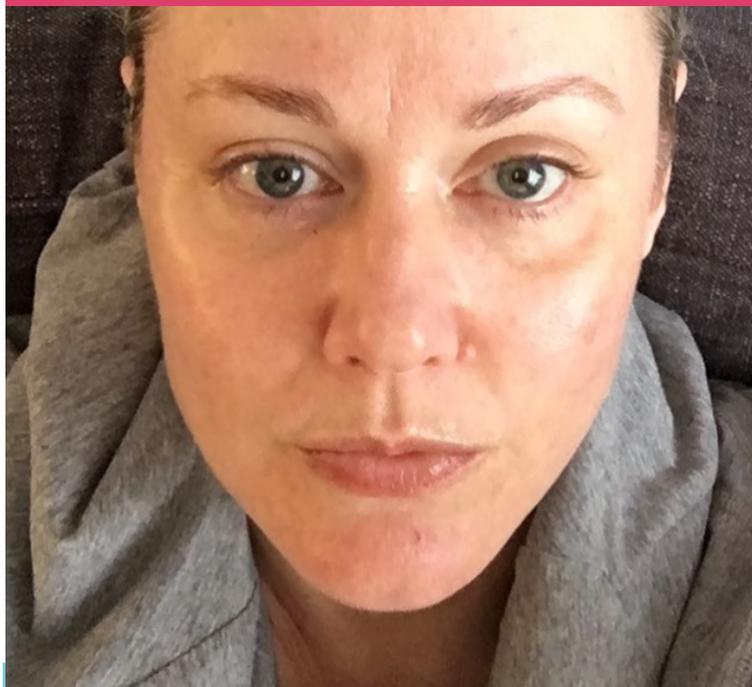




COVID-19 and Breast Cancer: Patient Voices, Expert Knowledge



How Breast Cancer Prepared Me For COVID-19



By Adriana Ermter

Breast cancer prepared me for COVID. Actually, if I want to be really accurate, radiation prepared me for it and almost everything else that has come courtesy of the global pandemic.

After I was diagnosed with breast cancer, had a lumpectomy complete with the removal of multiple axillary lymph nodes, I opted for a course of treatment that included daily radiation. Looking back now, ironically, this was probably the best prep class a girl could ask for to train for the all-indoors-no-outdoors practice of napping, lounging and engaging in endless, often bleary-eyed, hours of Netflix programming. Most people now know this state of being as self-isolation complete with the hashtag #stayinside (and please do. Stay inside, that is. My immunocompromised friends and I thank you).

But 18 months ago, I just called it survival.

The New Normal

When I was undergoing radiation, my daily sessions typically occurred in the morning. The times varied, but because I wanted to get each session over and done with so that I could get back to living as quickly as possible—I'd requested A.M. over P.M. when my oncology team asked. In retrospect it was naïve of me to think this, but I had no idea of how impossible the task of returning to "normal" would be. But that's cancer. You're given a vague idea of what may or may not happen to you and how you can expect to heal and feel complete with booklets filled with pages containing lists of possible experiences and symptoms. No one on your medical team will put an actual pin in any of these items though, nor will they share definitive outcomes since no two carcinomas are exactly the same.

So while my medical team kept me as informed as possible, I also made a point of educating myself by reading every credible resource I could get my hands on (a skill I've carried over into COVID), as I tried to embrace my new, "huh, well, I guess I'll wing it and see what happens," mentality.

Radiation in RL

What happened was, me getting up early and going to work, then hunkering down in front of my computer until it was time to head to the hospital. Once there I'd check in and wait, sometimes two minutes, other times for hours for my turn to strip naked and lie perfectly still on a freezing cold narrow table while one radiation therapist acted like the nameless Google Maps voice,

bellowing directions that corresponded to the navigation numbers identifying where the tumor and lymph nodes had lived in my body—all into a microphone from behind a glass wall.

This game of X marks the spot continued for several minutes as the second therapist pulled and pushed my body into position on said narrow table beneath a massive, metal, radiation machine. Using the four black dots permanently tattooed onto, below and on either side of my right breast, the therapist would lift my right breast up, then down, squish it to the left, nudge it to the right, back to the left and over and over again until, oh wait, my body shifted with the maneuvering...and the whole process would start from the beginning again until they'd secured my breast and my entire body in between a series of devices and padding.

