



ASK OUR EXPERTS

Interpreting the NCCN COVID-19 Vaccination Recommendations for Patients with Cancer and Survivors



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The National Comprehensive Cancer Network (NCCN) COVID-19 Vaccination Advisory Committee released preliminary recommendations in January for patients with cancer. Please provide a general overview of their recommendations.

Due to the increased risk of complications from COVID-19, patients with active solid tumor cancer should be prioritized for vaccination and should be immunized when the vaccine is available to them. Immunization is also recommended for all patients receiving active therapy.

For patients with hematologic malignancies receiving active therapy, there are no vaccine data available at this time. Generating data for this population is a research priority, especially in the setting of active cancer therapy. There are no known safety concerns associated with the potential use of COVID-19 vaccines in patients undergoing cancer care, but vaccine efficacy in the setting of cancer care with a weakened immune system is unknown.

Are there any special considerations for patients with hematologic malignancies versus patients with solid malignancies?

In patients with solid malignancies, the NCCN has more or less universally recommended vaccination regardless of tumor type or treatment status. This means that even if you are actively receiving treatment for your cancer, the NCCN still recommends getting the vaccine when it becomes available.

In patients with hematologic malignancies, this is also the case as recommended by the NCCN with the exception being patients who are actively receiving induction chemotherapy for acute leukemia, patients undergoing bone marrow transplant (BMT) and patients undergoing a novel cellular therapy, such as CAR-T. For these special instances, there are nuances in terms of vaccine timing (see Table on next page).

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Interpreting the NCCN COVID-19 Vaccination Recommendations for Patients with Cancer and Survivors *(continued from page 1)*

Patient Type	NCCN Recommendation
Patients with acute leukemia who are undergoing intensive induction chemotherapy	Wait until white blood cell count (ANC) recovery before receiving the vaccine
Patients undergoing BMT* (either autologous or allogeneic) or who are undergoing a cellular therapy (CAR-T, BiTe, etc.)	Vaccination should be delayed until three months after the therapy has been completed

*BMT patients should consult their BMT physician regarding the best time to receive their COVID-19 vaccination.

Are there any special considerations for patients currently in treatment, immediately post-treatment or receiving a specific type of treatment?

For solid tumors, patients receiving cytotoxic chemotherapy, targeted therapy, checkpoint inhibitors and immunotherapy should get the vaccine as soon as it is available to them. For patients undergoing major surgery, we recommend getting the vaccine at least one week before the scheduled surgery and no sooner than two weeks after surgery.

The NCCN recommendation does list a few exceptions to their recommendations, specifically in patients with acute leukemia or who are undergoing BMT or cellular therapy (see Table). Outside of these unique populations, all other patients with hematologic malignancies should be vaccinated whenever the vaccine becomes available to them regardless of treatment status.

Discuss the recent information and recommendations surrounding the timing of the COVID-19 vaccine and screening mammograms or lymph node swelling.

The Society of Breast Imaging (SBI) states that women who have recently been vaccinated could have swelling and a lump in the lymph nodes of their armpit, which can be mistaken as a sign of breast cancer. Although not common, this is considered a normal immune system reaction to the vaccine. If possible, and it does not delay care,

patients should consider scheduling screening exams before the first dose or 4-6 weeks following the second dose.

Should patients with cancer and survivors continue to wear masks and maintain social distancing guidelines after being fully vaccinated?

According to the CDC, after being fully vaccinated, everyone should continue to wear a mask over their nose and mouth, stay at least six feet away from others, avoid crowds, avoid poorly ventilated spaces and wash their hands often. We do not yet know whether getting a COVID-19 vaccine will prevent the spreading of the virus, and we do not know how effective the vaccines are against the multiple variants that have emerged.

What is the best way for a patient with cancer or survivor to register to receive a COVID-19 vaccine?

Patients who meet the CDC criteria should contact their Northside Hospital physician and make an appointment to get their vaccine at one of the [six Northside vaccination locations](#). For patients that do not meet the CDC criteria, we suggest going through sites outside of the Northside system that are available to the general public.

