

**Living with Cancer and COVID-19:
Medical Update from Dr. Starr Mautner**

National Webinar Transcript

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Presented by:



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Briana Schwarz:

Good evening, thank you for joining Sharsheret tonight for the latest cancer and COVID-19 medical update. I'm Briana Schwarz, Sharsheret's Florida Regional Director. And tonight we will be learning from Dr. Starr Mautner about cancer and COVID-19. Dr. Mautner will share the latest information and updates on what we now know about COVID-19 and the current vaccines available.

Briana Schwarz:

We're grateful to tonight's webinar sponsors Miami Cancer Institute and Exact Sciences. It's thanks to their support that we're able to continue to provide our series of webinars throughout the pandemic. Before we begin a few housekeeping items. Today's webinar is being recorded and will be posted on Sharsheret's website along with the transcript. Participants faces and names will not be in the recording. If you would like to remain private, you can turn off your video and rename yourself or you can call into the webinar, instructions are in the chat box now for both options.

Briana Schwarz:

You may have noticed all participants were muted upon entry, please keep yourself on mute throughout the call. If you have questions, put them in the chat box, either publicly or click Sharsheret on the chat box to submit a private question. We received many questions in advance of the webinar and anticipate many questions in the chat box. We will do our very best to answer all questions and any questions not answered tonight will be addressed by email during the coming week.

Briana Schwarz:

We recommend you keep your screen on speaker view. This will enable you to see Dr. Mautner and her presentation while she is speaking. You can find this option in the upper right hand corner of your screen. As a reminder, Sharsheret has been providing telehealth services to the breast and ovarian cancer communities for almost 20 years and the pandemic has not changed that. We continue to be there for each and every one of you.

Briana Schwarz:

As we move into the webinar itself, I'd like to remind you that Sharsheret is a national not for profit cancer support and education organization and does not provide any medical advice or perform any medical procedures. The information provided by Sharsheret is not a substitute for medical advice or treatment for specific medical conditions. You should not use this information to diagnose or treat a health problem.

Briana Schwarz:

If you have any questions that are specific to your medical care, Dr. Mautner may not be able to advise regarding specifics and we recommend that you speak directly with your own medical provider. Always seek the advice of your physician or qualified health provider with any questions you may have regarding a medical condition. Before we get started with Dr. Mautner, I'd like to introduce one of our team Sharsheret members, Tracey Hecht to briefly share her personal cancer experience with us. Tracey?

Tracey Hecht:

Hey guys, thanks for having me. So a quick story of what I went through. So as we know the lockdown started last March and in May of 2020 I found a lump in my breast as well as blood in my breastmilk as I was breastfeeding a newborn. I didn't want to go to the doctor because of the pandemic, didn't want to be exposed but stars would align and I was urged to go and one thing led to another I was diagnosed with stage three triple negative breast cancer at the age of 36. I went to chemo for five months and then had a bilateral mastectomy-

Briana Schwarz:

Tracey? Tracey?

Tracey Hecht:

And an awesome plastic surgeon. I had that done in November. I have three more radiation treatments which I just finished finish this week, just started oral chemo for so much to clean up anything that might be floating on my body.

Briana Schwarz:

I just-

Tracey Hecht:

And then hoping to get back to normal life just like everybody else. I got both vaccines, my second dose was two weeks ago.

Briana Schwarz:

So, sorry, I muted Tracey. There was something wrong with her audio.

Tracey Hecht:

Can you hear me?

Briana Schwarz:

We're having trouble hearing you. So what we're going to do is we're going to hear Dr. Mautner's presentation and then we'll come back to Tracey at the end and hopefully the audio will have worked itself out.

Tracey Hecht:

Are you able to hear me?

Briana Schwarz:

I apologize Tracey. Okay. So, we're really honored this evening to be joined by Dr. Starr Mautner. Dr. Mautner is a board certified and fellowship trained breast surgical oncologist at the Miami Cancer Institute, where she treats patients with benign and malignant breast disease and is the lead physician for breast surgery clinical trials. She earned her medical degree from the University of Miami Miller School of Medicine and completed a general surgery residency at the New York-Presbyterian Hospital Weill Cornell Medical College. She completed a research and clinical fellowship in breast surgical

oncology at Memorial Sloan Kettering Cancer Center in New York and is an active member of the American College of Surgeons Society of Surgical Oncology, and American Society of Breast Surgeons.

Briana Schwarz:

She is the co-chair of our Memorial Sloan Kettering Cancer Center Alliance Education Committee, and is very active in her community outreach and educational programs. Dr. Mautner has authored research articles on topics including LCIS and patient satisfaction after mastectomy, and has a special interest in breast surgical oncology clinical research. Dr. Mautner, thank you so much for joining us this evening and the floor is yours.

