

Work Disability and Return to Work After Treatment for Acute Lymphoblastic Leukemia: A Danish Nationwide Cohort Study [Letter]

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Dear editor

We have perused the research article entitled “Work Disability and Return to Work After Treatment for Acute Lymphoblastic Leukemia: A Danish Nationwide Cohort Study” by Maksten et al.¹ This is a valuable and unprecedented study in Denmark. Paying attention to and investigating the work ability (eg, the risk of work disability and return to work, associated factors) of survivors with acute lymphoblastic leukemia (ALL), and providing tailored interventions when necessary, are some of the important missions of cancer rehabilitation and extended care services, which can also promote economic development and maintain social stability. This study is the first to investigate the risk of disability pension (DP) and return to work (RTW) for ALL survivors on a national scale in Denmark. It provides timely epidemiological data for understanding work disability and RTW after treatment for ALL.

This research article was well written, with a reasonable study design, appropriate methods, and rich and detailed results. In addition, the authors conducted in-depth discussion around the research results, fully compared their research findings with other studies performed in Denmark and other Nordic countries (eg, Sweden, Norway), and explained in detail the reasons for the differences between different research results.

There are several areas for improvement and further research directions in this study. (1) Because patients who were not in complete remission or were dead before the index date were excluded, this study included only 154 ALL patients, with a relatively small sample size. We would like to point out that these excluded samples led to the loss of a large number of censored values, which may have resulted in some valuable information being missed. We suggest that the authors reconsider such excluded samples in future research, and handle data and perform statistical analysis through methods such as survival analysis (eg, life-table method, Kaplan–Meier, log-rank or generalized rank sum test) or intention-to-treat analysis,² in order to draw more convincing conclusions and objectively reflect the real-world situation. (2) Set other hematological malignancies or other types of cancer (eg, gastrointestinal cancer, breast cancer, gynecological cancer) as the control group and compare the risk of DP and RTW after treatment between ALL and other cancers. (3) Further extend the follow-up time and continue to explore the long-term cumulative risk of DP and RTW for ALL survivors. (4) We suggest that the authors evaluate the financial toxicity after treatment for ALL nationwide in Denmark. (5) Work disability and RTW after ALL treatment are influenced by multi-faceted factors, and research on this topic can be conducted through quantitative, qualitative, or mixed studies in the future. Understanding the modifiable influencing factors (eg, social support, psychological distress, self-perception of health status, work environment)³ of work disability and RTW among ALL patients, and identifying the specific mechanisms by which these factors affect work disability and RTW, are crucial for developing tailored interventions, and reducing the economic burden on patients, improving their quality of life, and promoting positive health outcomes.

Disclosure

The authors report no conflicts of interest in this communication.

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