



# Covid Vaccination and Breast Cancer

## Questions & Answers

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24<sup>TH</sup> NOVEMBER 2021

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## Introduction

Welcome to the Questions and Answers from the online session that BCAC, Sweet Louise and Metavivors NZ hosted on the 24<sup>th</sup> November 2021 with oncologists Sarah Barton and Richard Isaacs, and obstetric anaesthetist and drug design expert Morgan Edwards.

We talked with our experts about the Pfizer Covid-19 vaccine and advanced breast cancer because a number of women receiving treatment had raised questions about vaccination. As some weren't able to attend the session, we gathered questions for the panel in advance. The responses to all questions have been collated here for you to peruse.

If you have any further queries regards vaccination against Covid-19, we recommend you contact your oncologist or breast care nurse.

Once again, thank you for all of your questions and comments. We really do value your input.

Best wishes, ngā mihi,

Libby Burgess, Breast Cancer Aotearoa Coalition Chair

Catrin Devonald, Sweet Louise CEO

Terre Nicholson, Metavivors NZ Coordinator

## Treatment, vaccination, third doses and booster doses

### **Question/Comment**

*I've been recalled for my third jab and will then be due for a booster in 6 months. My first 2 jabs were fine, but I have an immune compromised friend who just had her 3rd and has been quite unwell. Anyone else been called in for a 3rd jab? I'm also having a brain MRI and my 3x monthly zoladex jab all in the same week.*

### **Response**

Neither zoladex or MRI effect immunity, get on and have the third shot ASAP was the response from the oncologists.

### **Question/Comment**

*People have said that this 3rd shot does seem to be causing a few side effects. Do we need it? Will I also need a booster vax if I have the third one?*

### **Response**

Immune compromised people are much more vulnerable to the effects of Covid-19 and the vaccine is designed to protect against that. Studies show vaccine side effects in immune compromised people are lower than the general population, that's not to say if you feel them, they aren't awful. However, the effects of getting Covid-19 would be far worse than any effects of the vaccination.

The 3rd shot is not an alternative to the booster you will need both. The 3rd shot protects immune compromised people to the level of a healthy individual. The booster provides greater protection over time. As in all people the effect of the vaccine will decrease in time.

### **Question/Comment**

*Are the third shot and the booster the same as the first and second shots?*

### **Response**

All three doses and the booster are exactly the same for adults, its only paediatric versions of the vaccine that have a lower dose.

### **Question/Comment**

*Do you have to wait 6 months after your second to get your third shot?  
If I'm currently having chemo should I wait till the course is finished before having my 3rd jab?*

### **Response**

No need to wait, the third dose is an additional protection for immune compromised people to bring their vaccination protection to the same level as healthy people. The booster shot six

months after the third shot will also serve to increase our protection over time as the effect of the vaccine wanes.

### **Question/Comment**

*I had chemo, radiation (single zap), 1st jab and then more chemo all within about 10 days of each other, and then ended up in hospital with fevers. Should I have delayed the vaccination? If so, how long a gap between cancer treatment and vaccine*

### **Response**

It doesn't make any difference in the chemo or BC treatment cycle as to when the vaccine is given. The effectiveness of the cancer treatment isn't affected by the vaccine or vice versa. Speak to your oncologist and work out what's best for you as to when you receive the vaccine.

### **Question/Comment**

*What happens if your blood count is low, can you have the vaccine?*

### **Response**

It's the lymphocytes that are critical which is different to the protein critical to the vaccine, so yes, we still support getting the vaccine regardless of blood count. They won't affect each other.

### **Question/Comment**

*What's the process to book a third vaccination?*

### **Response**

Permission, i.e. a prescription, can come from GP or medical oncologist. The patient will need to complete a consent form, but once you have that from either the GP or oncology team just walk into a vaccine clinic and get your extra dose.

## Ibrance, targeted therapies and vaccination

### **Question/Comment**

*My oncology nurse said that being on Ibrance did not qualify for a third jab as it's not chemo.*

### **Response**

Both oncologists on the panel strongly recommended all those on Ibrance get the third vaccination despite Ibrance being a targeted therapy and strictly speaking not chemotherapy. Ibrance and other medicines can cause immune suppression, requiring the extra protection of a third vaccination.

All panellists agreed that the list of info and drugs on the Ministry of Health web page is confusing and incomplete. If your drug isn't listed that doesn't mean its excluded so check

with your oncologist, but in most if not all cases of breast cancer treatment the advice will be it's best to get vaccinated.

### **Further comments received from oncologist**

I thought that I had best send through more info on this as I was alarmed that patients on palbociclib (Ibrance) are being told that they do not need to be considered for this. There is a 54.7% chance of developing an infection on palbo based on a pooled dataset from 3 randomised studies of 872 patients. This would meet the criteria for severely immunocompromised.

