



A DOSE OF TRUTH

INFOVAX

BULLETIN FOR HEALTHCARE PROFESSIONALS

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INFOVAX is a community education and awareness series on Covid-19 vaccines brought to you by:

- Malaysian Medical Association Public Health Society (MMA PHS)
- National Cancer Society Malaysia (NCSM)
- NCD Malaysia.

This bulletin summarises the key points from our discussions with experts.

Watch the session at
bit.ly/infovaxcancer

Feel free to ask questions and clear your doubts about Covid-19 vaccines by emailing us at **infovax21@gmail.com**

Your questions and answers will be collated and answered in the following sessions.

CANCER SCREENING AND COVID-19 VACCINATION

CRITICAL INSIGHTS FOR HEALTHCARE PROFESSIONALS

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Disclaimer: This information is accurate and updated as of the date of this publication

Highlights

Covid-19 vaccination, Breast Cancer Screening and Guidance for Cancer Patients

- Evidence has now revealed that one of the discernible side effects of the Covid-19 vaccine is lymphadenopathy, or swollen lymph nodes.
- This side effect is a normal response triggered by our body's immune response, and usually occurs under the arm where the vaccine was injected.
- Based on the data from U.S Centers for Disease Control and Prevention (CDC), among 1802 individuals who were given the Pfizer-BioNTech vaccine in a study, 58, or 3% of them developed lymphadenopathy. Most lymphadenopathy appears in the arm and neck region within two (2) to four (4) days after vaccination.¹
- The average duration of lymphadenopathy is one (1) to two (2) days and may take up to six (6) to twelve (12) weeks after the vaccination to resolve.

Challenges in Breast Cancer Screening Post-Vaccination

- This post-vaccination lymphadenopathy under the arm may show up on breast imaging such as mammograms for breast cancer screening or routine imaging for breast cancer patients. The presented lymphadenopathy could be misinterpreted as a sign of cancer, requiring unnecessary further tests or even surgical interventions; besides causing undue distress to patients.
- The American Cancer Society and U.S. Centers for Disease Control and Prevention (CDC) have proposed some recommendations in connection with Covid-19 vaccination and breast cancer screening. The recommendations are as follows:
 - breast imaging should be scheduled before the first dose of the Covid-19 vaccine, or at least six (6) weeks after the second dose of vaccine², and
 - the site of vaccine injection is preferably on the 'opposite' to the breast that contain(ed) the tumour. If the patient has/had cancer on both of their breasts, the vaccine can be administered on the thigh or buttock³.
- The following information must be documented on patient radiology order forms or when patient registers for breast imaging, and also made available to the interpreting radiologist:
 1. Covid-19 vaccination status
 2. Date of vaccination
 3. Site of vaccination (arm, thigh or buttock)
 4. Side of vaccination of the body part that received the injection (left or right side)

Frequently Asked Questions (FAQs)

1. Is it safe for cancer patients on active treatment such as chemotherapy or radiotherapy to get vaccinated against Covid-19?

Cancer patients are generally safe to get vaccinated if they have no other contraindications—that is, no history of anaphylaxis to any ingredients of the vaccine.

This recommendation pertains to cancer patients on active treatment. However, it is important for them to speak with their doctors prior to getting vaccinated as the type of treatment will influence the timeline to get vaccinated.

2. Will cancer treatments affect the efficacy of the Covid-19 vaccine?

Some cancer treatments such as chemotherapy may weaken the immune system and decrease the efficacy of the vaccine. Patients on these treatments should discuss with their oncologists to time their treatment or vaccination period to maximise the efficacy of the vaccine. They are still recommended to be vaccinated, however with scheduling intervals to be in place to ensure that they obtain the full benefits of vaccination—i.e., an adequate immune response.

Cancer patients on active treatments that do not affect the immune system, such as hormonal therapy, targeted therapies, and bone adjuvant therapy can get safely vaccinated as highlighted in Table 1 on page 4.

3. Is it safe for cancer survivors, those not undergoing active treatment, to get vaccinated?

Yes. Current Malaysian guidelines¹ state that cancer survivors and cancer patients who have finished their active cancer treatment for at least three (3) months are safe to get vaccinated if they have no other contraindications.

4. If a patient who has been vaccinated has an enlarged lymph node less than 6 weeks after vaccination, should the patient get a mammogram or ultrasound immediately to find out the cause or should they wait?

If there are any other signs or symptoms of breast cancer, such as an additional lump found during physical examination, the patient should be referred to a breast or general surgeon.

If:

- i) There are no additional suspicious signs or symptoms,
- ii) the lump is on the same side as the site of vaccine injection, and
- iii) there is a clear history of vaccination, the patient can be monitored until the lymph node is no longer enlarged.
- iv) If the enlarged node persists, further work up can be instituted.

