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This page is reviewed regularly and updated as needed.

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The COVID-19 pandemic continues to have a serious impact on many people, including cancer patients, their families, and caregivers. State and local authorities, as well as health officials, continue to adjust their recommendations as the number of COVID-19 cases changes in different parts of the country and as new information becomes available.

What is COVID-19?

COVID-19 is the name of the illness caused by a new type of coronavirus that has led to a worldwide outbreak, which was first reported in China in December 2019. The name of this coronavirus strain is “SARS-CoV-2.”

Coronaviruses are a family of viruses that can cause common colds, as well as more serious respiratory diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

COVID-19 variants

Over time, viruses such as the one that causes COVID-19 can change (mutate), which can result in new variants of the virus. These variants might have slightly different traits than the original virus – for example, some of them seem to spread more easily and quickly. Several variants of the virus that causes COVID-19 have appeared around the world in recent months, and some of these have now been found in the United States.

Much is still unknown about these variants, including how well they can be detected with current COVID-19 tests, how effective the current COVID vaccines will be against them, and how well current COVID treatments will work against them. For the latest information, visit the US Centers for Disease Control and Prevention (CDC) website.

How does the virus spread?

According to the CDC, the most common way for the virus to spread is during close contact with another person:
• When somebody who is infected coughs, sneezes, talks, raises their voice (such as when shouting or singing), or even breathes, they can create respiratory droplets that contain the virus.
• These droplets might reach the mouths, eyes, or noses of people who are in close contact (within about 6 feet), which could lead to an infection.

But there are other ways the virus might spread as well:

• Some small droplets and particles can linger in the air for minutes to hours. They might travel farther than 6 feet or might remain in the air even after the infected person has left, and they might be able to cause new infections, especially in enclosed spaces that aren’t well ventilated. This form of spread is known as airborne transmission.
• Respiratory droplets can also land on surfaces, which people might then touch. This could potentially lead to an infection if a person then touches their mouth, nose, or eyes.

Some people who are infected but do not have symptoms (that is, are asymptomatic) may still be able to spread the virus. Because of this, it’s important that everyone follow the CDC’s and other health departments’ recommendations on how to protect yourself and others.

How can I protect myself and others from getting COVID-19?

According to the CDC⁴, there are things you can do to help lower the risk of being infected, as well as infecting others.

• Wear a mask that covers your mouth and nose when around others. (See below for more details.)
• Avoid close contact – being within 6 feet (about 2 arms’ length) of people who don’t live in your household, and any people who are sick.
• Get a COVID-19 vaccine⁵ as soon as it is available to you. And stay up to date⁶ with your COVID-19 vaccines, which might include an additional dose and/or a booster.
• Avoid crowded indoor spaces.
• Avoid indoor places with poor air circulation that do not allow as much fresh outdoor air as possible.
• Cover your cough or sneeze with a tissue, then throw the tissue in the trash, or
cough or sneeze into your elbow. Then wash your hands right away.

- Wash your hands often with soap and water for at least 20 seconds because it’s one of the best ways to kill germs on your hands and prevent the spread of germs to others. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

- Avoid touching your eyes, nose, and mouth with unwashed hands, because if you picked up the virus, you could infect yourself by allowing the virus to enter your body.

- Follow CDC recommendations for isolation, quarantine, and testing\(^7\) if you are exposed to COVID-19 or have symptoms of COVID-19.

- Clean and disinfect frequently touched surfaces daily using a regular household cleaning spray or wipe. Always read the directions of the products closely to make sure you are using them correctly\(^8\). Cleaning and disinfecting products should not be used directly on skin, taken by mouth, or inhaled into the lungs. Disinfecting products, like bleach, should not be used on food.

If you are a cancer patient, survivor, or caregiver, talk to your cancer care team about whether there are any additional precautions you should take.

People who need medical care might be encouraged to take advantage of telehealth services, if they are available, and "see" their doctors without going in person for an office visit. Medicare has temporarily expanded its coverage of telehealth services.\(^9\) Some health insurance providers are doing the same.

It’s important to keep in mind that some people who are infected with the virus might not have symptoms, but they could still spread the virus to others. Because of this, it’s important that everyone follow the CDC’s recommendations on how to protect yourself and others.

**Should I wear a mask?**

The CDC recommends that in certain situations people should wear a mask\(^10\) that completely covers the nose and mouth to protect yourself and others from COVID-19 and to reduce the spread of the disease.

