

Influenza vaccination in oncology populations



KATE SULLIVAN MD PHD
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

ANNE REILLY
LESLIE SEGAL KERSUN
DAN VOGLE
EDWARD STADTMAUER
CHRISTINA CHU
KENYETTA MCDONALD
ABBAS JAWAD

Existing data



- Influenza clinical disease is more serious in patients on chemotherapy
- Viral shedding can be prolonged
- Titers to vaccines decline during chemotherapy in general
 - ✦ Recommendations exist to revaccinate after completion
 - ✦ Most centers wait 2-6 months to revaccinate
- Data on efficacy of influenza vaccine limited
 - ✦ During chemotherapy
 - ✦ Maintenance chemotherapy
 - ✦ Post-chemotherapy

Existing Data

- **Adults with malignancy on chemotherapy**

- ✦ 20-60% seroconversion for lymphoma Ortals, DW Ann Int Med 1977 87: 552, Stiver, HG Can Med Assoc J 1978 119:733, Centkowski, P J Clin Imm 2007 27:339, Schafer, AI Cancer 1979 43: 25
- ✦ 50-70% seroconversion for solid tumor Stiver, HG Can Med Assoc J 1978 119:733, Anderson, H Br J Can 1999 80:219, Ganz, PA Cancer 1978 42: 2244, Vilar-Compte, D Med Sci Mon 2006, 12: CR332

- **Children with malignancy on chemotherapy**

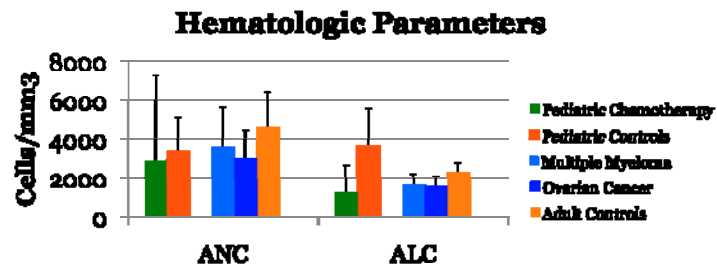
- ✦ 70% seroconversion for solid tumors Bektas, O Ped Bl Can 2007 49:914
- ✦ 50% seroconversion for lymphoid malignancies Chisholm, JC Arch Dis Child 2001 84:496, Steinherz, PG Cancer 1980, 45: 750
- ✦ 60% seroconversion for miscellaneous tumors Matsuzaki, A Ped Bl Can 2005, 45:831

THREE POPULATIONS

- **We studied three populations with malignancies**

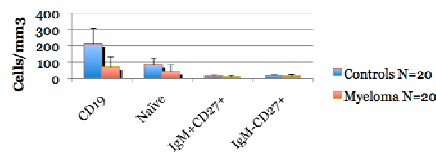
- Adult patients with multiple myeloma
 - ✦ Post- treatment with Melphalan/bortezomib/thalidomide analog and steroid
- Adult patients with ovarian cancer
 - ✦ Post-treatment with cisplatin
- Pediatric patients with ALL and AML
 - ✦ Studied at various times on and off chemotherapy