Dr. Starr Mautner:

Thank you for inviting me to speak, it's an honor. I believe, several months ago, I spoke on the topic of metastatic breast cancer and COVID. And I never thought I would actually be speaking about the vaccine just a few months later and so this is really exciting. I am very pro-COVID vaccine, and so I'm going to be giving my thoughts from my perspective as a breast surgical oncologist. I work at the Miami Cancer Institute. I treat many patients with breast cancer and I've seen the direct impact of COVID on our patient population. And while we couldn't hear all of Tracey story, she is a patient of mine and was hesitant to go to her physician when she first felt a breast lump due to the COVID-19 pandemic. And we're really starting to see the effects of that in patients that are presenting with later stage disease and delays in diagnosis due to COVID.

Dr. Starr Mautner:

I created a very short PowerPoint to organize my thoughts on the subject and then we're going to leave a lot of time available for people to be able to ask questions. So I'm going to share my screen and hopefully you guys will be able to see me and hear me and see the PowerPoint simultaneously.

Dr. Starr Mautner:

Okay, so this is just a summary of where we are today in terms of the numbers of cases in the United States. There are currently approximately 331 million people living in the United States and 28 million people have contracted COVID in the United States, almost half a million have died of COVID over the past year. Last month COVID was the leading cause of death in the United States, so let that sink in. That's more deaths due to COVID than heart disease and cancer. And that is a scary statistic right there.

Dr. Starr Mautner:

January 2021 was the deadliest month from COVID. 37 million Americans have now received at least their first dose of the vaccine and 13 million are fully vaccinated with both doses of the vaccine. And the projections are that 145 million adults in the United States should be vaccinated by June 1st and this would prevent 114,000 deaths.

Dr. Starr Mautner:

Specifically when it comes to the vaccine and cancer treatment, this is a very unique population of patients because many patients that are undergoing treatment for their cancer are considered immunocompromised. And due to this at least at the Miami Cancer Institute, we have been prioritizing these patients so anyone that is having surgery for a diagnosis of cancer within a three month time

period or is receiving chemotherapy or radiation therapy for the treatment of their cancer have now taken priority to receive the vaccine along with those that are 65 and older.

Dr. Starr Mautner:

We receive a lot of questions about whether or not it's safe to receive the vaccine for cancer patients. The vaccine is not a live virus. It is very safe to give to immunocompromised patients and so almost all of our cancer patients are actually candidates to receive the vaccine if they would like it. Cancer survivors are another special and unique portion of the population. So even patients that are not currently undergoing active treatment but have survived a cancer diagnosis. Many of those patients have other significant comorbidities, cancer is usually a disease of aging. And so many of these patients also have heart disease or kidney problems or lung dysfunction. And so patients who have had diagnoses and have been treated for cancer may have other reasons that can put them at risk for severe COVID, even if they are not undergoing active treatment. And so they should be given priority as well for receiving the vaccine.

Dr. Starr Mautner:

There are only a few types of cancer patients that should not receive the vaccine. And one example of that are those patients that are undergoing a bone marrow transplant. And that makes up a very small proportion of cancer patient populations. But for in general, let's say breast cancer patients, which is my practice, I would advise that basically all patients that are interested in receiving the vaccine do receive it.

Dr. Starr Mautner:

Another factor in considering the impact of COVID and cancer, as we already mentioned, is the decline in patients going for their screening mammograms or going for additional workup when they feel a mass. There's been over a 50% decrease in breast cancer diagnoses when we look back between March and April of 2020. And that was not because there's less cancer out there. It's because women were not going to get their screening mammograms during that period of time. The NCI projected that this would lead to more cancer death, and specifically an extra 10,000 cancer deaths in the next 10 years. And these are all preventable deaths.

Dr. Starr Mautner:

I'm definitely seeing the impact of that in my own practice. Many of the patients that I have seen recently are being diagnosed with more advanced disease, more lymph node involvement, the cases are just more complicated because there's been delays in diagnosis. And I personally think that the number will be even higher than 10,000 over the next 10 years. When we look at all cancers, there's been a decline in colon cancer screening as well as colonoscopy.

Dr. Starr Mautner:

I also receive a lot of questions about timing the vaccine, like when is the ideal time to receive the vaccine if you're about to undergo surgery or if you're about to have breast imaging. So in general, it would be safe to receive the vaccine before or after surgery and we don't necessarily have to time it specifically to a certain day. However, the only advice that I would give patients is I probably wouldn't take the vaccine the day before undergoing a major procedure because you can have some side effects.

Dr. Starr Mautner:

Most of those side effects are very short lived, they last about 24 hours. But some of those side effects include a fever. And if you were to spike a fever 24 hours before a major surgery, most likely that surgery would get canceled. And in the same way, I probably wouldn't schedule my vaccine for the day or two days after undergoing a major surgery because some of those side effects can mimic complications from a surgery. So if you were to have, let's say, a mastectomy, and then two days later receive your second dose of the COVID vaccine and spike a fever. There may be some confusion whether that fever is due to the vaccine itself or to an infection that is brewing from surgery.

