



February 17, 2021

Dear Governor,

The American Cancer Society Cancer Action Network (ACS CAN) and the Association for Clinical Oncology (ASCO) write to urge you to prioritize patients with cancer in the distribution of COVID-19 vaccines in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines. ACS CAN and ASCO are the nation's leading cancer advocacy organizations working on behalf of the millions of people living with cancer and survivors, and those who care for them.

The lack of a unified vaccine distribution plan – as well as issues with both the availability of the vaccine and the infrastructure for administration of it – has resulted in an uneven distribution. The CDC recommends that cancer patients be included in Phase 1 of the prioritization for distributing the COVID vaccine. Unfortunately, some states have chosen not to use CDC guidelines in implementing their vaccine distribution plans and some have indicated that cancer patients will be moved to lower priority tiers. This is of particular concern because of the compelling data that shows worse COVID-19 outcomes for people in active treatment for cancer. Strategies and decisions regarding vaccine distribution should be developed in a transparent and ethical way by public health professionals free from bias based on political or commercial interests.

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 ⁱⁱ. 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

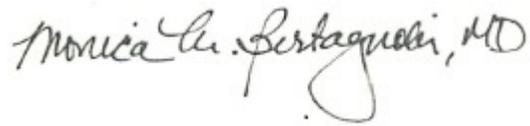
We urge you to frequently review the emerging evidence about the impact of COVID-19 on people with cancer and to place these patients in the appropriate tier of allocation as recommended by the CDC. We also offer ACS CAN and ASCO as a resource to help share emerging data with you and assist with outreach to patients and cancer care providers.

This is an unprecedented and challenging time and we appreciate your consideration of this request in the distribution of COVID-19 vaccinations. Thank you for all your work over the last year to keep residents of your state safe during the public health emergency.

Sincerely,



Lisa A. Lacasse, MBA
President
American Cancer Society Cancer Action Network



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

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.