I can only speculate that the confusion has stemmed from the fact that there is a lower rate of febrile neutropenia when on palbo compared to chemotherapy, even when you cause similar drops in the neutrophil counts. This does NOT mean that patients are going to avoid infections and the decision on whether you are immunocompromised or not is based on the infection rate, not the rate of febrile neutropenia or rate of neutropenia induced. The infection rate for palbo, I note, is higher than some of the named medications that feature on the Ministry of Health (MoH) list.

Palbociclib has not been specifically mentioned by MoH in their statement document, only the word chemotherapy. I would note the term 'Guidelines'. This is not a comprehensive and complete list of conditions or medications. Auckland Hospital has been more sensible about it and has specifically listed medications including palbociclib as qualifying for the 3rd shot, particularly with the volume of patients that we have on this medication.

Oncologists are certainly recommending a third shot for all patients being treated with palbociclib.

### **Question/Comment**

*How will the vaccination stop me getting Covid-19 if Ibrance is immune suppressive and stops cell growth? Will the cancer treatment stop any healthy cell reactions as well as the cancer cell growth?*

### **Response**

Ibrance treatment won't stop the vaccine from working but it may make the vaccine less effective which is why in cancer patients the third dose is vitally important. The chemo / cancer treatment will be far more toxic and invasive than the vaccine.

## General questions

### **Question/Comment**

*What can I say to my friends who won't get the vaccination but want to visit me? I don't want to destroy the friendship, but don't want them at my house as we have Covid-19 in our community. Is there a good way to say, "no vax/no entry?"*

## **Response**

Relationships are very important, and we don't want to offend anyone, isolation and mental health also need to be considerations. Explain that you have to protect yourself which is important to you, so they can't visit. Give a polite explanation and say you respect their choice but you have to look after your own health first. If they do visit get them to follow the public health measures, which may also compromise the visit. If they insist on visiting then staying outside with masks on and distancing is the best option. This is key as we aren't seeing the spread of the virus outdoors. Outside with a mask is a much safer option.

## **Question/Comment**

*As women with incurable cancer should we be around people who are unvaccinated? I get asked this a lot.*

## **Response**

As above it will be much better if you follow public health guidance outside and with a mask is much safer for all.

## **Question/Comment**

*How effective is the vaccine likely to be against new Covid variants?*

## **Response**

No waning of efficacy of vaccine has been seen with the current Covid-19 variants but pharma companies are constantly preparing new varieties of the vaccines should any changes occur within a part of the virus that makes it unrecognisable to the current vaccine. They will be ready for it with an effective treatment in the same way we get new flu strains and jabs every year.

Worst case we need an annual regime of Covid-19 vaccine in the same way we have a flu vaccine every year, to ensure protection against the current years strain of the virus.

## **Question/Comment**

*Is there any overseas information that's been translated to our oncologists from women with advanced breast cancer who have had Covid-19? And if yes what was the outcome?*

## **Response**

Wider studies on cancer patients have been shared but not specifically on breast cancer. The studies show that cancer patients are 5 times more likely to develop a severe Covid-19 and or die from it than the general population. It definitely appears to be way worse and therefore vaccination is highly recommended for cancer patients.

### **Question/Comment**

*As an advanced breast cancer patient would I be asked or assumed to be 'Do Not Resuscitate' if I was hospitalised when they are overrun with Covid-19 needs.*

### **Response**

It certainly is a good reason to get vaccinated. Hospitals are already at capacity and if sick Covid-19 patients take up beds any other patients including breast cancer patients will be compromised no question. We desperately want all BC patients to be vaccinated to minimise their risk of needing hospital treatment. Public health measures and vaccination has played a really important role in ensuring that the Auckland DHBs aren't currently at capacity. Vaccination is very much the way to keep it as so and yourself out of hospital.

Hospital management has ways of trying to accommodate patients which may mean cancelling elective surgeries if more pressing needs present. Getting vaccinated is the way to reduce the risk of being hospitalised in the first place and that's the most important message to get across.

### **Question/Comment**

*I haven't had any side effects from my vaccinations. Does this suggest I haven't developed any immunity? I am on chemo.*

### **Response**

Studies have shown that immune compromised people have had much lower side effects but have had a good antibody reaction to the vaccine. That doesn't necessarily correlate with how well you would react to the virus but in general 1. immune compromised are seeing both lower side effects and 2. higher anti body response. Both are good signs.

### **Question/Comment**

*How long are you protected with the third dose?*

### **Response**

As this is a new approach, we don't have that data yet. The third dose ensures that immune compromised people have the same level of protection with the vaccine from Covid-19 as the general population. We can assume therefore the third dose provides 6 months protection and will update as the data around the world becomes available. We (NZ) are a bit behind as we started vaccinating and seeing cases later than the rest of the world so we will have plenty of data before making further decisions.