

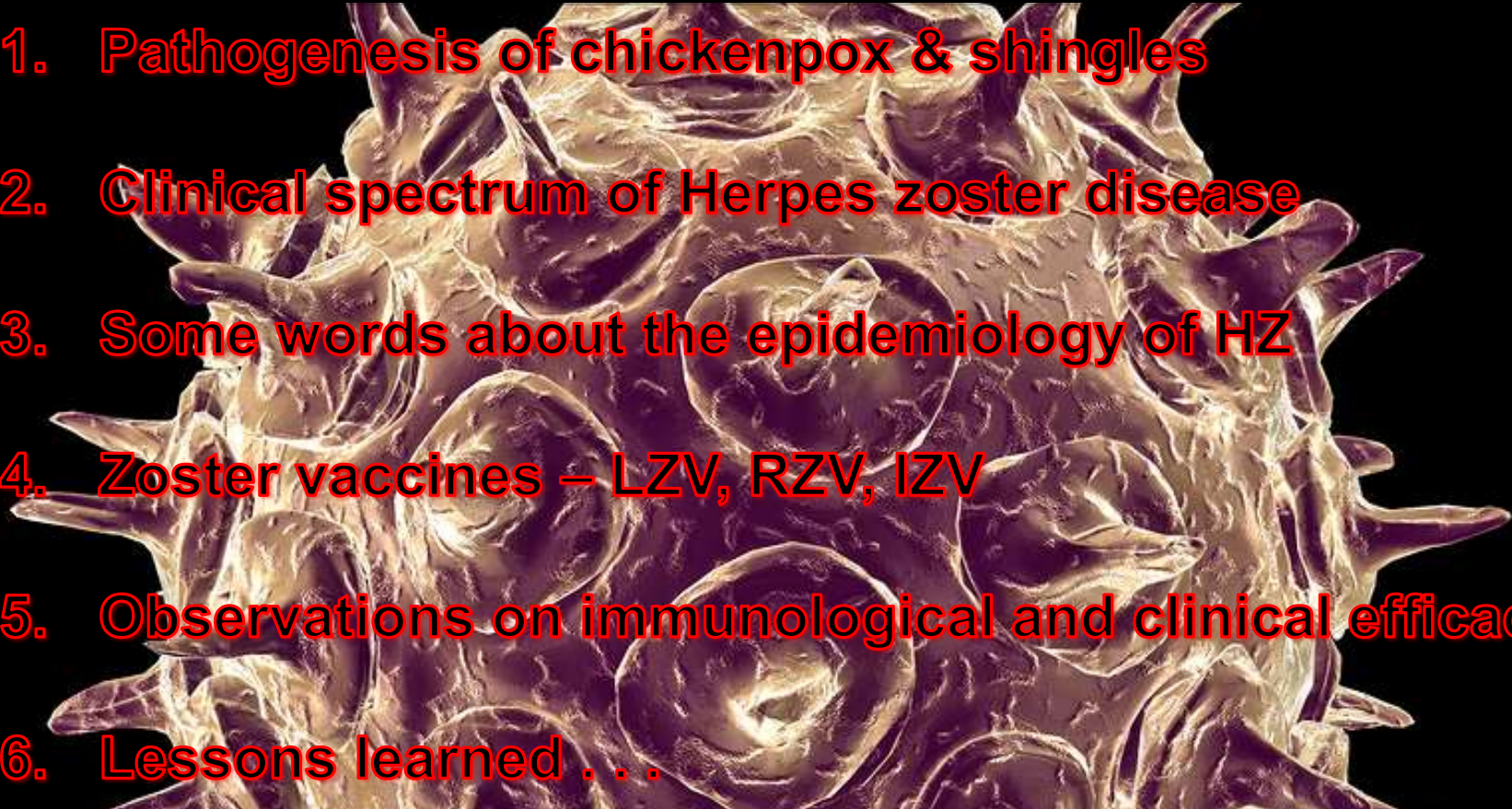
# VARICELLA-ZOSTER VIRUS –

*Herpes zoster is An Ever-present  
Risk for Cancer Patients. . .*



# VARICELLA-ZOSTER VIRUS

## *A focus on Herpes zoster . . .*

1. Pathogenesis of chickenpox & shingles
  2. Clinical spectrum of Herpes zoster disease
  3. Some words about the epidemiology of HZ
  4. Zoster vaccines – LZV, RZV, IZV
  5. Observations on immunological and clinical efficacy
  6. Lessons learned . . .
- 
- A detailed electron micrograph of the Varicella-Zoster Virus (VZV) particles. The image shows numerous spherical, enveloped virions with a distinct outer membrane and a core. The virions are densely packed and exhibit a characteristic 'spiky' appearance due to the presence of glycoprotein spikes on their surface. The background is dark, highlighting the intricate structure of the virus particles.



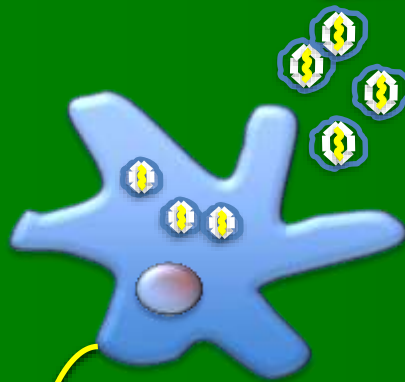
# PATHOGENESIS OF HERPES-ZOSTER VIRUS (HZV)



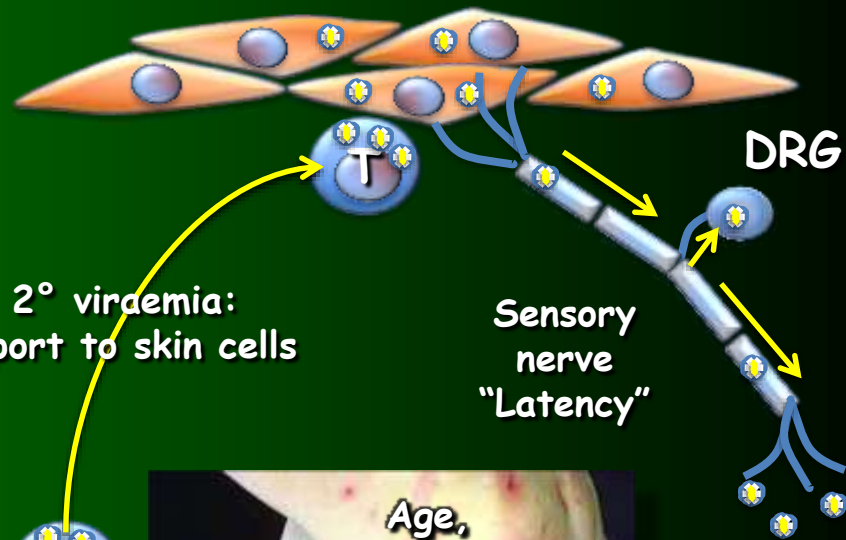
Infection of host respiratory epithelial cells



