

# Tips for Safely Gathering During The Spring Holidays

National Webinar Transcript  
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Presented by:



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Melissa Rosen:

Thank you for joining us. Welcome everyone. We're excited to have you here for tonight's webinar, Tips for Safely Gathering During the Spring Holidays with Dr. Hilary Shapiro-Wright. Perfect. I'm Melissa Rosen. I'm the director of training and education at Sharsheret. For those of you who are new to Sharsheret, Sharsheret provides women in families impacted by breast or ovarian cancer or higher diagnostic risk with free psychosocial support, personalized, confidential, and available to all. We provide health education throughout the country through webinars like this one. And by the way, you can also access our prior webinars on a range of cancer related topics as well as access our calendar of upcoming virtual programs through our website.

Melissa Rosen:

We are grateful to tonight's webinar sponsors, the Basser Center for BRCA, the Siegmund and Edith Blumenthal Memorial Fund, Daiichi-Sankyo, GSK and Merck. We also want to thank Lynn Women's Health Institute part of Baptist Health South Florida. It's that thanks to all of our sponsors' generous support that we are able to continue to provide these webinars.

Melissa Rosen:

Before we begin, just a few housekeeping items. Today's webinar as always is being recorded and will be posted on Sharsheret's website along with the transcript. Please remember that participants' names and faces will not be in the recording. If you'd like to remain private, you can turn off your video and rename yourself or you can call into the webinar and instructions on how to do that are in the chat box now for both options. You may have noticed you were muted upon entering the Zoom room. Please stay muted throughout the call. If you have any questions for our speaker, you can put them in the chat box, either publicly or click on Sharsheret in the chat box to submit a private question, and those will be answered at the end of today's program.

Melissa Rosen:

We did actually receive many questions in advance, and we'll do our best to get to as many as possible. And we'll also send out a follow-up email with tips and recommendations from today's webinar with the recording later this week. We recommend you keep your screen on speaker view. This will enable you to see both speaker and her slides. You can find this option in the upper right hand corner of your screen. As we move into the webinar itself, I want 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 procedures. The information provided by Sharsheret and by tonight's speaker is not a substitute for medical advice or treatment for a specific medical condition. You should not use this information to diagnose or treat a health problem as always. If you have any questions that are specific to your health, please speak with a qualified medical provider or your physician.

Melissa Rosen:

Okay. We are honored to be joined today by Dr. Hilary Shapiro-Wright. Dr. Shapiro-Wright is a board cert breast surgical oncologist at the Christine E. Lynn Women's Health and Wellness Institute at Boca Raton Regional Hospital. Dr. Shapiro-Wright specializes in breast cancer surgery, high risk breast pathology, benign breast disease, oncoplastic surgery, and hidden scar surgery. She's actually certified in hidden scar breast surgery and practices several oncoplastic breast surgery techniques, which help to minimize surgical scarring. Dr. Shapiro-Wright received her medical degree from the Lake Erie College of Osteopathic Medicine, completed

her internship and residency at Oxford Hospital at Michigan State University and her fellowship at Allegheny General Hospital in Pittsburgh, Pennsylvania.

Melissa Rosen:

She was named the Cincinnati top doctor in breast surgery, breast cancer in the Cincinnati magazine from 2013 all the way through 2020. Dr. Shapiro-Wright believes in creating a relationship with her patients filled with the highest level of care, compassion, dignity, kindness, and respect. Dr. Shapiro-Wright, thank you for joining us and the screen is yours.

Dr. Hilary Shapiro-Wright:

Thank you so much for having me. I'm excited to be able to talk to you today about safely being able to come together with family and friends at the holidays. I know for the last several years, it's been daunting that we've had to defer our get togethers and holidays, but hopefully this year we're able to safely be together. Thank you for that wonderful introduction. I am, like you said, a fellowship trained breast surgeon with a Christine E. Lynn Women's Health Institute, Lynn Cancer Institute here in Boca Raton, Florida.

Dr. Hilary Shapiro-Wright:

So who's at risk? If you're moderately or severely immunocompromised, which means you have a weakened immune system, you're at an increased risk to develop severe COVID illness. What that means is patients who have different types of cancers, who have had transplants, who are on immunosuppressant, people who are on immunotherapy for different reasons, but for tonight's talk, we talk about how to help patients with cancer, and that can be any part of the therapy of cancer and/or the diagnosis of itself.

Dr. Hilary Shapiro-Wright:

So what are some risk reduction options that we can talk about? Vaccination, social distancing, masking, frequent hand washing and sanitizing, considering having outdoor events, smaller group gatherings and asking questions and being inquisitive of the people that are going to be around you.

