

# SETTING THE SCENE

## COVID-19 vaccination in patients with cancer

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## WHY CANCER PATIENTS?

1. Increased risk of mortality from COVID-19
2. Increased risk of mortality from cancer
3. Increased risk for hospital outbreaks

# WHY CANCER PATIENTS?

1. **Increased risk of mortality from COVID-19**
2. Increased risk of mortality from cancer
3. Increased risk for hospital outbreaks

# DIRECT IMPLICATION OF COVID-19



ESMO > COVID-19 and Cancer > Collaborating on registries, studies and surveys

## ESMO-COCARE REGISTRY

### ESMO-CoCARE

International Collaborative Registry



The COVID-19 & Cancer Consortium

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### The COVID-19 and Cancer Consortium

Please click the button below to report on a patient with cancer and COVID-19. See below for eligibility.

[ACCESS THE SURVEY](#)

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## TERAVOLT



# DIRECT IMPLICATION OF COVID-19



ESMO > COVID-19 and Cancer > Collaborative  
**ESMO-COCARE REGISTRY**

**ESMO-CoCARE**

**International Collaborative Registry**

## INCREASED RISK OF DEATH



Consortium

TS DATA CURRENT EVIDENCE RESOURCES

**and  
Consortium**

Please click the button below to report on a patient with cancer and COVID-19. See below for eligibility.

