



1-April-2021

Adrian Dix  
Minister of Health  
Government of British Columbia

**Subject: TIMELY ADMINISTRATION OF SECOND COVID-19 VACCINE DOSE FOR IMMUNOCOMPROMISED PATIENTS, PRIOTIZATION OF VACCINE FOR HOUSEHOLD MEMBERS OF PATIENTS RECEIVING IMMUNOSUPPRESSIVE THERAPY, AND INCREASED GUIDANCE ON COVID-19 VACCINE SPECIFIC FOR CANCER PATIENTS**

Dear Health Minister Dix,

COVID-19 has unprecedentedly disrupted the Canadian healthcare system, affecting the millions of Canadians requiring care and treatment. On behalf of a collaboration of organizations and our patient constituents, we are writing to you to thank you for your dedication and focus towards mitigating the spread of COVID-19 and improving the healthcare experience for cancer patients and survivors.

Nearly one in two Canadians will be diagnosed with cancer in their lifetime, with over 2 million Canadian cancer patients and/or survivors<sup>1</sup>. This number is rising with the aging population. The impact of cancer on Canadians has improved over the last few decades, with Canadians facing a cancer diagnosis now having a better chance of surviving than ever before. However, COVID-19 has severely impacted this statistic, causing increased severity and risk of mortality for cancer patients and survivors who contract SARS-CoV-2. This risk is further exacerbated in immunocompromised patients, especially those not eligible for the COVID-19 vaccine due to immunosuppressive treatments, that are living in households with caregivers or relatives who have not yet received the COVID-19 vaccine. The Manitoba government has taken this important consideration into account, factoring household members of high-risk individuals into their immunization plan to increase the patients protective environment<sup>2</sup>.

We commend the provinces and territories in their efforts in integrating cancer patients into their respective immunization plans. We continue to encourage rapid access to immunization phases prioritizing cancer patients and immunocompromised survivors so those most at risk do not experience further delays in receiving the COVID-19 vaccine.

We further commend the National Advisory Committee on Immunization (NACI) for its continued monitoring and evaluation of vaccine research and development as well as real-world evidence, in this rapidly evolving environment. The continuous publishing and updating of the recommendations for vaccine roll-out is extremely important. NACI's response to extending dose intervals to four months to optimize early vaccine rollout has created much concern in the oncology community. Research on the



efficacy of the COVID-19 vaccine with a four-month interval between doses is unavailable and therefore cannot be support. Further NACIs most recent recommendations (March 16, 2021) do not explicitly address cancer patients and survivors nor takes into account the heterogeneity of cancers<sup>3,4</sup>.

Research into the COVID-19 vaccines and cancers is expanding, with recent studies demonstrating the immune response that occurs after the first dose of the vaccine in seniors<sup>5</sup> and cancer patients<sup>6</sup> is reduced compared to the response in healthy individuals, leaving these individuals unprotected. Immune protection in cancer patients at week 3 following the first dose of the vaccine was only 39% and 13% in solid and hematological cancers respectively, compared to 97% in those without cancer (research specific to the Pfizer-BioNTech vaccine)<sup>6</sup>. When the second dose was given at the proper 3-week time period, immune response increased significantly to 95%<sup>5</sup>. However, for those that did not receive the vaccine at a 5-week assessment period post-initial dose, only 43% and 8% of solid tumor and blood cancer patients developed antibodies, compared to 100% of controls<sup>6</sup>. In recognition of these data, as of March 26, 2021, the Ontario government has revised its second vaccine dose timeline for some immunocompromised patients including recipients of solid organ transplants; recipients of hematopoietic stem cell transplants; people with malignant hematological conditions undergoing active treatment; and people with non-hematological malignant solid tumours undergoing active treatment, where active treatment includes chemotherapy, targeted therapies, immunotherapy, and excluding individuals receiving solely hormonal therapy or radiation therapy<sup>7</sup>. We welcome this revision as a step in the right direction for cancer patients.

### **Recommendation 1:**

**We are urging that the provincial and territorial ministries ensure that all blood cancer patients, cancer patients on active treatment, and immunocompromised survivors receive the second vaccine dose according to the time supported by the product monograph indicated by clinical trial data to ensure proper immune response.**

### **Recommendation 2:**

**We encourage the prioritization of all household caregivers or relatives of hematologic patients receiving immunosuppressive treatments to receive the COVID-19 vaccine. This will increase the protective environment for the patient against COVID-19 who may not be eligible to receive the vaccine due to treatment.**

### **Recommendation 3:**

**We are asking to ensure a more rapid development of national guidelines and recommendations to include information for immunocompromised patients, including cancer patients specific to cancer type and treatments, on the safety and efficacy of the vaccine based on new and available research.**



For the reasons stated above, we and the Canadian cancer community sincerely urge you and your colleagues to implement the recommendations above urgently, to ensure cancer patients and immunocompromised survivors are being immunized safely and effectively.

We thank you for your leadership and dedication to Canadians during the COVID-19 pandemic. We as a group of organizations, and our constituents, are ready to work with you and your administration on this important issue to prioritize cancer patients and survivors to receive the vaccine.

Sincerely,

### **Lymphoma Canada's Scientific Advisory Board**

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### **Clinician not affiliated with above patient organizations**

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