Dr. Starr Mautner:

So that being said, we're trying to time the vaccines about a week prior or a week after a procedure and not just within the first couple of days before or after. Most recently, a hot topic has been breast imaging because it's been noted from the vaccine trials that there is a side effect of vaccine called axillary lymphadenopathy, meaning enlargement of the lymph nodes under the armpit that seen in 11% of patients undergoing their first dose of the vaccine and 16% of patients undergoing their second dose of the vaccine.

Dr. Starr Mautner:

Lymphadenopathy or an enlarged lymph node is actually a normal side effect of receiving a vaccine, that means your immune system is working. And you can also have the side effect if you were to have an infection as well. The reason why it becomes an issue, especially when dealing with patients who are being screened for breast cancer or who have a history of breast cancer is if we see enlarged lymph nodes on imaging, it may mean that there is concern that the lymph nodes could potentially contain cancer.

Dr. Starr Mautner:

And so what we're doing in patients that have enlarged lymph nodes seen on their imaging if they recently received their COVID vaccine, we're telling them to come back for imaging four weeks later with a repeat ultrasound of the axilla. And that at that point in time we would expect to see those lymph nodes have resolved. If they have not resolved then a further workup would be taking place and so there's a question as to should I delay my mammogram, my screening mammogram because I just had my COVID vaccine?

Dr. Starr Mautner:

I think you can consider delaying it but I honestly would tell patients, if they're scheduled to get their screening mammogram just get it. The axillary lymphadenopathy doesn't happen in all patients that receive their vaccine and if it shows that you do have enlarged lymph nodes on that side, all you have to do is repeat the ultrasound four weeks later and tell the radiologist that you recently had your COVID vaccine.

Dr. Starr Mautner:

For patients who have had a history of breast cancer I would use the arm that is not associated with the side of the cancer. So for a patient, let's say that had a right side of breast cancer, I would tell them to use their left arm for a couple reasons. One, if they're at risk for lymphedema, you never want to use an injection in that arm because it could put you at risk for infection and lymphedema in that arm. But also, if it does increase the lymph adenopathy or increase your size of your lymph nodes on that side, there could be concerned that it's recurring cancer and in confusing that with side effects from the shot.

Dr. Starr Mautner:

The bottom line of all of this is I would get the vaccine as soon as it's really offered to you, because you may not get another chance for several months. I know people that have delayed getting the vaccine initially because they had some concerns and then they decided two or three weeks later, "Okay, I'm ready to get the vaccine." And then it wasn't available. And so I would take it as soon as it's offered to you.

Dr. Starr Mautner:

There's also an app on the smartphone that a lot of people don't know about. When you go and get your vaccine, they offer you several slips of paper that talk about the vaccine. And one of those slips of paper is something called the V-safe smartphone app and it tracks your side effects. I used that app when I got my vaccine. And it's important because it relays that information for future studies to know what side effects are expected and they can help give you information if you're having side effects or what to do about those side effects as well.

Dr. Starr Mautner:

There are a lot of questions that I've received about the COVID vaccine and fertility, and I really am still unsure as to where these questions are coming from because there's really no evidence that the vaccine affects your ability to conceive or affects pregnancy in any way. I have a feeling there must be some message board on social media that is saying there is some concern or risk factor, but there really is not. In the Pfizer trial, 23 women became pregnant after receiving the vaccine. And so far there have been no adverse reported events in those women. There was one woman who miscarried but she was not in the group that received the vaccine, she was in the placebo group that did not receive the vaccine. So there's no evidence that at least to miscarriage as well.

Dr. Starr Mautner:

There is a new registry study now that studying the effects of the vaccine in pregnant and lactating women, pregnant women were not included in the original study. And there is no evidence that the COVID vaccine affects fertility or increases risk of miscarriage as I said, and there's no reason to delay conception, or fertility treatment if you're receiving the COVID vaccine. However, there is significant risk if you contract COVID while you're pregnant and so that's something to think about.

Dr. Starr Mautner:

If you're concerned about getting the vaccine, really you should be concerned about getting COVID while pregnant. So if you're pregnant and you get COVID there is an increased risk of hospitalization, there's an increased risk of complications including ECMO and there's an increased risk of death and miscarriage. And so in women that ask about fertility concerns, I'm really more concerned about them contracting and COVID than I am concerned about them receiving the vaccine. I have several friends that have received the vaccine in all trimesters of pregnancy, and they are happy that they did so.

Dr. Starr Mautner:

And lastly, there's new data that's emerging that the vaccine is safe and effective. So for all the people that are saying, "I need more information, I want to wait until there are more studies." Israel has been very proactive in their approach to vaccinating their population. And on Sunday, they reported that there has been a 94% drop in symptomatic COVID-19 infections amongst 600,000 people who receive

both doses of the Pfizer vaccine. And this is the largest study to date coming out of Israel. They have a more homogeneous insurance program so that they're able to easily track people that are receiving the vaccine, their largest insurance group covers more than half of all Israelis.