Happy with my body and breast positioning, the second therapist would then scurry across the large and darkened room, throwing a "don't move," over his or her shoulder as they hustled through the heavy metal door and closed it behind them. I would lay contorted, trying hard not to breathe too deeply for fear of moving as the enormous radiation machine whirred into action rotating in circular motions over my body. Cramping muscles and what felt like hypothermia not included, the actual radiation beaming its high energy, x-ray-like protons and particles into my armpit and right breast, killing any leftover cancer cells my surgery may have missed was completely painless.

The COVID Connection

What was not, was the nausea I experienced pretty much all day, every day that no amount of ginger products could nip away. I did eat packages of Gold Fish cheddar-flavoured crackers, though. The salt seemed to help. Then there was the absolute, uncontrollable exhaustion that would hit me at random times. It was so hard to fight off or hide even, since I went back to the office after each treatment and tried to focus on my job. My workplace didn't have disability and I'd already used all of my sick and vacation days with my surgery and its mandatory two-week recovery time.

Neither my then boss nor the company's HR department had a solution for me, so I created one that included me fulfilling my regular projects on deadline. Who else was going to pay for my mortgage, food and the basics? Six months later though, with my body still suffering from the zero-energy impact of the cumulative effect of radiation and my mind on the brink of a melt down, I approached my employers again with an updated game plan. This time it included scaling back my days in the office and cutting my pay to accommodate the change.

COVID with its current employment instability, complete with some of my writing contracts temporarily (I hope) retreating reminds me of this time. I'm grateful that I've learned I can survive on a restricted income during uncertainty. This fact gives me hope and confidence and it has helped decrease my financial anxiety. So has the [Government of Canada](#), with programs inclusive of the Canadian Emergency Response Benefits that are helping contract workers like me, stay afloat. I wish there was something comparable for breast cancer patients so that none of us would have to work even one hour when we're trying to emotionally cope and physically heal and survive.

When the Fog Isn't Lifting

Having brain fog during treatment and for a solid year following the radiation was the most debilitating side effect of all. It zapped my memory, leaving me in a perpetually hazy state where I couldn't remember if I'd completed a task or not. I could never find the right words I needed to say, which made me feel stupid and inarticulate. And most embarrassingly, I consistently forgot what I was talking about with my colleagues Carm and Naresh and mid-sentence I would have to ask them to remind me what I had just said. Luckily, these two big-hearted men were my biggest cheerleaders and got so used to filling in the blanks that for months they'd just step in and help me out the second the familiar confused look would wash across my face.

Eventually a doctor on my team prescribed a high dosage of daily B12 supplements to help recharge my batteries, reignite my cognitive skills, lift the fog clouding my head and memory bank, and cut down on the number of naps I was taking every day. It's been a game changer, despite COVID having similar foggy effects.

I've since left my former job and amazing colleagues, but even if I hadn't I'd still be sequestered inside my own four walls and can't rely on anyone for reminders. Trixie the cat is cute and definitely meows loudly around meal times, but she's way too into napping to be relied on for much else. So I write daily to-do lists and with a red pen, check off each task to help prevent Monday from sliding into Tuesday or Wednesday masquerading as Saturday. The random hits of exhaustion aren't as frequent, they're also no longer coupled with blinding headaches, but I do spend a lot of time under a blanket on the couch spooning my cat. My ability to concentrate on a book periodically relapses too and this is super frustrating because through breast cancer, I worked my butt off reading one sentence, one paragraph and one page at a time to rebuild my ability to concentrate and focus.

I'm grateful though, for all of these life skills, because that's what they are. Couple them with my Netflix subscription (I didn't have it during breast cancer, and yes, I was probably the last person in North America to finally sign on) with it's hours worth of *Ozark*, *Dead to Me* and *Mindhunter* to keep me company, I'm doing better than I did in forced isolation just mere months ago. I can also breathe a masked sigh of relief every time I walk to and from the grocery store or on my daily power walk through the neighborhood. None of these things were possible for me when I was healing so this activity feels like a gift. And probably the most positive and heartfelt experience I'm reliving from my recuperation days is the ongoing and meaningful connections with my sisters and family in Calgary, along with my besties and the swim team of girls I coach in Toronto—all on Zoom chats and FaceTime. So while I may be isolated I never truly feel alone. Who knows, with dating apps' current rush of popularity I may even have sparked a COVID friendship with romance potential of my own... Gives me something to look forward to on the other side of the unknown.

