



December 18, 2020

Advisory Council on Immunization Practices
Centers for Disease Control
1600 Clifton Road, N.E., Mailstop A27
Atlanta, GA 30329-4027

RE: Docket No. CDC-2020-0124

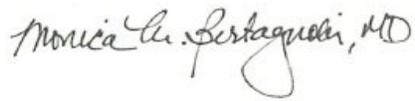
Dear Advisory Council Members:

On behalf of the American Cancer Society (ACS) and the Association for Clinical Oncology (ASCO) we write to thank you for your dedication to developing carefully considered and data-driven recommendations on how to distribute the COVID-19 vaccines, and to share data on the impact of COVID-19 on cancer patients and survivors. Together we represent millions of cancer patients and survivors, and the cancer care teams that treat them. As you make recommendations about the distribution of the vaccination, our hope is that you will consider prioritizing cancer patients because of the compelling data that shows worse COVID-19 outcomes for people in active treatment for, or with a history of, cancer.

While evidence is still emerging about the nature and severity of illness caused by this novel virus, there have been numerous studies examining the risk of severe COVID-19 disease or death from COVID-19 infection in individuals with a history of cancerⁱ. One meta-analysisⁱⁱⁱ reported that individuals with a history of cancer had 1.35-times higher odds of COVID-related death compared to individuals without cancer (OR=1.35, 95% CI 1.17-1.55) and another meta-analysis^{iv} reported 2.31-times higher risk of death in those with a cancer history (95% CI 1.80-2.91). Mounting evidence also demonstrates that individuals with any history of cancer are at a higher risk of severe disease compared to the general population. In a recent retrospective analysis of patients in Massachusetts, those with a history of cancer were twice as likely to develop severe COVID-19 disease compared to the general population.^v

We appreciate the challenge facing the Committee in recommending priorities for COVID-19 vaccination, and respect the thoughtful and transparent way in which you have approached this unprecedented situation. We urge the Committee to frequently review the emerging evidence about the impact of COVID-19 on people with cancer and to place these patients in the appropriate tier of allocation based on their risk. Our organizations stand ready to work with you toward a fair and equitable distribution plan during the coming months.

Sincerely,



Monica Bertagnolli, MD, FACS, FASCO
Chair of the Board
Association for Clinical Oncology



William G. Cance, MD FACS
Chief Medical and Scientific Officer
American Cancer Society

ⁱ 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.

ⁱⁱ Noor, F.M. and M.M.J.J.o.c.h. Islam, *Prevalence and Associated Risk Factors of Mortality Among COVID-19 Patients: A Meta-Analysis*. 2020. **45**(6): p. 1270-1282.

ⁱⁱⁱ 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.

^{iv} Noor, F.M. and M.M.J.J.o.c.h. Islam, *Prevalence and Associated Risk Factors of Mortality Among COVID-19 Patients: A Meta-Analysis*. 2020. **45**(6): p. 1270-1282.

^v Ganatra, S., et al., *Outcomes of COVID-19 in Patients With a History of Cancer and Comorbid Cardiovascular Disease*. *J Natl Compr Canc Netw*, 2020: p. 1-10.