Updated Guidelines on COVID-19 Vaccines and People With Cancer

NCCN's new recommendations for COVID-19 vaccines include children with cancer as well as their caregivers.

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The National Comprehensive Cancer Network (NCCN)—an alliance of leading cancer centers—recently released updated recommendations from the NCCN Advisory Committee on COVID-19 Vaccination and Pre-exposure Prophylaxis. This latest evidence-based, expert consensus-formulated summary on cancer and COVID-19 vaccination and prevention is available for free at NCCN.org/covid-19. Significant revisions include new recommendations for the recently-approved bivalent vaccines and advice on protecting children with cancer.

"There is a lot to keep track of when it comes to keeping people with cancer safe from poor outcomes related to COVID-19. Our committee of leading experts meets frequently to examine all of the latest research and organizes it into a clear, one-stop source for people with cancer, their loved ones, and their health teams," said Robert W. Carlson, MD, Chief Executive Officer, NCCN. "We've expanded our committee for this latest update to include a focus on pediatric patients. Some of the foremost authorities on children's health care joined multidisciplinary physicians from across NCCN's Member Institutions, which also included expertise in vaccine development and delivery, infectious diseases, cancer management, and medical ethics."

The updated guidance features comprehensive explanations for who should be considered "immunocompromised" and what that means for booster eligibility and scheduling. The information is categorized by type of malignancy and/or treatment, and also by type of vaccine.

Important new information includes:

- Immunosuppressed people who have previously received a three-dose primary series and boosting through prior recommendations are now eligible to receive one of the bivalent boosters if they are 12-years-old or older for Pfizer, or at least 18-years-old for Moderna. This has been shown to improve immune response against Omicron strains in people with full immune system capacity. The committee supports this recent approval but cautions they are

still awaiting data on bivalent booster effectiveness in immunocompromised people.

- Moderna is the preferred mRNA vaccine for pediatric immunosuppressed patients age 6-months to 17-years.

- Preliminary data shows myocarditis cases are very rare, although relatively more frequent in adolescent and young adult males 16-and-older. Most patients fully recover.

“Protecting kids from harm is one of the most important things we can do,” said Tina Q. Tan, MD, Infectious Diseases physician at the Ann & Robert H. Lurie Children’s Hospital of Chicago and Northwestern Medicine, who joined the NCCN committee as a Co-Leader. “That’s why we recommend vaccination against COVID-19 for anyone over 6-months of age, especially infants, children, and adolescents who are immunocompromised. It is especially important for eligible household members and caregivers to make sure they are vaccinated as well, since immunocompromised children under age 12 or weighing less than 40kg are unable to receive monoclonal antibodies for protection.”

NCCN’s recommendations point out that vaccine hesitancy in the general population impedes the development of herd (community) immunity, which leaves people with cancer at higher risk. Reducing community spread will help people with cancer who are at higher risk of COVID-19 complications and may have less protection from available vaccines. The committee also recommends that after vaccination, patients continue to wear masks, maintain social distancing, avoid crowds, and follow other non-pharmacologic recommendations for COVID-19 prevention.

The updated guidance also includes previous recommendations and statements, such as:

- Not recommending antibody testing, outside of a research study.

- Recommending boosters for everyone with a hematologic malignancy regardless of whether they are in active treatment.

- Preferring mRNA vaccination in most situations.

- Endorsing the option of mix-and-matching the two mRNA vaccines.

- Re-vaccinating after a patient undergoes hematopoietic cell transplantation or engineered cellular therapy (e.g. chimeric antigen receptor [CAR] T-cell therapy).

- Vaccines are considered safe for people undergoing immunotherapy.

- Vaccination status shouldn't impact participation in clinical trials.

- Using monoclonal antibodies (tixagevimab plus cilgavimab) as prophylaxis (in addition to vaccination) in selected immunocompromised patients at risk for COVID-19 complications.

An existing section labeled "Societal Considerations," states: "It is imperative that all patients have equitable access to the vaccines." The section features recommendations for the incorporation of social vulnerability awareness to help address health disparities, including tracking racial/ethnic and socioeconomic data for vaccine distribution wherever possible.

The guidance also continues to assert that the timing for COVID-19 vaccination will not interfere with most other vaccines, such as the annual flu shot, but different vaccines should be administered at separate injection sites.

To view the full list of recommendations, explanations, and peer-reviewed research citations, visit NCCN.org/COVID-19. The committee plans to continue to update the clinical recommendations and the corresponding patient guide (featuring simplified questions-and-answers) as needed.

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