Infection of host immune cells - dendritic cells



T-cell 2° viraemia:  
Transport to skin cells



Sensory nerve  
"Latency"

Spinal cord



1° Viraemia: Transport to local lymph nodes and reticuloendothelial system with infection of T-cells . . . 2 weeks (10-21 days)

# HERPES ZOSTER IN CANCER PATIENTS

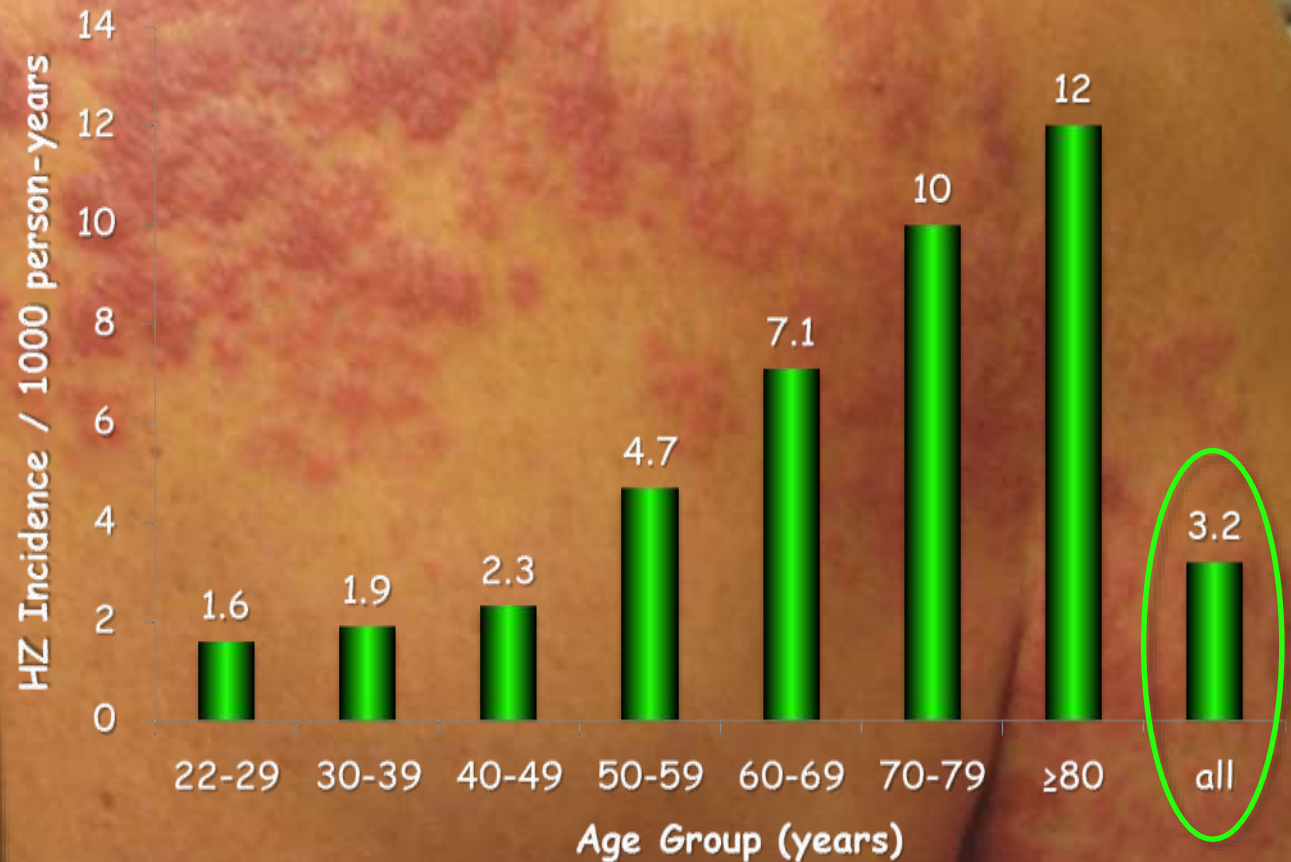
## *Clinical Spectrum of Herpes Zoster (Shingles)*

- Cutaneous Zoster
  - Localized dermatomal (contiguous)
  - Disseminated (non-contiguous)
- Visceral
  - Brain
  - Lungs
  - Liver
- Atypical syndromes (Abdominal pain)
- Bacterial superinfection
- Post-herpetic neuralgia
- Zoster ophthalmicus

# HERPES ZOSTER IN IMMUNOCOMPETENT PATIENTS

## *Incidence by Age Extrapolated to the US Population*

Yawn BP et al. (Olmsted Medical Center, Rochester, NY) Mayo Clin Proc 2007;82(11):1341-1349