ANC and ALC vary widely

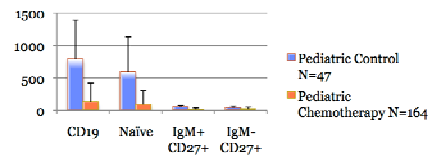


Immunologic consequences: B cells

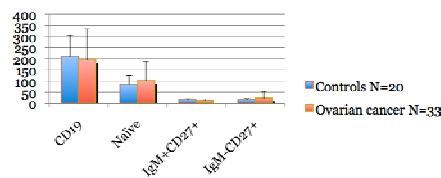
B cell numbers Multiple Myeloma



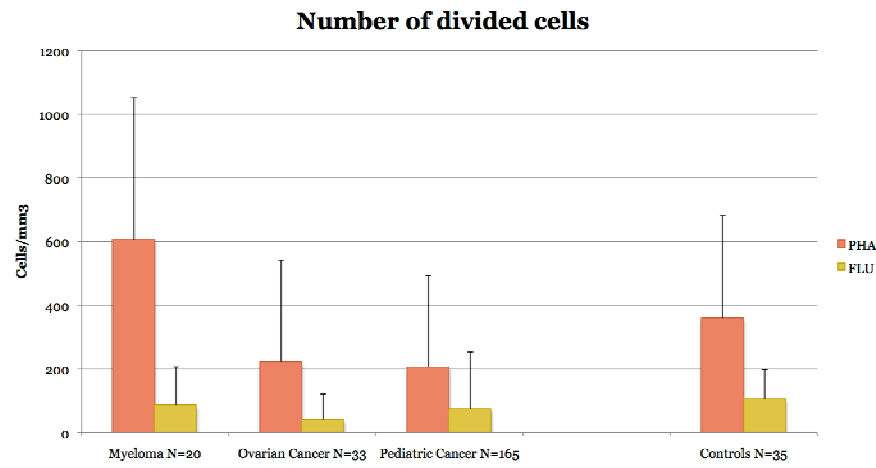
B cell numbers Pediatric Chemotherapy



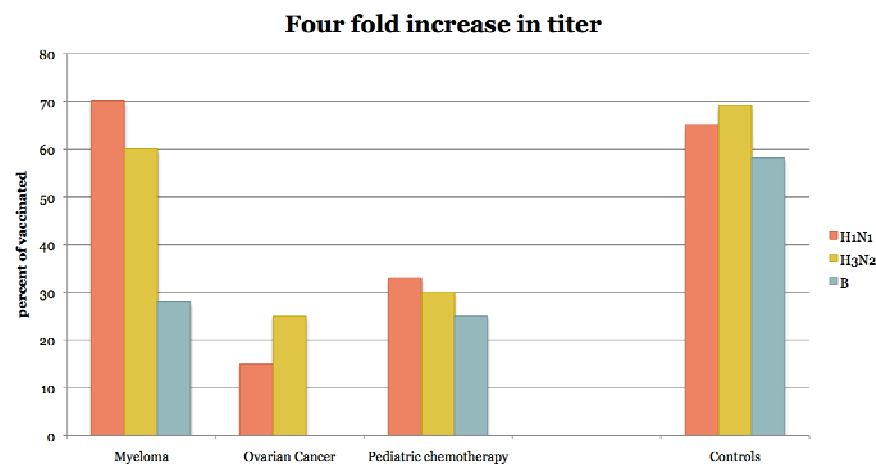
B cell numbers Ovarian Cancer



T cell proliferation is relatively spared



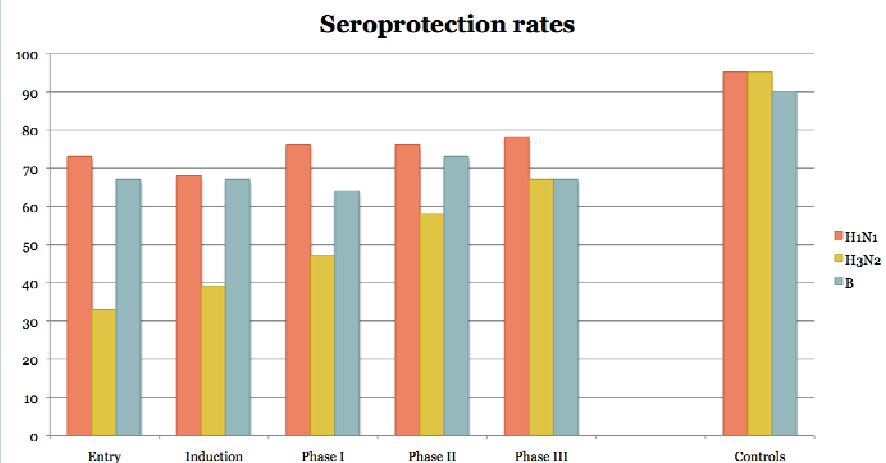
Responses vary widely



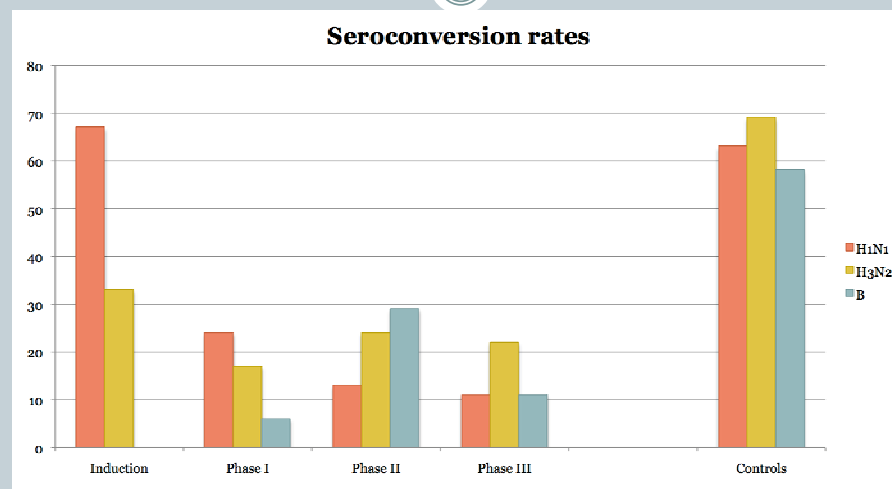
Pediatric patients: Phase of chemotherapy

- **Induction** (glucocorticoid, L-asparaginase, vincristine)
- **Phase I – post-induction** (similar chemotherapy to induction)
- **Phase II- maintenance** (6-MP, MTX, vincristine, steroid)
- **Phase III- off therapy**
- Most Pediatric ALL is a B cell precursor malignancy
- 80% ten year survival

