

# International COVID-19 Blood Cancer Coalition (ICBCC)

## PATIENT IMPACT STATEMENT AND RECOMMENDATIONS Protecting immunocompromised blood cancer patients during the COVID-19 pandemic

*Date of release: 21 February 2022 / last updated: 2 March 2022*

A multi-stakeholder coalition consisting of representatives from the global patient advocacy and clinical community has formed the International COVID-19 Blood Cancer Coalition (ICBCC) to address the specific impact of the pandemic on immunocompromised blood cancer patients (both acute and chronic), like those living with Chronic Lymphocytic Leukemia (CLL), and to recommend solutions and actions to mitigate those risks.

### The Problem

The estimated share of those who are immunocompromised or immunosuppressed (IC/IS) is between two and three percent of the total global population. All are more vulnerable to contracting and suffering poor outcomes with COVID-19. Sadly, during the last two years their circumstances have been neglected to a larger or smaller extent with marked differences across geographical locations, leaving some to call them the "Prisoners of the Pandemic".

Their antibody responses to COVID-19 vaccines and even boosters have been repeatedly proven to be less predictable and robust when compared to the general population<sup>i,ii,iii</sup>. However, there is also evidence that boosters do yield benefits for people living with hematologic malignancies<sup>xiii</sup>.

What we do know is that immunocompromised / immunosuppressed (IC/IS) patients<sup>1</sup> in general, and blood cancer patients in particular, have:

1. Much greater risk from COVID-19 including higher rates of hospitalization, ICU admissions and death<sup>iv</sup>.
2. Higher rates of breakthrough infections after being fully vaccinated<sup>v</sup>.
3. Higher rates of their infection spreading to household contacts.
4. No simple lab test to reliably predict protection post vaccination.
5. Shown in some cases to carry and shed severe acute respiratory syndrome coronavirus 2 (or SARS-CoV-2) for months leading to the risk of introducing potentially dangerous new mutations into the broader population<sup>vi</sup>.

While ~97% of the adult population has the option of a safe and extremely effective way to prevent severe COVID-19 and can re-engage in the world by getting vaccinated, the vulnerable 2-3%, namely the IC/IS patients, continue to be cautioned by local and global health authorities not to rely on vaccines for protection<sup>vii</sup>.

---

<sup>1</sup> For the purposes of this statement, we use this definition of immunocompromised: Having a weakened immune system can make you more likely to get severely ill from COVID-19. Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

Also, the definition of who is considered immunocompromised is unclear and absent of precise diagnostic and clinical indicators. One example is those with Chronic Lymphocytic Leukemia (CLL) who have long been recognized as being significantly immunocompromised at all stages of disease, regardless of their treatment status<sup>viii</sup>. Quoting from a recent study of COVID-19 vaccine response in blood cancer patients: "More than one-third (36%) of patients with CLL, the most common leukemia in U.S. adults, were seronegative after vaccination. Nearly three in ten of them had no cancer therapy in the past two years, showing that the disease itself may impair the B cell function needed to make antibodies to vaccines." <sup>ix</sup> Moreover, we know that we can't rely on any single blood test to determine vulnerability to COVID-19.

As a significant stressor, the COVID-19 pandemic has also resulted in the **deterioration of mental health** in some patient groups<sup>x,xv</sup>, specifically multiple stressing factors of being immunocompromised, being less protected than others, and continuation of shielding from the environment, despite the relaxation of public rules.

## Principles

The mantra of "**Get vaccinated but act as if you are not**" is an appropriate interim solution. But we cannot expect IC/IS patients to remain locked down indefinitely as the rest of the world returns to near normal.

The special vulnerability of those with blood cancers and others needs to be addressed in a proactive way. While we need to be prepared for surprises when dealing with COVID-19, certain principles can inform best practices for the IC/IS community:

1. We recognize that there is public fatigue with health measures.
2. Public awareness of issues for IC/IS is important.
3. IC/IS blood cancer patients must be included in the priority treatment groups with those considered at high risk and most vulnerable to COVID-19 infection. **Everyone, regardless of their immune status, should be vaccinated.** The active immunity from a vaccine is preferred for those who can rely on it. The more people are vaccinated, including booster vaccine doses, the more the IC/IS are protected.
4. Strategies and actions for IC/IS need to rely on antivirals and COVID-19 monoclonal antibodies (CmAbs).
5. **Educating the IC/IS patients that continued masking and social distancing** in high-risk circumstances are essential even if the public rules on masking and social distancing are relaxed. This is especially true in settings where the IC/IS will likely be present such as during public transit and in public buildings.
6. **Safety measures and masking should continue to be maintained in any clinical setting when treating IC/IS patients** even when public rules are being relaxed.

