



KIDNEY CANCER SUPPORT NETWORK

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Can kidney cancer patients be vaccinated for COVID-19?

The following patient information sheet gives information about the safety of the COVID-19 vaccines for people who are taking treatment for kidney cancer and people with one kidney or chronic kidney disease. Vaccination priorities for people living in the UK are also described.

Is the vaccine safe for kidney cancer patients?

This is the response we have had from a leading UK cancer specialist hospital; **it is a generalised reply and DOES NOT take into account individual clinical situations:**

"We are advising all our patients to be vaccinated as soon as they are invited unless there is a clear contraindication e.g., history of serious allergic reaction.....with the Pfizer/BioNTech vaccine."

This advice covers kidney cancer patients taking targeted therapy (e.g., sunitinib, pazopanib, axitinib or cabozantinib) and immunotherapy (nivolumab, ipilimumab, pembrolizumab or avelumab), and those with reduced kidney function. If your individual situation is worrying you, then **please make sure you discuss this with your doctor** who is the only person who has access to all your medical notes. If you are aware that you have had a severe allergic reaction to any drugs, pills or potions or any type of foodstuff then please make sure your doctor is aware of this. Further information about the [coronavirus vaccination can be found on the NHS website](#).

Is the vaccine safe for patients with one kidney/chronic kidney disease?

Even though kidney transplant recipients were not included in the early COVID-19 clinical trials, many doctors believe the COVID-19 vaccine will be safe for these patients because the virus used to make the vaccine is not living (similar to the flu vaccine).

So, while the vaccine may be safe, its effectiveness in people with one kidney is not yet known.

To date, there are no data on whether any patients with chronic kidney disease at any stage or those on dialysis participated in the COVID-19 clinical trials.

Most doctors agree that the benefits of the vaccine for people with chronic kidney disease at any stage, those on dialysis, and kidney transplant recipients are much greater than the risk of serious disease or complications from COVID-19. Talk to your doctor or other healthcare professional about getting a COVID-19 vaccine.

What to expect after your COVID-19 vaccination?

The Government has produced a document describing [what to expect after your COVID-19 vaccination](#).

Like all medicines, vaccines can cause side effects. Most of these are mild and don't last a long time, and not everyone gets them. Even if you do have symptoms after the first dose, you still need to have the second dose. Although you may get some protection from the first dose, having the second dose will give you the best protection against the virus.

Very common side effects include:

- Having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1 to 2 days after the vaccine
- Feeling tired
- Headache
- General aches, or mild flu-like symptoms.

You cannot catch COVID-19 from the vaccine but it is possible to have caught COVID-19 and not realise you have the symptoms until after your vaccination appointment.

The most important symptoms of COVID-19 are recent onset of any of the following:

- A new continuous cough
- A high temperature
- Loss of, or change in, your normal sense of taste or smell (anosmia)

Although a mild fever can occur within a day or two of vaccination, if you have any other COVID-19 symptoms or your fever lasts longer, stay at home and arrange to have a COVID-19 test. Further information on symptoms is available on [NHS.UK](https://www.nhs.uk). You should be able to resume normal activities as long as you feel well. If your arm is particularly sore, you may find lifting heavy objects difficult. If you feel unwell or very tired you should rest and avoid operating machinery or driving.

It may take a week or two for your body to build up some protection from the first dose of vaccine. Like all medicines, no vaccine is completely effective, so you should continue to take the recommended precautions to avoid infection. Some people may still get COVID-19 despite having a vaccination, but this should be less severe.

The vaccine cannot give you COVID-19 infection, and a full course will reduce your chance of becoming seriously ill. We do not yet know whether it will stop you from catching and passing on the virus, but we do expect it to reduce this risk. So, it is still important to follow the guidance in your local area to protect those around you.

The risk of blood clots after vaccination

Recently there have been reports of a very rare condition involving blood clots and unusual bleeding after vaccination. The Government are carefully reviewing these cases, but the risk factors for this condition are not yet clear. Although this condition remains extremely rare there appears to be a higher risk in people shortly after the first dose of the Oxford AstraZeneca vaccine. Around 4 people develop this condition for every million doses of vaccine given. This is seen slightly more often in younger people and tends to occur between 4 days and 2 weeks following vaccination.