Where can I find out more information about the vaccines and possible side effects?

Please visit the [Georgia Department of Public Health](#) for more information about the vaccine, current eligibility and the rollout to the community.

Do you have a question you would like answered by an expert or a story to share in a future issue of Hope & Healing? If so, please send your questions or stories to survivornewsletter@northside.com.



BOOST YOUR HEALTH & WELLNESS



The Power of Spiritual Care: An Interview with Reverend Dr. Mishella P. Jackson, BCC



Please describe your role at Northside Hospital and your work with survivors and patients with cancer.

As a board-certified professional chaplain, I am trained to care for people of all faiths and cultures, including those who may seek inspiration and meaning from non-religious sources. My role is to address patient concerns with respect to the sacred, existential questions and spiritual pain.

Do you collaborate with the clinical team on patient care? If so, how do you partner with them to provide full-spectrum care?

As a member of the interdisciplinary team, I play a vital role in ensuring that patients receive holistic care (mind, body and spirit). In oncology services, some interdisciplinary team members include physicians, nurses, case managers, social workers, physical therapists, occupational therapists and dietitians. After conducting a culturally sensitive spiritual assessment of a patient in my care, I convey information to the interdisciplinary team pertaining to the patient's spiritual stress and suffering.

I am particularly careful to communicate spiritual factors that may influence a patient's physical and psychosocial outcomes. For example, if a patient is experiencing spiritual distress as a result of being isolated from their spiritual community, their psychosocial health may be adversely affected. My assessment often addresses the need for meaning and purpose, the need for love and relatedness, the need for forgiveness and any unfulfilled spiritual needs.

Please describe the types of prayer, meditation, reflection and/or other techniques that you recommend.



The type of prayer, meditation, reflection and other spiritual resources offered and/or recommended depends on the individual's culture, beliefs and needs. As a board-certified

professional chaplain, caring for people of all faiths or no expressed faith is an ethical mandate. I am careful to explore the particularity of spiritual expression with each of my patients, intentionally prompting them to guide my understanding of their spirituality. If an individual's belief system includes prayer, before I pray, I ask, "What would you like me to pray for?" Oftentimes, the answer allows me to hear the immediate spiritual concern and/or need. In my experience, most center on healing, strength and peace.

Why do you think that prayer, meditation and reflection are an important part of the journey for patients and survivors?

Prayer, meditation and reflection help people find meaning, comfort and hope during a crisis. These practices have been shown to influence a sense of more spiritual and emotional well-being, and some studies show that they also have physiological benefits.

Without revealing any private information, can you share a time when you witnessed the healing impact of prayer, meditation and/or reflection during a patient's journey?

The healing impact of prayer is not always visible because it happens within. Prayer is to the soul what medicine is to the physical body. Prayer can strengthen, encourage and motivate.

This question brings a specific patient experience to mind:

The patient was diagnosed with stage IV lung cancer and he believed in the power of prayer. After listening to him speak about his faith, family and cancer diagnosis, he asked me to pray for healing. From our conversation, I understood that he believed his healing would occur either during treatment or after death. During the prayer, I was able to use the language of healing conveyed during our conversation. As he heard me reflect his words to him, he stated, "I have not felt this peaceful since my diagnosis."

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The Power of Spiritual Care: An Interview with Reverend Dr. Mishella P. Jackson, BCC

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At the end of the prayer, he reached for my hand and we held hands in silence. He then thanked me for the prayer and expressed gratitude to God for assuring him through the prayer that regardless of the medical outcome, he would receive healing in a profound, transcendent way.

The miracle of prayer is oftentimes mysterious, but it can help people in spiritual distress remember their own internal resources and resilience.

Power Up Your Plate with Plants



So, you have rung the bell, completed cancer treatment and are questioning how to be your healthiest self going forward... you have been told that you need to follow a “plant-based diet.”

