Don’t wait to get the COVID-19 vaccine. Patients with cancer and those receiving therapy should get vaccinated as soon as they can. This includes 3 vaccine doses (primary vaccinations) followed by 2 booster shots.

Except . . . people receiving a stem cell transplant or CAR T-cell therapy should wait at least 3 months after treatment to get vaccinated.

Caregivers, family, and close contacts should get their vaccines and boosters, too.

People with cancer should still wear a mask, avoid crowds, and keep social distancing even after getting vaccinated. Close contacts and caregivers should too.

Besides vaccines, drugs called monoclonal antibodies can help prevent COVID-19 in certain people with cancer.

An expert panel of doctors from the National Comprehensive Cancer Network® (NCCN®) recommends that people with cancer be fully vaccinated.

Many people with cancer have weakened immune systems. People with weakened immune systems are more vulnerable to COVID-19.

People with weakened immune systems should get a third primary vaccine dose plus 2 booster shots (a total of 5 shots).* Boosters can prolong your immunity to the COVID-19 virus after primary vaccination.

People with cancer who don’t have weakened immune systems should get a booster at least 5 months after receiving their first 2 shots of Pfizer/BioNTech or Moderna vaccines or 2 months after receiving the Janssen/Johnson & Johnson vaccine.

* The preferred options for second doses, third doses, and boosters are either the Pfizer/BioNTech vaccine or the Moderna vaccine.
People with cancer have a higher risk of getting seriously ill, being hospitalized, and dying from COVID-19.

This is why it’s so important that people with cancer get vaccinated against the virus.

In the general population, people who are vaccinated are less likely to become sick with COVID-19. Also, vaccinated people who do get COVID-19 are much less likely to become seriously ill.

However, many people with cancer have a higher risk of serious COVID-19 illness because they’re immunocompromised. Being immunocompromised means that the body’s immune system is less able to fight illness and infection—including the virus that causes COVID-19. Immunosuppression stems from the cancer itself or as a side effect of cancer treatment. Some cancer survivors remain immunosuppressed after completing therapy. Many people with cancer are also at higher risk of serious COVID-19 illness due to other factors, like older age and pre-existing diseases.

Early data suggest a third primary dose of the vaccine* strengthens immune responses in people who are immunocompromised.

* Pfizer/BioNTech or Moderna vaccines only.

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**Should I get vaccinated if I have cancer?**

**YES.** All people with cancer should be fully vaccinated against COVID-19.

NCCN experts recommend that people with cancer get all their COVID-19 shots, including third doses and boosters, as soon as possible.

Those living in the same household as a person with cancer should be fully vaccinated as soon as they can, too. Any caregiver or other close contact of a person with cancer should get fully vaccinated as well. Make sure to speak up and ask others to “take their shots.”

**How do I know if I’m immunocompromised?**

YOU are immunocompromised—and should get a third primary dose of the vaccine—if you:

- Are being treated for tumors or blood cancer, or have received cancer treatment in the past year.
- Had an organ or stem cell transplant, or take medicine to suppress your immune system for another condition.
- Have an immunodeficiency condition or an advanced or untreated HIV infection.
- Take high-dose corticosteroids or other drugs that suppress your immune response.
- Had COVID-19 infection after receiving 2 vaccine doses.
Should people with cancer wait to get vaccinated?

NO. Most people with cancer should get vaccines and boosters as soon as they can.

But there are a few exceptions, NCCN experts say. People in the process of receiving the following therapies should wait at least 3 months after they finish therapy to get vaccinated:

- **Stem cell transplant**, either allogeneic or autologous stem cell transplant. People getting a stem cell transplant should delay vaccination.

- **Cellular therapy**, such as CAR T-cell therapy or NK cell therapy. People who receive cellular therapy have a much less effective immune system for weeks or even months after this therapy.

People with cancer who undergo major surgery should also wait from a few days to up to 2 weeks to get vaccinated. This short gap helps doctors know whether any symptoms that occur are due to the surgery or the vaccine.

However, people receiving other treatments—like chemotherapy, immunotherapy, or radiation—should get vaccinated whenever they can.

If you received your COVID-19 shots before having a stem cell transplant or cellular therapy, you'll need to be vaccinated again (3 primary doses plus recommended boosters) at least 3 months after either treatment.

Do I need to get a third primary dose plus booster shots?

YES, you should get a third primary dose with an additional 2 boosters if you have active cancer or if you're immunocompromised—a total of 5 vaccine shots.

NCCN experts recommend a third dose of either the Pfizer/BioNTech or Moderna vaccine*, especially for:

- People who received cancer therapy within 1 year of their first vaccine dose.
- People with newly diagnosed or recurrent cancer who will receive cancer therapy.
- People with hematologic (blood) cancers, whether they’re receiving cancer therapy or not.
- People who’ve had stem cell transplant or other cellular therapy (eg, CAR T cells).
- People with cancer and other conditions that suppress the immune system (eg, HIV infection or taking steroids).

You can get a third primary dose as soon as 4 weeks after your second dose of the vaccine.

People with cancer should also get booster shots. If you have active cancer or are immunocompromised, get your first booster about 3 months after your third vaccination. You can get the second booster 4 months after the first booster. People who don’t have active cancer or aren’t immunocompromised can get a booster 5 months after their second vaccination.

* The preferred options for second doses, third doses, and boosters are either the Pfizer/BioNTech vaccine or the Moderna vaccine.
Do monoclonal antibody drugs prevent COVID-19?

YES, but they’re meant only for people who are immunocompromised and who have a weak immune response to the vaccine.

The monoclonal antibody drugs for COVID-19 are two drugs given together and packaged under one name (Evusheld). These drugs act like the body’s own immune defenses to attack the COVID-19 virus. They can significantly reduce the risk of developing COVID-19. Though if you do get COVID-19 illness, they can make it less severe.

These drugs are used to prevent COVID-19 infection but they don’t take the place of getting vaccinated. They’re also in short supply. NCCN experts recommend that people with blood cancers, who are at the highest risk of severe COVID-19 illness, should have priority in receiving monoclonal antibody drugs.

Can I stop wearing a mask after getting vaccinated?

NO. Keep wearing your mask.

Many people with cancer have a harder time fighting infections and may not respond as well to vaccines. Early data suggest that vaccines may not work as strongly in people with cancer as they do in the general population.

Also, people with cancer should continue to follow the recommendations to prevent COVID-19. Caregivers, family, and close contacts should get fully vaccinated and follow the recommendations, too. These include wearing masks, maintaining social distance, washing your hands, avoiding crowds, minimizing travel, and taking any other preventive measures.