

Editorial





Antibody response after booster vaccination after SARS-CoV-2 breakthrough infections in patients with advanced cancer

Editorial

Even after triple COVID-19 vaccination, several population-based studies have demonstrated that patients with cancer continue to be at an increased risk of COVID-19 infections, depending on specific cancer types and different active therapies.¹ Higher cumulative risk was identified in vaccinated patients with lung, colorectal, liver, and pancreatic cancer, whereas lower risk was seen in vaccinated patients with prostate, breast, and gynecological cancer.¹ Data from several retrospective studies confirmed the improvement the shortterm clinical outcomes by decreasing hospitalization and 30-day mortality among patients with cancer.2,3 Additionally, regularityof-antineoplastic-therapeutics disruption can be caused by mild COVID-19 infection⁴ that is similar to hematological malignancies.⁵ A recent study revealed that antibody titers higher than 800 binding antibody unit (BAU) were efficiently correlated to SARS-CoV-2variant-infection-immunological protection and severe symptomatic COVID-19 (Figure 1, 2).6



Figure I Demonstrating the comparison of scatter plot distributions and medians of antibody titers.

(A) Comparison of antibody titers between breakthrough infection cases and non-cases.

(B) Comparison of antibody titers between severe breakthrough infection cases and any other cases.RBD-S1, receptor-binding domain (RBD) of the SARS-CoV-2 Spike protein (S1); binding antibody unit (BAU); log, logarithmic values. Bars represent median values with a 95% confidence interval (Cl).⁶

Conclusion

In conclusion, in patients with advanced cancer, active treatment should be prioritized, whereas after COVID-19 third dose will enhance humoral antibody response to protect against COVID-19 breakthrough infections.

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Conflicts of interests

Author declares that there is no conflict of interest.

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