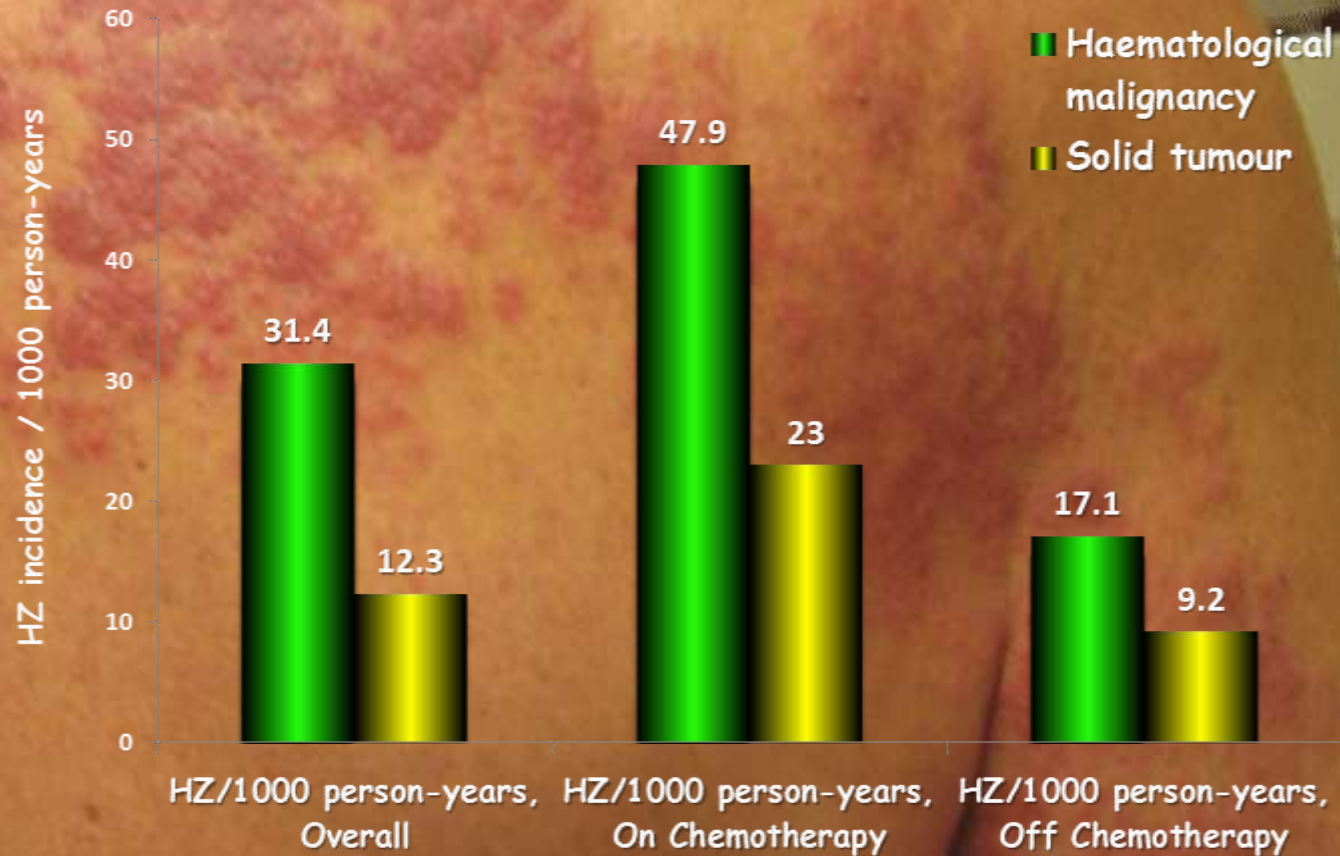




# HERPES ZOSTER IN CANCER PATIENTS

## *Incidence by Tumour Type & Chemotherapy*

Habel LA et al. (Kaiser Permanente, Northern California) *Cancer Epidemiol Biomarkers Prev* 2013;22(1):82-90

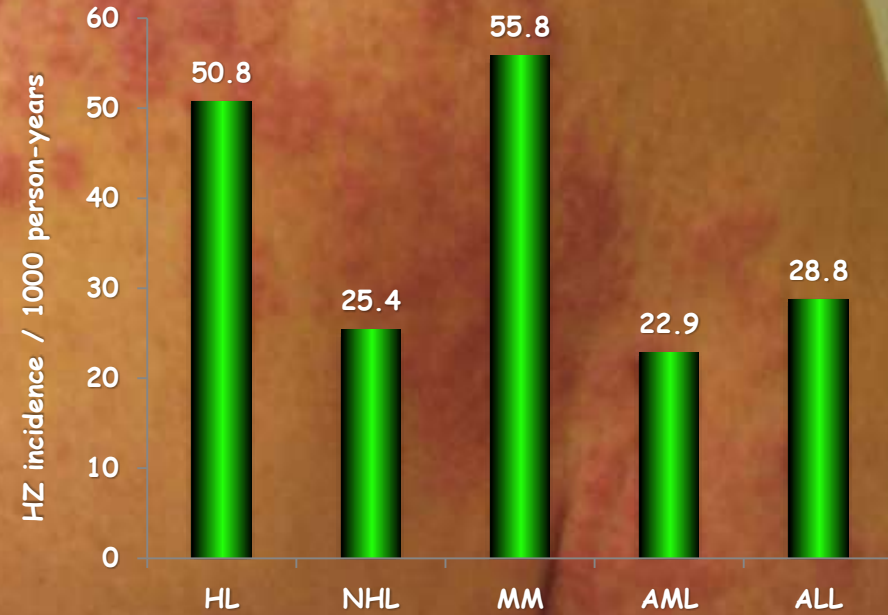
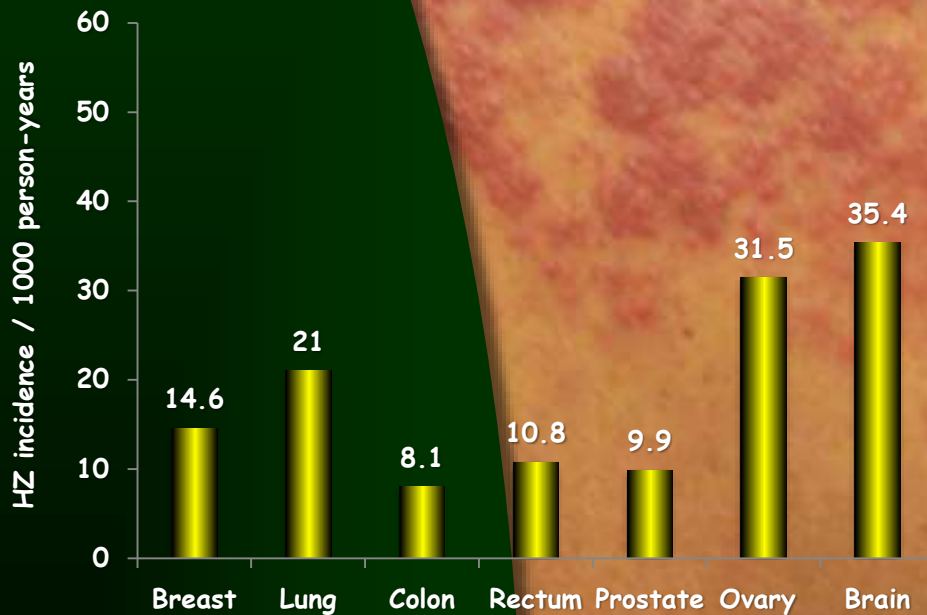