**ACCESS THE SURVEY**

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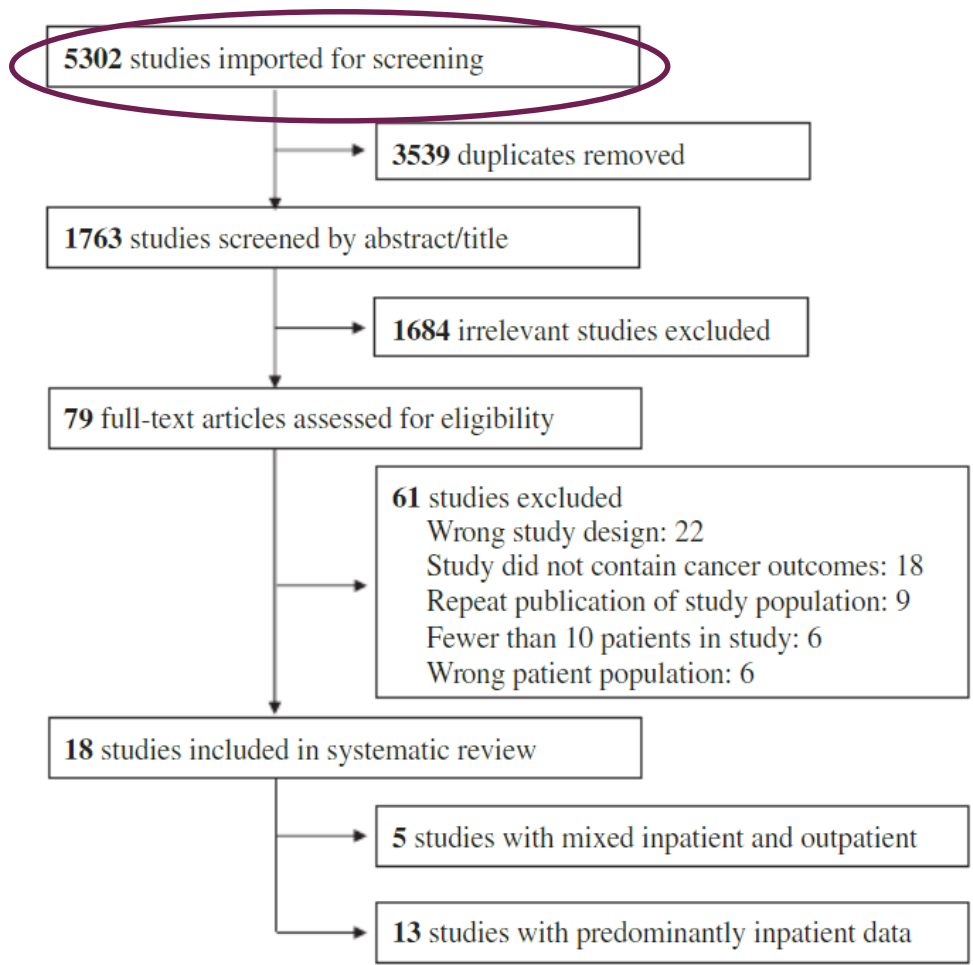
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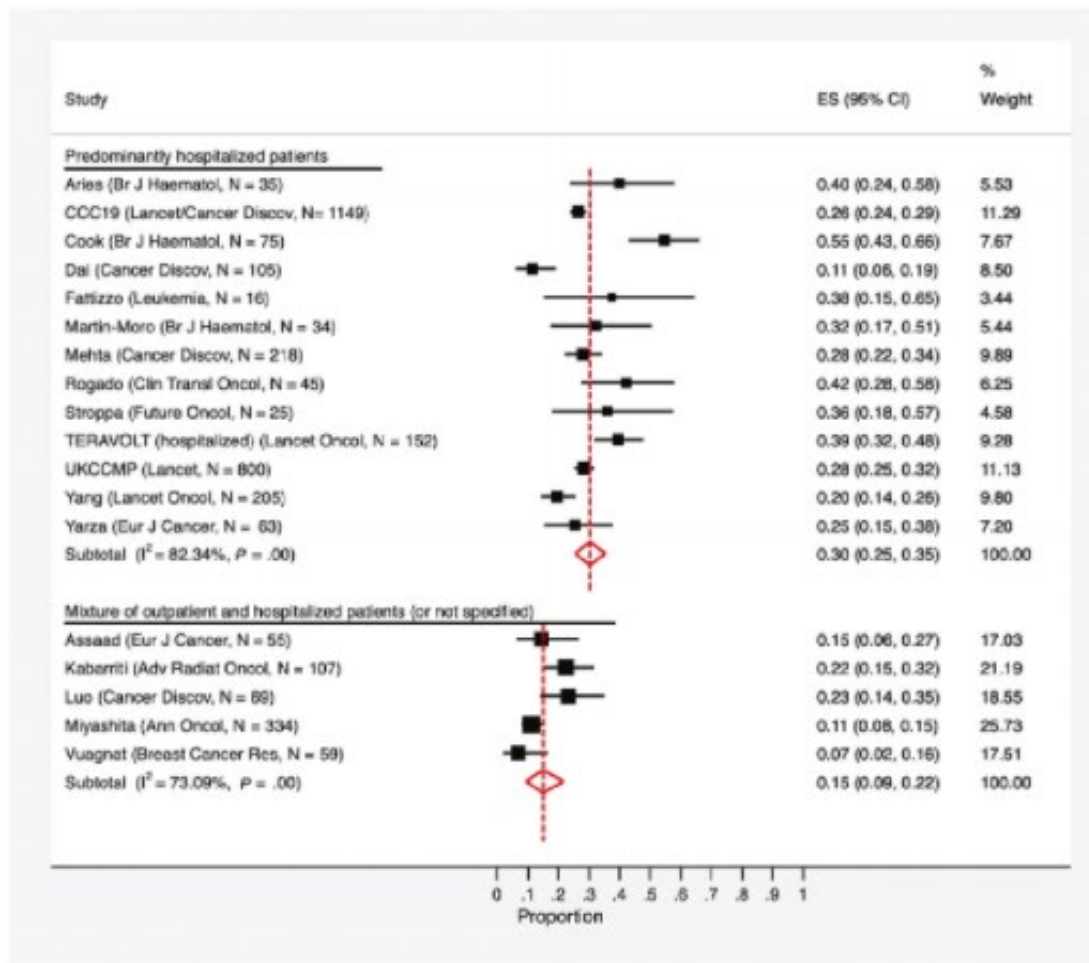


