Although we usually focus the March C-Word on colorectal and kidney cancer, and/or multiple myeloma, the three cancers associated with March, this month we are tackling a different, broader, and very timely topic: aspects of COVID-19 and its vaccine on people with cancer.

When it comes to COVID-19, patients with active cancer face unique issues. They may have a greater risk of severe illness from SARS-CoV-2 infection, which could lead to death. Cancer affects older people, many of whom have co-morbid conditions such as diabetes, heart disease, and lung dysfunction, which raises the chances of complications should they become sick with the SARS CoV-2 virus.

Nationwide, COVID-19 caused extraordinary challenges and disrupted cancer care and screening. The American Cancer Society’s newly released Cancer Facts & Figures 2021 includes a Special Section: COVID-19 and Cancer that further illustrates the pandemic’s impact. Cancellations and cancer treatment delays occurred for in-person provider visits, imaging services, surgical procedures, and access to supportive services. Decreases in cancer screenings, visits, therapy, and surgeries happened. Delays in cancer screening, diagnosis, and treatment stirs concerns that we will likely see a short-term drop in cancer diagnoses followed by increases in cancer diagnoses at advanced stages and with poorer survival. Cancer clinical trials were also reduced, with 60% of research programs temporarily stopping screening and/or clinical trials enrollment. Cancer Centers and health systems implemented COVID-19 precautions, developed new triage, COVID-19 screening and reporting protocols, and continued patient care services and research.

Unemployment and insurance loss. The loss of jobs and corresponding disruptions to employer-based health insurance have taken a toll on many, including cancer patients and their families.

Telemedicine/Telehealth. One bright spot is the increase of technology-based access to doctor consultations and specialists via telephone, video, and mobile applications. However, the pandemic has intensified the digital divide and health inequities that further negatively impact cancer disparities. Many people do not have access to technology, have limited bandwidth, or are not comfortable with telemedicine visits with their doctors.

COVID-19 Vaccination and Cancer Patients

Despite limited safety and efficacy data for this group to receive the COVID-19 vaccine, the National Comprehensive Cancer Network’s (NCCN) COVID-19 Vaccination Advisory Committee states not only should patients undergoing active cancer treatment be immunized, they should be given priority. However, there are exceptions to the NCCN’s preliminary recommendations of COVID-19 vaccination for patients with cancer. These include patients receiving treatment for cancers related to blood cell production (hematopoiesis) and those receiving stem cell transplant or specific cellular therapies. Further exceptions include patients with blood cancers or solid tumors receiving cytotoxic chemotherapy and other targeted therapies, and anyone experiencing severe and immediate adverse reactions to the COVID-19 vaccines. Importantly, as new research findings are available these initial guidelines will be updated.

The call to prioritize COVID-19 vaccines for patients with cancer is echoed by the American Association for Cancer Research. A February 17, 2021 letter signed by 140 organizations, cancer centers, and institutions, including the Georgia Cancer Center, was sent to President Biden urging that patients with cancer and their caregivers (≥16 years of age) be given COVID-19 vaccine priority. The National Cancer Institute (NCI) devotes multiple web pages to COVID and Coronavirus Vaccines for People with Cancer and offers a helpful Q&A section. The NCI COVID-19 in Cancer Patients Study (NCCAPS) is a 2-year natural history study of how COVID-19 affects cancer treatment and its consequences.

Patients should discuss the COVID-19 vaccine with their physician and oncologist. It is important to get vaccinated as the vaccine becomes available to your priority group and if it is medically safe to receive it. Vaccine side effects indicate the body is mounting an immune response, not that one is getting the virus itself. Whether or not a person with cancer chooses to get the COVID-19 vaccination, they and their caregivers should continue to protect themselves and others. Precautions include wearing masks to cover the nose and mouth, physical distancing, and avoiding crowds.
“The C Word” is a news brief of the Georgia Cancer Center at Augusta University. For cancer info visit: [augusta.edu/cancer/community](http://augusta.edu/cancer/community). To request exhibits or speaking engagements, contact Christine O’Meara at comeara@augusta.edu or 706-721-8353. Arrange for virtual presentations in order to follow Coronavirus precautions.

Sources:
6. National Cancer Institute (NCI) NCI COVID-19 in Cancer Patients Study (NCCAPS) [cancer.gov/research/key-initiatives/covid-19/coronavirus-research-initiatives/nccaps](http://cancer.gov/research/key-initiatives/covid-19/coronavirus-research-initiatives/nccaps)