Hearing this advice without proper guidance can lead to confusion. What is a plant-based diet, and is it recommended for survivors? Oftentimes, there is a bit of confusion surrounding this terminology. Does it mean that you should become a vegan or vegetarian? Not necessarily, but it does require a shift in the western meal-planning mindset from, “What sides will I eat with my meat?” to “Which protein source will I eat with my plants?” It is *plant-centric* or *plant-focused*.

A plant-based diet involves filling your plate with colorful fruit, appealing vegetables, whole grains, legumes and healthy fats such as olive oil, nuts, seeds and avocado. Eating a variety of colors of fruit and vegetables will enhance your diet with cancer-fighting antioxidants and cell-protecting phytonutrients. Plant foods also contain fiber, which aids in regularity and fullness, which in turn is beneficial for weight management (another important element of cancer prevention).

There are a variety of ways to implement a plant-based lifestyle. The Mediterranean and Anti-Inflammatory diets are plant-centric; however, many survivors find it easier to stick to a visual, such as the [New American Plate from the American Institute of Cancer Research](#), which recommends that two-thirds of your plate be

What do you recommend for someone wanting to begin exploring prayer, meditation and/or reflection?

I recommend exploring resources that will help one find meaning and purpose, love, hope, peace and gratitude. Also, I would recommend visiting our [website](#) to learn more about the spiritual services available at Northside.

Here are some plant-boosting tips:



Breakfast: Make a smoothie with one cup of fruit, spinach or kale and Greek yogurt; add cauliflower and avocado for a creamy texture and flaxseeds for extra fiber; add nuts and fruit to yogurt or oatmeal.



Lunch: Create a colorful salad with fresh greens, blueberries, crisp watermelon, nuts, crunchy chickpeas and quinoa or pack a sandwich full of fresh veggies.



Snacks: Chow down on raw vegetables and hummus, nuts/fruit with cheese or apples with nut butter.



Dinner: Sauté or air fry a variety of veggies; make “noodles” out of squash and zucchini for a veggie-based pasta; try cauliflower “rice” as a side dish; experiment with meatless meals, such as a portobello mushroom “burger” or a tofu stir fry.

full of plant foods. A general rule of thumb is if an animal protein is included, the portion size should be the size of a deck of cards. It is also best to minimize any intake of red meat and to avoid processed meats like bacon, sausage, hot dogs, etc.

For more information about a plant-based diet and helpful nutrition tips for survivorship, contact your registered dietitian or click [here](#) to learn more about Oncology Nutrition at Northside Hospital Cancer Institute.

There is nothing wrong with choosing to follow a vegan or vegetarian diet as long as you work with your registered dietitian to ensure that you are meeting your daily nutritional needs for protein, vitamins and minerals (i.e., vitamin B12, iron, zinc and calcium, etc.) that could be lacking in these diets.

Recipe Corner: Mediterranean Quinoa Salad*

Ingredients:

Salad

1 cup orange bell pepper, diced
1 (15 ounces) can cannellini beans, drained and rinsed
1 pound cherry tomatoes, drained and rinsed
1/2 large red onion, diced
1/2 cup sliced black or Kalamata olives
5 cups cooked and cooled quinoa

Pesto Sauce

1 cup fresh basil
1/2 cup pine nuts
1/3 cup olive oil
1/4 cup parmesan cheese
2 cloves garlic
1/2 teaspoon black pepper
1/4 teaspoon salt, or to taste
water

Preparation:

1. Combine salad ingredients and toss with quinoa.
2. Place pesto ingredients in a food processor or blender. Purée on medium-high and add water until desired consistency.
3. Toss into quinoa mixture and allow the salad to set at least two hours before serving (to maximize flavor).



Makes 6 servings (1 cup). Per serving: 510 calories, 25 grams total fat (3.5 grams saturated fat, 0 grams trans fat), 5 milligrams cholesterol, 58 grams carbohydrates, 17 grams protein, 10 grams dietary fiber, 270 milligrams sodium, 3 grams sugar.

*Recipe from aicr.org/cancer-prevention/recipes/mediterranean-quinoa-salad/



STORIES OF HOPE & HEALING*

Survivor Story: Meet Mike



What are the events that led up to your cancer diagnosis?

