

## Medical Minute Provided by Victoria Youngblood

### NCCN COVID-19 Vaccination Advisory Committee Recommendations

The National Comprehensive Cancer Network (NCCN) has released preliminary recommendations for the administration of COVID-19 vaccinations to cancer patients. Large studies conducted over the last year have revealed that cancer patients are at high risk for COVID-19–associated complications, thus immunization may provide significant benefit. There is currently limited data surrounding the use of this vaccine in cancer patients, thus the NCCN assembled the *NCCN COVID-19 Vaccination Advisory Committee*, comprised of 40 medical doctors and scientists with expertise in oncology and infectious disease, to collectively provide an expert opinion.

The NCCN COVID-19 Vaccination Advisory Committee Recommendations are that:

- ⇒ Patients with cancer should be prioritized for vaccination (CDC priority group 1b/c) and should be immunized when vaccination is available to them.
- ⇒ Immunization is recommended for all patients receiving active therapy, with the understanding that there are limited safety and efficacy data in these patients.
- ⇒ Reasons for delay of vaccines are similar to those that impede delivery to the general public (e.g., recent exposure to COVID-19), and there are also cancer-specific factors. 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.
- ⇒ Caregivers and household/close contacts should be immunized when possible.

For **breast and ovarian cancer patients** in active treatment, the committee recommends receiving the vaccine whenever it is available. They acknowledge that the optimal timing of vaccination in relation to chemotherapy cycles is unknown, and thus recommend vaccination whenever possible. In the event of major surgery, however, they recommend waiting a few days from the time of surgery before accepting the vaccine. This is because, in the event of fever, there would be no way to differentiate whether the fever was a result of an infection due to surgery or a side effect of the vaccine.

For a full description of the recommendations and the key principles used to generate these recommendations, please visit:

[https://www.nccn.org/covid-19/pdf/COVID-19\\_Vaccination\\_Guidance\\_V1.0.pdf](https://www.nccn.org/covid-19/pdf/COVID-19_Vaccination_Guidance_V1.0.pdf)