## Recommendations

1. **Access to fast response COVID-19 testing for high-risk patients<sup>xvi</sup>.** Many of the lifesaving therapies must be instituted quickly after diagnosis to be effective. Waiting a week for the results of a PCR test could be a fatal delay. Possible solutions include:
  - a. Special access to home tests for the IC/IS community.
  - b. Testing slots set aside or special testing sites for the IC/IS.
  - c. Systems should be in place at national level to process the IC/IS that test positive to COVID-19 to ensure a quick access to treatment.
2. **Access to Pre-Exposure Prophylaxis or PrEP and Post Exposure Prophylaxis or PEP, and antivirals for high-risk patients.** When vaccination doesn't provide protection, there must

be adequate access to appropriate therapies to prevent and treat infections. A critical claim, it can be achieved by accelerating the production and equitable distribution of antivirals and CmAbs. We have good options but scarce supplies.

3. **Using scientific rigor to best define who is at high risk for COVID-19.** It cannot be based on a single blood value and instead should be informed by the increasing volume of scientific literature on COVID-19 outcomes in several different IC/IS communities. This is especially true for all those with lymphoid malignancies including many lymphomas such as CLL/SLL (chronic lymphocytic leukemia/small lymphocytic lymphoma), regardless of whether they are before, during or after treatment.
4. **More research** is needed about blood cancer and IC/IS patients and existing and future antivirals.
5. **Ensuring equitable access to best practices and treatments as well as affordable PPE and COVID-19 tests** regardless of geographic, socio-economic, racial or ethnic considerations.
6. All those who might benefit should be offered additional or “**booster**” **vaccine doses**<sup>xii</sup>. Booster vaccine doses should be offered **especially to the elderly and immunocompromised** based on studies demonstrating their protective benefits
7. **Involvement of the medical institutions in low- and middle-income countries** into the clinical studies / trials of new anti-COVID-19 medications.
8. **Provision of psychological and psycho-oncological services** specifically to the immunocompromised who need to continue shielding and social distancing despite the relaxation of public rules<sup>xiv</sup>. Offering the right protective measures complete with a comprehensive strategy to protect the patients from the multiple stressing factors of being immunocompromised, less protected than others, being in lockdown or otherwise shielding from the environment will lead to better physical and mental health outcomes.
9. **Vaccines must be made available globally**, not only in high income countries. Reliable information about vaccines and treatments should be made available and more visible.

Until there is enough antiviral and antibody therapy for all who might benefit, difficult choices will need to be made to ensure equitable access.

Protecting the most vulnerable is not only the right thing to do, but also the smart thing to do. Protecting the immunocompromised where the virus has proven to linger and mutate, protects everyone<sup>xii</sup>.

COVID-19 management is changing rapidly. While this represents the consensus as to best practices at the time of its publication, new options will require ongoing updates. And so, it is also essential to ramp up research into identifying the factors of neglected care for the broader patient community of IC/IS patients.

Thank you for considering the needs of this large population that has been largely forgotten during the pandemic.

