



CLL Society's Webinar: It's Not Over Yet: The Ongoing Impact of COVID-19 for Those with CLL/SLL

Wednesday, August 24, 2022

Audience Questions and Answers

COVID-19 VACCINATION

1. **What's the COVID-19 vaccine recommendation for a CLL patient who has had an adverse reaction to mRNA vaccines?**

Discuss with your healthcare provider to consider Evusheld. Novavax is now an option as well since it is not an mRNA vaccine.

2. **After each COVID-19 booster shot, my lymph glands under my arms and in breasts swelled greatly. They were painful, and I felt ill for several days. It seems the antibodies don't last long. Should I continue to get the booster shots?**

Discuss with your treating CLL physician, but temporarily swollen lymph nodes after the COVID-19 vaccine seems to be a relatively common occurrence in those with CLL and is not necessarily considered a contraindication for receiving additional vaccine doses.

3. **I have had two boosters, one with Moderna and all others with Pfizer. When is the new vaccine coming out? It has been 6 months since my last vaccine. I have CLL/SLL watch and wait.**

News reports as of the week of August 22nd indicate that Moderna/Pfizer have both submitted their paperwork for EUA approval to the FDA. So, many experts are estimating they will be made available to the public sometime after Labor Day/mid-September.

4. **If I have had my second booster (Moderna), how long do I have to wait to get the new bivalent Moderna booster when it comes out?**

No data on ideal timing yet. Generally, the CDC guidance has recommended 3-4 months in between booster doses for those who are immunocompromised. However, that guidance could change to a lesser time frame since this booster will include coverage for BA.4/5 which is surging right now in the US. Stay tuned to our website. As soon as we have information, we will definitely be sharing this information with our community.

5. **Do you favor Novavax for a booster?**

No data yet on receiving Novavax as a booster after MRNA vaccines.

6. **I received my first 3 COVID-19 vaccines within a year of being treated with venetoclax & obinutuzumab and had no response to those vaccines. I'm**



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now over a year after treatment and hope that the fall vaccine will work. Should I consider this fall shot my "first shot" since I didn't respond to the others and then need a booster shortly after?

Please discuss the possibility of starting your COVID-19 vaccination series all over again with your treating CLL provider. Some have recommended this approach.

7. Why aren't my antibodies high? Do I need to get boosters? I've had 3 Moderna boosters.

Please follow the CDC's guidance on the recommended vaccination schedule for the immunocompromised, which includes three primary doses of the full strength COVID-19 vaccine and two additional booster doses, or discuss your vaccination schedule with your physician. Here is the [article](#) regarding the most up-to-date guidance on the CDC's recommended vaccine schedule for those who are immunocompromised.

8. If I haven't had the 2nd booster (after 3 primary & 1 booster), should I get the 2nd booster soon, or wait for the next generation of vaccine?

Right now, the best estimated guess is that the new bivalent boosters could be approved as early as 2-3 weeks from now. Talk with your treating CLL provider about the best timing. At this point you might consider taking extra precautions for the next several weeks since community spread is still very high and then get the new bivalent when it becomes available, hopefully by mid-September.

9. I had my 1st set of 3 vaccine shots in 2021, my 1st booster in January 2022, my 2nd booster in May 2022. When should I get my 3rd booster?

Stay tuned. There are no recommendations from the CDC for a third booster "yet". Although we expect guidance to be coming out after the decision on the bivalent vaccinations (which include BA.4/BA.5 coverage) sometime in September. Stay tuned to our website.

10. My second Pfizer booster was June 2, 2022. I'd like to have the new booster coming out in Sept. 2022 which is Omicron specific. Will they give me this third booster and how far apart will it have to be in time from the second booster? I have been on watch and wait with CLL for 13 years. I received Evusheld July 8, 2022.

We are waiting on the guidance and will put something out on our website once the new bivalent booster recommendations are approved by both the FDA and CDC. Although, we have heard from Dr. Jha, the White House COVID-19 coordinator, that having a booster recently will not preclude anyone from being eligible to receive the new bivalent.