Since not all masks provide the same protection, the CDC has information on the types of masks\(^11\) available (for example, cloth, surgical, KN95, and N95) and how to wear them\(^12\) so they work the best they can. The CDC recommends that you wear the most protective mask you can, that fits you well, and that you will wear regularly. Keep in
mind that wearing any type of mask is better than not wearing a mask at all.

It is best to check with your local authorities to see if your area has specific guidelines about wearing a mask in public. People with weakened immune systems should check with their healthcare team about if and when they should wear a mask (see below).

It’s important to understand that wearing a mask is not a substitute for social distancing. It’s still very important to stay at least 6 feet away from others who don’t live in your household, even while wearing a mask, and to continue to wash your hands frequently.

**Are there different recommendations for cancer patients and caregivers?**

The CDC has guidance for people who immunocompromised or taking medicines that can weaken their immune system, such as people with cancer. People being treated for cancer, especially with treatments like chemotherapy or stem cell (bone marrow) transplants that can weaken the immune system, may not be fully protected even if they are fully vaccinated. Even after vaccination, they may need to continue taking precautions such as wearing masks. **If you're not sure if you or your caregiver should be wearing a mask, contact your doctor or another member of your cancer care team.**

**What about eye protection?**

The CDC recommends the use of eye protection (goggles or face shields) for health care workers (doctors, nurses, technicians, dentists, and others) in certain settings. However, face shields by themselves are not recommended for the general public in place of a mask, as it’s not yet clear how effective they are.

The CDC has recommendations for certain things people and their households can do to help prevent COVID-19 depending on the level of COVID-19 spread in their community. This guidance is updated regularly, so check the [CDC website](https://www.cdc.gov) for details. **For people with a weakened immune system (such as from cancer or its treatment), it’s important to talk with your health care provider about which precautions and behaviors are right for you.**

**What about vaccines for COVID-19?**

Vaccines that can help protect against COVID-19 are available in the US. The CDC recommends the vaccines for everyone 5 years of age and older.
To learn more, see COVID-19 Vaccines in People With Cancer.  

What are the symptoms of COVID-19?

The most common symptoms of COVID-19, which may appear 2-14 days after being infected, are:

- Fever
- Cough
- Shortness of breath
- Chills
- Muscle aches and pains
- Sore throat
- New loss of smell or taste
- Feeling very tired
- Headache
- Diarrhea
- Nausea or vomiting
- Runny nose

Contact your doctor or local health department if you have any of these symptoms.

If you or the person you’re caring for has any of the following serious signs and symptoms of COVID-19, get medical attention right away:

- Trouble breathing
- Constant pain or heaviness in the chest
- New confusion or being hard to wake up
- Bluish lips or face

Some people with COVID-19 might have signs or symptoms of blood clots such as bluish toes (also referred to as “COVID toes”), swelling of the lower leg, chest pain, shortness of breath, or stroke symptoms (slurred speech, weakness or numbness of an arm or leg). The reasons for this are being still studied, but it’s important to tell your doctor right away if you are having any of these symptoms.

COVID-19 generally does not seem to affect children as much as it does adults, but children can become infected, and some can even develop serious illness. Just like adults, children who have certain medical conditions are at a higher risk for these
severe symptoms. A rare but serious syndrome that is linked to COVID-19 in children, called *multisystem inflammatory syndrome in children (MIS-C)*\(^\text{17}\), has also been reported. Children with this syndrome can have symptoms such as a fever and rash similar to *Kawasaki disease*\(^\text{18}\), as well as severe body inflammation. The CDC is keeping track of this syndrome to learn more about it and its relationship to the coronavirus infection.

It’s important to know that some people who are infected with the virus might not have symptoms, but they could still spread the virus to others. Because of this, it’s important that *everyone* follow the [CDC’s recommendations on how to protect yourself and others]\(^\text{19}\).

**What else do cancer patients and caregivers need to know about COVID-19?**

Some cancer patients might be at *increased risk of serious infection*\(^\text{20}\) in general because their immune systems can be weakened by cancer and its treatments. Most people who were treated for cancer in the past (especially if it was years ago) are likely to have normal immune function, but each person is different. **It’s important that all cancer patients and survivors, whether currently in treatment or not, talk with a doctor who understands their situation and medical history.**

Doctors are still learning about the possible risks of COVID-19 infection for people with cancer. Taking steps to limit exposure to the virus that causes COVID-19 is especially important for cancer patients, who might be at higher risk for serious illness if they get infected. This can be particularly true for people with blood cancers (such as leukemia or lymphoma) and those getting chemotherapy, long courses of corticosteroids, certain types of immunotherapy, or a stem cell or bone marrow transplant, because their immune systems can be severely weakened by the cancer itself or the treatment.