*On behalf of the International COVID-19 Blood Cancer Coalition (ICBCC)*

*21<sup>st</sup> of February 2022*

**Endorsed by:**

**Global Patient Organisations:**



**Nick York, Chair**  
CLL Advocates Network  
(Global)



CLL SOCIETY

**Dr Brian Koffman, Executive  
Vice President and Chief Medical  
Officer**  
CLL Society  
(USA)



**Lorna Warwick,  
Chief Executive Officer**  
Lymphoma Coalition  
(Global)



**Dennis Costello, Executive  
Director**  
CML Advocates Network  
(Global)



**Zack Pemberton-Whiteley, Chair**  
Acute Leukemia Advocates  
Network, ALAN  
(Global)



**Hans Scheurer, President**  
Myeloma Patients Europe, MPE  
(Europe)



**Fernando Piotrowski, Executive  
Director**  
Asociación ALMA  
(Argentina)



**Chris Tanti, CEO**  
Leukaemia Foundation  
(Australia)



**Sharon Winton, CEO**  
Lymphoma Australia  
(Australia)



**Hyacinth Grimes, Vice President**  
Lymphoma and Leukemia  
Foundation of Barbados  
(Barbados)



**Elke Stienissen, President**  
Lymphoma Association Flanders  
(Belgium)



**Reymond Vles, Chair**  
CLL Canada  
(Canada)



**Nadine Prévost, Senior Director**  
The Leukemia & Lymphoma  
Society of Canada  
(Canada)



**Nury Esperanza Villalba Suárez,  
Executive Director**  
Fundación Esperanza Viva  
(Colombia)



**Silvia Diaz, President**  
AGALEMO  
(Costa Rica)



**Dražen Vincek, President**  
Hrvatska Udruga Leukemija i  
Limfomi, HULL  
(Croatia)



**Jana Pelouchova, President**  
Diagnóza Leukemie  
(Czech Republic)



**Rita O. Christensen,  
President**  
Patient Advocacy Group for  
Lymphoma, Leukemia and MDS,  
LyLe  
(Denmark)



**Pierre Aumont, Trustee**  
Ensemble Leucémie Lymphomes  
Espoir - ELLyE  
(France)



**Rainer Göbel, Chairman**  
Deutsche Leukämie- und  
Lymphom-Hilfe, DLH  
(Germany)



**Jan Geissler, Founder**  
Leukaemie-Online.de  
(Germany)



**Jan Geissler, Chair**  
LeukaNET  
(Germany)



**Kimon Ourountzoglou**  
Hellenic Group of Patients with CLL  
(Greece)



**Vandana Gupta, Founder**  
V Care Foundation  
(India)



**Michael Rynne, Co-founder**  
CLL Ireland  
(Ireland)



**Giora Sharf, Director**  
Flute of Light - Home of blood  
cancer patients in Israel  
(Israel)



**Lidija Pecova, President**  
HEMA  
(Macedonia)



**Mayra Galindo, Director**  
Mexican Association of the Fight  
Against Cancer - AMLCC  
(Mexico)



**Bahija Gouimi, President**  
AMAL  
(Morocco)



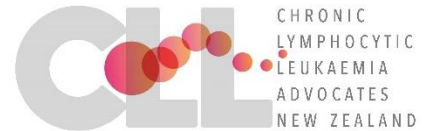
**Krishna Prasad Upadhyaya, Vice  
Chairman**  
Blood Cancer Society Nepal  
(Nepal)



**Marianne van  
Maarschalkerweerd, Expert  
Patient Advocate**  
Hematon  
(The Netherlands)



**Emma Barker, Head of Support  
Services & Operations**  
Leukaemia & Blood Cancer New  
Zealand  
(New Zealand)



**Dr Gillian Corbett, Trustee**  
CLL Advocates New Zealand,  
CLLANZ  
(New Zealand)



**Oksana Chirun, President**  
Inter-regional public organization  
for patients with hematological  
diseases «Most Miloserdia»  
(«Mercy Bridge»)  
(Russia)