# HERPES ZOSTER IN CANCER PATIENTS

## *Incidence by Diagnosis:*

### *Solid Tumour vs Haematological Malignancy*

Habel LA *et al.* (Kaiser Permanente, Northern California) *Cancer Epidemiol Biomarkers Prev* 2013;22(1):82-90



# IMMUNIZATION IN CANCER PATIENTS

## *Zoster (Shingles) Vaccines*

### Live Attenuated VZV (LZV)

- OKA/Merck Strain
- Zostavax™
- 0.65 mL SC

### Inactivated VZV (IZV)

- OKA/Merck Strain
- Heat inactivated or Gamma irradiated
- 4 doses, 0.5 mL SC each

### Recombinant Adjuvanted VZV (RZV)

- Glycoprotein-E Ag
- ASO1<sub>B</sub> adjuvant system
- Shingrix™
- 2 doses, 0.5 mL IM each

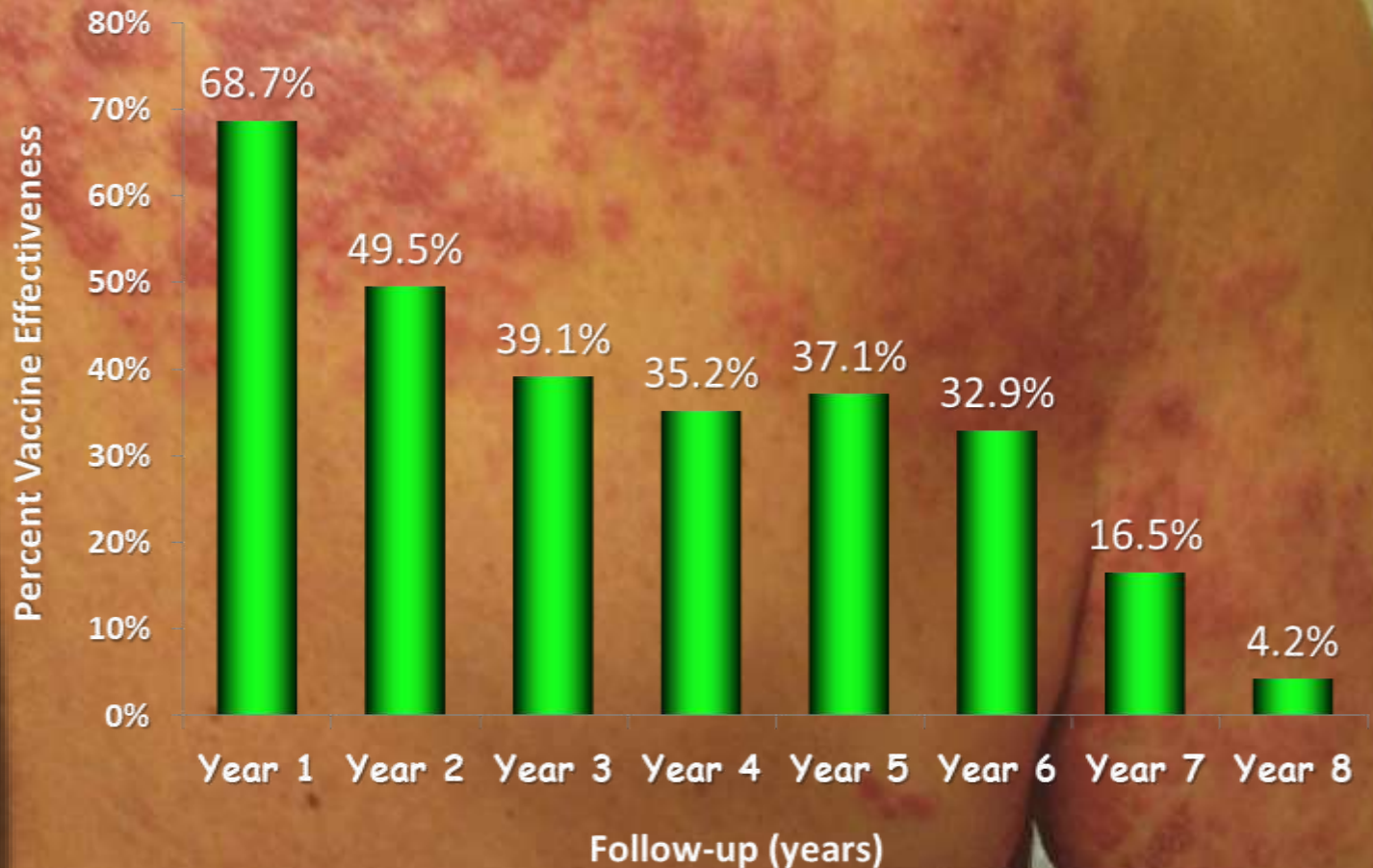


# IMMUNIZATION IN HEALTHY ADULTS $\geq$ 60 YRS

*Live Attenuated Zoster Vaccine:*

*Waning Effectiveness after 7 Years*

Tseng HF et al. (Kaiser Permanente) J Infect Dis 2016;213:1872-5

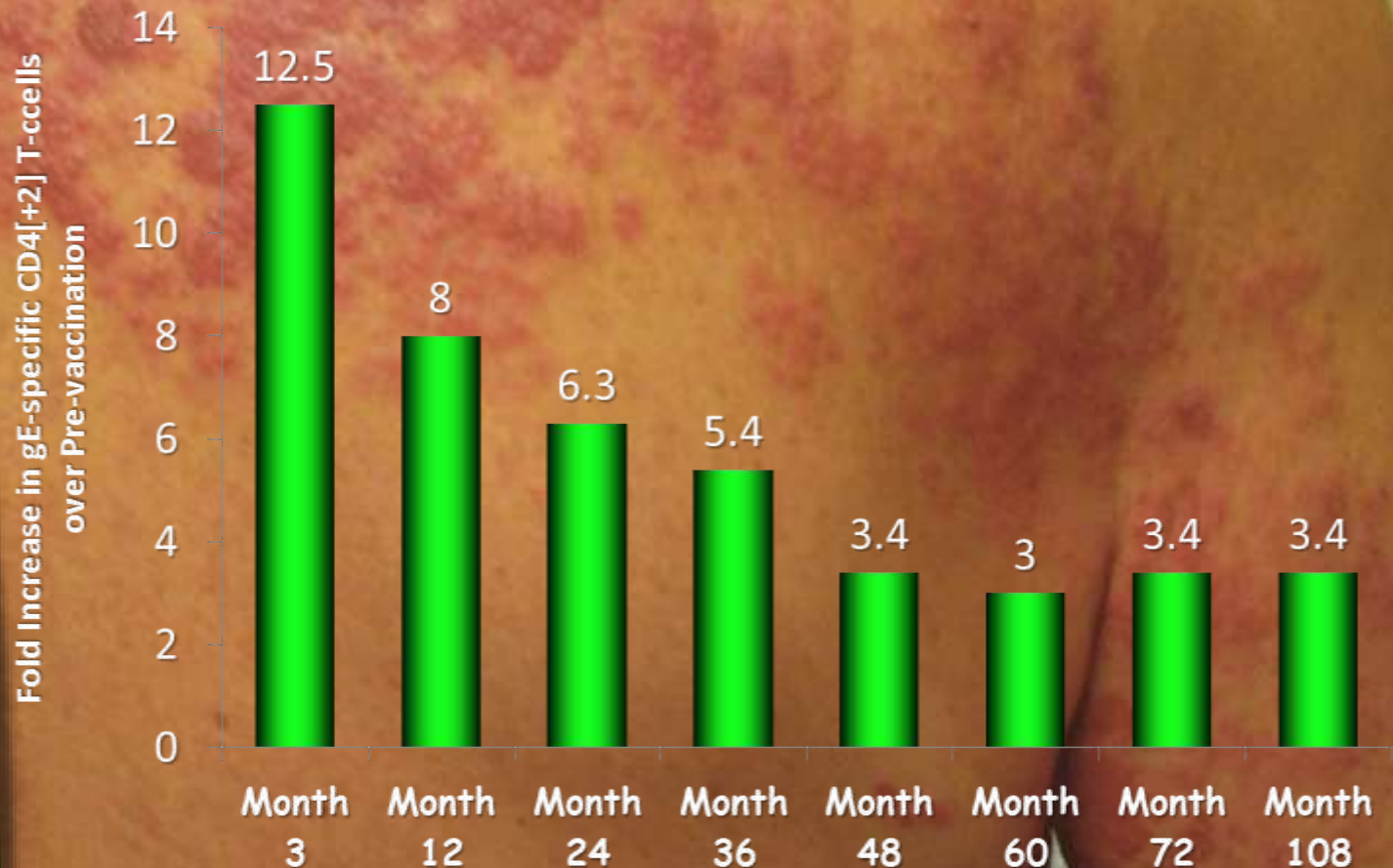


