
January 12, 2023
12 PM PT, 1 PM MT
2 PM CT, 3 PM ET
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BeiGene
Speakers

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Moderator
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Executive Vice President and Chief Medical Officer CLL Society
Prevention of COVID-19 in CLL

S Shahzad Mustafa, MD
Chief – Allergy, Immunology, & Rheumatology
Rochester Regional Health
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January 2023
Learning Objectives

• To understand special considerations regarding COVID-10 for individuals with CLL/SLL
• To understand current strategies for prevention
Vaccination in CLL

Vaccines lead to antibody production

B cells make antibodies

CLL is a B cell cancer

B cells are dysfunctional in CLL

Patients with CLL have suboptimal antibody response

COVID-19 Vaccine in Blood Cancers

A

Seropositivity by underlying condition

- HCW
- HIV
- Autoimmune/chronic inflammatory
- Solid tumor
- Hematological malignancy
- Solid organ transplant

Percent seropositive after vaccination

p<0.01

Percent with positive serology

- None
- HL
- MDS
- CML
- MPN
- AL
- MM
- A-NHL
- I-NHL
- CLL

99% 94% 94% 91% 84% 80% 76% 71% 60% 47%

B

Covid-19 antibody titer (AU/ml)

Diagnosis

None
HL
MDS
CML
MPN
AL
MM
A-NHL
I-NHL
CLL

Additional Doses of COVID-19 Vaccine

Evusheld – Tixagevimab + Cilgavimab

Levin et al. NEJM 2022; 386(23): 2188., Ocon et al. J of Heme. Accepted for publication. https://covid.cdc.gov
Evusheld – Tixagevimab + Cilgavimab

https://covid.cdc.gov, Chang et al. Accepted for publication.
COVID-19 vaccines rapidly increased the percentage of Americans with antibodies.

- **January 21:**
  - Antibodies from Infection*: 15.9%
  - Antibodies from Vaccination: 4.6%
  - No Antibodies: 79.5%

- **May 21:**
  - Antibodies from Infection*: 20.2%
  - Antibodies from Vaccination: 63.1%
  - No Antibodies: 16.7%

* includes unknown percentage of vaccinated people

Get vaccinated to protect yourself from severe disease caused by COVID-19.

[cdc.gov/coronavirus]
COVID-19 Risk Mitigation

- Minimize unnecessary immune suppression
- Complete vaccination series
- Evusheld and/or Ig replacement

Common sense social considerations

Hazard

Holes in the cheese are failures

Accident
Thank You
COVID-19 Variants and Treatments

Andres Chang, MD, PhD
Instructor
Winship Cancer Institute of Emory University
Department of Hematology and Medical Oncology

1/12/2023
Learning Objectives

• To understand the meaning of SARS-CoV-2 variants and its implication in human health

• To understand the current outpatient and inpatient treatment of COVID-19 disease
SARS-CoV-2 Variants

- Viruses with new mutations in its genetic code
- Expected outcome of viral evolution
- More “fit” viruses will replace “less fit” variants
- Select for mutations that confer an advantage to the virus
  - Increase infectivity
  - Immune escape
  - Treatment resistance*

Source:
COVID Data Tracker
CDC.gov
Management of COVID-19 Infections – Outpatient 1/2023

- Prompt initiation of therapy (within 5 days)

  ~90% risk reduction for hospitalization or death
  (Hammond, et. al. NEJM 2022)

  ~30% risk reduction for hospitalization or death
  (Bernal, et. al. NEJM 2022)

- Remdesivir* (IV medication)
- Convalescent plasma (in immunosuppressed)*

- No effective monoclonal antibodies approved
COVID-19 “Rebound”

- Incidence: less than 5% for most studies
- Occurs with all antivirals (and placebo)
- Likely due to undertreatment
- Clinical significance unclear

Anderson, et. al. NEJM 2022
Management of COVID-19 Infections – Hospitalized 1/2023

• Remdesivir (Veklury®) – start within 7 days

• Agents that modulate inflammation*
  • Dexamethasone (RECOVERY Group, NEJM 2021)
  • Baricitinib (JAK inhibitor, Kalil, et. al., NEJM 2021)
  • Tofacitinib (JAK inhibitor, Guimaraes, et. al. NEJM 2021)
  • Tocilizumab (anti-IL6, RECOVERY Group, Lancet 2021 and Salama et. al. NEJM 2021)
  • Sarilumab (anti-IL6, Lescure, et. al., Lancet Resp. Med., 2021)

