

What are the current recommendations for providing a herpes zoster vaccine to patients with multiple myeloma?

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Welcome to *Managing Myeloma*, I am Dr. Philip McCarthy. Today, I would like to discuss the current recommendations for providing a herpes zoster vaccine to patients with multiple myeloma. In the past, patients with active multiple myeloma were not considered for a live vaccine until they had received definitive therapy, and usually after an autologous stem cell transplant waited two years so that they could receive a live varicella vaccine to prevent shingles from developing (or, if they had no anti-varicella protection, to receive the varicella vaccine for chickenpox). Now, there is a new anti-varicella vaccine called Shingrix which is a dead vaccine that can be given to anyone who is post-transplant. There was a study that was just presented at the Tandem Transplant meeting as a late breaking abstract, so we are awaiting the publication, and they were able to demonstrate that it was safe and effective given relatively early, within 100 days after autologous transplant.

In our own practice, we are incorporating it early on: before day 180 after autologous transplant. If you have a patient who is newly diagnosed and does not need therapy right away, it would be a consideration to vaccinate them. This is not part of the standards, but we consider doing this in patients who don't need immediate therapy; for example, they may be smoldering. In our own patient population, we do obtain antimicrobial titers to see if they have anything missing. We have a large number of patients who have absent anti-pneumococcal titers or anti-varicella titers and we will embark on using the dead vaccines to vaccinate them so that they have a better immunity. We do find sometimes that they won't respond until you actually treat them for their myeloma, and then afterwards we will vaccinate them to make sure they have adequate antimicrobial coverage following therapy. Thank you very much for viewing this activity.