

Protecting people with cancer from COVID-19: New recommendations from cancer guidelines organization

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Today, the National Comprehensive Cancer Network published significant updates to the expert consensus recommendations on vaccination and pre-exposure prophylaxis of COVID-19 in people with cancer. The NCCN Advisory Committee on COVID-19 Vaccination and

Pre-exposure Prophylaxis meets frequently to review all available research and provide evidence-based best practices for keeping people with cancer as safe as possible during the COVID-19 pandemic. The updated guidance includes information on the preventive use of human monoclonal antibodies in addition to the following principals:

- Patients with [cancer](#) should get fully immunized, including third doses and/or any approved boosters;
- There is a strong preference for mRNA vaccines;
- Vaccination should be delayed for at least 3 months following [hematopoietic cell transplantation](#) (HCT) or engineered [cellular therapy](#) (e.g. chimeric antigen receptor [CAR] T-cells) to maximize vaccine efficacy. Vaccine delays in patients with cancer should also include those recommended for the general public (e.g. recent exposure to COVID-19, recent monoclonal Ab therapy);
- Full vaccination is also recommended for caregivers, household/close contacts, and the [general public](#);
- The committee strongly supports full vaccination mandates for healthcare workers.

"All of us are called to do everything we can to save as many lives as possible during the ongoing pandemic," said Robert W. Carlson, MD, Chief Executive Officer, NCCN. "Vaccination is our most effective approach for avoiding serious COVID-19 complications, including hospitalization and death. However, research shows many immunocompromised people develop inadequate immune responses from vaccines. Thankfully, we now have additional tools to help people in active treatment for cancer, solid organ transplant recipients,

engineered cellular therapy (e.g. CAR T-cell) or stem cell transplant recipients (a.k.a. hematopoietic stem cells), and those with other immunodeficiency-causing conditions (such as HIV, DiGeorge syndrome, or Wiskott-Aldrich syndrome)."

The Food and Drug Administration (FDA) has issued an emergency use authorization for the monoclonal antibody combination of tixagevimab plus cilgavimab for pre-exposure protection from COVID-19 in adults and children starting at age 12 (weighing at least 40 kg) who have moderate to severe immune compromise and may not be responsive to vaccination. Patients with blood cancers (including those receiving stem cell transplantation or engineered cellular therapy) are more likely to have inadequate responses to COVID-19 vaccination and are at highest risk of major COVID-19 complications. The committee states that it is reasonable to prioritize these patients for tixagevimab plus cilgavimab before patients with solid tumor cancers in the event of limited supply.

"We have new agents to prevent and treat COVID-19 that will benefit patients with cancer," said Brahm Segal, MD, Roswell Park Comprehensive Cancer Center, Co-Leader of the NCCN Advisory Committee on COVID-19 Vaccination and Pre-exposure Prophylaxis. "An important challenge on a national level is to ensure drug availability to patients with cancer and others at high risk for COVID-19. The revised recommendations from the NCCN Advisory Committee on COVID-19 Vaccination and Pre-exposure Prophylaxis will provide guidance on the use of these agents for patients with cancer, including prioritization when supplies are limited."

The committee also supports recommendations from the Centers for Disease Control (CDC), American Society of Transplantation and Cellular Therapy (ASTCT), and the American Society of Hematology (ASH) that previously vaccinated patients completing stem cell transplantation or engineered cellular therapy should receive a repeat

vaccination series starting at three months post-treatment.

"The medical and scientific community's response to the COVID-19 crisis continues to be extremely encouraging, even in the face of setbacks like new variants and surging infection rates," said Dr. Carlson. "Rapid research, thoughtful analyses, and tireless care delivery is allowing us to save so many more people than we could have a year ago. We hope by sharing this simplified guidance highlighting the latest research and approvals, we can help make sure the very latest in evidence-based care reaches as many patients and providers as possible."

The NCCN Advisory Committee on COVID-19 Vaccination and Pre-exposure Prophylaxis is comprised of leading multidisciplinary physicians from across NCCN Member Institutions, with particular expertise in infectious diseases, [vaccine](#) development and delivery, cancer management, and medical ethics. NCCN will continue to update recommendations to adapt to changing circumstances, including the growing body of evidence.

More information: Updated guidance: www.nccn.org/covid-19

Provided by National Comprehensive Cancer Network

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