Dr. Starr Mautner:

In that same group that was 92% less likely to develop severe illness if you did contract the virus. And there was a comparison group of the same size that had the same comorbidity. So this is a really good study that's coming out of Israel and I already knew that the vaccine was very effective by the evidence that's already out there, but to help convince people who are still unsure, this is very good news that's coming out of Israel.

Dr. Starr Mautner:

In summary, just say yes to the COVID vaccine. The side effects are minimal. I'll tell you about my experience with receiving the vaccine. I got my first dose in mid-December; I had no side effects really from that dose. I had a little bit of a sore arm but that was it. My second dose I received in the beginning of January and felt fine. I got it in the late afternoon that day, was a little tired, went to sleep and woke up the next morning and felt just a little bit weak and achy.

Dr. Starr Mautner:

I had some chills, I had no fever. I went to work, worked half a day and then the rest I did virtually and was very tired and went to sleep by 8:00 pm that night. The next morning I woke up and felt 100% better. And from the stories that I've heard of others that have received their vaccine, anyone that did have side effects were limited to this first 24 hour period. And so I really think that the risks of receiving the right vaccine and the side effects associated with the vaccine really pale in comparison to actually contracting COVID.

Dr. Starr Mautner:

P community is reached at two weeks post the second vaccine. So don't go and get the vaccine after the first dose thinking that you're immune and go out to a bar, because you probably will contract COVID, you're not immune until you get your second vaccine. And usually that immunity doesn't actually take full effect until the second week after receiving that second vaccine. Vaccine works, it is 95% effective. And it's really the best way and the only way that we're going to end this pandemic with the least number of lives lost.

Dr. Starr Mautner:

The pictures at the bottom just outline my experience over the past year, in wearing tons of PPEs, shields masks, operating under these conditions, totally transitioning the way that we treat patients. I never imagined in a million years that we would be doing this over an entire year, but we're. The second picture is me receiving my first dose, the third picture is me receiving my second dose, then I took them at home antibody test and saw that I had antibodies two weeks later, which I was ecstatic about. Because it just proves that without ever really contracting and COVID I had IgG antibodies and the vaccine works.

Dr. Starr Mautner:

And then lastly are my two kids and the reason for everything that I do. And they're adorable in their masks, but they're even cuter without their masks. So I'm looking forward to ending this pandemic. And we really need everyone to pitch in and do their part. Even after getting the vaccine, you still have to wear a mask, you still have to social distance until we can get the majority of the population vaccinated. And then we can really end this. So I appreciate your attention, thank you for inviting me to speak and I'm available to answer any questions that everyone has.

Briana Schwarz:

Dr. Mautner, thank you so much for that. We've had a ton of questions come in tonight and I anticipate, I see the chat boxes is going wild. So thank you, I encourage everyone if you have questions to please put them in the chat. Before I start questions though, I think our speaker Tracey has, I'm going to ask her to share her story and then we'll get started with the question. So Tracey.

Tracey Hecht:

All right, can you guys hear me this time?

Briana Schwarz:

Much better.

Tracey Hecht:

Okay, I'm sorry about that. So just to quickly start from the beginning. As we know I was breastfeeding my newborn and felt a lump, thought it was a clog, put it off. Had blood in my breast milk and was urged to go to the doctor. I really didn't want to because I didn't want to expose myself to COVID but the stars align. I saw the physician, I was diagnosed with stage three triple negative breast cancer at the age of 36. And went through five months of chemo, had a double mastectomy with Dr. Mautner and an awesome plastic surgeon that works with her at Baptist MCI. I had that in November, recovering pretty well and started radiation about five weeks ago, I finished on Friday. And I started oral chemo Xeloda yesterday to hopefully clean up any other little cells that might be floating around in my body to help prevent recurrence.

Tracey Hecht:

So I did get both COVID doses or the vaccine doses. My second one was exactly two weeks ago. My experience was pretty similar to Dr. Mautner. The first dose I felt almost nothing, I barely even had arm pain. And then the second dose, I had it at 8:15 in the morning, felt fine that day. 8:15 the next morning, I got some chills, some achiness. About 10 or 11, I actually developed a fever of 101.

Tracey Hecht:

It went down a little bit with Tylenol. But throughout the day, I still felt Okay, especially compared to chemo and then went to bed woke up sweaty, and my fever broke and I was fine. So my arm actually still didn't hurt for that one. And any side effect I can think of is pretty much better than getting COVID. So and hopefully putting this thing to an end. So Dr. Mautner's words were perfect. They're amazing, listen to her, because she's really smart and go get your vaccine please.

Briana Schwarz:

Thank you Tracey. I'm glad we worked out our internet issues, so thank you for sharing your story tonight.

Tracey Hecht:

Okay.