11. There is to be a new vaccine next month, will it cover all the variants that are affecting our community now?



We are waiting to see the data regarding how well the new bivalent that will include BA.4 and BA.5. However, based on the limited information available at this time, we understand that if the bivalent were given today it would provide some level of protection against the variants that are currently prevalent in the US (BA.4 and BA.5).

12. Is the new Novavax vaccine a possibility for CLL patients with no response to the Pfizer vaccine?

We know the Novavax vaccines work a bit differently and there are good data available from the clinical trials, but we haven't seen any data yet that is specific to how effective it is for those who are immunocompromised. Also, there are no data surrounding those who receive it after having received the mRNA vaccines.

13. I have CLL and had 2 Pfizer shots in Jan-Feb of 2021 and then tested nonresponsive for antibodies. My doctor recommended 2 Moderna shots which I received in March and April of 2021. I'm tested once a month for antibodies and have been at the highest test level for the last 15 months. Do I need another booster at this time?

We recommend all those with CLL/SLL stay up-to-date on the recommended vaccination schedule, regardless of antibody levels. [Here](#) is the link to that guidance on our website.

14. If not making the COVID-19 antibodies, should we be still be getting the vaccinations?

Yes. We still do not yet know how to best interpret COVID-19 antibody levels. Mainly, we do not know what antibody range or level correlates with protection, nor do we know the duration of protection that maxed-out antibody levels may or may not provide for the immunocompromised. For these reasons, Evusheld is recommended as an additional layer of protection specifically for those who are immunocompromised, even when high levels of COVID-19 antibodies are demonstrated.

It is also important to remember that just because someone has not had a robust COVID-19 antibody response, that does not mean that the vaccine did not stimulate other very important parts of the immune system that could possibly provide some level of protection as well. The most recent guidance includes that all moderately to severely immunocompromised individuals (which includes everyone with CLL/SLL regardless of treatment status) receive three primary doses and two additional booster doses.

COVID-19 VACCINATION AND EVUSHELD



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- 1. For those of us awaiting the new vaccine, if we are due to get Evusheld prior to the new vaccine how long should we wait after receiving Evusheld to get the vaccine?**

At least two weeks per the CDC guidance for the immunocompromised.

- 2. If one has received a fourth Pfizer vaccination close to four months ago, and received Evusheld a few weeks later, would you advise getting a fifth vaccination? Some commentators have suggested that the Evusheld could keep the body from mounting a robust immune response to the fifth shot. (I produced no antibodies to the first four shots, according to the spike protein tests I took after each.)**

CLL Society recommends following the CDC's vaccine recommendations for those who are immunocompromised. Here is the [link](#) to the most common questions we receive regarding boosters and Evusheld. It is also important to remember that just because someone has not had a robust COVID-19 antibody response, that does not mean that the vaccine did not stimulate other very important parts of the immune system that could possibly provide some level of protection as well. The most recent guidance includes that all moderately to severely immunocompromised individuals (which includes everyone with CLL/SLL regardless of treatment status) receive three primary doses and two additional booster doses.

- 3. I've had the first two Pfizer vaccines, 2 Pfizer boosters, and Evusheld. I now have COVID-19 antibodies. Is there a way to know if the antibodies came from the last booster or the Evusheld?**

Not at this time. There are specialized lab tests that can be performed only in research laboratory settings, but those tests are not currently available to the public.

- 4. I have had my two primary Moderna, then a third full vaccine last September. I started Evusheld in February 2022. My oncologist does not want me getting the 4th booster as long as I am on Evusheld and can get that every 6 months. She fears it will interfere with the Evusheld. Is that the correct course?**

There are different schools of thought amongst providers on this subject. Your oncologist's line of thinking was echoed by many earlier on in the pandemic. However, the FDA and CDC guidance both strongly indicate that Evusheld was never meant to REPLACE vaccinations. Instead, it is meant to be an additional tool to help provide an additional layer of protection to prevent severe disease in those who are at higher risk. Here is the [link](#) to the most common questions we receive regarding boosters and Evusheld.



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5. I hear that Evusheld is not a substitute for vaccines, but I am unclear if the vaccine will interfere with the Evusheld I am already getting if I produce some of my own antibodies?

