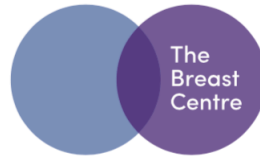


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COVID-19 Vaccination for Breast Cancer Patients and Survivors



Breast cancer survivors should ask to have the coronavirus vaccine administered in the opposite arm.

If you are a current or past breast cancer patient, ask to receive the vaccine in the arm opposite to the side of your body where you had cancer.

Lymphoedema is swelling of a part of the body and can be a side effect of cancer treatment. Eighty percent of patients with lymphoedema describe onset within the first 3 years after surgery, with the remainder developing lymphoedema at a rate of 1% per year. Women are often given advice to avoid IVs, injections and vaccinations in their 'at risk' arm in order to reduce the risk of developing lymphoedema.

Within the areas of the body affected by lymphoedema, the immune cells which fight infection may not work as well. Vaccination into these areas may therefore result in a weaker immune response and less protection from COVID-19. Damage to the skin within an area of lymphoedema can act as an entry site for infection or an intense local reaction at the injection site may develop, and as a precaution the COVID-19 vaccine should be given in the untreated limb if possible.

- If you have lymphoedema, get the COVID-19 vaccine in the opposite arm.
- If you are at risk of lymphoedema, get the COVID-19 vaccine in the opposite arm.
- People who have had an axillary lymph node clearance/dissection are at highest risk of lymphoedema.
- People who have had had sentinel lymph node biopsy are at a lower risk of lymphoedema, but even though risk of lymphoedema is lower, there is still a risk.
- If you have had lymph nodes removed on both sides, you should request to receive the vaccine in your leg.

Some people who receive a COVID-19 vaccine may experience swollen lymph nodes on the same side of the body where they received the injection. Lymph node enlargement is a normal reaction to the COVID-19 vaccines. In clinical trials for the vaccine, approximately 16% of patients between the ages of 18 and 64 and 8.4% of patients over 65 developed swollen lymph nodes within 2 to 4 days after either dose of the COVID-19 vaccine. For women who are due for their routine annual surveillance breast imaging, if you haven't scheduled your breast imaging or vaccine appointment, it is recommended that you get your breast imaging BEFORE you receive the COVID-19 vaccine. This is the best way to avoid the potential of developing enlarged lymph nodes before your imaging exam.



If you've already been vaccinated, consider scheduling your routine breast imaging 6 weeks after your COVID-19 vaccine dose.

If you need breast imaging for routine surveillance/screening, talk to your doctor to see if it is medically appropriate to delay the exam for 6 weeks after your COVID-19 vaccination. Your body's immune response to the vaccine may cause temporary enlargement of your axillary lymph nodes that will need to subside to avoid interfering with your imaging exam.

If you are unable to reschedule either your vaccine or your breast imaging, go ahead and keep both appointments. In this case, the important thing is to clearly communicate to the health care provider, radiologist and the person doing your diagnostic imaging test when and in which arm you received the vaccine. This can help them avoid misinterpreting your results. If swollen lymph nodes appear, doctors will keep an eye on the swelling to make sure it's benign.

COVID Vaccine Eligibility

All Australians over the age of 40 are currently eligible for vaccination (40-59 Pfizer, >60 Astra-Zeneca)

If you are aged 16 to 39 years old you are currently eligible for vaccination (Pfizer) if you have a specified medical condition which includes breast cancer diagnosed within the past 5 years, or are on chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy, such as endocrine therapy (active treatment or recently completed) or with advanced disease regardless of treatment.

Other specified medical conditions include diabetes, severe obesity (BMI>40) or poorly controlled blood pressure (defined as two or more pharmacologic agents for blood pressure control, regardless of readings).

See:

<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/getting-vaccinated-for-covid-19/covid-19-vaccination-program-for-16-to-39-year-olds#specified-underlying-medical-conditions>

Should people with breast cancer get the coronavirus vaccine?

Public health experts and cancer specialists have agreed that people living with cancer should receive the vaccine. The main concern about getting the vaccine is not whether it's safe for people with cancer, but about how effective it will be, especially in people with weakened immune systems. Some cancer treatments like chemotherapy, radiation or immunotherapy can affect the immune system, which might make the vaccine less effective.



Is the coronavirus vaccine safe if I'm having breast cancer treatment?

Some vaccines use a 'live' but weakened virus to give an immune response, which may be a risk to people with weaker immune systems, however, that's NOT the case for the available Covid-19 vaccines, which are considered safe for people having treatments that can weaken the immune system, such as chemotherapy.

Can I have the coronavirus vaccine if I'm taking hormone therapy?

Hormone therapy such as tamoxifen, letrozole, anastrozole or exemestane, does not typically affect your immune system. Therefore, it shouldn't reduce the effectiveness of the vaccine, and it should be safe to have the vaccine if you're taking one of these treatments.

Some people have asked if it's safe to have the AstraZeneca vaccine if they are on hormone therapy, in relation to the rare type of blood clot associated with this vaccine, as blood clots can be a side effect of tamoxifen. As far as we're aware, there is no increased risk of blood clots in people who have the AstraZeneca vaccine while taking hormone therapy. People with cancer are at increased risk of venous thromboembolic events. The concern regarding venous thromboembolic disorders following vaccination with the AstraZeneca COVID-19 vaccine is specifically regarding thrombosis with thrombocytopenia syndrome (TTS), rather than thromboembolic events in general. TTS has been associated with thrombosis in unusual locations such as the mesenteric vein or cerebral venous sinus thrombosis (CVST).



When should I have the coronavirus vaccine?

If you are having treatment, when you have your Covid-19 vaccination may depend on the type and timing of your cancer treatment. Your treatment team will be able to offer advice based on your individual situation. For patients undergoing breast cancer related surgery, no specific timing is recommended relative to surgery. Systemic side effects with the COVID-19 vaccine tend to occur within 2-3 days of the vaccine and it is therefore best to avoid the immediate preoperative period. The primary reason for avoiding vaccine in the perioperative period is so that symptoms (e.g. fever) can be correctly attributed to surgery vs. vaccination. No specific timing is recommended relative to cancer directed medical or radiation therapy. If feasible, for patients planned for but not yet on immunosuppressive cancer directed therapy, time first dose of vaccine to be given ≥ 2 weeks prior to initiation of therapy. If feasible, for patients already on cytotoxic chemotherapy, time first dose of vaccine in between chemotherapy cycles, and away from the nadir period the white cell count is at it's lowest.

See:

<https://www.moga.org.au/all-position-statements/covid-19-vaccination-in-patients-with-solid-tumours>