**Maja Kocic, President**  
Lymphoma Patient Association  
LYPA / LIPA  
(Serbia)



**Elena Palma, International  
Representative**  
AELCLÉS (Spanish Network for  
Leukemia and Blood Disorder)  
(Spain)



**Lise-Iott Eriksson, President**  
Blodcancerförbundet / The  
Swedish Blood Cancer Association  
(Sweden)



**Dr Jeroen Goede, President**  
SFK- Stiftung zur Förderung der  
Knochenmarktransplantation  
(Switzerland)



**Rosmarie Pfau, President**  
Lymphome.ch Patientennetz  
Schweiz  
(Switzerland)



**Gerard Masalago, Chairman**  
Blood Cancer Foundation Tanzania  
(Tanzania)



**Zack Pemberton-Whiteley, Chief  
Executive Officer**  
Leukaemia Care  
(UK)



**Dallas Pounds, Director of  
Services**  
Lymphoma Action  
(UK)



**Jonathan Neil Mendelsohn,  
Trustee**  
Follicular Lymphoma Foundation  
(UK)



**Marc Auckland, Chair**  
CLL Support  
(UK)



**Helen Rowntree, Director of  
Research, Services &  
Engagement**  
Blood Cancer UK  
(UK)



**Tom Mallon, Coordinator**  
Leukaemia & Lymphoma NI  
(UK)



**Dr Adrian Warnock, Founder**  
Blood Cancer Uncensored  
(UK / USA / Canada)



**Ivan Zelenskyi, Director**  
Charity Fund of patients "Drop of  
Blood"  
(Ukraine)



**Gwen Nichols, MD, Chief Medical Officer**  
The Leukemia & Lymphoma Society  
(USA)

***Clinical community / Medical Societies:***



**Elizabeth Macintyre, President**  
European Hematology Association,  
EHA  
(Europe)



**Prof Paolo Ghia, President**  
European Research Initiative on  
CLL, ERIC  
(Europe)



**Prof Peter Hillmen, Chairperson**  
International Workshop on Chronic  
Lymphocytic Leukemia (iwCLL)  
(Global)



**Dr Yervand Hakobyan, President**  
AHA - Armenian Hematology  
Association  
(Armenia)



**Vanessa O'Shaughnessy, Director Communications**  
Peter MacCallum Cancer Centre  
(Australia)

**Dr Versha Banerji, Physician**  
(Canada)



**Prof. Alain Delmer & Prof. Pierre Feugier**  
CLL Scientific Board  
French Innovative Leukemia  
Organization  
(France)



**Dr. Kostas Stamatopoulos, Director**  
Institute of Applied Biosciences  
CERTH - Center for Research and  
Technology Hellas  
(Greece)



**Dr Tamar Tadmor, Physician**  
The Israeli CLL Study Group  
(Israel)





**Dr Vasile Musteata, Physician**  
State University of Medicine and  
Pharmacy "N. Testemitanu",  
Institute of Oncology  
(Moldavia)



**Dr Renata Walewska, Chair**  
UK CLL Forum  
(UK)



**UNIVERSITY OF  
BIRMINGHAM**

**Prof Paul Moss, Physician**  
Chief Investigator of the CLL-  
Vaccine Response Study,  
Birmingham  
(UK)



**Prof Adele Fielding, President**  
British Society for Haematology  
(UK)

**Anne Crook, Counsellor /  
Psychotherapist, Psycho-  
oncology**  
(UK)



**COLUMBIA UNIVERSITY  
MEDICAL CENTER**

**Nicole Lamanna, MD**  
Director CLL Program  
Hematologic Malignancies Section  
Herbert Irving Comprehensive  
Cancer Center  
New York-Presbyterian/Columbia  
University Medical Center  
(USA)

