Welcome to Yale Cancer Answers with your host doctor Anees Chagpar. Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week, it’s a conversation about the Covid vaccine and cancer patients with Doctor Kerin Adelson. Doctor Adelson is the chief quality officer and Deputy Chief medical officer at Smilow Cancer Hospital and an associate professor at the Yale School of Medicine where Doctor Chagpar is a professor of surgical oncology.

Kerin, let’s start by talking a little bit about this vaccine. You know there’s been a lot in the news about the vaccine, and many people, whether their cancer patients or even the general population have a bit of
trepidation about the vaccine. Can you tell us about its safety?

Yes, this vaccine is very, very safe. Both vaccines that are currently approved were studied in a randomized controlled trial with thousands of patients and demonstrated to be both very safe and highly effective, and so in terms of cancer patients, I know that they may have a lot of concerns themselves that may be separate and apart from the general population.

So the first thing is should they get the vaccine? They may be on treatment, they may have just finished treatment. Are you recommending the vaccine to your patients?

I most certainly am. So patients with cancer who have other medical problems, patients who are on treatment that could make them more vulnerable to the effects of COVID-19 are in a position where they need the vaccine more than the general population. Is that because cancer patients are more at risk of contracting COVID-19?
more at risk of catching COVID, but they are more at risk of having a severe course of illness. And it’s not all patients with cancer, but especially patients who have active cancer or cancer in the lungs or cancer where the cancer itself suppresses the immune system like some of the blood cancers may be more vulnerable to the serious complications that can happen with the COVID-19 infection. And for those people, it is really, really important that they take advantage of this opportunity to protect themselves with the vaccine. Cancer patients are often older now, of course not across the board, but we know that older patients are also more vulnerable to the effects of COVID-19. A couple of questions to follow up on that, you know patients who are currently on treatment, they are worried about the fact that their immune system often is repressed with chemotherapy, such that sometimes their oncologists may even give them things like GCSF to kind of boost their immunity and so they may be
wondering whether they will mount an effective response against Covid with the vaccine, has that been studied? That is a great question, so there have not been trials of the vaccine in patients with cancer yet. And so all of those concerns are legitimate concerns. And what I would really stress is that each patient should talk to their treating oncologist or hematologist, or even primary care doctor, about when in the course of treatment is the best time for them to get the vaccine. Generally across the country we are erring on the side of it’s better to get the vaccine and hopefully get some protection. But we understand that there may be patients with a suppressed immune system who don’t mount as much of a response to the vaccine as would be ideal. We’re not going to know that, though, until patients get the vaccine and we actually are able to collect their serum and study whether or not they are able to make the antibodies that they will need to be protected from COVID-19. But it’s really important to point out, even if they don’t make a large response, to protect them from COVID-19 to the vaccine,
0:05:29.5 –> 0:05:32.2 they’re not at risk for extra
0:05:32.2 –> 0:05:34.7 complications of getting the vaccine.
0:05:34.7 –> 0:05:37.5 This is not a live vaccine,
0:05:37.53 –> 0:05:39.89 it’s not a dangerous vaccine,
0:05:39.89 –> 0:05:42.25 so the recommendations still are
0:05:42.25 –> 0:05:44.61 that people become vaccinated.
0:05:47.91 –> 0:05:51.69 There may be some populations of patients
0:05:51.69 –> 0:05:54.336 who are the most severely immunosuppressed,
0:05:54.34 –> 0:05:57.707 have gone through a recent bone marrow
0:05:57.707 –> 0:06:00.969 transplant for example or Car T cell therapy
0:06:00.97 –> 0:06:04.442 who may it may be recommended by their
0:06:04.442 –> 0:06:07.6 treating doctor that they wait a few
0:06:07.6 –> 0:06:09.81 months before getting the vaccine,
0:06:09.81 –> 0:06:12.204 but that is the vast minority
0:06:12.204 –> 0:06:14.67 of patients on cancer treatment.
0:06:14.67 –> 0:06:17.328 And for patients who are on
0:06:17.33 –> 0:06:19.094 pretty standard
0:06:19.094 –> 0:06:20.417 chemotherapy and immunotherapy,
0:06:20.42 –> 0:06:22.188 we absolutely are recommending
0:06:22.188 –> 0:06:23.956 that they get vaccinated.
0:06:22.188 –> 0:06:23.956 that they get vaccinated.
0:06:24.58 –> 0:06:27.73 So a couple of follow up questions to that.
0:06:27.73 –> 0:06:29.921 One of the concerns that many people
0:06:29.921 –> 0:06:31.929 have not only cancer patients,
0:06:31.93 –> 0:06:33.65 but even the general population
0:06:33.65 –> 0:06:35.37 is whether they can catch
0:06:35.439 –> 0:06:36.827 covid from the vaccine.
0:06:36.83 –> 0:06:38.58 And I know that you
0:06:38.58 –> 0:06:39.98 mentioned that in passing,
0:06:39.98 –> 0:06:41.73 but maybe you’d like to
0:06:41.73 –> 0:06:43.13 just reiterate the point
that this vaccine will not give you COVID. It is not a live virus that can spread throughout the body. It does not have all the mechanics and parts it needs to grow and reproduce.