Briana Schwarz:

We want to get to some questions with Dr. Mautner. So firstly, one of the questions that came in before and I've seen it in the chat. Is the vaccine impacted by chemo or radiation? What would you recommend with timing the vaccine if you're currently undergoing chemotherapy and does that affect the effectiveness of the vaccine?

Dr. Starr Mautner:

So I would first and foremost, if you're getting active treatment with chemotherapy or radiation therapy, speak to your physician and just make sure that they're comfortable with you receiving the vaccine. I will say that I am comfortable with my patients receiving it. In terms of timing the vaccine with chemotherapy or radiation therapy and will it be as effective? Currently, we don't know. We assume that in some patients that are very immuno compromised, their immune response to the vaccine may not be as strong, but we still think that the vaccine will be effective. And so once again, I would be more concerned with contracting COVID than I would be from getting the vaccine or worrying that it's not going to work as well.

Dr. Starr Mautner:

So I would recommend still getting it, now should you get it on the day that you're getting your chemotherapy? Probably not. You know your body, you know when you don't feel well and when you do feel well, in terms of how many days after chemotherapy you're going to have a bad day. I would time it to a day where you are going to feel well and that any side effects from the vaccine that you might get the next day won't be linked to a side effect from chemotherapy or radiation therapy. But once again, talk to your medical oncologists, radiation oncologists and see what their experiences. As a surgeon, my recommendation to my patients is don't get it one or two days before surgery, or one or two days after. And I try to time it about a week before or week after if possible.

Briana Schwarz:

What about those that are at the end of active treatment? So someone who's maybe a few months after treatment, will their response to the vaccine and their effectiveness be different than someone who's in active treatment or someone who is not a breast cancer survivor?

Dr. Starr Mautner:

I think it gets very variable and it's too early to tell depending on where someone's immune system is at. So normally, let's say if someone's receiving chemotherapy for the treatment of their breast cancer, we wait about a month for their immune system to normalize before operating on them. So it decreases the risk of infection, it probably takes much longer for a month and their immune system to fully recover from chemotherapy. So I would say that the longer you wait, great, but at the same time, you're putting yourself at risk for actually contracting COVID during that period of time. And once again, who knows if the vaccine will be available to you if you wait two months. So I say get it as soon as it's available and as

soon as it's offered to you. We don't know that if we'll need to pick a booster let's say next year or another vaccine next year, like the flu shot, there'll be more opportunities if the vaccine is not as effective and someone who's immunocompromised, they may need to get a booster later on. We just don't know yet, I would still get the shot though.

Briana Schwarz:

Got it. What about with radiation, for someone who's had radiation is the vaccine going to be less effective since they've had radiation?

Dr. Starr Mautner:

Same kind of thing. Radiation does decrease your immunity or your immune response by a little bit not as much as chemotherapy usually, but I still get the vaccine. The side effects from the vaccine are so minimal, and it's not a dangerous vaccine. It's not a live vaccine. I still recommend even if you're getting radiation or if you've recently completed radiation to get the vaccine. If you're weary that you're having an immune response or not, you can try to test with an antibody test, they're commercially available. And you can walk into probably MD Now or some of the class labs and get it for like \$5 even without a prescription. But everyone that I've seen so far that has tested for antibodies two weeks after their second vaccine has tested positive for IgG antibodies. But I would say even if you don't test positive, it doesn't mean that you haven't had an immune response.

Briana Schwarz:

There are two vaccines that are available right now, is there one over the other that you recommend for those who are in active treatment or in remission?

Dr. Starr Mautner:

They're are both extremely effective, and it usually don't have a choice in the matter. So when I received my vaccine, I got Pfizer, but it wasn't because I was able to choose, it's just so that was what was offered to me. Now MCI is actually switching over to Moderna, probably because they got a shipment in. If you actually were able to choose, I like that Pfizer you only have to wait three weeks versus four weeks with the Moderna vaccine to get your second shot, but they're both equally effective. And I would take whatever is available to you, whatever is offered to you.

Briana Schwarz:

Are there any side effects that are more severe with cancer patients or those who are breast cancer survivors?

Dr. Starr Mautner:

I haven't seen that in any of my patients that have been vaccinated. It's been a similar, some have had no side effects whatsoever and some have had similar side effects to what I have had. I have not heard of anyone having prolonged side effects from the shot. Anyone that told me about side effects, it was 24 to 48 hours of side effects that they experienced.

Briana Schwarz:

I have a question in the chat box about the Johnson & Johnson vaccine. Do we know anything about it? Can you say anything on it?

Dr. Starr Mautner:

Not yet, I don't believe it's commercially available yet. I believe it's a single shot. And once it starts being distributed, I guess it will start to be, it will be offered, I think the more vaccines that are available for everyone to take and the more of the population that we can get vaccinated, the better. So if it becomes available and it's offered to you have the ability to take it, take it. These are all mRNA vaccines, which means basically, they don't integrate into your DNA in any way. They code for a protein message basically for your body to produce the spike protein that's seen on the outside of the COVID virus.

