

# All Cancers Congress

January 26, 2021

To the Governors of these United States:

The undersigned organizations convene under or support the All Cancers Congress (ACC), a group of cancer non-profits dedicated to working together for the benefit of all cancer patients. We are writing in regards to your state's COVID-19 vaccination distribution plan. We are concerned about the inclusion of cancer patients alongside members of the general public in many state distribution plans. While we understand cancer patients and survivors are a heterogeneous group where each person could be at a different risk level for COVID-19, many individuals with several clinical features and comorbid conditions, especially cancer, are at increased risk of severe COVID-19 disease. Although we are encouraged that new federal guidelines will include people with high-risk conditions alongside the elderly when prioritizing vaccine distribution, we believe evidence exists that would warrant the prioritization of cancer patients in this phase and above the general public.

As you are aware, many cancer patients are immunocompromised as a result of both their diseases and the treatments used to manage them. According to the American Cancer Society (ACS), patients and survivors may face a higher risk of health complications if they contract COVID-19. To elaborate further, ACS states, "It appears that patients with cancer and survivors of cancer may be at higher risk of health complications from COVID-19. This is not surprising given that this group of individuals is often immune compromised. There is emerging evidence that patients with hematological malignancies, including leukemia, lymphoma, and multiple myeloma, may be at a greater risk of infection and complications than patients with other cancer diagnoses."<sup>1</sup>

Furthermore, many cancer patients must continually attend medical appointments and receive care in person to successfully manage their disease. This could place them at additional risk for exposure. These reasons should warrant their prioritization above the general public for COVID-19 vaccination.

Additionally, the American Society of Clinical Oncology and the Association for Clinical Oncology (known collectively as ASCO) partnered with ACS in advocating to the Advisory Council on Immunization Practices (ACIP) for cancer patients to receive priority during the vaccine distribution process.<sup>2</sup>

We wish to share one specific example highlighting the importance of prioritizing cancer patients during this process. The COVID Lung Cancer Consortium (CLCC), comprised of a global assembly of thought leaders in thoracic oncology, virology, immunology, vaccine development,

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<sup>1</sup> <https://www.cancer.net/blog/2020-06/common-questions-about-covid-19-and-cancer-answers-patients-and-survivors>

<sup>2</sup> <https://www.asco.org/practice-policy/policy-issues-statements/asco-in-action/asco-partners-patients-advocates-oncologists>

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and patient groups, recommend that state-level policies for vaccine administration should strongly consider a high priority for vaccination of all cancer patients. Thus, as more vaccine doses are made available, these patients will have early access should they choose to be vaccinated after discussion with their healthcare providers of the associated risks and benefits. Clearly, we still do not yet have enough information about the effectiveness and any additional side effects of such vaccines in cancer patients depending on their cancer type, stage, treatments, and other medical conditions. As such key information becomes available from current NCI-NIH sponsored research, adjusted recommendations can be based on scientific knowledge. Our organizations agree with the CLCC recommendations to prioritize cancer patients and request specific attention be given to these vulnerable population(s) and close follow-up of these individuals to ensure the vaccine is effective and there are no unexpected adverse events. To this end, we also urge close coordination to ensure that cancer patients who receive the first dose of a multi-dose vaccine regimen are ensured timely receipt of the second dose to obtain the full benefit of protection.

Additionally, we wish to raise another important factor to consider when addressing vaccine distribution regarding patient privacy. States must protect patient information and privacy when determining rollout for vaccine distribution. For those who cannot receive the vaccine due to ongoing treatment, privacy concerns could impact patients adversely. Where vaccination could be required by employers, individuals who are immunocompromised may fear negative consequences if information on their health is disclosed to their employer or another party. As such, we ask that states carefully consider incorporating guardrails to protect patient privacy as they develop policies and procedures for vaccine roll-out.

For these reasons, we respectfully request that cancer patients receive prioritization above that of the general public during the COVID-19 vaccination planning process. Please contact Robin Levy at [RLevy@myeloma.org](mailto:RLevy@myeloma.org) with questions or to receive more information.

Sincerely,

American Society for Radiation Oncology  
Cancer And Careers  
*CancerCare*  
Cancer Support Community  
Fight Colorectal Cancer  
GO2 Foundation for Lung Cancer  
International Myeloma Foundation  
National Brain Tumor Society  
Ovarian Cancer Research Alliance  
Susan G. Komen