Dr. Hilary Shapiro-Wright:

So what's the idea of a vaccination? The premise behind vaccination is to provoke the immune system to make a strong response against a harmless version of a pathogen so that when the body sees the true pathogen or the actual virus, the body can mount a defense. If a person is immunocompromised or has a weakened immune system, the response might be either weakened or not exist at all.

Dr. Hilary Shapiro-Wright:

So a little bit about the vaccinations. There are three different vaccinations currently being used in the United States; the Pfizer vaccine, the Moderna vaccine, and the Jansen or Johnson & Johnson vaccine. Globally, there are other vaccinations that have emergency use through the World Health Organization, but they're not being used in the United States. Patients should be treated with what's called a primary dose. And we'll talk about the dosing. That can be two to three doses depending on the comorbidities or the patient's overall general health plus a booster dose. And as we know, there's now a potential for multiple booster doses.

Dr. Hilary Shapiro-Wright:

The booster doses are important in helping lower the risk of a breakthrough infection. And these are non live viruses that are being given. So what's the quick and dirty about the different vaccines? There are, again, three different vaccines that are FDA approved right now for use in the United States. The Pfizer vaccine is fully approved for patients 16 and older, and it has emergency authorization for patients between the ages of five and 16 years of age. This is an mRNA vaccine that is administered to the general population in two doses three weeks apart with a booster dose five months after the second dose for patients or people 12 and up. 50 and older, a second booster dose, or a fourth total dose can be given four months after the first booster dose for the general population. And for those immunocompromised, it can also be given four months after the first booster dose.

Dr. Hilary Shapiro-Wright:

The Moderna has emergency authorization for people 18 years of age and older. This is an mRNA vaccine, just like the Pfizer vaccine. And it is administered to the general population again in two doses one month apart with a booster dose at least five months after the second dose. Again, people 50 years or older in the general population can receive a second booster or a fourth dose that can be given four months after the first booster dose. The Janssen or Johnson & Johnson vaccine is a little bit different. It does also have emergency authorization for people of 18 years of age and older. This is a vector virus vaccine, which means it's a modified version of a true virus. It's not a live virus, but it cannot reproduce itself. The Janssen vaccine is given in one dose and a booster dose should be given at least two months after the first dose. The CDC recommends that people who received the Johnson & Johnson vaccine should consider boosting with either the Pfizer or Moderna instead because they're preferred for their effectiveness over the Johnson & Johnson vaccine.

Dr. Hilary Shapiro-Wright:

So how do we vaccinate patients who are moderately or severely immunocompromised? How does it differ from the general population and the vaccine dosing? So the vaccination series for people who are moderately or severely immunocompromised are for people who are being treated for blood cancer such as leukemia or lymphoma, or have had a bone marrow or stem cell transplant or an organ transplant or are currently undergoing treatment for other types of cancers. This category can include and encompass all patients with cancer. Also, people who are on immuno-compromising medications, or again, those who have had organ transplantation. People in this situation may not have a powerful immune response to the COVID-19 vaccine. So an additional dose and a booster dose are recommended for immunocompromised patients.

Dr. Hilary Shapiro-Wright:

Individuals in this group should receive an extra dose of the COVID vaccine itself. That means their primary dose and schedule should include three doses of either the Pfizer or Moderna vaccine or two doses of the Janssen Johnson & Johnson vaccine. This is the second or third dose, which again, would be considered their primary series, not their booster. So then an additional dose should be given 28 days after the previous dose for their third dose. The booster dose should then be given at least three months after the additional dose.

Dr. Hilary Shapiro-Wright:

So for immunocompromised patients using the Pfizer or Moderna vaccines, they would receive a total of four doses, three primary and then a booster. The Janssen booster should be given at least two months after the additional dose. So they would receive a total of two in their primary

and then one booster. And then as far as the second booster, people in this group who are 12 and older may receive a second booster dose of either the Pfizer or the Moderna vaccine if they are 18 years or older with the Moderna vaccine. The second boost should be given at least four months after the first booster dose.

Dr. Hilary Shapiro-Wright:

So the other question we get, especially I get a lot from my patients, is it safe for me to get the vaccine while I'm being treated for my breast cancer or while I'm being treated for cancer? And it is agreed by experts that the COVID vaccine is not only safe but it's recommended for patients with cancer, cancer survivors and those currently on cancer treatments, including chemotherapy and immunotherapy. Some treatments such as chemotherapy and immunotherapy may decrease the vaccine's effectiveness. In these cases, your doctor may recommend receiving the vaccine between your treatments. You may need to delay your vaccine shot if you have received a bone marrow or stem cell transplant or having other cellular therapies, but it does not mean not to get the vaccine. It will not ultimately affect your cancer treatment.