## Selected References:

- i. Herishanu, Y., Avivi, I., Aharon, A., Shefer, G., Levi, S., Bronstein, Y., ... Ghia, P. (2021). Efficacy of the BNT162b2 mRNA COVID-19 vaccine in patients with chronic lymphocytic leukemia. *Blood*, 137(23), 3165–3173. <https://doi.org/10.1182/blood.2021011568>.
- ii. Greenberger, L. M., Saltzman, L. A., Senefeld, J. W., Johnson, P. W., DeGennaro, L. J., & Nichols, G. L. (2021). Antibody response to SARS-CoV-2 vaccines in patients with hematologic malignancies. *Cancer Cell*, 39(8), 1031–1033. <https://doi.org/10.1016/j.ccell.2021.07.012>.
- iii. Re, D., Seitz-Polski, B., Carles, M., Brglez, V., Graça, D., Benzaken, S., ... Jérôme, B. (2021). Humoral and cellular responses after a third dose of BNT162b2 vaccine in patients treated for lymphoid malignancies. *MedRxiv*, 2021.07.18.21260669. <https://doi.org/10.1101/2021.07.18.21260669>.
- iv. Roeker, L. E., Scarfo, L., Chatzikonstantinou, T., Abrisqueta, P., Eyre, T. A., Cordoba, R., ... Patel, M. (2020). Worldwide Examination of Patients with CLL Hospitalized for COVID-19. *Blood*, 136(Supplement 1), 45–49. <https://doi.org/10.1182/blood-2020-136408>.
- v. Brosh-Nissimov, T., Orenbuch-Harroch, E., Chowers, M., Elbaz, M., Neshet, L., Stein, M., ... Wiener-Well, Y. (2021). BNT162b2 vaccine breakthrough: clinical characteristics of 152 fully vaccinated hospitalized COVID-19 patients in Israel. *Clinical Microbiology and Infection*, 27(11), 1652–1657. <https://doi.org/10.1016/j.cmi.2021.06.036>.
- vi. Karataş, A., İnkaya, A. Ç., Demiroğlu, H., Aksu, S., Haziye, T., Çınar, O. E., ... Göker, H. (2020). Prolonged viral shedding in a lymphoma patient with COVID-19 infection receiving convalescent plasma. *Transfusion and Apheresis Science*, 59(5), 102871. <https://doi.org/10.1016/j.transci.2020.102871>.
- vii. Interim Public Health Recommendations for Fully Vaccinated People. National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. Updated Sept. 1, 2021. (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>.

- viii. Sun, C., & Wiestner, A. (2021). Can Immunocompetence Be Restored in Chronic Lymphocytic Leukemia? *Hematology/Oncology Clinics of North America*, 35(4), 827–845. <https://doi.org/10.1016/j.hoc.2021.03.010>.
- ix. Study from The Leukemia & Lymphoma Society Shows COVID-19 Vaccine is Safe but 25% Of Blood Cancer Patients Do Not Produce Detectable Antibodies. (Leukemia & Lymphoma Society). July 22, 2021. <https://www.lls.org/news/study-leukemia-lymphoma-society-shows-covid-19-vaccine-safe-25-blood-cancer-patients-do-not>.
- x. Lindoso, L., Astley, C., Queiroz, L. B., Gualano, B., Pereira, R. M. R., Tannuri, U., ... Silva, C. A. (2021). Physical and mental health impacts during COVID-19 quarantine in adolescents with preexisting chronic immunocompromised conditions. *Jornal de Pediatria*. <https://doi.org/10.1016/j.jpmed.2021.09.002>.
- xi. Al-Rahimi, J. S., Nass, N. M., Hassoubah, S. A., Wazqar, D. Y., & Alamoudi, S. A. (2021). Levels and predictors of fear and health anxiety during the current outbreak of COVID-19 in immunocompromised and chronic disease patients in Saudi Arabia: A cross-sectional correlational study. *PLOS ONE*, 16(4), e0250554. <https://doi.org/10.1371/journal.pone.0250554>.
- xii. Bar-On, Y. M., Goldberg, Y., Mandel, M., Bodenheimer, O., Freedman, L., Alroy-Preis, S., ... Milo, R. (2021). Protection against Covid-19 by BNT162b2 Booster across Age Groups. *New England Journal of Medicine*, 385(26), 2421–2430. <https://doi.org/10.1056/NEJMoa2115926>
- xiii. <https://www.lls.org/news/largest-study-date-demonstrates-most-blood-cancer-patients-benefit-third-primary-dose-mrna>, last accessed: 08.02.2022
- xiv. Zomerdijk, N., Jongenelis, M., Yuen, E., Turner, J., Huntley, K., Smith, A., ... Short, C. E. (2021). Experiences and needs of people with haematological cancers during the COVID-19 pandemic: A qualitative study. *Psycho-Oncology*, pon.5819. <https://doi.org/10.1002/pon.5819>.
- xv. Zomerdijk, N., Jongenelis, M., Short, C. E., Smith, A., Turner, J., & Huntley, K. (2021). Prevalence and correlates of psychological distress, unmet supportive care needs, and fear of cancer recurrence among haematological cancer patients during the COVID-19 pandemic. *Supportive Care in Cancer*, 29(12), 7755–7764. <https://doi.org/10.1007/s00520-021-06369-5>.
- xvi. <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/>, last accessed: 11.02.2022