# IMMUNIZATION IN HEALTHY ADULTS $\geq$ 60 YRS

## Recombinant Zoster Vaccine:

### Persistence of Cellular Immune Response $\geq$ 9 Yrs

Pauksens K et al. IDSA Week 2017:Abstract #1342



# IMMUNIZATION AGAINST HERPES ZOSTER

## Relative Efficacy of the Live Attenuated Compared to Recombinant Zoster (Shingles) Vaccines in Otherwise Healthy Older Adults

	Herpes Zoster	Incidence rate-1000 P-Y	Vaccine Efficacy (1-IRR) <sup>6</sup>
Oxman, 2005 <sup>1</sup>			
LZV <sup>2</sup>	315 / 19254 (1.6%)	5.4	51.3%
PLA <sup>3</sup>	642 / 19247 (3.3%)	11.1	(44.2-57.6%)
Lal, 2015 <sup>4</sup>			
RZV <sup>5</sup>	6 / 7698 (0.08%)	0.3	97.2%
PLA <sup>3</sup>	210 / 7713 (2.7%)	9.1	(93.7-99.0%)

1. Oxman MN et al. (Shingles Prevention Grp) NEJM 2005;352(22):2271-84. RRR = 52%, NNT = 59.
2. Live attenuated zoster vaccine
3. Placebo
4. Lal, H. et al. (ZOE-50 Study) NEJM 2015;372 (22):2087-96. RRR = 70%, NNT = 38.
5. Recombinant zoster vaccine
6. Incidence rate ratio