Adriana Ermtter is a multi award-winning writer and editor. Her work can be read in *Figure Skater Fitness* and *IN Magazine*, as well as online at 29Secrets.com, RethinkBreastCancer.ca, Popsugar.com and AmongMen.com. The former Beauty Director for *FASHION* and Editor-in-Chief for *Salon* and *Childview* magazines lives in Toronto with her two very spoiled rescue kittens, *Murphy* and *Olive*.

The Impact of COVID-19 on Breast Cancer Surgeries and Treatments



Individuals diagnosed with cancer have been identified as being at a high-risk of getting seriously ill if they get COVID-19. **Data from various studies** show that the type of cancer, the stage, the person's age, health, and other factors contribute to how high-risk a patient may be. In addition to this, the type of treatment a person is receiving and how long their last treatment was, can all impact their outcome. At the same time, **a few studies** have shown that breast cancer patients fare better, compared to patients with other types of cancers.

These studies on the risk of breast cancer patients contracting COVID-19 are very limited and are also based on very low participant numbers. This means that it is hard to properly assess one's risk level. In order to ease the burden on hospitals and to protect vulnerable populations, many cancer centres have had to change their standard of care and find ways to balance a patient's cancer diagnosis with their risk of contracting COVID-19 and facing further complications. This has involved delaying some surgeries and cancer treatments, which can lead to understandable uncertainty and anxiety. CBCN has written this blog to ease some concerns that you might have as a breast cancer patient regarding treatments/surgeries being postponed. We provide data from studies that have investigated the impact of treatments/surgeries on a person's immune system, how long certain procedures can be delayed, and which procedures can be safely substituted for another type of procedure. This is not an exhaustive list as it only contains information that is currently available at the time of writing.

Effect of Breast Cancer Surgery and Breast Cancer Treatment on the Immune System

- For metastatic patients on endocrine (hormonal) therapies, oral treatments such as tamoxifen or aromatase inhibitors should not affect the immune system¹
- For patients with HER2-positive breast cancer, trastuzumab (+/- pertuzumab) can be used in both a neoadjuvant or adjuvant setting, and trastuzumab-emtansine in the adjuvant setting, with less immunosuppression²

Delays and Substitutes for Breast Cancer Surgery/Treatment

By Breast Cancer Type

- ER-positive/HER2-negative breast cancer
 - Neoadjuvant (or bridging) endocrine therapy (mostly tamoxifen) is an option that allows surgery to be deferred by 6 to 12 months^{*1}
 - If chemotherapy is indicated, it can be administered in an neoadjuvant (preoperative) setting^{*1}
 - Neoadjuvant endocrine therapy makes it possible for a short-term delay of definitive surgery³
- HER2-positive breast cancer
 - For those with other comorbidities who are also elderly, or with very low risk cancers, adjuvant anti-HER2 therapy (trastuzumab) may be stopped after 6 months instead of 12 months^{*1}
 - Trastuzumab, pertuzumab, and related antibody-drug conjugates can be administered at less frequent dosing intervals³
- Ductal carcinoma in situ
 - Surgery can be delayed from 6 to 8 weeks and up to 3 months (if it's at a low or intermediate grade)^{2, 4}

- Low-intermediate grade tumors, lobular BCs, low-risk genomic assays or "luminal A" signatures
 - There is no substantial benefit from neoadjuvant or adjuvant chemotherapy so they can get endocrine therapy alone^{*3}

By Breast Cancer Treatment

- Chemotherapy
 - For metastatic disease, oral treatments can sometimes be used^{**1}
 - These may still suppress immune function
 - Ovarian function suppression (LHRH agonist injections) can be given every 3 months instead of monthly and can sometimes be administered at home by trained nurses^{**1}
 - For neoadjuvant chemotherapy, delaying surgery for up to 8 weeks after chemotherapy may not negatively impact survival³
- Adjuvant radiation
 - For those with other comorbidities and for postmenopausal women, radiation therapy can be delayed from 3 to 6 months^{*4}
 - Radiation does not suppress the immune system and can be given safely "on time" if COVID-19 is not endemic at a cancer centre
 - Outcomes from delaying radiation therapy for 20 weeks after breast-conserving surgery is comparable to delaying it for 4 to 8 weeks^{*3}
- Radiation Therapy
 - Can sometimes be given before adjuvant chemotherapy without negatively impacting survival (especially for ER-positive, HER2- negative breast cancer)²

* Report specifically mentions early stage patients

** Report specifically mentions metastatic patients



Just Breathe

By Nicole Neidig

I was diagnosed in December 2019 at the age of 47. I was healthy, happy and at the height of my career. Just as I said to my husband of 25 years "Life just can't get any better", our world came to a grinding halt - "you have breast cancer".