So when you hear about people developing symptoms from the COVID-19 vaccine, those symptoms are really related to the vaccinee, so I think I just made up that word, but the vaccinees own immune system revving up to begin to mount protection against the COVID-19 virus. But it is not from the vaccine itself doing harm or damage. And so I've already had one dose of the vaccine and I definitely developed some achiness afterwards, the way one might if they were fighting a virus, but it’s mild and it lasted a few days and now I’m getting ready for my second dose.

The other question has to do with when cancer patients should get the vaccine. So we talked a little bit about mounting an immune response to the vaccine.
get it if they haven’t yet started chemo
that they get it before they start chemo?
We advise
if there is time for
them to get at least one dose of the
vaccine before they start treatment,
we certainly would recommend that.
Currently, the state limitations are not
open to everybody who has cancer yet,
but I think in the next month we
will begin to see the sort of parameters
of who the vaccine is available for
broadening mostly I would say the really
most important thing is for
every patient who’s dealing with a cancer
diagnosis to talk to their treating
doctor about what timing is ideal.
But certainly if there’s an
opportunity before they start treatment
to get vaccinated,
we would recommend that and then for
patients who are on cyclical treatment
or repeated doses of chemotherapy,
we would recommend that you talk to
your doctor and figure out with your
doctor which timing is best given your
specific regimen.
And once you get the vaccine, are there
precautions that you need to take?
It’s very important for everyone
to realize that the vaccine does
not confer immediate projective action against COVID-19 infection even after the first dose, it could take 10 days or more to mount an immune response and I think the estimates are that after one vaccine you have about 50% protection, so we absolutely recommend that people continue to socially isolate, continue to wear masks and continue to exercise all of the precautions that we’ve learned are so protective against getting a COVID-19 infection. What about families of cancer patients? Should they get vaccinated too? Does that have any implications for the cancer patient themselves? So that’s a great question. We know that COVID-19 does spread rapidly within families, but in terms of family members, being able to get the vaccine, they currently fall into the group that their demographic falls into already, so family members will be able to get the vaccine based on their own age and or their profession or their degree of medical problems following the algorithms that have
come from all the different states. Is it possible that at some point the vaccine would be opened up to family members of patients who are at higher risk? It’s possible, but that has not been committed to yet given the limited number of vaccines that have been available so far, and that brings me to other groups of cancer patients and we talked a little bit about cancer patients on active treatment too, might be at particularly high risk for sequelae of covid. What about cancer survivors? Let’s say you had breast cancer five years ago. You might be taking endocrine therapy, but otherwise are pretty well. Would you get priority in terms of getting the vaccine? Is it important for you to get the vaccine earlier, or should you wait until it’s open to the general population? That’s another really good question that has some subtlety in how patients will be selected for the vaccine. So for the most part, somebody who has been cured of cancer
who is not on any active treatment that would affect their immune system, who does not have metastatic cancer is not really at higher risk for COVID-19 or the complications related to it. That aside, I think that the state will be rolling out the vaccination at some point to patients who have comorbidity, or another diagnosis that could lead to complications of COVID-19 and so really all patients should be talking to their doctors about which group they fall into. I think that all of these are such important questions and we’re going to take a short break for a medical minute to learn more about Covid and the vaccine, especially for cancer patients. Please stay tuned to learn more with my guest Doctor Kerin Adelson. Support for Yale Cancer Answers comes from AstraZeneca, working to change how cancer is treated with personalized medicine. Learn more at astrazeneca-us.com. This is a medical minute about genetic testing which can be useful for people with certain types of cancer that seem to run in their families. Patients that are considered at risk receive genetic counseling and testing so
informed medical decisions can be based on their own personal risk assessment. Resources for genetic counseling and testing are available at federally designated comprehensive cancer centers. Interdisciplinary teams include geneticists, genetic counselors, physicians, and nurses who work together to provide risk assessment and steps to prevent the development of cancer. More information is available at yalecancercenter.org.