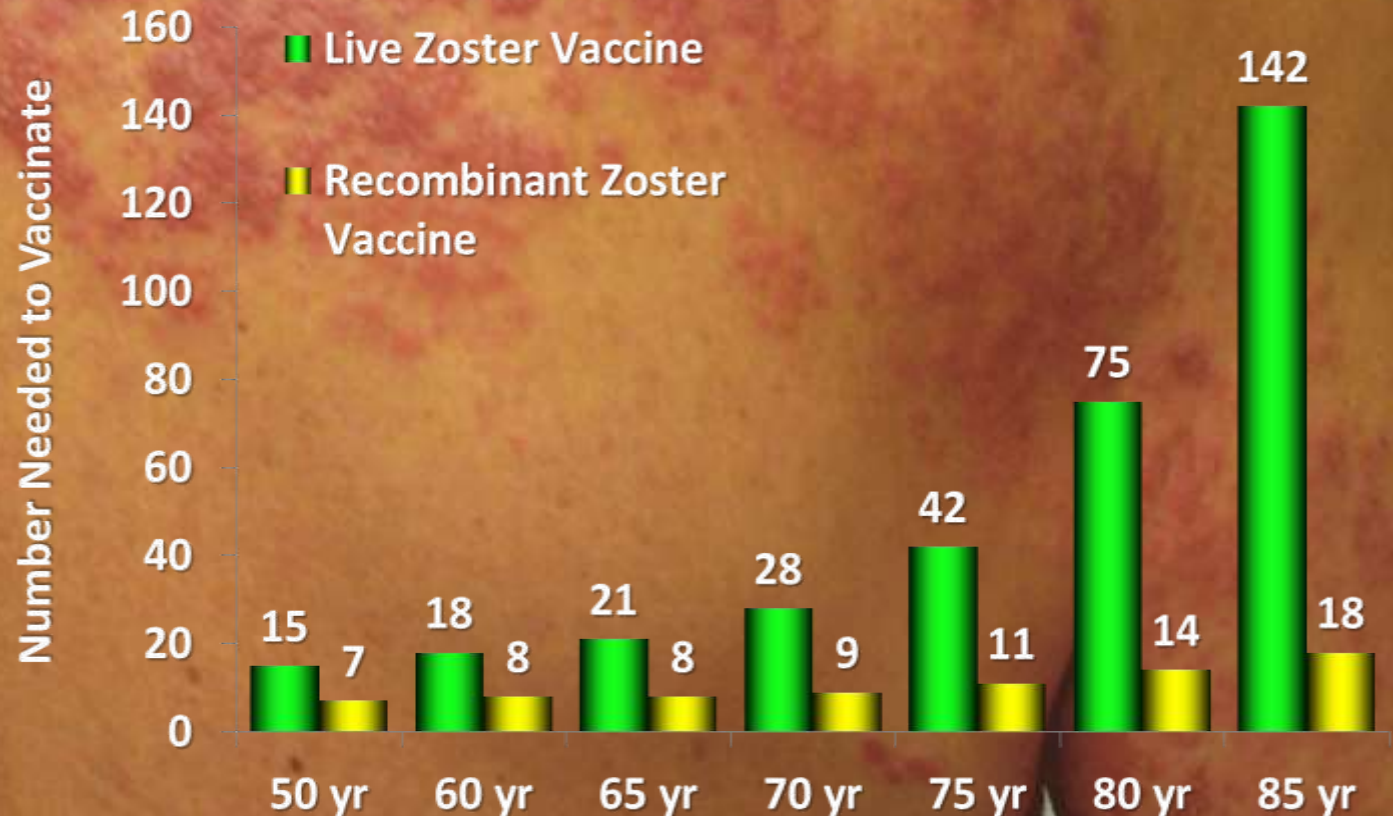


# IMMUNIZATION IN HEALTHY ADULTS $\geq$ 50 YRS

## Live vs Recombinant Zoster Vaccine:

### Number Needed to Vaccinate to Prevent a Case of Zoster

Drolet M et al. (L'Université de Québec, Université Laval, Institute National de Santé Publique du Québec)  
CMAJ 2019;191(34):E932-9



# IMMUNIZATION IN IMMUNOSUPPRESSED PATIENTS

## *RZV Efficacy Against Herpes Zoster in Patients with Immune-mediated Diseases (GSK ZOE-50/70 Studies)*

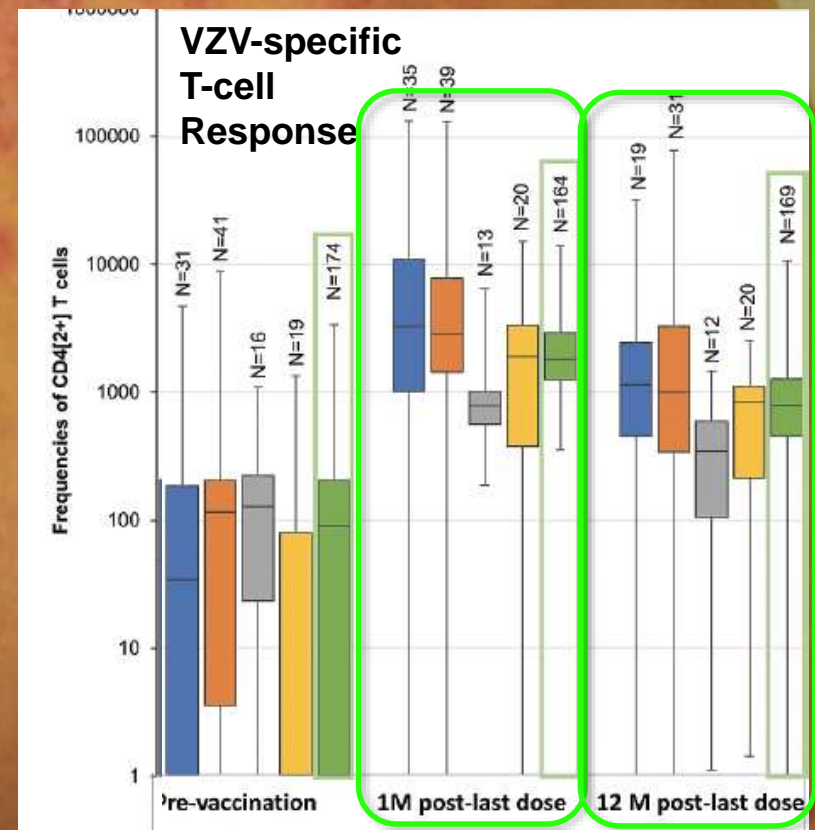
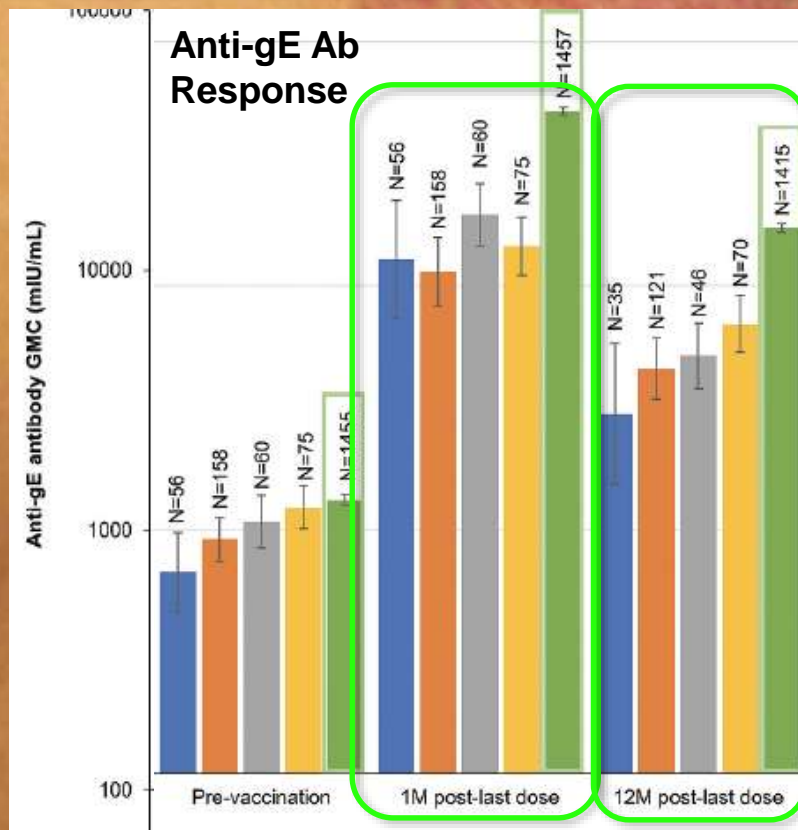
Dagnew AF (GSK) et al. Rheumatology 2021;60(3):1226-33