The pandemic has also affected the way many people get medical care, including people with cancer. Depending on the COVID-19 situation where you live, this may mean a delay in getting some types of cancer tests, or even treatments. Some people may need to reschedule appointments.

Cancer care teams are doing the best they can to deliver care to their patients. However, in many cases, it isn’t life as usual. It’s important to keep in contact with your cancer care team to determine the best course of action for you. This may involve talking to your care team virtually (online or over the phone) and not physically going to the clinic.
Many clinics and infusion centers have made changes to allow you to come in safely for in-person visits as well as treatment. These might include screening for COVID-19 symptoms ahead of your visit, proper spacing of waiting room and infusion chairs, spacing out appointments to limit the number of people in the waiting room at one time, requiring people to wear a mask, and cleaning all surfaces frequently. It’s important to know who to call to reach your cancer care team to find out how to proceed.

You might have other options for getting your cancer medicines as well. For example, some people might be able to switch to oral medicines instead having to go in for infusions. For some people, another option might be to get infusions of their cancer medicines at home. However, there are safety issues to consider with home infusions, and it’s important to discuss these with your health care team before deciding on getting treatment this way.

The issues with getting cancer treatment and testing during this pandemic are slowly improving, but there will likely continue to be changes in the way cancer patients receive their care.

In the meantime, doctors need to learn more about cancer patients and COVID-19. Registries such as the COVID-19 and Cancer Consortium\textsuperscript{21} and studies such as the NCI COVID-19 in Cancer Patients Study\textsuperscript{22} are actively collecting data. Early studies from registries in the US and around the world have looked at outcomes for cancer patients who develop COVID-19 with symptoms, as well as if certain anti-cancer treatments change these outcomes. These initial study results are helpful, but it is very important to gather more data and analyze it over a longer time to better understand the effects of COVID-19 on current and former cancer patients. Contact your doctor if you are interested in participating in a registry or study.

**Why can’t someone come with me for my doctor visits/treatments?**

While some medical visits are now being done online or over the phone, things like physical exams, lab or imaging tests, and treatments (such as surgery, radiation therapy, or chemotherapy) still need to be done in person.

Many doctor’s offices, treatment centers, hospitals, and other facilities have ‘no visitor’ or ‘only one visitor’ policies in place, meaning that only the person being treated and/or one visitor is allowed to enter. This is to help protect the people in these places, many of whom might be vulnerable if they were to be infected with COVID-19.

At the same time, these policies can create a great deal of anxiety for both cancer patients and their loved ones. The caregivers who usually accompany patients are an important source of support for them, and they can often be invaluable in both giving
information to the health care team and in helping to make sure that patients understand what’s being told to them.

While it might not be possible for caregivers to attend all of these in-person visits right now, there are still some ways to stay involved and informed about what’s going on:

- Ask if the patient can have the caregiver on a phone call during the visit so the caregiver can listen to the conversation and ask/answer questions.
- Ask for a family consult with someone from the health care team after the visit so the caregiver knows what was discussed.
- Ask if the center might allow more frequent telehealth visits so the caregiver can be present.
- If you have an online portal, ask if you can submit questions and get answers there.
- Ask if you can get a copy of the progress note that the healthcare provider writes up after each visit – either a physical copy on the day of the visit or in some other format (for example, via an online portal).

**Does health insurance cover COVID-19 testing and care?**

You may or may not have out-of-pocket costs if you get tested for COVID-19 or if you need medicines or other care to treat it. You’ll need to check with your health insurance company about coverage. Here are some tips and resources to get you started:

- Call the toll-free number on the back of your insurance card
- Read about [Medicare coverage of coronavirus-related needs](#)
- See [Medicaid’s frequently asked questions about COVID-19](#)
- Learn about [coronavirus and your Marketplace health plan coverage](#)

**Should people still get screened for cancer during this pandemic?**

At the start of the pandemic, many places put elective medical procedures, including cancer screening, on hold to conserve medical resources and reduce the risk of spreading COVID-19 in healthcare settings. Since then, many states and other authorities have re-opened businesses and eased restrictions. Likewise, many health systems are scheduling cancer screening tests and exams again. So, what should you do if you’re due (or overdue) for a cancer screening?

Decisions about getting screened depend on many factors, and they may not be the
same for every person. Some important things to consider include your risk of getting a
certain type of cancer, how long it’s been since you were last screened for it, how
common COVID-19 is in your community, and your age and overall health.