You’re listening to Connecticut Public Radio. Welcome back to Yale cancer Answers. This is Doctor Anees Chagpar and I’m joined tonight by my guest doctor Kerin Adelson and we’re talking about Covid and cancer patients and right before the break we were talking about the covid vaccine and the fact that for many of our cancer patients, particularly those who are on active treatment, that the vaccine is still recommended and that you should talk to your doctor about getting this when it is available for cancer patients. Kerin, just to kind of tag on to the discussion that we...
were having before the break, you had mentioned that after you get the dose of vaccine, your body mounts an immune response that can leave you with some sequelae. Maybe some achiness, maybe a low grade fever. Maybe chills and for a lot of people they may have heard that you kind of feel a little bit like crap, and when you’re on chemo, you might feel like crap too. So how should cancer patients think about how they’re going to feel after the vaccine? And are there any precautions or concerns that you might advise in terms of overcoming those sequelae? That’s a great question and the way to really think about this is if you develop side effects or if you develop symptoms after getting the vaccine, that’s a sign that your immune system is kicking in and doing its job. We don’t know yet whether people who get more side effects actually get more protection from the vaccine. That doesn’t seem to be the case, but I certainly would not be overly concerned. And patients who are getting side effects,
say achiness or a low grade fever, people have a lot of actual soreness at the injection site, more even than with other vaccines like the flu vaccine, for example, but we would just recommend taking some Tylenol, taking it easy, trusting your body and really appreciating the fact that the side effects you may feel may be a sign that in the next six weeks or so you will have protection against this virus and so if you have taken the vaccine and you’re due for your next dose of chemotherapy, but you’re feeling like crap, what should you do? Should you talk to your doctor about maybe pushing your next dose of chemo out? Should you go and take the chemo anyways? How should patients kind of navigate that landscape? Yeah, I think that is a question that I can’t answer for the general population because people’s treatment and the timing of their treatment vary so much, and in the urgency of getting a treatment on time, varies with different
treatments in different regimens as well. So I would say the most important thing is to talk to their treating oncologist or hematologist. Well I want to transition a little bit to talking about actual covid and cancer patients. Many cancer patients have questions that pertain to what it’s like or what they should do when exposed to covid. So let’s take it from the most benign to the most severe cases. So right now, we know that we’re in the middle of the pandemic, and every day we watch the news and we see more and more people getting affected by covid. We know that there are variants in the population that have more infectivity than the standard strain, so just in terms of general precautions, what precautions should cancer patients take in order to mitigate their risk of developing covid? Yes, maintaining social isolation is the most important thing right now. It’s not putting yourself in a place where you are at risk for contracting the virus.
So really, minimizing exposures to groups of people, especially in the indoor setting. Certainly not getting together with people who were exposed to the virus and whenever you do need to be in close proximity to somebody, wearing a mask other than your immediate family members. I think as the covid prevalence has really spread through the community, the chance of having an asymptomatic infection has gone way up, so there will be circumstances and we've certainly seen this in our patients where a family member does have covid and the rest of the family needs to protect themselves against contracting the virus and in that situation, obviously, if that person can go stay somewhere else where they won’t expose their family member or especially their family member with cancer, that’s ideal. If that’s not feasible, we really recommend that the infected person be isolated in a room wearing masks, and that contact be minimized. Hand sanitizer be used as regularly as possible and that people really, really work to do whatever they can not to get the virus, so picking up on that when you
0:19:56.287 –> 0:19:58.33 talk about cancer patients,
0:19:58.33 –> 0:20:00.114 social isolating do you
0:20:00.114 –> 0:20:02.231 say they shouldn’t
0:20:02.231 –> 0:20:04.266 go to the grocery store,
0:20:04.27 –> 0:20:05.401 they shouldn’t
0:20:05.401 –> 0:20:08.04 socialize or is it really just
0:20:08.111 –> 0:20:10.386 maintaining that 6 foot distancing?
0:20:10.39 –> 0:20:12.29 Or do cancer patients really
0:20:12.29 –> 0:20:14.19 need to take more precautions
0:20:14.262 –> 0:20:16.098 than the general population?
0:20:17.03 –> 0:20:18.422 That’s a great question,
0:20:18.422 –> 0:20:21.538 and I think there’s been a lot of
0:20:21.538 –> 0:20:23.928 controversy with what precautions the
0:20:23.928 –> 0:20:26.32 general population should take as well.
0:20:26.32 –> 0:20:28.973 I would really stress that social
0:20:28.973 –> 0:20:30.941 isolation not putting yourself in
0:20:30.941 –> 0:20:33.215 a position where you’re exposed to
0:20:33.215 –> 0:20:36.261 many people who could be carrying the
0:20:36.261 –> 0:20:38.033 virus remains absolutely essential.
0:20:38.04 –> 0:20:39.472 Mask wearing is better,
0:20:39.472 –> 0:20:42.48 but it’s by no means a guarantee,
0:20:42.48 –> 0:20:45.063 so this is not the
0:20:45.063 –> 0:20:47.919 time to go to rock concerts.
0:20:47.92 –> 0:20:50.748 But we all have to eat occasionally.
0:20:50.75 –> 0:20:53.543 We have to go to the supermarket
0:20:53.543 –> 0:20:56.328 and if you do that,
0:20:56.328 –> 0:20:58.512 I just suggest wearing a mask
0:20:58.512 –> 0:21:00.439 and using hand sanitizer,
0:21:00.44 –> 0:21:02.2 and certainly taking advantage of
0:21:02.2 –> 0:21:04.54 things like on line grocery delivery
0:21:04.54 –> 0:21:07.82 programs whenever possible.
Bringing us to the next situation which you mentioned in terms of families and before the break you had also mentioned that we’re seeing an increase in Covid cases spread between family members. So even when you’re in your household, say you have cancer, you’re in active treatment, you have kids who might be going to school part time or going out outside should you be wearing a mask inside your house even amongst your immediate family members or not? Or is that something that you should do only if somebody contracts Covid? So it’s very hard for people to wear masks in their own house, but I would say that if they are in close proximity to a family member who is at risk, grandchildren who are probably not following the rules the same way older people might. If you have a family member who’s an essential worker, and going to work where they could potentially contract it, maintaining distance and wearing masks certainly is ideal, not easy to implement in one’s own house,
but certainly as much as they can. We would recommend that. And if somebody tests positive then you really want to isolate that person who tested positive. What about mealtimes with people who might have covid? Many people have talked about the fact that when we’re eating, we’re clearly not wearing a mask. There tends to be a lot of droplets. If you’re in a household where somebody does have covid and you’re a cancer patient, what should you do at mealtimes? Should you separate those or should you separate those or