	RZV				Placebo				Vaccine efficacy <sup>b</sup> , % (95% CI)
	<i>n</i>	No. of confirmed HZ cases	Sum of follow-up years <sup>a</sup>	Incidence per 1000 person-years	<i>n</i>	No. of confirmed HZ cases	Sum of follow-up years <sup>a</sup>	Incidence per 1000 person-years	
Overall	936	4	3611.7	1.1	923	38	3408.8	11.1	90.5 (73.5, 97.5)
50-59 YOA	222	1	885.6	1.1	201	11	775.6	14.2	92.8 (50.5, 99.8)
60-69 YOA	159	0	638.3	0.0	151	8	588.8	13.6	100 (54.9, 100)
70-79 YOA	427	2	1623.0	1.2	450	13	1647.3	7.9	84.4 (30.8, 98.3)
≥80 YOA	128	1	464.8	2.2	121	6	397.0	15.1	86.2 (-13.5, 99.7)

# IMMUNIZATION IN IMMUNOSUPPRESSED PATIENTS

## Humoral and Cellular Response to RZV in Oncology and Renal Transplant Patients in GSK Clinical Trials

Dagnew AF (GSK) et al. Hum Vaccin Immunother 2021;17(11):432-43



AutoSCT Recipients

HM Patients

ST Patients

Renal allograft

Immunocompetent Controls



# IMMUNIZATION IN CANCER PATIENTS

## Zoster (Shingles) Vaccines in AutoSCT

	Herpes Zoster	Person- years	Incidence rate <sup>-1000 P-Y</sup>	Vaccine Efficacy (1-IRR) <sup>6</sup>
Winston, 2018 <sup>1</sup>				
IZV <sup>2</sup>	42/538 (7.8%)	1277	32.9	64%
PLA <sup>3</sup>	113/535 (21.1%)	1230	91.9	(48-75%)
Bastidas, 2019 <sup>4</sup>				
RZV <sup>5</sup>	49/870 (5.6%)	1633	30.0	64%
PLA <sup>3</sup>	135/851 (15.9%)	1432	94.3	(56-78%)

1. Winston D *et al.* (V212 Protocol 001 Trial) *Lancet* 2018;391(10135):2116-27. RRR = 63%, NNT = 8.
2. Inactivated zoster vaccine
3. Placebo
4. Bastidas A, *et al.* (ZOE-HSCT Study) *JAMA* 2019;322(2):123-33. RRR = 65%, NNT = 10.
5. Recombinant zoster vaccine
6. Incidence rate ratio

# IMMUNIZATION IN CANCER PATIENTS

## Impact of Zoster Vaccines on Post-herpetic Neuralgia in AutoSCT

	Post-Herpetic neuralgia	Person- years	Incidence rate <sup>-1000 P-Y</sup>	Vaccine Efficacy (1-IRR) <sup>6</sup>
Winston, 2018 <sup>1</sup>				
IZV <sup>2</sup>	3/538 (0.6%)	1277	2.3	84%
PLA <sup>3</sup>	18/535 (3.4%)	1230	14.6	(45-95%)
Bastidas, 2019 <sup>4</sup>				
RZV <sup>5</sup>	1/870 (0.1%)	1898	0.5	89%
PLA <sup>3</sup>	9/851 (1.1%)	1833	4.9	(22-100%)