What came next (after a night of numerous shots and beers because what else do you do when you are told you have cancer?) was an absolute whirlwind for me. Double mastectomy with lymph node removal, 6 rounds of grueling chemotherapy, 2 ½ weeks of daily radiation which will be followed by 10 years of endocrine therapy. I had to leave my career as a Director in Health Information Management and focus on saving my life. I lost my long glorious blonde hair. I lost my breasts. I lost my hope.

As I was adjusting to my scarred and disfigured body, mentally preparing to begin chemotherapy, my fears and anxieties were further heightened as the world began to shut down with the global Covid-19 pandemic. My son quietly graduated high school during mandatory quarantine, without his friends, without ceremony. My husband and son were both laid off from their jobs. A hidden blessing, this meant that both my boys were home to care for me and through much laughter and many, many tears, we fought cancer together, as a family.

We were so thankful for the support we received from friends and family for their visits from afar, errand running, food prep and friendship. We were fortunate to have an exceptional healthcare team as the majority of my treatments were faced alone. Visitors were forbidden due to pandemic precautions. Many visits to the cancer centre began with me dry heaving, retching with anxiety, and my husband in the truck outside, anxiously awaiting my texts.

Still healing, mentally, physically and spiritually, my husband and I got matching tattoos – the words we would say to each other, multiple times daily. "Just Breathe." Each tattoo is written in the other's handwriting. A gentle reminder to pause and just breathe....

As I face further surgeries, years of medications and side effects from my battle, my husband and son stand steadfastly beside me. My hair is coming in thick and curly, and I have returned to the career that I love. We learned that cancer is only a word, not a sentence, and to "Just Breathe".



The Impact of Your Cancer Treatment and Management on Your Immune System

The risk of a COVID-19 diagnosis for breast cancer patients is still not completely known. **Studies** have been done that show that cancer patients are more at risk of adverse effects if they develop COVID-19. However, **a few studies** state that compared to other cancer patients, breast cancer patients are at a lower risk of serious illness. The stage of breast cancer also seems to play a role in one's risk level.

The reason that cancer patients have been identified as high-risk is because they are immunocompromised. As breast cancer patients, you may worry about how your cancer diagnosis can, or has, impacted your immune system. In this blog, we provide information as to how various cancer treatments can impact your immune system. Although breast cancer itself may not directly compromise your immune system in the same way that blood cancer might, the type of treatment you have gotten might be the cause of a weakened immune system.¹ The information provided is based on what is currently available and unfortunately there is limited data regarding how long certain treatments weaken your immune system.

With provinces and territories re-opening businesses and services, you might be concerned of what that means for you as a breast cancer patient. We hope that this serves as a way to give you insight on the impact of your cancer treatment and management on your immune system. Remember that this is a general guide and the best way to properly assess your risk level for COVID-19 is to speak to your primary care team. They will be able to provide you with a more individualized answer.

Chemotherapy

- Impact on your immune system depends on¹:
 - Type and stage of cancer
 - Chemo drugs that are used
 - Dose and frequency of that chemo is administered
 - Age of patient
 - Eating habits
 - Other cancer treatments
- One of the most common reasons for a weak immune system¹
- Can cause neutropenia, which decreases the number of white blood cells¹
 - When this happens, it might be more difficult for your body to fight infections

