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## Did Patients with Cancer Receive Priority COVID-19 Vaccination?

#### **PURPOSE**

Cancer patients are particularly vulnerable to serious COVID-19 related morbidity and mortality due to a combination of disease and therapy-related effects. Available vaccines are highly effective, but initial supply limitations forced difficult patient prioritization decisions. Advisory Committee on Immunization Practices guidelines recommended that states prioritize patients from 65-74 and patients from 16-64 with high risk-conditions (including cancer) in phase 1c. However, this group encompassed 129 million people nationally forcing many states to sub-prioritize. The proportion of states that elected to follow phase 1c recommendations and include all 16+ patients with a cancer diagnosis (vaccine-eligible age) in the same tier as patients over 65 is unknown.

#### METHODS AND MATERIALS

In late February 2021, we identified every states' COVID vaccination webpage through keyword-based internet search and attempted to identify information about vaccination for cancer patients. The primary endpoint was the proportion of states simultaneously vaccinating patients with cancer and patients over the age of 65. Secondary endpoints included the proportion of states identifying a cancer diagnosis as a criteria for vaccination and the proportion specifically defining a qualifying cancer diagnosis. Descriptive statistics including proportions and frequency counts were performed.

### **RESULTS**

43 states included cancer as a criteria for vaccination with 8 precisely defining a qualifying cancer diagnosis and 17 giving patients with cancer and patients aged 65-74 the same immunization priority. There was no relationship between per capita cancer prevalence and vaccine prioritization decisions. Finding detailed vaccination information required significant computer literacy, as it routinely required navigation through multiple webpage subdomains.

# **CONCLUSIONS**

Although the majority of states included cancer as a criteria for vaccination, during the supply-constrained vaccination phase, over four-fifths did not clearly define a cancer diagnosis meeting criteria and nearly two-thirds did not give the recommended equal priority to cancer patients and patients aged 65 to 74. Policy interventions in future waves requiring boosters, or in other pandemics, should ensure timely vaccination of vulnerable populations to better mitigate disparities.

#### CLINICAL RELEVANCE/APPLICATION:

Nearly 2/3 of states did not follow guidelines to prioritize vaccinating patients with cancer risking unnecessary morbidity and mortality, as this population is particularly vulnerable to COVID-19. Policy interventions in future waves requiring boosters, or in other pandemics, should ensure timely vaccination of vulnerable populations to better mitigate disparities.