1. Winston D et al. (V212 Protocol 001 Trial) Lancet 2018;391(10135):2116-27.  
RRR = 82%, NNT = 36

2. Inactivated zoster vaccine, 4 doses: d-30 pre-SCT, d+30, d+60, d+90

3. Placebo

4. Bastidas A, et al. (ZOE-HSCT Study) JAMA 2019;322(2):123-33. RRR = 91%, NNT = 100.

5. Recombinant zoster vaccine, 2 doses: d+50 to +70, then d+1 to 2 months later

6. Incidence rate ratio



# IMMUNIZATION IN CANCER PATIENTS

## Impact of Recombinant Zoster Vaccine on Pain and Functional Quality of Life after AutoSCT

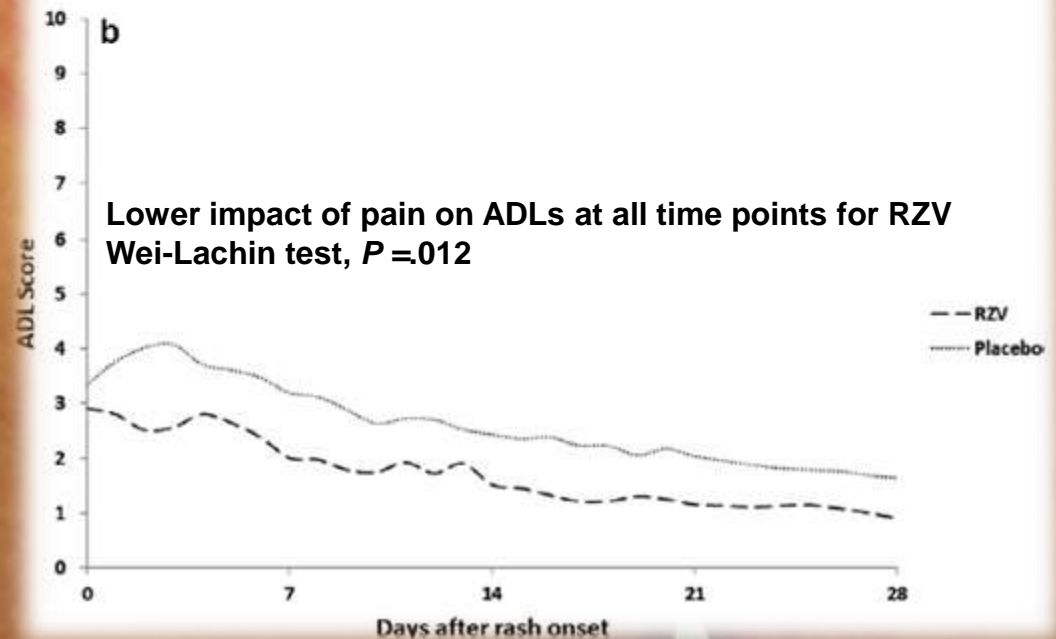
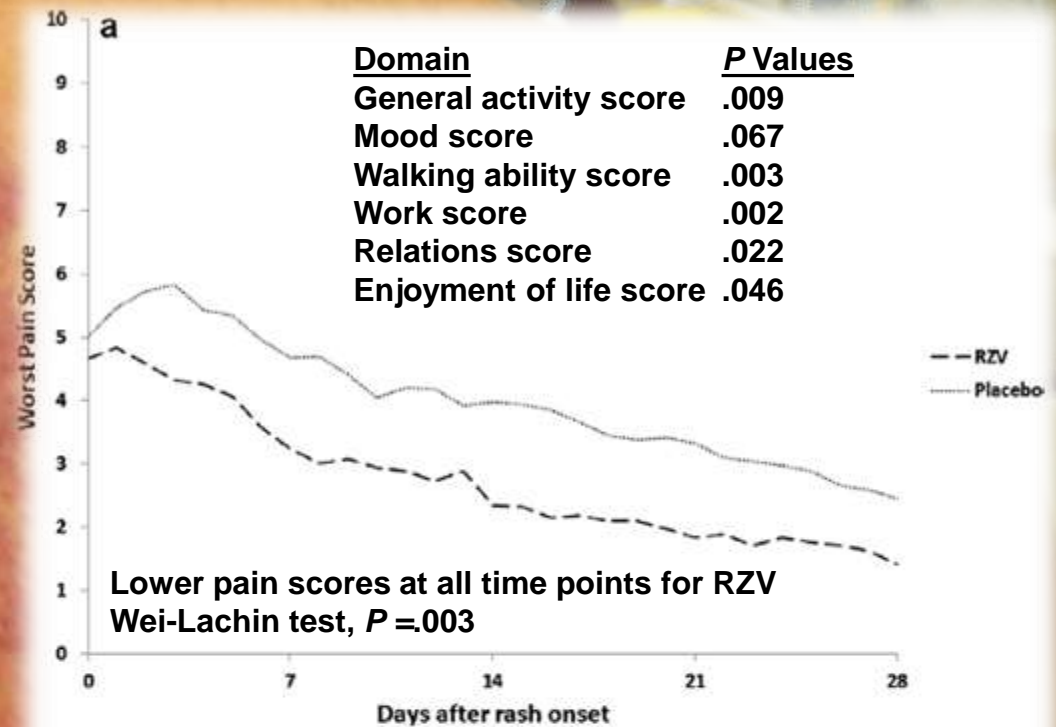
Curran D et al. Biol Blood Marrow  
Transpl 2019;25(12):2474-81

**A.** Mean Pain Score (Zoster Brief Pain Inventory) - Impact of HZ pain (0-10) on 7 domains:

1. General activity
2. Mood
3. Walking ability
4. Work
5. Relation with others
6. Sleep
7. Enjoyment of life

**B.** Mean Activities of Daily Living Score - Impact of HZ pain (None, some, severe) on 5 dimensions:

1. Mobility
2. Self care
3. Usual activities
4. Pain or discomfort
5. Anxiety or depression





# IMMUNIZATION IN CANCER PATIENTS

## Injection Site Adverse Events Associated with Zoster Vaccines in AutoSCT

Inactivated Zoster Vaccine <sup>1</sup>	Placebo <sup>1</sup>	Recombinant Zoster Vaccine <sup>2</sup>	Placebo <sup>2</sup>
191/657 (29.1%) <sup>3,5</sup>	113/535 (6.4%) <sup>3</sup>	773/901 (85.8%) <sup>4,5</sup>	93/892 (10.4%) <sup>4</sup>

1. Winston D et al. (V212 Protocol 001 Trial) Lancet 2018;391(10135):2116-27. RRI = 3.5x, NNH = 4.
2. Bastidas A, et al. (ZOE-HSCT Study) JAMA 2019;322(2):123-33. RRI = 7.3x, NNH = 1.
3. P < .0001
4. P < .0001
5. IZV vs RZV, P < .0001

# ZOSTER IMMUNIZATION IN CANCER PATIENTS

## *Lessons from Published Reports*

1. Incidence of HZ in cancer patients is 2-to-14-fold higher than the general population at risk for HZ.
2. A minority of eligible cancer patients (2-8%) receive Zoster vaccine
3. HZ, PHN, ZO can be prevented by vaccination in immunocompetent patients > age 60 and in immunosuppressed cancer patients at risk including autologous stem cell transplant recipients, solid tumour patients, and to a lesser degree haematological malignancies.
4. Live attenuated zoster vaccine (LZV) has modest efficacy over placebo. LZV remains contraindicated in the immunocompromised.
5. Recombinant adjuvant zoster vaccine (RZV) is significantly more effective than either placebo or LZV, but there are more injection site-related Aes (> 7-fold more) . . .



# VARICELLA-ZOSTER VIRUS

*A focus on Herpes zoster . . .*



**Thank you . . .**