

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.

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 consider 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 (like 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](#). They have also produced a document detailing the [reported side effects from the vaccines](#).

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 and booster dose. Although you may get some protection from the first dose, having the second dose and booster 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.

Generally, these happen shortly after the vaccination and are not associated with more serious or lasting illness.

These types of reactions reflect the normal immune response triggered by the body to the vaccines. They are typically seen with most types of vaccine and tend to resolve within a day or two. The nature of reported suspected side effects is broadly similar across age groups, although, as was seen in clinical trials and as is usually seen with other vaccines, they may be reported more frequently in younger adults.

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 if 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.

Are there other more serious side effects?

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 and Janssen vaccines. 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](#). Because of the high risk of complications and death from COVID-19,

the MHRA, the World Health Organization and the European Medicines Agency have concluded that the balance is very much in favour of vaccination.

If you experience any of the following from around 4 days to 4 weeks after vaccination you should seek medical advice urgently:

- A new, severe headache which is not helped by usual painkillers or is getting worse
- An unusual headache which seems worse when lying down or bending over or may be accompanied by
 - blurred vision, nausea, and vomiting
 - difficulty with your speech,
 - weakness, drowsiness, or seizures
- New, unexplained pinprick bruising or bleeding
- Shortness of breath, chest pain, leg swelling or persistent abdominal pain.

Worldwide, there have also been recent, rare cases of inflammation of the heart called myocarditis or pericarditis reported after COVID-19 vaccines, although it is not yet clear that these are caused by the vaccines.

These cases have been seen mostly in younger men within several days after vaccination. Most of these people recovered and felt better following rest and simple treatments.

You should seek medical advice urgently if you experience:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Vaccination schedule

Three vaccines have been approved for use in the UK: the [Pfizer/BioNTech COVID-19 vaccine](#), the [Oxford/AstraZeneca COVID-19 vaccine](#) and the Moderna vaccine. These vaccines protect people against all known variants of the SARS-CoV-2 virus. There is no preference for one vaccine over

the other for any specific population. Because of the high rate of COVID-19 infection in the UK, the Government need rapid and high levels of vaccine uptake. If you are receiving the vaccine for the first time, you will be given two primary doses of the same vaccine up to 12 weeks apart.

An independent group of experts (the JCVI) 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 for the vaccination of adults](#). Vaccinations are now being offered to children aged 12 years and over.

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.

The third primary vaccination

People with weakened immune systems are being offered a THIRD primary COVID-19 vaccination, instead of just two doses. The third vaccination is NOT the same as a booster. It is a top up because while the first two doses will have offered some protection, they may not have generated a full Immune response as they do in those who do not have weakened immune systems.

All people (including children aged 12 years and over) with weakened immune systems will be offered a third primary dose. This is in addition to the two primary doses you will have already received. As with the first two primary doses, please wait to be contacted by your GP surgery or consultant to be offered the third primary dose.

People being offered a third primary dose are those who have a weakened immune

system because of an underlying health condition or disease such as:

- Rheumatoid arthritis
- Diabetes
- Poorly controlled HIV
- A genetic disorder.

Some medical treatments can also weaken your immune system. These include:

- Chemotherapy
- Radical radiotherapy
- Drugs given following organ, bone marrow or stem cell transplant
- Treatment for MS
- Treatment for rheumatoid arthritis
- Treatment for Crohn's disease
- Systemic steroid use.

The NHS are giving third primary doses to those who need them. The third dose should be given at least eight weeks after the second dose, but timing will depend on any treatment you may be having. The third dose is a top up if you haven't had a full immune response to the first two doses. The aim is to give you a similar level of protection as someone without a weakened immune system who has had two doses.

Read the [government guidance on the third primary dose](#) and see the advice on the [Cambridgeshire and Peterborough NHS website here](#).

The COVID-19 booster vaccination

The booster vaccination is different to the third primary vaccination. It is an extra dose being offered to all adults and to people who are considered clinically extremely vulnerable to COVID-19 to help them keep their immunity after the first two primary doses of vaccine. This will help maximise their protection against COVID-19 during the winter. The booster vaccination is to be given 3 months after the second primary dose of vaccine (or third primary dose of vaccine if you had one).

As with your primary vaccinations, 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.

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](#)

Please help other patients:

Please keep us updated with useful information that will help other cancer patients. You can email us with your tips so we can regularly add to this resource. Please email us at: support@actionkidneycancer.org or visit our website www.actionkidneycancer.org

This Help Sheet was written by Sharon, a medical writer, in January 2021.

Thanks to our community for their input, and especially to Sharon for her patience and willingness to collate this information to help and support others.

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