Dr. Starr Mautner:

Once your body produces that's like protein, it should be able to recognize it in the future so that if you're exposed to COVID, it can fight it off. That mRNA is an extremely delicate substance. And that's why it needs to be refrigerated at a certain temperature, it gets degraded rapidly by the body. And so it doesn't stick around for a very long period of time. It doesn't integrate into your DNA, it doesn't cross the placenta in any way that we know. And so there are all these theories and unfounded concerns out there that people have about this vaccine, but it actually is an extremely safe vaccine.

Briana Schwarz:

We have a question in the chat about someone who received a tetanus shot and wants to know if there's any, she had a tetanus shot on Saturday and has an appointment for the COVID vaccine on Thursday and was wondering if there was a reason to delay or prolong or if there was any known adverse reaction that may happen?

Dr. Starr Mautner:

Not that I know of. The only interaction or concern that I've heard of is in patients that have received the shingles vaccine, they've been advised to wait a certain period of time before receiving the COVID vaccine, but not for a tetanus shot.

Briana Schwarz:

What about, lots of questions there great, women with metastatic breast cancer, we've had a handful of questions about this. Someone who may be on an oral chemotherapy drug which obviously makes her very sick. Would she so someone with metastatic cancer be considering taking a vaccine? Or should they be considering taking a vaccine?

Dr. Starr Mautner:

Once again, talk to your medical oncologist. But I would say with anyone with metastatic disease, they have significant risk factors for further complications if they develop COVID. Especially let's say you have pulmonary metastatic disease, you already have lung compromise, I would say absolutely take the vaccine if you're a medical oncologist is okay with it because I worry more about the side effects of contracting COVID than I worry about the side effects from the vaccine and someone with metastatic breast cancer.

Dr. Starr Mautner:

And the other thing we need to think about is a lot of these patients that have advanced metastatic disease or cancer patients in general that are undergoing surgery, many of them need help. They're not just living alone, they've caretakers. And so because of that they're forced to have close interaction with

people in their house and unfortunately, putting themselves at risk. They need the help and so I would vaccinate so that there's less risk that you're putting yourself at risk by having people in your house helping you. Some of these patients land in the hospital over and over again due to complications of their cancer treatment and they're at high risk of getting COVID that way. I would say absolutely vaccinate.

Briana Schwarz:

Going back to your last question, you mentioned the shingles vaccine, what was the time period for the delay between vaccinations?

Dr. Starr Mautner:

I don't recall off hand, I think you could easily look it up. I don't remember if it's a three week or a 30 day or 90 day time period between getting the shingles vaccine and getting the COVID vaccine, but it's pretty well known. It's one of the only things they ask you before getting the vaccine like, "Have the shingles vaccine or a live vaccine recently?" There's really no other criteria other than having a recent bone marrow transplant that would preclude you from getting the COVID vaccine. I gave it to my 95 year old grandmother. Patients that are very well and are very sick are able to still take this vaccine.

Briana Schwarz:

Thank you. So I got a lot of questions ahead of time about individual medications. And while we can't go through the entire list of every medication that breast or ovarian cancer patient could be on, do you off hand know of any specific medications that interfere with the vaccine? Are there any also herbal supplements or anything that you think would hinder the effectiveness?

Dr. Starr Mautner:

No. [crosstalk 00:34:35] I'm very pro-vaccine?

Briana Schwarz:

I see where you're going with this.

Dr. Starr Mautner:

I have not said no to any patient that has asked me if they should get the vaccine. Everyone should be getting it. Everyone's going to need to get it, we're going to have to vaccinate a majority of the population for this to be over.

Briana Schwarz:

I've had this question twice in the chat. I'm going to read it directly. If you've had COVID and work in healthcare traveling in regions of the country where mask wearing is pitiful. What is your recommendation of getting the vaccine? The CDC guidelines only provide guidelines for if you have had antibody treatment. If you recommend 90 days, then why are doctors performing the antibody test?

Dr. Starr Mautner:

Okay, I think there's confusion between a couple of things. So antibody treatment and antibodies pass. So there's a treatment that's an experimental treatment called Bam, that's given for patients that have early COVID, that have comorbidities are over 65 years old, and after receiving actually you do have to

wait 90 days before getting your vaccine. That's a different. So someone that has a contracted COVID and recovered and never got that antibody treatment, they're also directed to wait a short period of time before receiving their dose of their vaccine.

Dr. Starr Mautner:

I would still recommend that if it's available, and you've already had COVID and recovered that you still get the vaccine because we've seen 90 days out or over three months out that someone's immunity can wane that they no longer have antibodies when they check for it. And so I would say especially if you're still traveling, people can contract COVID more than once. And there's different strains out there. And now we know that there's these other mutated strains that are coming out. And so I would still worry even after having COVID and recovering that you could contract it again. And I would say if they're offering it to you and it's available, get the vaccine still.