There are no data to support this theory. Producing your own antibodies does not interfere with Evusheld. Although, this was a theorized concern earlier in the year when Evusheld was first approved amongst some healthcare providers. Since that time, the CDC has put information on their website indicating that there are no data to support the theory and recommend only to wait two weeks in between receiving Evusheld and a booster vaccine dose..

6. What should be the timing between a vaccine booster and an Evusheld shot?

Two weeks. Here is the [link](#) to the most common questions we receive regarding boosters and Evusheld.

EVUSHELD

1. Should I request Evusheld if I am in watch and wait?

Everyone with CLL/SLL is considered immunocompromised, regardless of the stage of the disease or treatment status. [Here](#) is the updated guidance from the NIH that specifically mentions those with CLL.

2. Are there more or less side and aftereffects with Evusheld vs Paxlovid?

Evusheld is generally tolerated very well. If any side effects do occur, they are more likely to happen right after the injection during the time you are being monitored in the office afterwards.

3. What are the side effects to Evusheld?

Evusheld is generally very well tolerated. The most common side effects are pain, soreness, swelling, or bruising of the skin at the injection site.

4. How effective is Evusheld against Omicron for treatment-naive CLL patients who are otherwise in good health?

Evusheld reduced the risk of developing severe COVID-19/death by ~88% compared to placebo in clinical trials.

5. Is Evusheld effective against the BA.5 variant?

Yes. Evusheld still retains activity against BA.5. However, it is important to remember that Evusheld was never intended to prevent infection, nor did the clinical trials measure this as an endpoint. Instead, the clinical trials measured how well it prevented severe disease/death. Much like we have learned throughout the pandemic, the coronavirus has a high affinity for mutating with the goal of little by little getting better at immune evasion. We have seen some of that beginning to occur with Evusheld with its effectiveness waning slightly depending



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on the variant. However, against BA.5 it does retain activity and is still doing a very good job at preventing severe disease, hospitalization, and death.

6. I received the Evusheld shots. How well protected does this make me afterwards?

Evusheld works well in preventing the development of severe disease and death in those who are immunocompromised. However, it is important to remember that much like we have seen with the vaccines, it does not fully prevent infection.

7. Does Evusheld protection stop rather suddenly at 6 months, or does it slowly decline?

Like the vaccines, antibody levels with Evusheld wane over time.

8. We're anticipating boosters developed to deal with the latest variants. Will Evusheld be further developed to deal with the latest variants?

No data on that yet. Although, we have heard from reports out of a recent COVID-19 strategy meeting that took place at the White House that the future of monoclonal antibody development in general might be more focused on something called "broad spectrum antibodies" that can provide broader coverage against multiple variants at the same time. However, none are currently in clinical trials yet that we are aware of.

9. Please advise on what data points the first speaker based the conclusion that Evusheld is not responding as well to the current virus strains that are circulating? The reason I ask is because my hematologist told me the opposite, that Evusheld is responding well and does not need to be updated.

It is not responding "as well" as compared with previous variants (alpha, delta, etc.). However, it has retained its activity against the current dominant circulating variant BA.5.

10. The most recent FDA fact sheet on Evusheld 300/300 states that BA 4/5 are 30-50-fold less responsive to Evusheld. I am an MD and have tried to go through the math to discover if my recent re-dose of 300/300 provides a high enough blood concentration to derive any benefit. Can you elucidate?

Much like the vaccines, with each new variant the virus seems to get better and better at escaping our current tools. However, while it may have reduced activity, Evusheld still does retain activity against BA.4/BA.5. We are continuing to keep a very close eye on this.

11. Does the new Evusheld that is soon to be given have better protection for Omicron 4/5?

No. The Evusheld formulary has not been changed.



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12. Will Evusheld be refreshed with BA 4/5 antibody protection as I am due for my second dose next week.

Not at this time. However, updates in the formulary may theoretically come at a later date. If we hear of anything we will let our community know.