This condition can also occur naturally, and clotting problems are a common complication of COVID-19 infection. An increased risk has not yet been seen after other COVID-19 vaccines but is being carefully monitored.

The Government has released a [leaflet to explain the risk of blood clotting](#).

Vaccination priorities

Two vaccines have been approved for use in the UK: the [Pfizer/BioNTech COVID-19 vaccine](#) and the [Oxford/AstraZeneca COVID-19 vaccine](#). Both vaccines will be rolled out to the priority groups over the next few months. Both vaccines protect people against the [new SARS-CoV-2 variant](#). There is no preference for one vaccine over the other for any specific population. As the vaccines are rolled-out further data are being collected about their safety and effectiveness. Because of the high rate of COVID-19 infection in the UK, the Government need rapid and high levels of vaccine uptake. Therefore, delivery of the first dose of vaccine will take priority, and the second dose may be given up to 12 weeks after the first for both vaccines. The second dose is important and may affect the duration of protection.

An independent group of experts has recommended that the [NHS offers these vaccines to those at highest risk](#) of catching the disease and of suffering serious complications or dying from COVID-19 first. This includes older adults in care homes and frontline health and social care workers. The Government has released [guidance on the priority groups](#) for the new

vaccines that are now becoming available, as well as [guidance for the vaccination of older adults](#) and [why you are being asked to wait for your vaccination](#). When more vaccine becomes available, the vaccines will be offered to other people at risk as soon as possible.

You will be contacted by your GP surgery, the vaccination centre or the NHS to attend your vaccination appointment. Please do not ring your GP surgery to ask for an appointment but wait for them to contact you. You might hear via a letter in the post, an email, a text message or a phone call. If you are contacted electronically, please be careful about the validity of the message: There are a number of bogus messages going around. Only people in the top 4 categories below will be asked to attend their vaccination appointment during January and the first 2 weeks of February.

Vaccination will take place in two phases:

Phase 1 – direct prevention of mortality and supporting the NHS and social care system

The first priorities for the COVID-19 vaccination programme should be the prevention of death and the maintenance of the health and social care systems. As the risk of death from COVID-19 increases with age, prioritisation is primarily based on age.

This priority list is as follows:

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality. This also includes those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable deaths from COVID-19.

The COVID-19 vaccine programme should aim to achieve high vaccine uptake. An age-based programme will likely result in faster delivery and better uptake in those at the highest risk. Implementation should also involve flexibility in vaccine deployment at a local level with due attention to:

- Mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity
- Vaccine product storage, transport and administration constraints
- Exceptional individualised circumstances
- Availability of suitable approved vaccines, for example for specific age cohorts

The next phase – further reduction in hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services

As the first phase of the programme is rolled out in the UK, additional data will become available on the safety and effectiveness of COVID-19 vaccines. These data will provide the basis for consideration of vaccination in groups that are at lower risk of mortality from COVID-19.

Vaccination of those at increased risk of exposure to SARS-CoV-2 due to their occupation could also be a priority in the next phase. This could include:

- First responders

- The military
- Those involved in the justice system
- Teachers
- Transport workers
- Public servants essential to the pandemic response.

Wider use of COVID-19 vaccines will provide a better understanding of whether they can prevent infection and onward transmission in the population. Data on vaccine impact on transmission, along with data on vaccine safety and effectiveness, will potentially allow for consideration of vaccination across the rest of the population.

The Government has released guidance on [What to expect after your COVID-19 vaccination](#), which includes side effects to the vaccine, whether you can catch COVID-19 from the vaccine, whether you can go back to normal activities after the vaccine, and what to do next. The Government have also issued guidance explaining [Why you have to wait for your COVID-19 vaccination](#). There is also a [COVID-19 vaccination guide for older adults](#).

ESMO statements for vaccination against COVID-19 in patients with cancer

The European Society for Medical Oncology has issued [statements for vaccination against COVID-19 in cancer patients](#).