Briana Schwarz:

Do you recommend having the vaccine administered in your dominant arm or non-dominant arm? And also we had a question about it. If someone has lymphedema, are they able to receive the vaccine on their bottom, not in their arm?

Dr. Starr Mautner:

So in terms of dominant versus non dominant, I chose non dominant, that's where I always get any vac like the flu shot also, but it doesn't matter. I got both times on my left arm, but can you do your left and then your right? You can, it doesn't matter, whatever arm you want. Now, if you have lymphedema, I would say do it in the other arm, obviously. And the question was, can you do it in the buttock or somewhere else? I believe the answer is yes, it just is an intramuscular shot. I haven't seen anyone getting it in another area of the body. But I do believe that they can administer it in another area of the body other than the arm.

Briana Schwarz:

Thank you. Do you suggest an antibody test after vaccination especially if you have metastatic breast cancer or are immunocompromised to ensure that it's working?

Dr. Starr Mautner:

So the question is what are you going to get it doesn't work. But if you are going to do it, and you want the reassurance of doing it, wait two weeks after your second shot, because I tested one week after my second shot and I did not have antibodies, or at least not I wasn't at the level that I was able to see it on the test that I had. So wait a full two weeks to make sure that the test is going to be accurate. And you should have IgG immunity, you should see the strip that lights up for IgG and the control strip right up. Make sure that whoever's doing it for you knows what they're doing so that they do the test correctly. I would say if it doesn't work, what are you going to do? You're not going to be eligible to go get a third vaccine, so there's nothing to do. You're still going to be careful and wear a mask, and you probably do have immunity even if the antibody test isn't positive. But a lot of people do like doing the antibody test to have some reassurance.

Briana Schwarz:

I understand that. We've heard of some cases of anaphylaxis being reported. How accurate is this info? Someone who may have severe episodes with food or nuts, how would that play into their decision to get the vaccine?

Dr. Starr Mautner:

So I think that initially they were advising if you do have severe anaphylactic reactions to consider holding off on the vaccine for now, I do know of some people that have anaphylaxis reactions that still got the vaccine and we brought their EpiPen with them just in case and they were fine with the vaccine. I think it's a personal choice, I would speak to your allergist or primary doctor. I don't have anaphylactic, it's a personal thing. But I would be willing to maybe risk it. But I think you have to talk to your primary doctor and see what they advise. I'm sure that there's EpiPens at all the sites that they're giving the vaccines at. They do hold you for at least 15 minutes after getting your vaccine to watch you on monitor you and make sure that you're not having any symptoms.

Dr. Starr Mautner:

If there's a concern, I would definitely get the shot at a hospital setting, not some random CVS or Publix, but I get it at the hospital if it's being offered there. If there's concern that there could be anaphylaxis reactions, if you're asking me have there been any deaths associated with the COVID vaccine, I've heard of anecdotal one or two literally after millions have been given with COVID. And so I don't think that there is evidence that the vaccine is deadly in any way. But yeah, just like any vaccine or shot or medication there's a very low risk of anaphylactic reaction.

Briana Schwarz:

The purposes of qualifying for a COVID for a vaccination, someone asked if they can claim they have cancer if they're currently taking drugs to prevent a reoccurrence of breast cancer that they have had?

Dr. Starr Mautner:

So you're talking most likely if we're talking about breast cancer, we're talking like endocrine therapy, right? Patients are on five to 10 years of endocrine therapy, I think I consider that active treatment. We've been able to vaccinate patients that are on endocrine therapy, but it's going to depend on where you're getting treated, and it's vary state by state and center by center. At Miami Cancer Institute, we have been able to vaccinate patients like that. Let's say you're getting treated in another Cancer Institute, and they don't have it available. And so it depends on where you are. But as I said, I believe in the future, everyone is going to be eligible or need to get this vaccine.

Dr. Starr Mautner:

So if you can get it where you're being treated, get it? And yes, I do consider that active therapy, because if you were to contract COVID, part of that therapy may need to be stopped due to complications at COVID. So we're trying to prevent that, we want you to be able to get treated for your breast cancer, even if it's just maintenance therapy to prevent recurrence in the future. There could be severe complications and COVID having to do with that and having you to stop your medications and still get the vaccine if you're eligible, even if you're just on endocrine therapy.

Briana Schwarz:

Are there risks of getting an autoimmune disease after getting one of the mRNA vaccine? I see you shaking your head. Okay. We have had a lot of questions about life after a vaccination. So, one of the questions that came in we all know that Passover is coming up, an opportunity for our families to convene. And the question that was posed was once my family is all vaccinated, can we get together for an indoor meal?

Dr. Starr Mautner:

Good luck having your entire family vaccinated, right? Because I think for most people that that's not a realistic thing that's going to happen within the next month before Passover. But I would still play it safe, because as I said, I think it's unlikely that your entire family will be vaccinated fully for an indoor meal. But if they are, I think the risk would be minimal at that point. If you have kids involved at that meal, because they're not going to be vaccinated.

