## CANCER LEADERSHIP COUNCIL

## A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS ADDRESSING PUBLIC POLICY ISSUES IN CANCER

January 27, 2021

Jose Romero, MD Chair Advisory Committee on Immunization Practices Centers for Disease Control and Prevention 1600 Clifton Road NE, Mailstop A27 Atlanta, GA 30329-4027

Docket No.: CDC 2021-0002, Advisory Committee on Immunization Practices (ACIP), January 27, 2021

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Dear Dr. Romero:

The undersigned organizations representing cancer patients, providers, and researchers write to thank you for development of COVID-19 vaccine recommendations that are data-driven and to urge your ongoing review of the developing data on COVID-19 outcomes and state decisions regarding vaccine allocation and usage.

Cancer patients, including not only those in active treatment but also those with a history of cancer, are at risk of poor outcomes from COVID-19. Cancer survivors, including those just beginning treatment, those with advanced metastatic disease, and those who are in long-term survivorship care, are eager to receive the protection of COVID-19 vaccines. We encourage you to review the emerging data related to the risks that COVID-19 poses to cancer survivors – from diagnosis through treatment and survivorship -- as you monitor and update the immunization schedule and evaluate the states' flexible use of the schedule.

The evidence about the severity of illness resulting from the novel coronavirus is still emerging, but there have been data available since early in the pandemic showing that there are serious risks to cancer survivors from infection with COVID-19.<sup>1</sup> More recent meta-analyses report that individuals with a history of cancer have higher odds of COVID-related death compared to individuals without cancer.<sup>2</sup> A 2021 study found that, after adjusting for demographics, smoking

<sup>&</sup>lt;sup>1</sup> Jee J, Foote MD, Lumish M, et al.: Chemotherapy and COVID-19 Outcomes in Patients with Cancer. J Clin Oncol 38: 1-10, 2020. Zhand H, Wang L, Chen Y, et al.: Outcomes of novel coronavirus disease 2019 (COVID-19) infection in 107 patients with cancer from Wuhan, China. Cancer, September 1, 2020. <sup>2</sup> Izcovich A, et al.: Prognostic factors for severity and mortality in patients infected with COVID-19: A systematic review. PLOS One, 2020. 15 (11): p e0241955. Noor, FM and Islam MM: Prevalence and

status, and comorbidities, "a diagnosis of cancer was independently associated with higher odds of hospitalization and 30-day mortality." Although the associations were stronger for patients with active cancer, those with a history of cancer were still at higher risk than those without such a history.<sup>3</sup>

The risks experienced by those with a history of cancer are reflected in the recommendation that people with a history of cancer be included among those with high-risk medical conditions slated for vaccination in phase 1c of the ACIP schedule.

We understand that vaccine supply will be limited for some time and that there will be delays in administration of vaccines to those in phase 1c. However, we are concerned that the decisions by states to approach the immunization schedule with considerable flexibility, combined with vaccine supply limits and distribution challenges, are pushing vaccination for cancer patients farther and farther into 2021. With these delays, people with cancer experience grave risk related to COVID-19.

As you continue your work to revise and update the COVID-19 vaccine immunization schedule and monitor its implementation by the states, we urge that you consider the growing body of evidence regarding the COVID-19 risks to those with a history of cancer. Further, we urge you to reinforce the current immunization schedule and consider communication to the states regarding the rationale of the schedule and importance of vaccinating those with high-risk medical conditions. We appreciate that vaccine should not be wasted and that flexibility regarding the schedule is necessary for optimal use of supply. However, we urge that those with serious medical conditions be provided the priority for vaccination anticipated in the ACIP recommendations.

We also urge ACIP to provide guidance to states and all immunization programs about the logistics of vaccination of cancer patients and others with serious underlying medical conditions. The process for registration and vaccination of these individuals should be straightforward, and the requirements that people with cancer document their medical condition should not be unreasonably burdensome. The National Comprehensive Cancer Network COVID-19 Vaccination Advisory Committee has made preliminary recommendations regarding vaccination of cancer patients. The guidelines stress that patients with cancer should be immunized when vaccines are available to them, consistent with ACIP recommendations, but the guidelines also identify those patients (including transplant patients, cellular therapy patients, and others) for whom a delay in vaccination after treatment may be appropriate.<sup>4</sup> We draw your attention to the NCCN guidelines to suggest that cancer patients will be informed by their cancer care team if they should delay vaccination. If cancer patients appear for vaccination, they are not among those recommended for temporary delay of vaccination, and they should not be denied access to vaccination as the result of overly rigorous documentation requirements.

associated risk factors of mortality among COVID-19 patients: a meta-analysis. Journal of Community Health (2020) 45: 1270-1282.

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<sup>&</sup>lt;sup>3</sup> Sun L, Surya S, Le AN, et al. : Rates of COVID-19-Related Outcomes in Cancer Compared with Non-Cancer Patients.

<sup>&</sup>lt;sup>4</sup> National Comprehensive Cancer Network. Preliminary Recommendations for the NCCN COVID-19 Vaccination Advisory Committee, Version 1.0. 1/22/2021.

We applaud your work to date, accomplished under time pressure and the pressure to protect the public health. We urge that you continue the data-driven approach that you have embraced.

Sincerely,

## **Cancer Leadership Council**

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