Yeah, if you have a family member with Covid, they need to be alone in a room getting their meals. This is not the time for us to come together in celebration so we do not recommend group meals especially when somebody has been identified as having covid, I’m going to digress a little, but one thing that has been so hard for people in this year of the pandemic, and especially for patients with cancer who are often facing questions of
mortality and can be really worried about living to the most in the time that they have left. This virus has really posed a challenge. A lot of my patients articulating that Covid has taken what they feel is a critical year from them, and being able to be with their loved ones and be with their family and experience life and experience the world and the only way to really see that limitation, or that last time coming to an end, is if we can all get vaccinated, and really get control of this virus on a national level. So if you’re debating whether or not to get the vaccine, the vaccine is what will allow you to begin to get your life back. So important. I know that many patients might be thinking you know, especially when we go back to the situation of having family members with covid and having to isolate And you might be, as you say, contemplating your own mortality.
and how much time you have left,
maybe thinking you know what,
I don’t want to not have
dinner with my family.
My family is really important to me and
I don’t know how many days I have left.
These are such tough
choices for people to make.
This has been such a tough year
really for everyone. But this
brings us to the last topic,
which is what about when cancer patients
actually start to get symptoms that
might make them concerned about covid?
So the first question is
sometimes the symptoms of Covid,
as you say, can be completely asymptomatic,
but sometimes they can have low grade fever.
They might have a cough,
they might have some chest pain,
they might have some shortness of
breath or changes in how they perceive,
taste and smell, but you can get a
lot of those symptoms with chemo too.
So how are patients to
differentiate the two,
and when should they call their doctor?
Yeah, so they should call
their doctor as soon as they have
any of those symptoms.
And you’re absolutely right.
It can be very hard to figure out whether patients are just experiencing the side effects of treatment, or whether they actually might have a covid infection, and because it was so important for us to be able to protect our population of patients with cancer from those who might actually be carrying the virus or contagious. We had to develop a whole new area actually just to screen our cancer patients for Covid so that they wouldn’t expose other patients when they might have symptoms, and so we are able if you call your doctor because you’re having symptoms, we are able to get a rapid test and screen our patients for symptoms to figure out whether it’s just side effects from treatment or whether they actually carry the virus. And so in our last minute or two, what if a cancer patient actually gets covid? What happens then? Can you kind of lay out the landscape of what happens? I mean, are they immediately hospitalized? Do they have to self isolate? What does that mean in terms of treatment?
I mean that must be just a double whammy. When one of our patients gets covid we have to evaluate them clinically, and if they are very clinically stable like many people are, we will send them home with instructions to self isolate. And assuming their symptoms don’t get worse, they will finish out their 10 days to two weeks and then can come back. For patients who develop more severe symptoms, they could in the end need to be hospitalized, especially if they’re having breathing problems. And if any of those more serious symptoms are developing, we would make sure that you talk to your doctor and if needed, bring you into the hospital. Doctor Kerin Adelson is the chief quality officer and Deputy Chief medical Officer at Smilow.
and an associate professor at the Yale School of Medicine. If you have questions, the address is canceranswers@yale.edu and past editions of the program are available in audio and written form at yalecancercenter.org. We hope you’ll join us next week to learn more about the fight against cancer here on Connecticut Public Radio.