Talk to your health care provider about the risks and benefits for you of being screened
now, and whether or not it might make sense to postpone it at this time. Remember
that cancer screening can save lives, so it's important to not just forget about it.
Getting back on track with cancer screening should still be a priority.

For more information, see Cancer Screening During the COVID-19 Pandemic\textsuperscript{26}.

Screening tests are different from tests your doctor might order if you have symptoms
that could be from cancer. If you’re having symptoms you’re concerned about,
contact your health care provider about the best course of action for you at this
time. Do not put off getting medical care if you have signs or symptoms that
might be from cancer.

More on coronavirus and cancer:

- What to Ask Your Health Care Team\textsuperscript{27}
- Infection Risk and What to Watch for\textsuperscript{28}
- Tips for Caregivers\textsuperscript{29}

Which people are at higher risk for serious illness if they get COVID-19?

According to the CDC, the risk for severe illness from COVID-19 increases with age\textsuperscript{30},
with older adults at highest risk. People with certain medical conditions\textsuperscript{31} are also at
increased risk. This includes:

- Having cancer
- Having a weakened immune system after getting an organ transplant, after a stem
cell or bone marrow transplant\textsuperscript{32}, or after getting certain treatments like
chemotherapy\textsuperscript{33}
- Being overweight or obese (having a body mass index [BMI]\textsuperscript{34} of 25 or higher)
- Smoking\textsuperscript{35} (now or in the past)

The CDC says that people with a history of cancer\textsuperscript{36} may be at increased risk of getting
severely ill from COVID-19, so it is a good idea to talk with your doctor about your
situation.
Coping with how life has changed:

- Tips to Help Manage Stress, Anxiety, and Emotions
- Staying Active and Eating Healthy While at Home
- Encouraging Seniors to Use Telehealth Services

Can I get COVID-19 from a blood transfusion?

According to the American Red Cross, there is no evidence that the virus that causes COVID-19 can be transmitted through a blood transfusion.

Donating blood is still possible for those who are healthy and feel well, and it’s greatly needed, according to the Red Cross. The COVID-19 outbreak and resulting social distancing has led to canceled blood drives and dramatic blood shortages in many parts of the country. And people with cancer often need blood during their treatment.

The US Food and Drug Administration (FDA) has information on donating blood and other things you can do to help during this pandemic.

What about testing to see if I have COVID (or if I had it in the past)?

Tests for the virus that causes COVID-19 can now be done on:

- Samples taken by swabbing inside the nose or throat
- Saliva (spit) samples
- Breath samples

The testing field is changing rapidly, as the FDA continues to allow new tests onto the market. But not everyone needs to be tested for COVID-19.

The CDC has issued guidance on who should consider being tested. This is based on things like:

- If the person is having symptoms
- If the person has had close contact with someone known to have COVID-19
- If the person is likely to be exposed to the virus (as is the case for many health care workers)
- If the person is in the hospital or is at higher risk for complications if they’re infected
If you are having symptoms that might be from COVID-19 or have been exposed to someone who has it, call your doctor or health department to discuss whether you should be tested.

Tests are available in many areas without the need for a doctor’s order. If you feel you should be tested, your state or local health department may have information on testing places in your area.

The results of your test might change what you need to do (such as isolating yourself from other people if the test is positive), but they might not change your treatment. For example, if you have mild (or no) symptoms, you may not need treatment even if the test is positive.

If you do get tested and are negative for COVID-19, it doesn’t guarantee that you are not infected, as testing is not always 100% accurate. It also doesn’t mean that you can’t be infected at a later date. It’s still important to do what you can to lower your risk of infection, such as getting a COVID vaccine and taking other appropriate precautions.

Are at-home tests an option?

For some of the COVID-19 tests in use, including those that test breath samples, the samples need to be obtained by a health care professional. But for other tests the samples can be collected at home:

- Most at-home tests use swabs to collect samples from inside the nose
- Some tests use samples of saliva

Many of these tests can now be done without a doctor’s order. With some at-home tests, once the samples are collected, they need to be shipped to a lab for the actual testing, so the results won’t be available right away. Other at-home tests do not need to be sent to a lab. These tests give results within a short amount of time.

What about antibody (serology) tests?

These tests look at a person’s blood for specific antibodies (immune system proteins) that would show that the person has been exposed and had an immune response to the virus. Antibody tests do not look for the virus itself, so they can’t be used to tell if someone is currently infected. They can only tell if a person has been exposed to the virus at some point.

It’s not clear how useful the results of antibody testing are at this time. While many
different antibody tests are now being used, the results from some of them might not be as accurate as others. And even with an accurate test result, experts aren’t yet sure if having a positive test means that you can’t be infected again.