Radiation

- Impact on your immune system depends on¹:
 - Dose and frequency that radiation is administered
 - Location and amount of body being treated
 - Other cancer treatments
- May destroy healthy cells which can lead to increased risk of infection²
- Radiation for metastatic breast cancer patients is the most likely to cause low counts of white blood cells¹
 - This is especially the case if the cancer has metastasized to the bones³
 - This effects your immune system in a similar way to how chemo affects your

immune system, with the likelihood of developing neutropenia³

- Local radiation doesn't have a huge impact on the immune system³

Targeted Cancer Drugs

- Some targeted therapies known to increase risk of infection include⁴:
 - trastuzumab emtansine (Kadcyla)
 - everolimus (Afinitor)
 - trastuzumab (Herceptin)
 - trastuzumab with pertuzumab (Perjeta)
 - palbociclib (Ibrance)
 - ribociclib (Kisqali)
 - abemaciclib (Verzenio)
- Targeted therapies have less negative side effects than chemo⁴

Surgery

- Impact on your immune system depends on¹:
 - Length of hospital stay
 - How long and extensive the procedure was
 - Amount of bleeding during surgery
 - Eating habits
 - Other cancer treatments
 - Other comorbidities
- Major surgeries can affect immune system and impact its ability to fight infections and they expose your body to germs²
- Lymph nodes removal doesn't affect immune system⁴
- The immune system may take anywhere from 10 days to many months to fully recover¹

Immunotherapy

- May impact your immune system and your body's ability to fight infections¹

Hormone Therapy

- Doesn't affect your immune system⁴

What You Can Do

While no one specific thing will boost your immune system to 100% , there are various things you can do to help your immune system and to lower your risk of adverse effects from a COVID-19 diagnosis. A few of these are:

- Sleep well – try to get around 7 hours of sleep a night
- Exercise regularly – exercise doesn't have to be strenuous and light activity is better than nothing
- Eat healthy foods
- Engage in stress reduction and management practices
- Don't smoke – if you do smoke, try to quit
- Wash your hands
- Practice social distancing



Research Findings on Breast Cancer and the COVID-19 Virus

Breast cancer research is critical as it provides information on the detection, prognosis, treatment, and elimination of the disease. Researchers also continuously engage in studying breast cancer to help us better understand risks associated with breast cancer as well as how breast cancer interferes with other diseases and aspects of life.

Since 2020, the world has been grappling with a pandemic caused by the COVID-19 virus. The presence of this virus has been a concern for the whole world but more particularly for individuals with other health conditions, such as people who have had a cancer diagnosis. While most research on the COVID-19 virus and cancer looked at all cancers together, there are some that specifically focused on breast cancer alone. Below we highlight 5 research studies on breast cancer, the COVID-19 virus, and the COVID-19 pandemic.

Characteristics and outcomes of COVID-19 infection in 45 patients with breast cancer: A multi-center retrospective study in Hubei, China

Results from this study are based on 45 breast cancer patients diagnosed with COVID-19 who were admitted to hospitals in Hubei, China between January 13, 2020 to January 18, 2020. Patients were treated for COVID-19 with routine physical therapy, medical therapy, and hospitalization. Of those requiring hospitalization, 7 patients developed complications and 4 developed severe events. Analysis of their data showed that patients who had received chemotherapy within 7 days were more likely to have severe illness and also had lower leukocyte and neutrophil counts. [Read more](#)

Risk for SARS-CoV-2 infection in patients with breast cancer treated with chemotherapy, biologic therapy or active surveillance: Patient outcomes from multicenter institution in New York

This study involved data from 3,062 women being treated for breast cancer in New York City at Langone's Perlmutter Cancer Center during the height of COVID-19 pandemic. Researchers found that women who received chemotherapy were not at an increased risk of being infected with or dying from the COVID-19 virus compared to women receiving other treatments that don't [weaken the immune system](#). 2.1% of the women in the study were diagnosed with COVID-19. 18 of the women diagnosed with COVID-19 were receiving chemotherapy and 43 were being treated with hormonal therapy or anti-HER2 therapy. [Read more](#)

COVID-19 in breast cancer patients: a cohort at the Institut Curie hospitals in the Paris area

This study reports on the characteristics and outcomes for patients diagnosed with COVID-19 who were treated for breast cancer at Institut Curie hospitals in Paris, France. Findings for this study were based on 76 patients being treated for breast cancer, with 59 of these patients being diagnosed with COVID-19. Of the 59 patients with both COVID-19 and breast cancer, 28 were hospitalized. Based on their findings, researchers concluded that breast cancer patients may not be at a higher risk than the general population. [Read more](#)

Characteristics and outcomes of patients with breast cancer diagnosed with SARS-CoV-2 infection at an academic center in New York City