I had a case of what I thought was strep throat that did not improve after treatment. I decided to make

an appointment with my internist, who suggested it may be an abscess and that I see a dentist if the redness and sore throat did not improve in a couple of weeks. A similar situation occurred during my visit to the dentist. With nothing showing up on x-rays, he advised that I return in two weeks if my symptoms did not improve. I decided to visit an ear nose and throat specialist who diagnosed me with tonsil cancer after examining my throat. A tissue sample confirmed my diagnosis. Unfortunately, I lost several months with the other health care providers trying to determine what was wrong, but at least I had a diagnosis and could move forward with treatment.

What treatment did you receive?

Over seven weeks, I received 35 rounds of radiation and two rounds of chemotherapy. I was initially scheduled to have a third round of chemotherapy, but after experiencing the side effect of weakness and a 55-pound weight loss, I was advised not to complete the third round.

How and where did you receive support during your treatment and recovery?

My wife is a cancer survivor as well and was a wonderful support system to me.

What advice do you have for someone navigating their treatment and recovery journey?

Be sure to listen to your doctors and their instructions related to your treatment. For someone with a diagnosis similar to mine, I would say that tonsil cancers often cause severe weight loss and weakness. Also, I would recommend doing your best to try to eat and swallow normally for as long as you can. I was able to eat and swallow normally for the first five weeks of treatment, but eventually had to go on a feeding tube after radiation. Your swallowing mechanism and muscles can become very weak after treatment and during recovery, which can cause issues to continue. I did my best to try to eat and swallow after the feeding tube, which I believe was helpful.

How far out are you from treatment?

I am 14 months out of my treatment.

Closing thoughts:

Do not hesitate to talk to others and do research on treatment opinions. Some tonsil cancers can have a high survival rate. The treatment is difficult, but there is light at the end of the tunnel.

*Patients' stories are based on individual experiences. The process from diagnosis through treatment may vary as well as symptoms and side effects.



COMMUNITY SUPPORT & RESOURCES

Visit Cancer Support Community Atlanta's Online Library for 24/7 Support and Resources



Throughout the pandemic, Cancer Support Community (CSC) Atlanta has been able to continue to offer a variety of support programs including education forums, nutrition programs and gentle exercise and stress management classes, through a digital platform. Survivors have embraced the concept of online programming and have been able to stay connected to other survivors and health care professionals during this otherwise isolating time.

Since not everyone is available when the live, virtual classes are offered, CSC Atlanta has created a library full of recorded programs. Dozens of programs are available on CSC Atlanta's [website](#), arranged by

category, making it easy to find topics of interest. The virtual library includes a variety of content, including important educational topics presented by physicians and other leaders in the medical community; nutrition and cooking demonstrations to keep healthy eating a priority during this time; and a variety of gentle stress management and exercise classes to make it easy to stay active.

CSC Atlanta looks forward to opening its doors again as soon as it is safe to serve each survivor in person. Until then, support and resources are available 24/7 with a few clicks. After in-person classes resume, CSC Atlanta will continue building its online library of programs to conveniently serve people throughout the Northside Hospital community.



GET INVOLVED



Spotlight on Network of Hope Volunteer Jane - In Her Own Words

My involvement with Network of Hope (NoH) began with its founder, Susan Casella, approximately 15 years ago to help satisfy my nursing school community service requirement. Before working with NoH, I had been involved with supporting the breast cancer community and had unfortunately lost two childhood friends to the disease before they were 40 years old.

While volunteering with NoH, I was very impressed with the impact I saw the members have on patients and their families. In an ironic twist of fate, six months after I graduated from nursing school, I had to call Susan and tell her that I had been diagnosed with breast cancer. After a year of surgeries and treatment, I asked to join NoH in a new role, as a survivor. That was 12 years ago.