The FDA has more information about the different types of COVID-19 tests now in use.

**Do I still need to take precautions if I get the COVID-19 vaccine?**

The COVID-19 vaccines are still being studied, as there are things we don’t yet know about them. For example, researchers are still trying to determine how long the COVID-19 vaccines will help protect against the virus, as well as how well it works against different virus variants. And while the vaccines can clearly lower the risk of getting serious disease from COVID, it’s not yet clear how well they can prevent the spread of the virus to others.

The CDC has recommendations for certain things people and their households can do to help prevent COVID-19 depending on the level of COVID-19 spread in their community. This guidance is updated regularly, so check the CDC website for details. For people with a weakened immune system (such as from cancer or its treatment), it’s important to talk with your health care provider about which precautions and behaviors are right for you.

**Can other medicines lower the risk of COVID-19 infection?**

COVID-19 vaccines are the main medicines used to lower the risk of getting COVID-19 (and of having more serious disease if you do get it). But some other medicines can also be used to lower the risk of infection in certain situations.

In people who have not been exposed to the virus recently

For certain people who are less likely to get adequate protection from COVID-19 vaccines, a combination of the monoclonal antibodies tixagevimab and cilgavimab (Evusheld), given as an injection into a muscle once every 6 months, can help lower the risk of infection. (This is known as pre-exposure prevention.)

These medicines can be used in people who do not have COVID-19 and who have not recently been exposed to the virus, AND who:

- Aren’t likely to have an adequate immune response to the COVID-19 vaccine
because they have a weakened immune system (which includes many people being treated for cancer), OR

- Can’t get the vaccine because of a previous severe reaction to the vaccine (or parts of it)

It’s important to note that in people who are able to get the COVID-19 vaccine, this treatment should be used in addition to, not instead of getting the vaccine.

Are there medicines to treat COVID-19?

Not everyone infected with the virus that causes COVID-19 needs to be treated. But if treatment is needed, several different drugs (or combinations of drugs) might be used, depending on how sick a person is, how old they are, and other factors. These treatments can be used in most people, including people with cancer.

Some of these drugs work by targeting the virus that causes COVID-19. Examples include:

- Remdesivir (Veklury)
- Nirmatrelvir and ritonavir (Paxlovid)
- Molnupiravir
- Bebtelovimab

Some drugs work by helping to reduce inflammation in the body. (Inflammation can lead to some of the more severe symptoms of COVID-19.) Examples of such drugs include:

- Baricitinib
- Tocilizumab
- Corticosteroids, such as dexamethasone and prednisone

People who have fully recovered from COVID-19 have antibodies against the virus in the liquid part of their blood (known as plasma). Treatment with this plasma (known as convalescent plasma) might be helpful in some people with COVID-19.

Many other drugs that might help treat COVID-19 or its symptoms are now being studied as well.

What about chloroquine and hydroxychloroquine?
The drugs chloroquine and hydroxychloroquine are already used to treat malaria and some other conditions. Some doctors have tried them in certain patients with COVID-19. The FDA has cautioned against the use of these drugs to treat COVID-19 unless a person is taking part in a clinical trial. According to the FDA, “Hydroxychloroquine and chloroquine have not been shown to be safe and effective for treating or preventing COVID-19.” Clinical trials are still needed for doctors to truly know if these drugs are safe and effective.

What about ivermectin?

The drug ivermectin is approved to treat parasitic worms and some other conditions in humans. It is also approved for use in animals to prevent heartworm or to treat certain parasites. Some doctors have tried ivermectin in certain patients with COVID-19. The FDA has cautioned against the use of these drugs to prevent or treat COVID-19 unless a person is taking part in a clinical trial. Additional testing is needed to know if this drug might be helpful in preventing or treating COVID-19.

What about dietary supplements or over-the-counter treatments?

Despite claims now appearing online and in social media, it’s important to know that there are no supplements or over-the-counter (non-prescription) treatments available online or in stores that have been proven to prevent, treat, or cure COVID-19.

The World Health Organization (WHO) has a list of mythbusters to debunk some claims you may have heard about how the new coronavirus may be transmitted or treated.

For the latest information, including more detailed responses to some common questions, please visit the following websites:

- US Centers for Disease Control and Prevention (CDC)
- US Food and Drug Administration (FDA)
- World Health Organization (WHO)

This article was first published on March 3, 2020.

Hyperlinks

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outbreak.html
8. www.cdc.gov/mmwr/volumes/69/wr/mm6923e2.htm
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