13. Should I get a second Evusheld? How long after the first?

The FDA guidance was updated to get re-dosed 6 months after your last dose. [Here](#) is the article we posted on our website regarding the updated FDA guidance on Evusheld dosing.

14. What is the availability for Evusheld now?

The government officials we speak to indicate there is "plenty" of doses awaiting distribution at this time and doses of Evusheld are no longer in short supply. However, ease of access to Evusheld is very highly dependent upon where you live in the US.

15. My oncologist had not mentioned using Evusheld as a precaution. I have CLL. I want to be sure that this gives me added protection also, where do I get it?

We have lots of information on our website on Evusheld, [here](#). Also, there is information within the [COVID-19 Action Plan](#) that can help with finding locations near you to obtain it.

16. Should every CLL patient get Evusheld? What if you've already had COVID-19? I'm on ibrutinib and have had 5 vaccine shots so far.

We recommend that all CLL/SLL patients have as many layers of protection against COVID-19 as possible. Evusheld provides one additional layer of protection, and all of those who have been diagnosed with CLL/SLL are eligible, regardless of treatment status.

17. Six months ago, I had the injections for Evusheld, and they said at the time after six months I should have another injection. Is that still recommended?

Yes, that is correct. [Here](#) is the article we posted on our website regarding the updated FDA guidance on Evusheld dosing.

18. My CLL has been in remission for two years. I have had two vaccinations and two boosters and am producing anti-bodies. I have never had a positive test for COVID-19. With that, should I also consider Evusheld treatment?



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Yes, it is something to consider with your healthcare providers. It is an additional layer of protection against COVID-19. High antibody levels do not necessarily correlate to protection in those who are immunocompromised. However, we are glad to hear you have had a great antibody response.

19. CLL patient, completed treatment in March. Received Evusheld. Have relentless muscle and joint pain. It was suggested that Evusheld may be the reason. Is that possible? Will the pain go away eventually?

We have not heard of this anecdotally from anyone in our patient community, but that doesn't mean it is not a problem for you. We are very sorry you are experiencing this. Have you discussed these symptoms with your treating CLL provider, as many times muscle/joint pain can be a common complaint of those with CLL both who are not on treatment or can be directly associated with some of the most common CLL treatments/medications?

MEASURING IMMUNE RESPONSE

1. How is a patient's vaccine response measured?

Currently, the only available test available to the public is the Semi-Quantitative SARS-CoV-2 antibody level. You can go online through LabCorp and order the test for yourself without a physician order if you are curious. However, remember that we still do not know exactly what level of antibodies equates to protection.

2. What is the test in my labs to know my antibodies?

SARS-CoV-2 Semi-Quantitative Total Spike Antibody Level.

3. I fortunately had a very strong response to the vaccine and produced a high amount of antibodies. Yet I have been told by an immunologist that it does not mean the antibodies will function correctly due to my CLL. What is your opinion of this matter?

This is correct. There is more involved with other parts of the immune system in fighting off COVID-19 infection than just antibody levels.

4. Recent NIH guidance defining immunocompromised now includes those with hematologic malignancies and known to have poor response to vaccines. What is a poor response and how do we know if we have one?

The updated guidance includes ALL of those with CLL/SLL, regardless of their antibody response to the COVID-19 vaccine. We do not yet know how to best interpret COVID-19 antibody levels. Mainly, we do not know what antibody range or level correlates with protection, nor do we know the duration of protection that maxed-out antibody levels may or may not provide for the immunocompromised.



COVID-19 TREATMENTS

- 1. I had CAR-T therapy and probably have no antibodies, but I've never tested. Which treatment is preferable if available, Bebtelovimab or Paxlovid?**

At this time the NIH guidelines recommend starting with Paxlovid.

- 2. How long does Bebtelovimab protect?**

Bebtelovimab does not provide long-term coverage against COVID-19. It is estimated to be 30 days at most.

- 3. I have CLL and I am on Ibrutinib. I met with my oncologist this week and was advised that if I test positive for COVID-19 I am to stop the ibrutinib and contact my family doctor for a prescription for Paxlovid. Take it for 5 days and then remain off ibrutinib for three weeks or until I have two negative tests. Is this the best course of action? Or are the other drugs better in this scenario? Also, in our community my oncologist is not recommending Evusheld as he says it is not effective?**

Evusheld still has activity against the circulating variants in the US. [Here](#) is an article from our website that discusses Paxlovid for those with CLL/SLL that we think you will find helpful.