• Anticoagulation prophylaxis
• Supportive care
Conclusions

• Emergence of COVID-19 variants is a natural and inevitable process
  • Some variants will cause worse disease than others

• Early initiation of treatment is essential
  • No monoclonal antibodies available for treatment
  • New treatments are on the horizon


 Zhujun Cao, M.D., Ph.D., Weiyi Gao, M.D., Ph.D., Hong Bao, M.D., Ph.D., Haiyan Feng, M.D., Shuya Mei, M.D., Ph.D., Peizhan Chen, Ph.D., Yueqiu Gao, M.D., Ph.D., Zhilei Cui, M.D., Ph.D., Qin Zhang, M.D., Ph.D., Xianmin Meng, Ph.D., Honglian Gui, M.D., Ph.D., Weijin Wang, M.D., Ph.D., et al.

Cao et. al., NEJM Dec 28, 2022

• Prevention is better than treatment
Thank You
CLL Society’s COVID-19 Action Plan

Robyn Brumble, RN, MSN
Director of Scientific Affairs
CLL Society
Directions for Completing the COVID-19 Planning Checklist

CLL Society highly encourages individuals living with CLL to prepare ahead of time and have a comprehensive COVID-19 Plan in place just in case you have either a known exposure or receive a positive test result. The following are guidelines to assist you in completing your personalized COVID-19 Planning Checklist. Please keep all printed information in a designated COVID-19 Planning Folder that can be easily accessed if needed.

1. Obtain an oxygen (O2) pulse oximeter (O2 saturation monitoring device) and have it readily available in your home. inexpensive O2 pulse oximeters can be purchased on Amazon or from your local drug store.

2. Have a reliable digital thermometer available. If you only have oral thermometers in your home, consider purchasing one for each member of the household to prevent spreading the virus to other family members.

3. Know ahead of time where you will go to get tested for COVID-19, and confirm they will perform the necessary testing:
   - The location you choose should be willing to offer you both the rapid test and the PCR test at the same time. Remember: the Rapid test can indicate evidence of COVID-19 infection, but the PCR is typically more accurate. (Please also note, some rapid tests will not detect variants).
   - Always err on the side of caution and get tested right away should you experience any respiratory symptoms, or if you have known exposure to COVID-19. Do not dismiss allergy or cold symptoms!
   - The earlier you know, the easier you can receive treatment, which is of utmost importance.

4. High-titer convalescent plasma should be administered early after diagnosis and is authorized under the EUA (Emergency Use Authorization) for the treatment of hospitalized patients with COVID-19 and impaired immunity. That would include CLL patients. It is not used in severe COVID-19. Convalescent plasma may need to be administered more than once.

5. Monoclonal antibodies directed against the COVID-19 spike protein have proven to help high-risk patients and should be given within 10 days of diagnosis and can be given outpatient. The earlier the better! You must investigate ahead of time which hospitals in your area provide rapid access to this critical COVID-19 treatment. COVID-19 monoclonal antibody therapies are not available everywhere and are most likely not available at your local small community hospital. So please spend time finding out exactly where you can access them quickly should you need them. It is also important to understand the criteria that make you eligible for receiving this critical COVID-19 treatment should there be any pushback when you advocate for receiving it:
   - Search this map to find the hospitals in your area that have monoclonal antibody therapy available, and make it part of your plan to visit their emergency room if COVID-19 treatment becomes necessary.
Known Exposure, Positive Result, and How to Quarantine

CHECKLIST FOR KNOWN EXPOSURE TO COVID-19 WITHOUT A POSITIVE TEST RESULT

READ THROUGH YOUR COVID-19 PLANNING FOLDER AND ACTIVATE YOUR HOUSEHOLD QUARANTINE PLAN

- Closely monitor for symptoms of COVID-19. Symptoms can appear anywhere from 2-14 days after exposure and may or may not include headache, fever or chills, cough, shortness of breath or difficulty breathing, increased fatigue, worsening muscle or body aches, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, and diarrhea.
- Contact your healthcare provider(s) right away to arrange for possible urgent treatment with the anti-COVID-19 monoclonal antibodies, regardless of whether or not you have had a positive test or symptoms.
- Immediately schedule appointments for testing 3-5 days following the date of known exposure. Availability for testing can be limited during times of surging cases.