As a nurse, my day job focuses on inpatient surgical patient care, and I enjoy it. But early on, I decided that with NoH, I would place more of my focus on the community outside of the hospital setting. Through my work with NoH, I have the opportunity to get involved in

events and community functions, such as walks, Relay for Life events and health screenings. At these events, I assist with event preparation, registration, coordination, distribution of educational materials or simply act as a cheerleader.

Being a part of Network of Hope is a win-win situation for me. Early on in my diagnosis and treatment, NoH became a large part of my support system. The opportunity to help others helped make what I went through a little less scary and painful.

Upon diagnosis, it is very easy to get wrapped up in your own situation and focus solely on your own disease. Treatments and the aftermath are draining and can be physically and emotionally isolating. In the beginning, it is important and necessary for all of your energy to be directed inward to fight (for oneself). Then later it can be redirected outward to help others who need support during their journeys.



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Spotlight on Network of Hope Volunteer Jane - In Her Own Words *(continued from page 6)*

When my treatments ended, I experienced feelings of hope as I began to direct some of my energy toward helping others. To me, volunteering is not just a way to give back. It is a way to take back some of what I have lost to cancer. It is not enough to defeat this disease. I believe that survivors should share their stories so that others will not be afraid to fight. I want to connect people with hope, support, encouragement, positivity and empowerment. The power of an encouraging

smile, an empathetic ear or simply your time must never be underestimated.

As a 13-year survivor, I believe the connection between long-term and newly-diagnosed survivors brings meaning and hope to both sides. Once past the crisis, reach out to those still on the path to recovery. Often your renewed strength can help carry those on the path who momentarily find it too difficult to do it alone.

UPCOMING CANCER AWARENESS MONTHS

April: Testicular Cancer, Oral/Head/Neck Cancer, and Esophageal Cancer

May: Bladder Cancer, Brain Tumor, and Melanoma/Skin Cancer

June: National Cancer Survivor Month



EVENTS & CANCER CELEBRATIONS

CANCER SCREENING & PREVENTION

Skin Cancer Screenings

April 15, 2021, from 6-8 p.m. @ Northside Hospital Cancer Institute Radiation Oncology- Cherokee

May 13, 2021, from 6-8 p.m. @ Northside Hospital Cancer Institute Radiation Oncology- Forsyth

Built to Quit- Smoking and Tobacco Cessation Course

Next 6-Week Session Start Date: April 27, 2021

Classes are currently web-based and meet weekly.

They are conducted primarily in a group setting which encourages participants to learn from each other.



Prostate Cancer Screening

June 17, 2021, from 5:30-8 p.m. @ Northside Hospital Cancer Institute Radiation Oncology- Cherokee

COMMUNITY EVENTS

NHCI-Sponsored Cancer Walks/Events

East Georgia Cancer Coalition Miles for Moms Run/Walk 5K- Virtual

May 1, 2021 @ 8 a.m.

It's the Journey Georgia 5K Run for Breast Cancer 2021

May 9, 2021 @ 8 a.m. @ The Shoppes at River Crossing in Macon

United Way ACE Classic - Tennis & Golf

May 10, 2021 @ 9:45 a.m. @ Idle Hour Country Club in Macon

Sarcoma Foundation of America Race to Cure Sarcoma Atlanta 2021

June 12, 2021, from 7:30 a.m.-noon @ Town Center Avenue in Suwanee



FOUNDATION EVENTS

Northside Hospital Foundation Cancer Survivor Celebration - Virtual

June 6, 2021

Would you like your photo included in the Northside Hospital Virtual Cancer Survivor Celebration? If so, please email a headshot image including your full name to kymberly.duncan@northside.com.

CANCER SUPPORT COMMUNITY EVENTS

Plastic Surgery & Breast Cancer - Virtual

Registration form: Part Two of the Plastic Surgery Series

April 16, 2021 from noon-1 p.m.

Featuring: Stephanie Farber, MD, Plastic Surgeon at Killingworth Center for Plastic Surgery

Moderated by: Ryland Gore, MD, MPH at North Atlanta Breast Care

To view Part One of the series, Plastic Surgery & Skin Cancer, please visit the [Cancer Support Community Library](#)



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