

Dear Governor Laura Kelly,

On behalf of the Kansas Cancer Partnership (KCP), its individual members and organizations, we write to thank you for all your efforts to slow the spread of the coronavirus in our state and to ensure that every Kansan is vaccinated. We also seek to offer our thoughts and recommendations regarding the Kansas Vaccine Distribution Order you presented on January 7.

We applaud you and the members of the Kansas Coronavirus Advisory Council for your thoughtful efforts seeking to maximize benefits and minimize harm while striving for equity, justice, and fairness when it comes to when the vaccine will be made available to which Kansans. However, it was our hope that the Kansas Vaccination Order would prioritize 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.

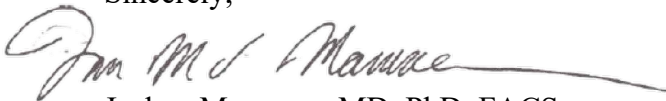
There have been numerous studies examining the risk of severe COVID-19 disease or death from COVID-19 infection in individuals with a history of cancer^{i ii}. One meta-analysisⁱⁱⁱ reported that individuals with a history of cancer had 1.35-times higher odds of COVID-related death compared to individuals 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.

The Kansas Cancer Partnership seeks to reduce the morbidity and mortality from cancer. Cancer continues to be a significant health threat for Kansans and the American Cancer Society projects 16,980 new cancer cases diagnosed Kansas and 5,260 deaths due to cancer in 2021. A delay in vaccinating cancer patients could increase the projected number of deaths due to cancer this year.

We appreciate the challenge facing leaders in recommending priorities for COVID-19 vaccination, and respect the thoughtful and transparent way in which you have approached this unprecedented situation. We urge you and the Council to frequently review the emerging evidence about the impact of COVID-19 on people with cancer and to move these patients to a higher tier of allocation based on their risk.

We stand ready to serve as a resource in providing a fair and equitable rollout of the COVID-19 vaccine in our state. If we can provide data, council or anything you might need to offer further clarity on our recommendation, we would be happy to facilitate.

Sincerely,



Joshua Mammen, MD, PhD, FACS
Chair, Kansas Cancer Partnership



Erica Terry
Co-Chair, Kansas Cancer Partnership

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.