Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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unable to take allocated annual leave. While JP-CV has improved (34% vs 49%, p < 0.001), there remained concerns about the negative impact of the COVID-19 pandemic on career development/training (43%), job security (37%) and international fellowship opportunities (76%). Overall, less than half had felt supported by their work management, professional societies or government, and/or had access to wellbeing support services (59% vs 66.2%). 5 The median days of follow-up for severe or critical COVID-19 in medical history. In the Ab-positive cohort, the IFN-gamma level upon both first and second vaccination was significantly higher than in the Ab-negative cohort (median 109 vs 454 pg/ml; p < 0.001). However, the IFN-gamma level of both cohorts was stable upon third vaccination (median 316 vs 205 pg/ml; p = 0.25). The CD69 expression on NKT-like cells increased to 10.9% (IQR 6.6-10.1) respectively (p < 0.001) from 4.7% (IQR 2.0-7.5%) in the Ab-negative cohort and to 7.5% (IQR 4.0-10.1) respectively (p < 0.001) in the Ab-positive cohort. Therefore, the cellular immune response was significantly higher following the third vaccination in both cohorts.

Results: The trial was initiated on March 22nd. As of May 4th, 152 solid cancer and 103 hematologic patients were enrolled. From preliminary baseline data, 22% of solid cancer and 29% of hematologic patients had detectable levels of anti-S antibodies with a median of 106 U/ml (range 1.4–1666) and 84 U/ml (range 0.75–2528), respectively (p = 0.888). Surprisingly, only 44% solid cancer and 53% of hematologic patients had detectable levels of anti-N SARS-CoV-2 antibodies (Roche) and SARS-CoV-2 specific cellular immune response evaluated by IFN-gamma-release assay (Qiagen) and CD69 expression were analyzed. The results are presented in the following: at the baseline (before the vaccination), prior to the 2nd dose, 4–8 weeks, 3, 6 and 12 months after the first dose.

Results: Vaccination is an effective strategy for preventing COVID-19 in cancer patients. However, effectiveness may be reduced in patients actively receiving immunosuppressive systemic therapy. Future study is needed to determine if these patients would benefit from post-vaccination serologies and/or a booster vaccination following completion of therapy.

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