This paper reports on characteristics and outcomes for patients diagnosed with both COVID-19 and breast cancer. Data was collected on 27 patients with early- and late-stage breast cancer and COVID-19 at Columbia University Medical Center in New York City from March 10, 2020 to April 29, 2020. 7 of the patients required hospitalization, 5 required supplemental oxygen and none required intensive care-level support. [Read more](#)

A prospective cohort study of the safety of breast cancer surgery during COVID-19 pandemic in the West of Scotland

Data on patients having breast cancer surgery during the first 8 weeks of hospital lockdowns in the West of Scotland region (179 patients) was compared to pre-COVID-19 data from the regional cancer registry in the same region (1,415 patients). Because immediate breast reconstruction was not being offered after mastectomy, more oncoplastic breast conservations were performed on patients during lockdowns compared to those performed on patients prior to COVID-19. Based on their results, researchers concluded that breast cancer surgery during lockdowns can be safely performed. Findings from this study also show that in select patients, oncoplastic breast conservation surgery can be a safe alternative to mastectomy and immediate breast reconstruction. [Read more](#)

Being Diagnosed with Breast Cancer During a Pandemic

By Katharina Lenz

My name is Katharina and I was diagnosed with stage 2a breast cancer in March 2020 just when the pandemic was starting. I was 25 years old at the time. I had to go through testing and treatment alone without any support person by my side.

It was very challenging for my mental health trying to process all the decisions that had to be made regarding my treatment and going through all the testing alone. Because of the pandemic, no one was allowed to be there with me, supporting me and keeping my positive thoughts up.

But I was in good hands. I trusted my medical team with the decisions. After more testing we decided on lumpectomy and radiation, and now I am on a hormone blocker to hopefully keep the cancer out of my body.

Thankfully, my healthcare team did not need to recommend a different course of treatment because of the pandemic, and I was not delayed in receiving surgery or radiation therapy. But not being able to bring someone with me to my appointments and treatments was hard. It has not been an easy journey going through cancer and a pandemic at the same time.

Undergoing certain testing, like the MRI, and radiation while wearing a mask was giving me a very hard time. I had lots of anxiety and panic-attacks. Music, CBD* and working out helped me cope with my anxiety and fears.

Since my family lives outside of Canada, I chose not to tell them until a year after my diagnosis. My husband and some true friends were there for me when I needed them. They ran errands for me, cooked, and sent care packages so I could relax



and focus on my recovery.

Being alone through these appointments and testing made me realize that sometimes the worst place you can be is in your own head. Having someone with me would have helped a lot to just let me feel more comfortable and give me more strength.

Here is one of my favourite quotes that I like to share with all the fighters out there:

"You beat cancer by how you live, why you live and in the manner in which you live" – Stuart Scott

If you have any questions, you can contact me through my Instagram [@lenz_katharina](https://www.instagram.com/lenz_katharina).

**If you are considering CBD to help manage your anxiety from breast cancer, speak with your healthcare team first to ensure it is safe to do so*

Oncologists Share What You Should Know About the COVID-19 Vaccines

When the COVID-19 pandemic was first declared in March 2020, there was a lack of information about the virus. As time went on and more and more research was conducted, we were able to learn more about how the virus worked, who it was infecting, its symptoms and more. One of the pieces of information from this research was that cancer patients were more likely to have adverse outcomes if diagnosed. Although there was not enough evidence to pinpoint which cancers made individuals more susceptible or enough research to definitively say whether past and present patients had the same concerns, the few findings were enough to label individuals diagnosed with cancer as high-risk. Of course, one's risk level is dependent on many different factors and varies from person to person.

With the arrival and approval of **COVID-19 vaccines**, you may have questions and concerns about receiving the COVID-19 vaccines as someone who may be high-risk. We have put this post together in collaboration with oncologists across Canada to provide you with more information on the COVID-19 vaccine as it concerns cancer patients.