- 4. I have been told that the supply of Bebtelovimab has or is about to run out. Is there any hope for more to become available?**

It has not run out, but it has gone commercial so the government supply of Bebtelovimab is much lower now that individual infusion centers can order it directly from a supplier.

- 5. I am on Gazyva, my 4th month. And venetoclax in addition to IVIG for 8 weeks. I have not had COVID-19. What would I use if I get COVID?**

The current recommendations are to start Paxlovid within 5 days of symptom onset. If you are outside of those 5 days, then you can pursue Bebtelovimab if it is available in your area, as both can be given up to 7 days after symptom onset. Remdesivir is also an option. You can find more details within the instructions document within the COVID-19 Action Plan.

- 6. Will Paxlovid be given for longer than 5 days if a rebound takes place? I believe Dr. Fauci took a second dose when he rebounded.**

There are studies being performed currently on this exact subject for those who are immunocompromised. We expect the data to come, but right now that data is not available and an additional round of Paxlovid is not recommended for anyone.



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7. If travelling abroad, where access to Paxlovid may be limited, what would be an effective strategy for responding to a positive COVID-19 test?

Try to research ahead of time to find out what treatment options are available in the country you are traveling to. Then try to find out where you would obtain those treatments there if you can. You might also consider obtaining travel insurance if you need to be transported quickly back to the US for care. Also talk to your healthcare provider about your plans, as they may be able to offer some suggestions as well.

8. Can I get a monoclonal antibody infusion if I was exposed to someone who tested positive for COVID, even if I have no symptoms or disease?

Unfortunately, no. There used to be a monoclonal antibody approved to administer to those at high risk for developing severe disease after they had been exposed to COVID-19 (Regeneron) but had not yet tested positive. However, that monoclonal antibody is no longer effective against the current circulating variants and has been taken off the market. The only remaining monoclonal antibody (Bebtelovimab) is only approved for TREATMENT after you have tested positive, and is currently in much shorter supply than Paxlovid, thus it is more difficult to access..

9. Is Paxlovid effective against BA.5, or just helpful in general? What about the rebound issue?

Yes, Paxlovid remains effective against BA.5 and is helpful in reducing severe disease, hospitalization, and death.

CLL/SLL and COVID-19

1. Are there any data on the actual mortality rates for BA.4/5 in CLL patients?

No, unfortunately not. As with all things throughout the pandemic, we often don't have variant specific data until after the circulating variant is no longer in circulation.

2. As mask mandates have been relaxed, as long as I am masked, does being around others who are unmasked represent a significant risk?

Data shows that levels of protection are definitely much better when everyone around you is masked. Always wear a tightly fitted KN95 or N95 mask when around others, increase ventilation, and continue to avoid crowded situations, etc. We just wrote an article discussing the updated CDC guidance that can be found [here](#).

3. Does ibrutinib count as active treatment and increase the possibility of bad outcomes? Is this true even if you are MRD?

Yes, ibrutinib is a form of active treatment. All with CLL/SLL are at increased risk of poorer outcomes should they become infected with COVID-19.



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- 4. I have CLL and was diagnosed in 1997 but have never been treated. I have had 3 vaccines and 1 booster. I wear a mask when I am inside. I am 73 and in good shape. Do I need do to something else against COVID?**

Make sure the mask you are wearing is a KN95 or an N95. We also recommend a multi-faceted approach when it comes to protection. Meaning, stay up-to-date on all recommended vaccinations, obtain Evusheld, wear a mask when in contact with others outside of your household, etc. And please make sure you have your COVID-19 Action Plan in place. [Here](#) is our COVID-19 Action Plan.

- 5. With an always elevated WBC with CLL does this help at all in fighting off a COVID virus?**

No, unfortunately not.

