



Association of Community Cancer Centers

## ONCOLOGY ISSUES

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## FROM THE EDITOR

# The Masking Conundrum

BY SIBEL BLAU, MD



The COVID-19 virus entered our lives quickly, and almost no one could have predicted that several vaccines would be available less than a year after the public health emergency was declared. After the U.S. Food and Drug Administration issued the first emergency use authorization on Dec. 11, 2020, many Americans rushed to get in line for the first vaccine. While there was much concern that there would not be enough vaccine, almost half of the population was vaccinated by the spring of 2021. However, patient demand dropped considerably. To increase vaccination rates, federal and local governments asked clinicians to give and encourage vaccines in their clinics. Though many oncologists joined this effort, we also saw a decline in patient demand. We find ourselves now explaining the importance of the vaccine, as well as the benefits and risks.

The Quality Cancer Care Alliance Network (QCCA) held its biannual meeting on May 14, the day after the Centers for Disease Control and Prevention issued new guidelines on mask use, which stated that vaccinated individuals could remove their masks inside or outside—regardless of group size. However, masking is a more nuanced issue for immuno-compromised individuals, like patients with cancer. Vaccines are highly effective, but they are not 100 percent effective. Further, not all immuno-compromised vaccinated individuals are developing enough immunity. Data on how vaccinated patients with cancer will fare are not well understood because accrual of these patients to vaccine clinical trials was extremely low.

During the QCCA meeting, we listened to experts in the field of infectious disease and

vaccine development, as well as an update from the COVID-19 and Cancer Consortium. It is clear from the Consortium's huge data set that patients with cancer are at a higher risk of mortality from COVID-19. Moreover, some patients with cancer are very immuno-compromised, and their responses to the vaccine may be inadequate.

Though many Americans are happy to stop wearing masks and resume pre-pandemic activities, others are wary about going out in public without a mask because so many people are still not vaccinated. The level of uncertainty and stigma that can arise from wearing a mask—whether it implies one is not vaccinated or that one is worried about infection—creates a social dilemma.

Many patients ask when masking requirements will be relaxed or withdrawn at our practice. Some cancer care team members feel the same way. At QCCA, our practices came together to respond quickly to these questions. Until herd immunity is achieved and the rates of infection drop to a very low level in the community, we must continue to protect the most vulnerable, including our patients with cancer and others who are deeply immuno-compromised.

The oncology community made real-time adjustments to mask policies throughout the pandemic as we learned more about COVID-19. We now face another challenge. And this social and emotional challenge must be answered in a scientific and practical manner. Now is not the time to let our guard down. Instead, we must be methodical about developing new ways and policies to prevent infection among our patients with cancer. The message we need to communicate to our patients and staff is simple: we care for our most vulnerable citizens whose immune systems may not be robust enough to overcome a COVID-19 infection—despite vaccination. The oncology community must put in place special guidelines for these patients, and it is our job as oncology providers to do so swiftly. 