



CLL SOCIETY

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SARS-Cov-2 Vaccines for CLL Patients Version 3

These days the most frequent questions that we are receiving at CLL Society, for good reasons, concern the soon to be approved SARS-CoV-2 vaccines.

Let's start by saying that things are changing fast and whatever is said today, we believe to be accurate as of today. It will certainly need to be updated soon and often.

Let's next say that we are flying in a data free zone. We are in the dark, on radio silence with no working radar. In other words, we are guessing as to both where we are and where we are heading.

At this moment, we are solely relying on press releases with no peer reviewed publications to give us a chance to analyze the results or do a deep dive to look for clues about folks like us.

Here is what we can say based on the same public information that we all have.

It is reasonable to expect 2 or 3 or even more effective vaccines for the general public to be broadly available in the first ½ of 2021, maybe much sooner for folks like us.

Sadly, there are almost no data on how well it will work for us as we were for the most part excluded from the trials, as were all immunocompromised patients. However, I have been told that at least one CLL patient, not on steroids or in active treatment, and some HIV and hepatitis patients were included.

Based on our well documented inferior response to other vaccines, it would be unwise to assume our immune response will mimic the robust response seen in an immunocompetent population that has led to the encouraging efficacy in the >90% range.

We certainly should not burn our masks, stop washing our hands and start hugging strangers until we have the "all clear" in terms of efficacy results for folks like us. And that could be a long way off.

As to safety and which one to recommend, and even whether to line up to be among the first to get the jabs, again there are no data.

The Moderna and Pfizer vaccines are made with a new and very clever vaccine technology that uses messenger or mRNA that teaches our cells to recognize SARS-CoV-2's spike protein and thus prevent infection. In theory, it should be perfectly safe for CLL patients. They are not "live", but we have no CLL safety evidence from the studies.

The Oxford/AstraZeneca vaccine is also a new type of vaccine, a live one made from a virus that causes colds in chimpanzees and has been genetically modified not to replicate in humans and to carry into our immune cells the SARS-CoV-2's spike protein that confers immunity. There are zero data on its safety for CLL patients.



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The only encouragement is that it does not seem the vaccines are any less effective or cause more problems in the older patients tested, who like us may also have impaired immunity, but that is a thin gruel of evidence on which to assume we are getting something safe or effective.

Several other vaccines include some that are “live” are also in development. We should avoid live vaccines until we have more data. Stay tuned. News is changing fast.

As we said at the beginning, there are no data.

But you can help.

CLL Society is in early planning to partner with others to support, develop and help ensure the rapid success of vaccine trials specifically designed for CLL patients so we will get some answers. Stay tuned for more details about how you can contribute to this research.

Decisions about who should get the limited supply of vaccines in the early days are being made and while the immunocompromised like us may not be in the very first cohort, we should be at the top of the second.

Stay strong. We are all in this together.

Brian

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