the U.S. had even higher rates of joblessness.

Certain things were linked with a higher risk of joblessness:

- Having BMT before age 5
- Being sicker and less able to perform daily activities at the time of BMT
- Getting total body irradiation (TBI) and standard intensity chemotherapy (chemo) to prepare for BMT

The researchers got employment info from the participants' medical charts, so they could not ask why people didn't have jobs. They say more research is needed to find the safest treatment to prepare the body for BMT. They also say researchers should study ways to help BMT survivors do well in school and at work.

Keep in mind

More than half of the study participants were white and male, so the results may not apply to everyone.

You might ask the doctor

- What is the best treatment for me (or my child) to prepare my body for BMT?
- What resources are available to help with work or school, during and after BMT?

Learn more about

- This research
- Returning to work after BMT
- Going back to school after BMT

Source

Bhatt NS, Brazauskas R, Tecca HR, et al. Post-transplantation employment status of adult survivors of childhood allogeneic hematopoietic cell transplant: A report from the Center for International Blood and Marrow Transplant Research (CIBMTR). Cancer. 2019 Jan 1; 125(1):144-152. doi:10.1002/cncr.31781. Epub 2018 Oct 12. PMC6310211.

About this research summary

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