

Summary of the Lymphoma Research Foundation's COVID-19 and Lymphoma Panel

Even though much of the world has moved on, immunocompromised people – such as those with lymphoma – remain at risk for serious complications from COVID-19. Many people with lymphoma rely on their oncologists to help them navigate the new realities of a post-pandemic world while considering their unique risks.

On October 25th, 2022, the Lymphoma Research Foundation (LRF) hosted two expert panels to help oncologists and their patients better understand the impact of COVID-19 on people with lymphoma and options for prevention and treatment in immunocompromised people. Panelists discussed current recommendations from federal health agencies such as the Centers for Disease Control and Prevention (CDC) and additional considerations for those with lymphoma, as well as the ongoing impact of the COVID-19 pandemic on lymphoma research.

The following recommendations represent the results of those discussions and the current state of the available research. People with lymphoma should consult with their own healthcare team when making decisions regarding their individual health and treatment. Additional resources are also available from the LRF and CDC to help patients make an informed decision about their personal risk and comfort levels.

COVID-19 RISKS FOR LYMPHOMA PATIENTS

Even among immunocompromised people, lymphoma patients are at unique risk for COVID-19 illness and severe complications.

Lymphomas are cancers that arise from cells of the immune system known as lymphocytes. These include cells, known as B lymphocytes, that are responsible for producing the antibodies that protect the body against foreign invaders, including viruses such as the one that causes COVID-19.

Many of the medications used to treat lymphoma, including targeted treatments used in initial and maintenance therapy, work by targeting B lymphocytes. While this activity helps to rid the body of cancer cells, it also leaves patients vulnerable to infection and serious illness. Depletion of B lymphocytes can affect the body's ability to build up a protective antibody response during a viral infection as well as after vaccination. This leaves patients at risk for infection and increases the likelihood of developing severe complications from COVID-19.

The B lymphocyte-depleting effects of these therapies can persist for several months or even years after active treatment, meaning the risk for complications after lymphoma treatment is ongoing and requires an up-to-date understanding of recommendations for prevention and treatment.

CURRENT RECOMMENDATIONS FOR COVID-19 VACCINATION

As of November 2022, the current recommendations from the CDC regarding COVID-19 vaccination for moderately to severely immunocompromised people, including lymphoma patients, are as follows:

- an age-appropriate primary vaccination series with any available vaccine (Pfizer-BioNTech, Moderna, Novavax, or Johnson & Johnson's Janssen)
- an extra primary series dose, for most people who received the Pfizer-BioNTech or Moderna series
- an updated COVID-19 bivalent booster for everyone ≥5 years of age

People who have recently recovered from COVID-19 illness may consider talking to their provider about delaying their next vaccine dose (primary series or booster) by 3 months to help extend immunity.

If you are currently on or have recently received treatment for lymphoma, talk to your oncologist about adjusting intervals between vaccination based on your individual risk. Though official recommendations for future boosters have not yet been made, experts suggested that people with lymphoma should expect to receive a COVID-19 booster every 6 months.

THE ROLE OF VACCINATION

The COVID-19 vaccine can help reduce the likelihood of infection and illness, but it is not 100% effective at preventing infection. But that doesn't mean that vaccination isn't important, especially for immunocompromised people. At this point in the pandemic, the role of vaccination is two-fold:

- to prevent severe illness and complications from infection, and
- to develop community advantage that helps prevent the spread of infection

This means that vaccination is important not only for people with lymphoma, but those around them as well. Lymphoma patients, along with their oncologists, should encourage their loved ones

and close contacts to stay up to date with vaccination to help lower the likelihood of exposure and infection.

Along with COVID-19 vaccination, it is important for lymphoma patients to stay up to date on other vaccines and seasonal boosters as well. COVID-19 and influenza boosters (“flu shot”) can be given at the same time.

ADDITIONAL PREVENTATIVE MEASURES

RISK AVOIDANCE

The best way for immunocompromised individuals to prevent COVID-19 illness is to avoid exposure when possible. This has become more and more challenging as the world reopens. People with lymphoma are encouraged to continue taking precautionary measures to lower their risk for illness, which may include wearing a mask when possible and avoiding large crowds when local case rates are high.

For immunocompromised individuals, experts recommend the following masks to provide the greatest level of protection:

- KF94
- KN95
- N95 (fitted or unfitted)

Your healthcare team can help you understand your individual risk profile based on your illness, treatment, and potential for exposure to help you make informed decisions about your health and safety. Information about local spread of COVID-19 can be found using the [CDC’s COVID Data Tracker](#). People with lymphoma are encouraged to use the CDC’s Transmission Levels (also known as Community Transmission) when evaluating personal risk levels, as this view is more sensitive to active transmission— including mild or asymptomatic cases – within the community. The U.S. Community Transmission map can be found [here](#).

PRE-EXPOSURE PROPHYLAXIS

For the time being, preventative therapy with the monoclonal antibody Evusheld is still available for pre-exposure prophylaxis to prevent COVID-19 illness. However, as the composition of circulating viral strains continues to change, the ability for Evusheld to prevent severe illness will continue to be reduced, and its use may be limited or eliminated in the near future.

Contact LRF:

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COVID-19 TREATMENT

Treatment of COVID-19 can be challenging in people with lymphoma who are severely immunodepleted, leading to prolonged illness. Early diagnosis and initiation of treatment are especially important for people with lymphoma. Medications commonly used to treat COVID-19 include nirmatrelvir with ritonavir (Paxlovid) and remdesivir (Veklury).

RESOURCES

For information on the most up-to-date recommendations on COVID-19 vaccines for moderately to severely immunocompromised people, visit the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

LRF’S COVID-19 PANEL PARTICIPANTS

PANEL ONE: CURRENT RECOMMENDATIONS FOR PEOPLE WHO ARE MODERATELY OR SEVERELY IMMUNOCOMPROMISED

- **Moderator: Andrew D. Zelenetz, MD, PhD**, Memorial Sloan Kettering Cancer Center
- **Lindsey Baden, MD**, Harvard Medical School
- **Andres Chang, MD, PhD**, Emory University School of Medicine
- **Emily Landon, MD**, University of Chicago
- **Lisa Baumann Kreuziger, MD, MS**, Medical College of Wisconsin and COVID-19 Treatment Guidelines Panel Member
- **Sarah Quinlan**, Chief Program Officer, Lymphoma Research Foundation

PANEL TWO: PANDEMIC IMPACT ON LYMPHOMA/ CLL CLINICAL TRIALS

- **Moderator: Lisa Roth, MD**, Weill Cornell Medicine
- **Robert Chen, MD**, Global Head of Lymphoma Clinical Development and Strategy at AstraZeneca
- **Jonathon B. Cohen, MD, MS**, Winship Cancer Institute
- **Matthew Lunning, DO**, University of Nebraska Medical Center