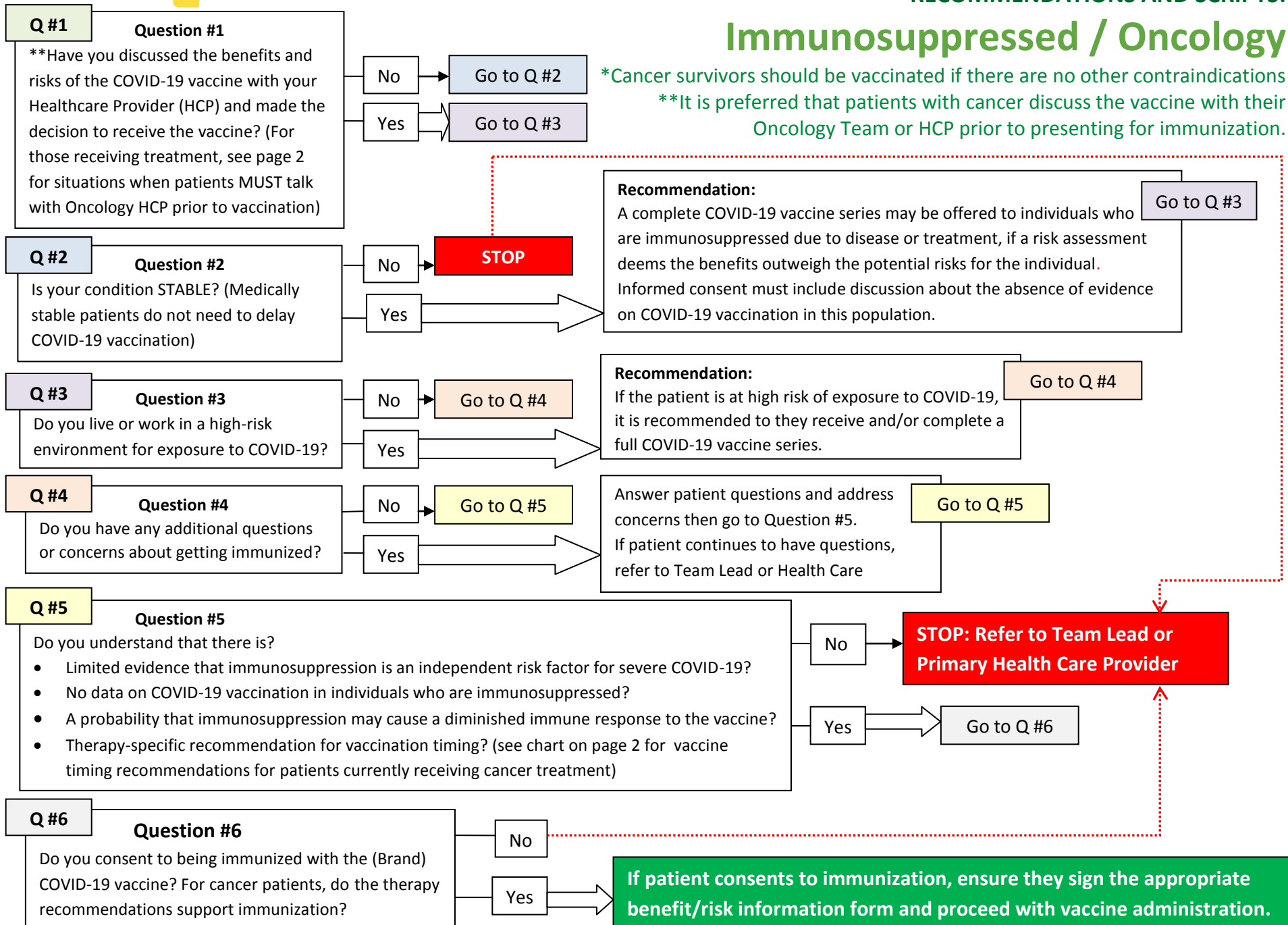




# Immunosuppressed / Oncology

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 \*\*It is preferred that patients with cancer discuss the vaccine with their Oncology Team or HCP prior to presenting for immunization.





## Immunosuppressed / Oncology

What is the optimal timing for COVID-19 vaccination of cancer patients receiving treatment?

\*Cancer survivors should be vaccinated if there are no other contraindications  
\*\*It is preferred that patients with cancer discuss the vaccine with their Oncology Team or HCP prior to presenting for immunization.

Therapy	Recommendation
Targeted and Hormonal treatments	Vaccine can be administered at any time during treatment.
Radiation therapy	Vaccine can be administered at any time during radiation therapy.
Cytotoxic chemotherapy	<b>New treatment starts:</b> if possible, vaccination should be completed at least two weeks prior to starting systemic therapy or immunosuppressive therapy. It is best if both doses can be given two weeks before treatment starts. If both doses are not possible, giving one dose is suggested. The second dose should be administered 4-5 days prior to the next cycle. <b>Patients already on chemotherapy treatment:</b> Ideally a vaccine dose would be administered 4-5 days prior to a dose of cytotoxic chemotherapy so that vaccine side effects and chemotherapy side effects don't overlap.
B-Cell directed therapy ((Anti CD 20 (rituximab, obinotuzimab), CD 19 – (blinatumomab), CD 22 antibodies (inotuzumab) and BTK inhibitors (ibrutinib))	If therapy is of short duration (limited number of cycles), Vaccination should be postponed until 1-3 months after B-cell directed treatment due to decreased ability to develop immunity to COVID-19 by vaccination. If therapy is part of a maintenance treatment, Vaccination should be given 4 weeks after the last dose of therapy. Patients on BTK inhibitors (ibrutinib) can receive vaccination at any time
T-Cell directed therapy (Calcineurin inhibitors (e.g. oral and injection: cyclosporine and tacrolimus) (e.g. topical: pimecrolimus, tacrolimus), ATG (e.g. antithymocyte globulin – rabbit and equine) or Alemtuzumab)	Postpone vaccination until 3 months after of T- cell directed treatment. This increases the ability to develop immunity from the COVID-19 vaccination. Consult area MHO.
Patients on Immune checkpoint inhibitors: (pembrolizumab, nivolumab, atezolizumab)	<b>Patients must talk with their oncology team prior to vaccine administration</b> to determine if the potential risk of vaccination outweighs the benefits.
(HSCT) Blood and Bone Marrow Stem Cell Transplant (autologous or allogeneic)	<b>Patients must talk with their oncology team prior to vaccine administration.</b> If feasible, vaccine should be administered 2 weeks prior to starting conditioning regimen for their transplant.
Post-transplant	<b>Patients must talk with their oncology team prior to vaccine administration.</b> If transmission in the community is high, vaccination can be initiated 3 months after HSCT. If the transmission in the community is controlled, vaccination can wait until 6 months after HSCT. Postpone vaccination in severe, uncontrolled acute GVHD, grade 3-4.