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
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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 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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DIRECT IMPLICATION OF COVID-19

INCREASED RISK OF DEATH
Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses study inclusion and exclusion are illustrated.
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15-30% COVID MORTALITY

Deisai, Cancer 30 dec 2020
Risk factors assessed from 17 million electronic health records from the NHS

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

Anton Ribas, Rajeshri Sengupta, Trevor Locke, Sayyed Kaleem Zaidi, Katie M. Campbell, John M. Carethers, Elizabeth M. Jaffee, E. John Wherry, Jean-Charles Soria, and Gopi Sambamurti for the AACR.COVID-19 and Cancer Task Force

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cox: 10.1371/journal.pcyt.0000000

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-19, including chemotherapy, immunosuppression, and organ dysfunction. These conditions increase the risk of severe COVID-19 and mortality. In order to prioritize COVID-19 vaccination for patients with cancer, the American Society of Clinical Oncology (ASCO) and the Association for Clinical Oncology (ACO) released recommendations in March 2020. The recommendations were revised in July 2020 to include patients with cancer who are not immunocompromised but have comorbid conditions that increase the risk of severe COVID-19. The recommendations were further revised in December 2020 to include patients with cancer who are not immunocompromised but have comorbid conditions that increase the risk of severe COVID-19.

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

CancerSocietyFoundation Dialogues
THE HUMAN PART:
THE LONELINESS OF LIVING CANCER
THANK YOU!