On Cancer and the COVID-19 Vaccines

1. Cancer is a number of diseases all with one family name and it is not possible to give advice that is appropriate for all cancer patients. Not only do different cancers affect different organs but the medications that are used to treat cancer vary for different cancers and for different individuals. Some individuals with cancer have shown no evidence of disease and have a past history of cancer while others currently have cancer or are living with cancer, and this may affect their risk of getting COVID-19. As well, individuals may have comorbidities which may affect their risk of getting COVID-19 as well as their response or risk with vaccines.
2. Some, but not all individuals diagnosed with cancer are immune compromised (or immunocompromised) which means that their immune system is weaker than the average person with a healthy immune system. The immune system is complex and made up of a number of different systems. The immune system helps fight infections and the immune system of an immunocompromised person may not fight infections as effectively as a healthy person which may put them at more risk of getting viral infections such as COVID-19. Some individuals with cancer and some medications that fight cancer directly affect the immune system which is why some cancer patients may be more at risk of getting the infection and having serious illness with complications. This risk differs on a case-to-case basis.
3. The most common type of vaccine being used in preventing the COVID-19 virus is a messenger ribonucleic acid (mRNA). Using an mRNA vaccine means that individuals are not being injected with the actual virus but with a lab-made code for the virus's spike protein. Once in the body, our cells produce the protein, and this helps the immune system recognize and get rid of the virus if infected. At the time of writing, there are 4 currently approved COVID-19 vaccines in Canada. Unless you have a contraindication or are recommended a specific vaccine from your doctor, the "best" vaccine to receive is the one that you have access to.
4. Individuals currently diagnosed or living with cancer, as well as those receiving chemotherapy, were not part of clinical trials testing the safety and effectiveness of the vaccine. Countries that are already giving the vaccine are collecting information on how cancer patients respond to the vaccine, but it is not yet available.
5. Most provinces and territories across Canada are creating priority lists of who should receive the vaccine first. You may or may not be on these lists as a cancer patient, but you may belong to another demographic and be on the priority list. Due to the general safety of the vaccines, it is strongly recommended that you take the vaccine, however, it is important that you speak to your healthcare team first or see if your cancer centre has a website with information.
6. At this time, the only people who should not get either of the four COVID-19 vaccines approved in Canada are those who:
 - Have an immediate or a severe allergic reaction after their first dose
 - Are allergic to any of the **ingredients** in the vaccines

On Breast Cancer and the COVID-19 Vaccine

1. In general, most breast cancer patients are not immunocompromised. Here is some general information for various breast cancer populations:
 - If you are a breast cancer patient currently on follow up only, with no evidence of disease, or you are a patient on adjuvant hormone therapy, it is safe to receive the vaccine and you do not need to worry about risks occurring from breast cancer
 - If you are currently undergoing chemotherapy it is safe to also receive the vaccine, but it is important to speak to your healthcare provider about the timing of when to receive the vaccine
 - If you are currently on a CDK4/6 inhibitor, it is safe to get the vaccine and if you have a choice of timing, it is advisable to time it for just before you are restarting your pills. If you are limited in the timing of the vaccine, then take it whenever it is available
 - If you are on other medications which affect your white blood cell count, talk to your oncologist about the timing of when it would be best to receive the vaccine
 - If you are receiving radiation, it is safe to receive the vaccine, but it is highly recommended that you talk to your oncologist first

The COVID-19 vaccine is considered generally safe for breast cancer patients. There is no current evidence of a greater risk of "side effects" in cancer patients. The main concern with cancer patients, who may be immunocompromised, taking the vaccine is that it may not be *as effective* as it would be in other individuals. However, if immunocompromised, there is a higher risk of adverse outcomes or death from COVID-19. For virtually all cancer patients, the benefits of vaccination (to prevent serious infection) exceed any theoretical downside or limitation. In addition to receiving a vaccine for COVID-19, other ways to protect yourself, your family members, and others includes adhering to the public health guidance, wearing masks, avoiding indoor congregations, and hand washing. Should you still have concerns about the vaccine or are in a special circumstance, the next course of action should be to speak to your healthcare team.



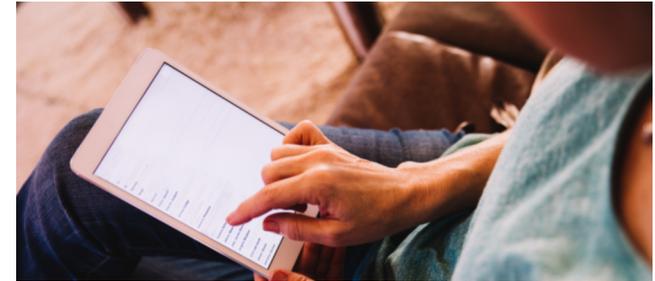
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