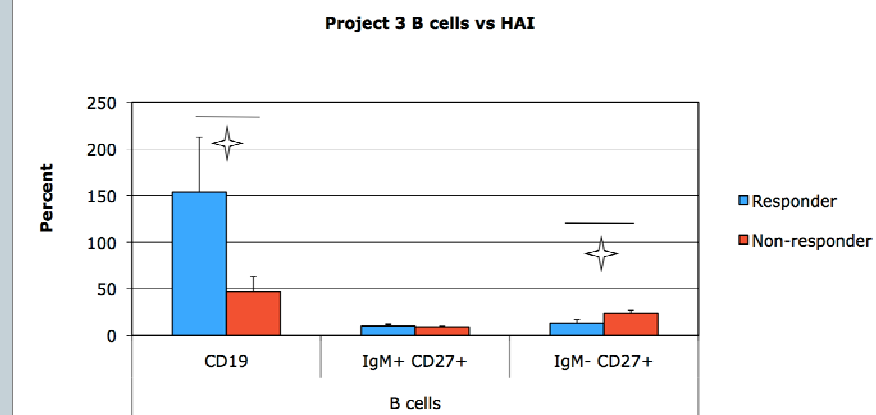
Seroprotection according to time of vaccination



Seroconversion rates according to time of vaccination



Seroconversion correlates with B cells



Summary

- Oncology patients represent a particular challenge for vaccination programs
- 1,500,000 people are diagnosed with cancer each year
 - 10,000 children are on chemotherapy each year
 - Adults
 - ✦ 200,000 breast cancer
 - ✦ 150,000 colon cancer
 - ✦ 60,000 lymphoma
- Responses to influenza vaccination are poor and vary with chemotherapy regimen
 - Significant variation with time on chemotherapy

References

- Taisan et al. *Pediatr Blood Cancer* 2008, 50:983-7
 - ✦ Pediatric chemotherapy patients have serious disease with influenza
- Mendoza Sánchez. *Journal of Pediatric Hematology/Oncology* 2006, 28: 154-159
 - ✦ Disease severity