TESTING RECOMMENDATIONS FOR COVID-19

- The CDC recommends testing 3-5 days following the date of the known exposure, even without symptoms. But if you begin to have symptoms, arrange to get tested right away.
- If possible, have both the rapid and PCR tests performed. If both are not available, the PCR test is more preferred due to increased accuracy. Know that if you test negative, you were not infected at the time your sample was collected. The test result only means that you did not have COVID-19 at the time of testing. Continue to take steps to protect yourself and others by wearing a mask and distancing.
- If symptoms develop, but you had a negative test, you should immediately get retested.
- If you test positive, refer to the COVID-19 Action Plan for the next steps.

QUARANTINE RECOMMENDATIONS FOR CLL

- If you received a negative PCR test result AND no symptoms have been detected during daily monitoring, quarantine can end after Day 10.
- For those that did not get tested and never experienced any symptoms of COVID-19, quarantine must last for the full 14 days following exposure.

HOUSEHOLD QUARANTINE PLAN

Why Is It Important To Have a Quarantine Plan in Place Before You Become Infected with COVID-19?

Receiving a COVID-19 diagnosis can be stressful and confusing, especially if you are not prepared. Having a self-quarantine plan will help everyone in the household know exactly what to do should the virus infect someone within the home. In addition to this checklist, learn as much as you can in advance about standard infection control precautions that may help decrease the possibility of spread. Place this document within your COVID-19 planning folder to refer to if needed.

- Have plenty of masks available. Everyone in the household should plan on wearing a tightly-fitted mask (preferably an N95) over their nose and mouth as much as possible, especially when in direct contact with anyone else in the home.
- Keep your distance from others. Stay in a designated room by yourself and use a bathroom separate from the one used by others in the household. Keep your bedroom and bathroom door closed when possible. Have someone else prepare meals and leave them outside your bedroom door.
- Do not leave your home (unless necessary for medical care). Identify family, friends, or community groups to help deliver groceries, medications, and other supplies to your front door. Have their contact information readily available as part of your quarantine plan.
- If living with others, increase ventilation within your home. Open windows and outside doors (when the weather permits). Operate all downstairs fans or run a window air conditioner with the vent control open to increase the indoor/outdoor airflow.
- Have necessary supplies on hand. Consider creating a list that includes items such as thermometers for each person in the home, electrolytes, tea, over-the-counter medications, cleaning supplies, hand sanitizer, disposable gloves, Kleenex, etc. Speak with your healthcare provider about what vitamins or over-the-counter medications might be helpful to have readily available as well.
- Wipe down high-touch areas every day with a disinfectant. This includes doorknobs, light switches, phones, remote controls, appliances, sink, toilet, countertops, etc. Let someone else disinfect high-touch surfaces in the common areas of the home. But you should also clean and disinfect your designated sick room and bathroom if possible.
- Do not share any items with others in your home. This includes clothes, drinking glasses, eating utensils, towels, or bedding. It is important to wash all items used by the infected person thoroughly with soap and water after using them.
Where to Find the COVID-19 Action Plan On CLL Society’s Website
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On CLL Society’s Website

COVID-19 Action Plan

Checklists for Chronic Lymphocytic Leukemia (CLL)
Preparing for Pre- and Post-COVID-19 Exposure

Downloading and completing the CLL Society's COVID-19 Action Plan could save your life.

Complete and print this action plan, which will help you prepare in advance for possible exposure, testing positive, time sensitive therapies, and home management, including what you need for safe isolation, and much more. Preparing in advance can minimize the panic that many experience when exposed or diagnosed because you will have a written plan to guide you. If you do only one thing to protect yourself and your loved ones during the pandemic, please complete your family's COVID-19 Action Plan. The life you save might be your own.
Important Takeaways

• Complete the checklists ahead of time—BE PREPARED!
• Keep them in an easily accessible place, such as a folder
• Discuss your plan with others within the household
• If you have known exposure, symptoms, or a positive test result—pull out the plan and act fast! Time is of the essence.
This program was made possible by grant support from

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Thank You for Attending!

Please take a moment to complete our post-event survey, your feedback is important to us.

If you’re question was not answered, please feel free to email asktheexpert@cllsociety.org.

Join us on February 9th for our webinar ASH 2022 Comes to You!

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