**TERAVOLT**

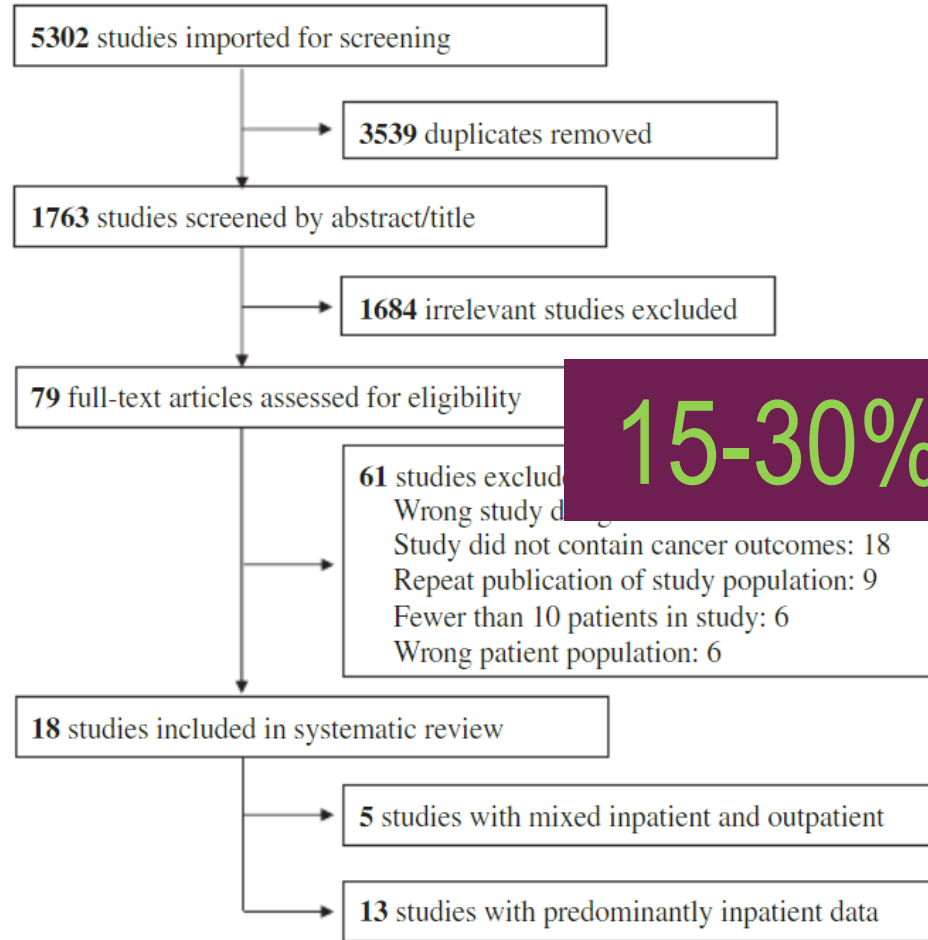




**Figure 1.** Preferred Reporting Items for Systematic Reviews and Meta-Analyses study inclusion and exclusion are illustrated.



**Figure 3.** A meta-analysis of overall mortality among patients with cancer and coronavirus disease 2019 (COVID-19) (all studies) is illustrated. CCC19 indicates COVID-19 and Cancer Consortium (Kuderer et al<sup>11</sup> and Rivera et al<sup>27</sup>); ES, effect size; TERAVOLT, Thoracic Cancers International COVID-19 Collaboration (Garassino et al<sup>25</sup>); UKCCMP, UK Coronavirus Cancer Monitoring Project (Lee et al<sup>15</sup>). Names on the left are lead author names from the remaining studies that were included in the meta-analysis.<sup>24-27,29-32,34-40</sup>



**Figure 1.** Preferred Reporting Items for Systematic Reviews and Meta-Analyses study inclusion and exclusion are illustrated.

**15-30% COVID MORTALITY**



**Figure 3.** A meta-analysis of overall mortality among patients with cancer and coronavirus disease 2019 (COVID-19) (all studies) is illustrated. CCC19 indicates COVID-19 and Cancer Consortium (Kuderer et al<sup>11</sup> and Rivera et al<sup>27</sup>); ES, effect size; TERAVOLT, Thoracic Cancers International COVID-19 Collaboration (Garassino et al<sup>25</sup>); UKCCMP, UK Coronavirus Cancer Monitoring Project (Lee et al<sup>15</sup>). Names on the left are lead author names from the remaining studies that were included in the meta-analysis.<sup>24-27,29-32,34-40</sup>

# UKCCMPProject

**Diabetes**  
 No diabetes (ref)  
 Controlled (HbA1c <58mmol/mol)  
 Uncontrolled (HbA1c >=58mmol/mol)  
 Unknown HbA1c