Dr. Hilary Shapiro-Wright:

The odds of dying or experiencing severe complications from COVID are roughly two times higher for someone with cancer than a person without cancer. And the vaccine significantly decreases this risk. Patients who should not be offered the vaccine are only those who have a harmful reaction or an allergic reaction like anaphylaxis to one of the vaccine components.

Dr. Hilary Shapiro-Wright:

So then we hear a lot of, "Well, I got the vaccine, but I still got COVID." And that's what we consider a breakthrough infection. So no vaccine is 100% effective and sometimes vaccinated people do get the disease that the virus that the vaccine is against, such as COVID-19. That's what we consider the breakthrough infection. The risk of a breakthrough infection like that is very low and vaccinated people are unlikely to become very ill and be hospitalized from a breakthrough infection.

Dr. Hilary Shapiro-Wright:

So there are other types of medications that can be given for patients who are at severe or high risk for developing COVID-19. These are what we consider pre-exposure prophylaxes or medications that are given prior to developing COVID in the hopes of reducing your risk of developing COVID. Evusheld is a monoclonal antibody treatment for the prevention of COVID-19. Again, it is a pre-exposure prophylactic treatment. It has emergency use authorization and it's for use in children 12 or older and adults who are at high risk due to cancer or immunosuppression. This authorization only applies to individuals who are not currently infected with COVID-19 and have not been recently exposed to someone who has tested positive.

Dr. Hilary Shapiro-Wright:

Again, it's used for moderately to severely compromised immunosuppressive people, the history of severe adverse reaction to the COVID-19 vaccine, and who are unable to receive the complete vaccine series. It's not a replacement for the vaccine and it's given in two injections six months apart. Pfizer also has two antiviral therapies or an antiviral and antibody infusion therapy, but they are not as well known and not used as commonly.

Dr. Hilary Shapiro-Wright:

So after you're fully vaccinated, the most recent recommendations or that if you live in an area with very low rates of COVID-19, the CDC recommends that you can resume activities that you did before the pandemic without wearing a mask or physically distancing. This does not apply in areas where the spread of very infectious variants, such as the Delta variant or the Omicron variant are present or substantially high. In those areas wearing a mask indoors in public is recommended.

Dr. Hilary Shapiro-Wright:

So for social gatherings and holidays with your family and friends, consider where you are in your treatment, use common sense to make your decisions, ask a lot of questions and be very cautious.

Dr. Hilary Shapiro-Wright:

Although people who have received the vaccine have less severe infections and reduced rates of hospitalization, they can still get and spread the virus. Many times they don't even know they have the virus or because they're asymptomatic. It's important for people with cancer to continue to follow safety precautions when in public spaces. This doesn't mean not to go out and to lock yourself in your house, but just make educated decisions and again, use caution. Consider having your events outside, consider it being in smaller groups versus large gatherings. Frequent hand washing and sanitizing is always a priority. Wear a mask when you're around others who may be placing you at high risk. People who have recently traveled or have been to a large indoor event or sporting event or an arena. Ask questions. Has anyone recently been traveling? Has anyone been exposed or recently tested positive to COVID-19? Has anyone had cold or flu-like symptoms? Are there unvaccinated people at your gathering?

Dr. Hilary Shapiro-Wright:

So all in all, I think it's very appropriate now for people to go out and to socialize and to be with family and friends at the holidays, but just do it with caution. Wear a mask if you're inside, frequent hand washing and social distancing, and again, common sense in knowing your surroundings, knowing the people that you're with and asking them questions to make sure you're putting yourself at a priority and that you're safe. Thank you.

Melissa Rosen:

Thank you so much. That was a really practical guide to what we are all thinking about right now. I do have some questions that have come in. Let's make ourselves the screen and I'll go ahead and ask some questions. So first of all, what is your opinion about testing before gathering for a seder or for an Easter meal?

Dr. Hilary Shapiro-Wright:

So I don't think there's any harm in testing. I think it's a good idea. If people are concerned or don't know who they're with, but I think more importantly, people have to just be cautious and ask questions. Don't go with an unfamiliar surrounding. So don't be with people who you're not comfortable with, or you don't know where they've been. It's really making smart decisions, because just because someone tests negative doesn't mean they wouldn't test positive two days later. You just have to make those really educated decisions. And if you have any concerns or questions, then you shouldn't be in the presence of those people.