- 6. How much danger am I in if I wear a well-fitting N95 mask and shop in the grocery store?**

Nothing, including wearing an N95, provides 100% protection from infection. However, there are several other factors than can help mitigate risks such as how high the level of community spread is in your jurisdiction, can you do self-check out to limit close interaction with others, could you go early in the morning or late at night when the store is less crowded, and making sure you are keeping distance as much as possible from other individuals within the store. Also think about wiping down the grocery cart handles, have good hand hygiene, and avoid touching your face after touching surfaces.

- 7. I am 66 years old and my CLL has been in remission for 18 months, last draw was excellent. After both COVID-19 vaccines and one booster, I still had no antibodies. Three weeks ago, I had both Evusheld shots. How much more careful than the general public should I be relative to the CLL?**

Since everyone with CLL/SLL is moderately to severely immunocompromised, regardless of treatment status, you should still take extra precautions. [Here](#) is the article posted on our website on the updated CDC guidance that was released where we touched upon this subject a little bit.

- 8. Any studies done on infection/ survival rates for CLL patients that include blood type? Are certain blood types more prone to prolonged infection or more severe infection?**

There were several theories about this early on in the pandemic. However, data has not proven this theory to be true.



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- 9. I've been extremely careful! No shopping or visiting family/friends inside. Feeling anxiety about going into year three without seeing family during winter months. I have N95 masks, can I visit inside once being outside isn't comfortable?**

This type of decision is based on the individual level of risk that you are willing to accept. Some things you can do to help mitigate risks is have everyone inside wear masks, continue to observe social distancing, crack doors/windows to increase ventilation, and use a HEPA filter air purifier if one is available. Another strategy might be to request anyone you are wanting to meet with to take a PCR test 48 hours before gathering. However, the caveat to PCR testing would be that they would ideally need to not be in contact with anyone in the time between the PCR test and the time you meet.

- 10. I am still nervous about going into social settings, especially ones that involve eating, so my mask will need to come off. Any advice for helping me and others who may feel this way?**

We just posted an article on our [website](#) about the updated CDC guidance that was released. We would still encourage only eating without a mask in an outdoor, well-ventilated setting and maintain social distancing if possible. Also, be aware of the level of community spread in your jurisdiction. Sometimes if you tell a restaurant before you arrive that you are immunocompromised, they will take extra initiatives to set you further away from others and have your servers wear a mask when approaching your table.

- 11. I am on acalabrutinib treatment for CLL and am fully vaccinated, boosted, and have received Evusheld. Do you recommend me visiting a friend in Assisted Living or going into a neighbor's home to visit a house bound person?**

We would recommend that anytime you are going indoors with individuals outside of your household that you still wear a well-fitted KN95 mask, or preferably an N95 mask.

- 12. With earlier mutations, CDC said we could stay 6 feet apart, outdoors for 15 minutes to stay reasonably safe. I haven't seen any new standards with the new mutations. Do you have any advice? And do you have advice about how safe we can be in public indoors spaces with our KN95 masks when others are not wearing them?**

We just wrote an article that is posted on our [website](#) on the updated CDC guidance that was released which included comments surrounding social distancing.



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13. I had two Moderna vaccines, one booster, Evusheld, four IVIG infusions. I tested positive for COVID-19. After 5 days of Paxlovid, I tested negative. I rebounded 4 days later on 8/18, and I am still positive. I experience severe fits of coughing that makes it difficult for me to breathe. I take Robitussin DM and was just prescribed Tessalon Perles. Any advice? Any idea how long my recovery may take?

We know that immunocompromised individuals can continue to test positive for weeks to sometimes months. We are so sorry to hear you are going through this. You might ask if you can be referred to an infectious disease physician at this point to be evaluated. We touched on this a little bit in the article posted on our [website](#) on the updated CDC guidance that was released, as well as in our COVID-19 Action Plan

14. Is this focus on ONLY those who are going through chemo/radiation or also those who are just being monitored? I have SLL.

Since everyone who is diagnosed with CLL or SLL have a cancer of the immune system, they are considered moderately to severely immunocompromised regardless of treatment status. So, this webinar is applicable to everyone with CLL/SLL.