**Cancer (non-haematological)**  
 Never (ref)  
 <1 year ago  
 1-4.9 years ago  
 5+ years ago

**Haematological malignancy**  
 Never (ref)  
 <1 year ago  
 1-4.9 years ago  
 5+ years ago

**Asthma**  
 No asthma (ref)  
 With no recent OCS use  
 With recent OCS use

**Chronic respiratory disease**

**Chronic cardiac disease**

**Hypertension/high bp**

**Chronic liver disease**

**Stroke or dementia**

**Other neurological**

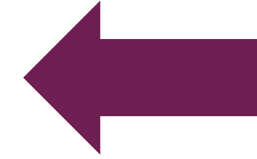
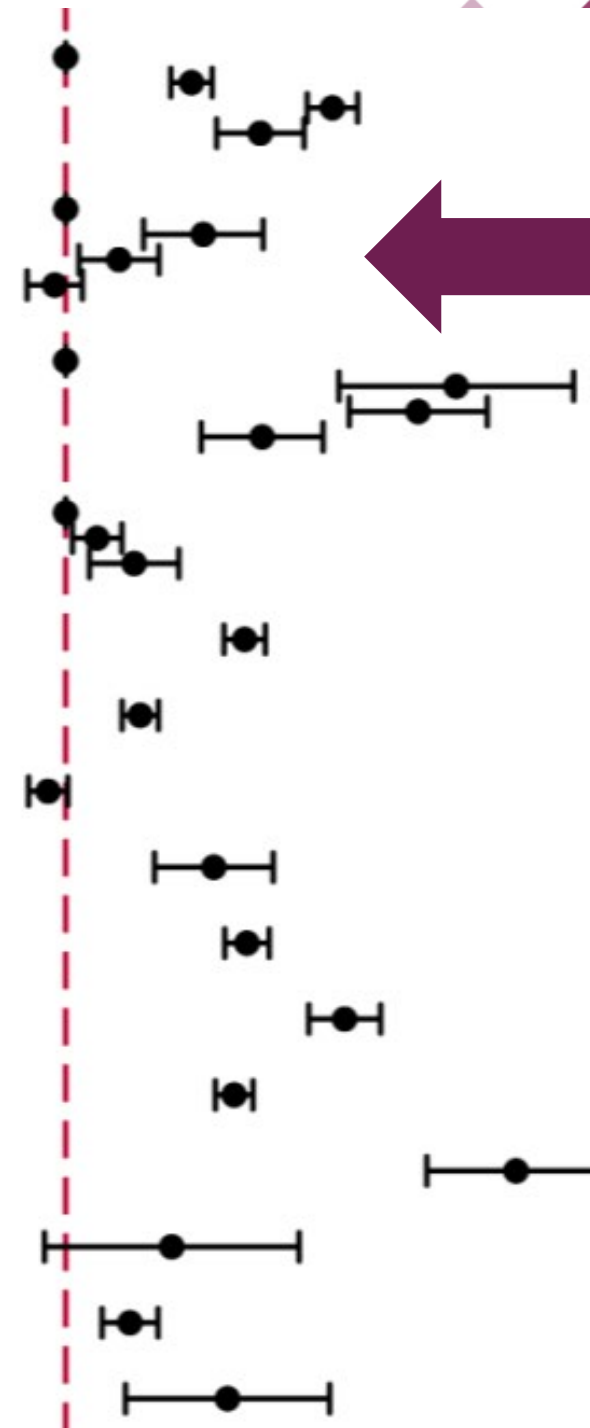
**Reduced kidney function**

**Organ transplant**

**Spleen**

**Rheumatoid arthritis/Lupus/Psoriasis**

**Other immunosuppression**





# MOSTLY REPORTED RISK FACTORS

1. Hematological malignancies and thoracic cancers
2. Age
3. ECOG- Performance Status
4. Disease Stage
5. Comorbidities
6. Active treatments
7. Recent diagnosis of cancer

## WHY CANCER PATIENTS?

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2. **Increased risk of mortality from cancer**
3. Increased risk for hospital outbreaks

# INDIRECT RISK AND INCREASED MORTALITY FOR CANCER



Disruption of cancer services (WHO)

Delay to reduce presence in the hospitals

Delay of the treatments due to COVID-19

Delay of the treatments due to Quarantine

Long positivity of Swabs

# WHY CANCER PATIENTS?

1. Increased risk of mortality from COVID-19
2. Increased risk of mortality from cancer
3. **Increased risk for hospital outbreaks**

## SPREAD WITHIN HEALTH CARE FACILITIES



Patients on active treatments may have multiple accesses/visits to the hospitals (from 1/ month to daily)

- ◆ Can be infected
- ◆ Can infect

Impossibility to have carers around (in-patients, out-patients)

# CONSIDERATIONS ON SARS-COV2 VACCINE IN CANCER

- Scanty data on SARS-CoV2 vaccine
- Many data on vaccination in general
  - Exclusion of live-attenuated vaccines and replication competent vector vaccines
  - Reduced protective effect with B depleting agents (anti CD19, anti CD20, anti CD19 CAR-T cells)
  - Reduced in patients with immunosuppression
- We believe that SARS-CoV2 vaccine (mRNA and not live) could have similar safety to healthy people
- Best timing might be before starting systemic treatment
- **We suggest to collect data to improve knowledge**