Melissa Rosen:

Wow. That does put a lot of people in uncomfortable situations for sure and some difficult decisions still need to be made at a time that we had clearly hoped we would be beyond this. Okay. Couple of other questions have come in. The second booster shot. So you went over all of the different permutations and scenarios. Several people have asked, do you recommend getting the second booster now or some people have been told to wait till the fall, when we anticipate another surge in diagnoses and there might not be another booster at that point. So thoughts on that?

Dr. Hilary Shapiro-Wright:

So I am not an infectious disease specialist and/or a medical oncologist. I think that everybody's scenario is different. Where they live, the environments they live in, the locations, big cities versus small cities, where they are in their therapy. So I think that's really a question that everybody who's undergoing cancer treatment needs to direct specifically to their physician, because it really depends on where you are in your treatment and where you are in the world. Because we do see, for instance, down here in Florida, a lot more COVID rising numbers occasionally than other places in the country. So I think that has a lot to do with it as well.

Melissa Rosen:

Good point. Okay. So a couple of specific situations were asked. Let's see if this is something you can answer. The hostess for the seder had COVID this past week and just tested negative today. And this was received today. Is it safe to go on Friday?

Dr. Hilary Shapiro-Wright:

Again, I mean it's everybody's comfort level. There's guidelines for quarantining and guidelines for how far you need to be out. I think the current guidelines say that you need to quarantine for five days and have a negative test and all of those types of things. So like I always say to people, negative is negative. You're not carrying the virus if you test negative and so if you feel safe, maybe that's a situation in which you would feel more comfortable sitting outside and having them wearing a mask and sitting across the table from that person versus right next to them and you can make those adjustments as necessary.

Melissa Rosen:

Okay. I saw in the chat box, somebody just asked, if in general, you think it's safe for active cancer patients who are vaxxed and boosted to be inside in the same room with someone who is unvaccinated?

Dr. Hilary Shapiro-Wright:

Wow. So I think that's a ... again, these are personal questions. It's really your comfort level. I think it depends on a lot of different factors. I think it depends on where the other person has been. If they've traveled, if they've been in large group settings, things like that. So someone who is unvaccinated and recently has been on an airplane and traveled and been in a small area with people that they don't know, that's something you may want to take more seriously than someone who's unvaccinated but is still going out and wearing a mask and being cautious about their surroundings and what they're doing. There are much higher risk for them developing a severe infection than someone who's vaccinated. We know the numbers that those that are becoming infected and hospitalized are much more commonly unvaccinated people than vaccinated. So that's something to take into account.

Melissa Rosen:

So following up on that, if someone is unvaccinated, they're at greater risk clearly for severe illness, but do they put other people at greater risk? Maybe because they're carrying higher viral loads or something like that. So in other words, in relation to this question, if this questioner is sitting with someone who is unvaccinated and who happens to be carrying it asymptotically, is the person who asked the question at higher risk? No?

Dr. Hilary Shapiro-Wright:

I don't believe so. No.

Melissa Rosen:

Okay. Somebody asked this new variant that's going around. Is it of any more concern than the Omicron or Delta?

Dr. Hilary Shapiro-Wright:

So I don't know that there's really enough information. It's so new to say how it's going to react and what's going ... the bigger picture's going to look like yet related to that.

Melissa Rosen:

So somebody else asked whether ... and again, a lot of similar questions. At a friend's house for seder, they're all vaxxed, they're all boosted as is the questioner and her family, but they've stopped wearing masks and stopped restricting their movement. Is there a risk for someone who is two years post-surgery and radiation and currently on Tamoxifen?

Dr. Hilary Shapiro-Wright:

So yeah, I think that two years post-treatment, you're out of the window of being actively treated and/or at risk, you don't carry the ... when I say the disease, you don't carry cancer any longer. You've been treated. You're out of that window. Being on Tamoxifen would not place you at a higher risk for developing COVID.

Melissa Rosen:

And any of those endocrine suppression therapies, Aromasin, exemestane, those kind of things, all same thing, doesn't put you at higher risk?

Dr. Hilary Shapiro-Wright:

Well, to my knowledge, none of those cause any immunosuppression, so.

Melissa Rosen:

Okay. All right. That's actually good to know because you had mentioned active treatment. I didn't know if that was considered part of active treatment.

Dr. Hilary Shapiro-Wright:

No, I think for breast cancer, active treatment is having cancer put you at higher risk. Surgery, those types of things that cause acute event to the body, chemotherapy obviously, immunosuppression, all of those puts you at higher risk. But I think once you reach the point where you're two years out, you're back to your baseline at that point and endocrine therapy doesn't cause any immunosuppressive characteristics that I know of.



Melissa Rosen:

Along the same lines, what about Ibrance?

