

COVID-19 and Cancer Updates COVID-19 Pandemic Education First Quarter 2021 Panel

Is the COVIS-19 Vaccine Safe for Cancer Patients?

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Dr. Jack West: Hi, I'm Dr. Jack West and I'm a medical oncologist, an associate clinical professor with a

focus on thoracic oncology, working at the City of Hope Comprehensive Cancer Center in the Los Angeles area. And I'm happy to be joined today by two of my colleagues who are also on the board of directors for GRACE, Global Resource for Advancing Cancer Education. I serve as the founder and president, but I'd like to welcome two of my colleagues to introduce themselves. If you can, maybe I can start with you, Jared, if you

can.

Dr. Jared Weiss: Sure. I'm Jared Weiss. Oncologist at University of North Carolina.

Dr. Benjamin Levy: Yeah, Ben Levy. I'm a thoracic medical oncologist at Johns Hopkins School of Medicine,

and primarily based out of Washington DC.

Dr. Jack West: Great. Let's turn to a fortunate, happy topic of the vaccines becoming available. It's not

a panacea, we haven't solved all of our problems, but for the last three, four months, we have had the gradual introduction of now three and counting vaccines. What are you seeing and doing in terms of the availability of the vaccine for patients with cancer who



don't meet criteria based on age or other co-morbidities that, that are often it's regional generally, but, so what, what are you seeing and what are you saying to them about is it safe? Is it appropriate to get the vaccine? And Ben, can I start with you here?

Dr. Benjamin Levy:

Yeah. And what a question us living in DC, where the rules are different in DC than they are in Virginia or Maryland, what a crazy complicated navigation that's happened with the vaccine rollout. You know, I'll answer your second question first, which is, you know, we're recommending that every patient get a vaccine when available, and, you know, there's been a lot of patients coming to us. Well, I'm getting chemotherapy on a Monday. My vaccines scheduled the following Monday, that doesn't seem like a great opportune time. And the Hopkins message has been that when available, we don't have the data on that. And when available please, you know, go and get a vaccine, we are not making any comments on the type of vaccine Maderna, Pfizer, others. We are saying that when it's available, get it. No matter what treatment you're on. The second issue, the question you asked about, you know, the eligibility for patients is a complicated one. DC has been one of the best areas. It's not a state, but the best city in terms of vaccine rollout and implementation and distribution juxtaposed to Maryland.

Which ranks number 49 of 50 States on his distribution of vaccine. So, you can imagine the chaos that has occurred when patients live in DC and are able to get the vaccine, but their next door neighbor who lives in Maryland, who's also a patient for us. Can't get the vaccine because it's only available for DC residents. The rules apply based on residency. So it has been a complicated navigate where we're trying to be beholden to the rules from DC. And currently it's opened up now to patients with a preexisting condition who are under the age of 65. And we're doing a much better job than Maryland and in Virginia as well. So this has been very complicated for us in terms of messaging, not only to patients who are eligible for the vaccine, Hey, you need to get the vaccine, but also the messaging to our patients who live in different States about why they're not eligible, but their buddy who lives in DC, who's also a patient here. Who's potentially a little bit younger, got the vaccine and they didn't. So we've had a lot of work go in to try to appropriate messaging for these patients and to be patient.

Dr. Jack West:

Jared, what about you know, what are, what is maybe UNC policy or what are you seeing in North Carolina for patients with cancer or older versus younger?

Dr. Jared Weiss:

So I mostly agree with everything Ben said, so I won't replicate it. I will add that this might be the most common question that I'm getting in the room. And the lesson here to me is that it is a question patients and their families are asking, should I get vaccinated? It's not, which vaccine is better? Although I'm getting that question. It's not, how should I time this around my chemo? It's is this safe? Is this safe? And should I do it? And they're getting a lot of misinformation, including from some, from physicians



that is anti-vaccination. So I'm seeing a very real anti-vaccination movement and I'm seeing an even much larger querying, and that it's an unknown, that it's considered something controversial that you need to ask about. And so I'm really focusing on the more simple question of educating people on just how safe these vaccines are and just how dangerous COVID is.

I don't think getting back to the comment about people, not understanding relative quantitative risks they don't right. The economists have done the best literature on this, and none of us understand risks well, unless the data is really in front of us and visualized in a way that makes it real to us. People don't understand just how deadly this virus is and the message that how well these vaccines work, right? They're all pretty much perfect and preventing death or very serious illness. That's not gotten out there well. This should not be a nuanced conversation. This should be a very simple one.

Dr. Jack West:

So I think some key points that we should underscore are the treatment is far, far better than the disease. And so one message that I think at least we should try to speak with one voice is get the vaccine as soon as you can. And don't fret about which vaccine, because they're all very good.

Dr. Jared Weiss:

They're all pretty much perfect and preventing death or serious illnesses is what you really care about. You don't care. I mean, none of us like getting a cold, but that's not the big point here. It's not preventing a minor illness. It's preventing deadly and very, very serious. And listen, they're all pretty much perfect against that.

Dr. Jack West:

And that people don't need to worry too much about the timing, take it when you can get it. And it is unfortunate and challenging that so much idiosyncrasy and variability based on where you live and, you know, the policies of the moment, but we can hope. And I think expect that as there are more, you know, as we're exceeding 2 million vaccinations a day and more vaccine options becoming available, that we won't have to agonize as much about whether you're younger with cancer, but everyone will get there chance. And you just want to take that opportunity when you get it that we should really be pushing against and not quibbling over the fine details when the big issue is just don't fall for the government is tracking you kind of thing. This is not, this is a safe and highly effective vaccine. Well, we can laugh. Unfortunately, lots of people I think are probably our biggest challenge is that a very significant fraction of the country is disinclined to take the vaccine at all. And that is, I think, likely to be more based on misinformation or disinformation, then a careful assessment of risks and benefits and deciding with a very thorough knowledge that they don't want it.

Dr. Jared Weiss:

Well, science is under attack lately, right? So that's nothing new. That's at least four years old. Although it existed Pre-Trump but yeah, I mean, this comes out of a



fundamental breakdown in evaluation of truth. These ideas around tracking an abstract fears of vaccines. We're not in an entirely rational world where people are getting their news from, you know, Yahoo news and online message boards. And a lot of what they're being told is just not true, but it creates that's part of the information stream that people are reading.