The screenshot shows the ESMO website interface. At the top, there are social media icons for Facebook (27K), Twitter (46K), YouTube (4.9K), LinkedIn (27K), and Instagram (5.5K). The main header is green with the ESMO logo and the text 'ESMO STATEMENTS FOR VACCINATION AGAINST COVID-19 IN PATIENTS WITH CANCER'. Below the header, there is a section titled 'COVID-19 vaccination in cancer patients: ESMO statements'. The text reads: 'ESMO has released ten statements to address issues and concerns on immunising patients with cancer against COVID-19. By reviewing the current knowledge available, a group of 16 ESMO representatives authored and reviewed answers to key questions on the efficacy and safety of vaccines targeting the Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)'. There are three expandable sections: 'What are the vaccines being developed and nearing approval?', 'What is the incidence and severity of COVID-19 in patients with cancer, and where should they be positioned in vaccination priority policies?', and 'What is the ability of cancer patients to mount an immune response following vaccination?'. On the right side, there is a 'Contributors' section listing names such as Marina Chiara Garassino, Nicola Giesen, Petros Grivas, Karin Jordan, Francesca Lucibello, Olivier Mir, George Pentheroudakis, Florian Scotté, Marie von Lilienfeld-Toal, Giuseppe Curigliano, John Haanen, Uwe Gerd Liebert, Florian Lordick, Ignacio Melero, Corinna Pietsch, and Solange Peters.



## ESMO STATEMENTS FOR VACCINATION AGAINST COVID-19 IN PATIENTS WITH CANCER

### COVID-19 vaccination in cancer patients: ESMO statements

ESMO has released ten statements to address issues and concerns on immunising patients with cancer against COVID-19.

By reviewing the current knowledge available, a group of 16 ESMO representatives authored and reviewed answers to key questions on the efficacy and safety of vaccines targeting the Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

#### What are the vaccines being developed and nearing approval? ✓

#### What is the incidence and severity of COVID-19 in patients with cancer, and where should they be positioned in vaccination priority policies? ✓

#### What is the ability of cancer patients to mount an immune response following vaccination? ✓

### Contributors

Marina Chiara Garassino<sup>1</sup>,  
 Nicola Giesen<sup>2</sup>, Petros Grivas<sup>3</sup>,  
 Karin Jordan<sup>2</sup>, Francesca  
 Lucibello<sup>4</sup>, Olivier Mir<sup>5</sup>, George  
 Pentheroudakis<sup>6</sup>, Florian  
 Scotté<sup>7</sup>, Marie von Lilienfeld-  
 Toal<sup>8,9</sup>, Giuseppe Curigliano<sup>10</sup>,  
 John Haanen<sup>11</sup>, Uwe Gerd  
 Liebert<sup>12</sup>, Florian Lordick<sup>13</sup>,  
 Ignacio Melero<sup>14,5,16</sup>, Corinna  
 Pietsch<sup>17</sup> and Solange Peters<sup>18</sup>

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# AACR



## CANCER DISCOVERY

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Science in Society

### Priority COVID-19 Vaccination for Patients with Cancer while Vaccine Supply Is Limited

Antoni Ribas, Rajarshi Sengupta, Trevan Locke, Sayeed Kaleem Zaidi, Katie M. Campbell, John M. Carethers, Elizabeth M. Jaffee, E. John Wherry, Jean-Charles Soria, and Gypsyamber D'Souza; for the AACR COVID-19 and Cancer Task Force

DOI: 10.1158/2159-8290.CD-20-1817 [Check for updates](#)

Article Figures & Data Info & Metrics PDF

#### Abstract

**Summary:** Published series on COVID-19 support the notion that patients with cancer are a particularly vulnerable population. There is a confluence of risk factors between cancer and COVID-

This OnlineFirst version was published on January 4, 2021  
doi: 10.1158/2159-8290.CD-20-1817

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## ASCO in Action



ASCO Advocates for Priority Status for Cancer Patients in COVID-19 Vaccine Distribution Plans; Provides Information on Safety and Efficacy of Vaccinations

December 23, 2020

The American Society of Clinical Oncology and the Association for Clinical Oncology, collectively referred to as ASCO, understand the challenges faced by ASCO members and



#### Related ASCO in Action

Extend Key Regulatory Flexibilities and Leverage New Technologies During Pandemic and Beyond  
*January 6, 2021*

The logo for ESMO (European Society for Medical Oncology) consists of the letters "ESMO" in a bold, sans-serif font. The letters are colored: "E" is green, "S" is purple, "M" is blue, and "O" is red.



# THE HUMAN PART: THE LONELINESS OF LIVING CANCER



**THANK YOU!**