Dr. Hilary Shapiro-Wright:

I don't know that I know enough about that. I don't know that it causes immunosuppression, because that's a medical oncology question and I'm a surgical oncologist. So I don't know enough about that to determine that. I don't think so, but I don't know. That would be a medical oncology question.

Melissa Rosen:

I appreciate your honesty. We actually got a couple people asking about that. So we'll try and find that information out for you. And another question, and I'm just going to generalize. It was about having a seder guest who is vaxxed, boosted, but had just recently returned from a cruise. From all you're saying, it's a comfort level, but just wanted [crosstalk 00:27:24] there was a question.

Dr. Hilary Shapiro-Wright:

Well, and you have to look at the window of when they were away. If someone was away three weeks ago and they're not caring if they were away, they can test positive days after, they test negative. That may be a situation where you'll feel more comfortable if you ask that person to go be tested prior to you coming to a seder or a dinner. But I really think the key with all of this is just your comfort level, common sense, placing yourself in a good situation or a situation in which you feel comfortable. Everyone these days has a different level of what they feel comfortable with. There are people who have absolutely no problem walking into the grocery store without a mask. And there's the next person next to them who would never walk into any public space or outside without a mask. So you really just have to keep that in mind. For someone who's a year out of their therapy for cancer, they may probably feel more comfortable and have less risk than someone who just had chemotherapy a week ago. So it's all relative to the situation.

Melissa Rosen:

Yeah. Okay. So I want to make sure that we've hit all the questions up. So one more question was about antibody testing. So is that helpful in any way in this situation?

Dr. Hilary Shapiro-Wright:

So from what I understand, the antibody testing will really just tell you if you've had the virus or if you've been vaccinated to a level. So it's not going to tell you anything that's going to benefit you specifically to knowing if you are at risk from the person next to you, because you still can contract the virus just again, maybe not at a level that would put placement in the hospital.

Melissa Rosen:

Right. So that's not necessarily a helpful tool. So what I hear you saying is on one hand, we have the option of all these protective actions. We can wear masks, we can have our meal outside and there's a little bit more flexibility than there was two years ago. And on the other hand, we're still talking about the same precautions for some of us that we were talking about two years ago.

Dr. Hilary Shapiro-Wright:

Yes. But I think now some of them are more just precautions versus what I would've considered restrictions before. I think that we definitely have more knowledge to feel comfortable in certain types of situations. Maybe you don't have a seder with 20 people, you have your children and your grandchildren who you are around on a regular basis, where before you may not have had those people even to consider two years ago, because we had so little knowledge of where we were. I remember doing virtual seder with my family in different places, trying to figure it all out, where now, we feel more comfortable gathering.

Dr. Hilary Shapiro-Wright:

So I think that we have made a lot of progress over the last two years. I think that we are continuing to evolve and we will continue to evolve. My hope is, and I have this conversation today with one of the other physicians that at some point we can look at COVID and feel almost like we do and have the answers like we do with the flu where it's a virus, people are going to get it. It's going to be a constant nuisance, but we're able to feel comfortable gathering and we know our limits and how to be comfortable with that just like we've become comfortable with the flu.

Melissa Rosen:

So we're slowly getting there, not as fast as we'd like, but we are getting there.

Dr. Hilary Shapiro-Wright:

Correct. It is little by little getting there.

Melissa Rosen:

Thank you so much for sharing your expertise with us this evening. I'm sure so many of us feel so much more knowledgeable than we did before. I do want to take the opportunity. We're talking about our health and gathering with our family. And I want to remind you that as the holidays approach and families do gather whether inside or outside, in person or online, yeah or online, it is always a great opportunity to talk to your family about family health history, BRCA and other mutations status, if anybody's been screened, things that will also not related at all to the pandemic, but things that are absolutely life saving. And you can certainly go on to Sharsheret's website and download some information about how to talk to your family and even a genetic family tree. Our website is in the chat box right now.

Melissa Rosen:

I'm also going to ask for you to please take a moment to fill out a brief evaluation survey that's linked also in the chat box any second now. There we go, because they really do inform future programming. So thank you for taking that time. And you can actually click that now and still hear the conclusion of today's program.

Melissa Rosen:

I want to remind you that as the holidays approach faster and faster it appears, that our social workers and our genetic counselor are here for you and your loved ones. We provide emotional support, mental health counseling, and other programs designed to help you navigate through the cancer experience. All are free, completely private one on one. And our contact information is in the box right now. And for all of us at Sharsheret, thank you for joining us tonight and wishing you and your family a happy and a safe holiday season. Good night, everyone.

## 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

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