Dr. Starr Mautner:

So what I would do to play it safe, especially if you're in Florida, I would plan to do the meal outside. And if you can separate the tables by family, that's the ideal way to do it. And if anyone's going to be hanging out inside, they should be masked. So I don't think that for this Passover, we're quite there yet where you're going to have your entire family vaccinated fully for dinner, but by next Passover, I would hope so for sure. So I would still play it safe. I'm fully vaccinated, as are a few of my family members, but my kids are not. And they're not going to be for a very long time, if ever and so when we do small family gatherings, we still do them outside.

Briana Schwarz:

Thank you. If there are any other questions, I think you really addressed a lot of the general questions that people had. Oh, one last one. Does aromatase inhibitor therapy as a cancer survivor qualify you as going through active treatment?

Dr. Starr Mautner:

I believe at MCI it does. I can't say that depending on where you're being treated and who your medical oncologist is, and if it's available at the center that you're being treated they should give it to you. But for a period of time when we had I guess enough vaccine, like a lot of our cancer patients were being offered the vaccine and they were eligible to get it and then they ran out of vaccine and all the patient appointments got canceled. And now I think they've got enough shipment in and everyone's getting on the schedule again very quickly. So I would say, talk to your medical oncologist and tell them if you're interested in getting the shot and see what they can do to help you get it. Everyone's going to have to get it. So if it's available, try to get it.

Briana Schwarz:

Thank you for sharing your expertise tonight and for educating us. I think this was very informative, lots of questions answered. If your questions were not answered, we will go through the chat question box and try to answer any other questions via email throughout the week. I want to thank you, Dr. Mautner for educating us this evening. I know that you answered a lot of questions. I know our participants feel more knowledgeable after hearing your presentation.

Briana Schwarz:

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Please take a moment everyone who is on the call to fill out a brief evaluation survey that is going to be linked in the chat box now. Evaluations really do inform future programming, so thank you for participating. We are grateful to you. In the chat is the survey monkey link. I also want to thank today's sponsors for the webinar, Miami Cancer Institute and Exact Sciences.

Briana Schwarz:

We'd love for you to stay connected with Sharsheret via social media where we post about events like these, program updates and fun ways to get involved. Please follow us on Facebook and Instagram where our handle is @Sharsheret1. Please remember that Sharsheret is here for you and your loved ones during this time.

Briana Schwarz:

Sharsheret promotes emotional support, mental health counseling and other programs designed to help navigate you through the cancer experience. All are free, completely private one on one. And our number is 866-474-2774. You can also email us at clinicalstaff@Sharsheret.org, that is also in the chat. Our social workers and genetic counselor are available to you and you are our top priority. So please never hesitate to reach out we are all going to get through this together.

Briana Schwarz:

Finally, I want to let you know that we have several exciting webinars on a wide range of topics planned over the next few months to, I wanted to specifically point out our peer support training webinar is coming up on Tuesday, February 23rd, at 8:00 pm Eastern and 5:00 pm pacific time. Whether you've already enjoyed the rewarding experience of serving as a peer supporter or waiting for your first Sharsheret match or just considering being a peer supporter, please join us for that webinar.

Briana Schwarz:

Also on March 17th at 2:00 pm Eastern and 11:00 am Pacific time, we're hosting recipes and tips for a healthier Passover with Ilana Muhlstein, creator of 2Be Mindset. This program is part of the Sharsheret in the Kitchen series which brings nutritious kosher meal options to our holidays and help empower all of us at risk for breast and ovarian cancer to make healthier diet choices.

Briana Schwarz:

Please check our website regularly to see what topics are coming up. The link for our website is in the chat. And you can also access all of our recordings and transcripts of past webinars on that at that link. So thank you so much for joining us. Thank you Dr. Mautner, thank you Tracey for sharing your personal experience. And thank you to everyone on our Sharsheret call tonight for joining us. Thank you so much.

Speaker 4:

[inaudible 00:46:50]to say thank you everybody.

Speaker 5:

Thank you.

Speaker 6:

Thank you. This was awesome.

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Speaker 4:

Very good.

Speaker 7:

Thanks.

Speaker 8:

Thanks. Thanks, everybody.

Speaker 9:

Thank you so much.

Speaker 10:

Thank you very much for that answer about the COVID that made me feel better.

Briana Schwarz:

Thank you everyone, have a wonderful evening.

About Sharsheret

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer
- Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors
- Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer
- Sharsheret Supports™, developing local support groups and programs

Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

Disclaimer

The information contained in this document is presented in summary form only and is intended to provide broad understanding and knowledge of the topics. The information should not be considered complete and should not be used in place of a visit, call, consultation, or advice of your physician or

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other health care Professional. The document does not recommend the self-management of health problems. Should you have any health care related questions, please call or see your physician or other health care provider promptly. You should never disregard medical advice or delay in seeking it because of something you have read here.

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