5. Should post-vaccination lymphadenopathy be treated?

Patients can be prescribed with anti-inflammatory medications such as paracetamol to alleviate any unpleasant symptoms and decrease inflammation. However, there is no need for antibiotics or other treatments.

6. How long should patients wait before going for breast cancer screenings after having been infected with Covid-19?

Patients infected with Covid-19 typically do not develop lymphadenopathy. However, for the safety of others, if the screening is routine and non-urgent, it is recommended that patients wait at least a month after recovery from a Covid-19 infection before going for screenings.

7. Should a patient delay surgery until they are vaccinated? Is there an increased risk of the patient being infected with Covid-19 as an inpatient at a hospital?

If it is an elective, non-urgent procedure, it would be recommended that vaccination be completed first.

If the surgery is important and urgent, such as a surgery for breast cancer, the patient should not delay surgery if they are cleared of Covid-19 and have been cleared for surgery.

In any case, hospitals have many standards of procedures (SOPs) in place to ensure there are no cross-infections within the hospital.

8. For people who get vaccinated with AstraZeneca vaccine, would it be advisable to get a mammogram six (6) weeks after the first dose, before the second dose is administered?

It is still recommended for people to get the mammogram before getting the first dose or six (6) weeks after completing both doses of the vaccine. Although there are not many cases of lymphadenopathy reported as an effect of the AstraZeneca vaccine, it can still occur and lead to a false positive from the mammogram.

9. If clinics are approved to provide the Covid-19 vaccine, is it safe for patients in high-risk groups such as cancer patients to get their vaccinations here instead of from hospitals?

Firstly, the pre-vaccination assessment (PVA) should be completed by a GP or specialist to identify patients in high-risk groups. The GP or oncologist should review the treatment the patients are taking, on whether they will affect their immune system. Based on the assessment, patients can be recommended for a vaccination in vaccination centre unless they have other medical conditions like severe allergies, they should be vaccinated in the hospital centres.

For cancer patients, they can contact their treating oncologists or surgeons to have the COVID -19 vaccination in those facilities.

The pre-vaccine assessment is available here (on page 21): <http://pharmaniaga.com/wp-content/uploads/Covid-19/Clinical%20Guidelines%20on%20COVID-19.pdf>

Key Points

- There are no contraindications for cancer patients and survivors to the Covid-19 vaccine.
- All cancer patients are required to complete the Pre-vaccination Assessment (PVA) with their healthcare providers prior to receiving Covid-19 vaccine. These are the recommendations for cancer patients based on their cancer status and the type of treatment received:

Patients in remission and cancer survivors

This includes:

1. Cancer patients who have finished cancer treatment for at least three (3) months and are in remission
2. Cancer survivors

Recommendation:

Proceed with vaccination once it is available

Patients on active treatment that does not affect the immune system

This includes:

1. Hormonal therapy
2. Targeted therapy
3. Immunotherapy

Recommendation:

Proceed with vaccination once it is available. However, discussions with the treating oncologist prior is recommended.

Patients on immunosuppressive treatment

The table below outlines the treatments that may impair the immune response invoked by the vaccines and the recommendations:

Type of treatment	Treatment status	Recommendation
Chemotherapy	Ongoing treatment	Give the vaccine at least three (3) months after the completion of the treatment or earlier depending on the discretion of the oncologist.
	Due to start treatment	Give the vaccine and complete two doses before chemotherapy starts. *Urgent chemotherapy, such as for patients with germ cell tumour or for metastatic patients with visceral crisis, should proceed without any delay.
	Completion of the last cycle of the treatment	Give the vaccine at least three (3) months after the completion of the treatment or earlier depending on the discretion of the oncologist.
Radiotherapy	Regardless of the status of the treatment	Give the vaccine at least three (3) months after the completion of the treatment or earlier depending on the discretion of the oncologist. *Patients on palliative radiotherapy may get the vaccine upon the completion of the treatment depending on the discretion of the oncologist.
Immune Checkpoint inhibitors	Regardless of the status of the treatment	Give the vaccine when the blood count recovers to normal and upon the discretion of the oncologist.

Table 1. Recommendations for patients on anticoagulation and antiplatelet drugs treatment. Adapted from the Malaysian Society of Haematology

Source: Malaysian Society of Haematology. Consensus Statement on Covid-19 Vaccination for Patients with Haematological Disorders [Internet]. March 2021. [cited June 8, 2021]. Available from: <https://haematology.org.my/site/wp-content/uploads/2021/03/CONSENSUS-STATEMENT-ON-COVID-19-VACCINATION-IN-HAEMATOLOGY-30-Mar-2021.pdf>

- There are certain patient groups recommended to be vaccinated in hospitals. The timing for the vaccinations depends on the discretion of the oncologist. These patient groups include:
 1. Cancer patients with metastatic disease
 2. Cancer patients with thoracic malignancy, such as lung cancer
 3. Patients with potential allergy to the components in the vaccine.
 4. Patients aged 60 years and above
 5. Patients under clinical trial



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