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January 14, 2021

Dear Governors,

On behalf of the Board of Directors of the Community Oncology Alliance (COA), **we are writing to urge that local independent oncology practices be given priority approval to administer COVID-19 vaccinations to their immunocompromised patients with cancer and blood disorders and be provided with sufficient vaccine supply to do so.**

As detailed in this letter, community oncology practices are uniquely positioned to deliver the COVID-19 vaccine to patients at high risk of both contracting COVID-19 and experiencing serious complications of the virus. Importantly, because every oncologist has touch points with multiple high-risk patients, we are requesting state governments, health departments, and relevant task force(s) immediately accept them as vaccination providers.

COA is an organization dedicated to advocating for the complex care and access needs of patients with cancer and the community oncology practices that serve them. COA is the only nonprofit organization in the United States dedicated solely to community oncology practices, which serve the majority (more than half) of Americans receiving cancer treatment.

Community oncology clinics are ready and willing to rapidly expand the capacity and geographic coverage of vaccine delivery. These practices have clinics that are open and caring for patients in diverse communities across the country, in both rural and urban areas. They are staffed by health care professionals – including physicians, advanced care practitioners, nurses, pharmacists, and other allied health professionals – experienced with delivering complex therapies, such as chemotherapy. Managing the acquisition, handling, delivery, and tracking of the COVID-19 vaccine, including the cold storage requirements of the Pfizer vaccine, are basic operations for many practices. Most practices administer other vaccinations to their patients and have integrated pharmacies to provide infusions or injections for cancer care daily.

To date, community oncology practices have had frustratingly limited success in signing up to be COVID-19 vaccine delivery sites. Despite taking the time to fill out all the requisite applications and forms, very few of them have had success in being accepted. As vaccination efforts and capacity ramps up, and calls go out for health care professionals to volunteer their time, it is extremely disappointing that independent community oncology practices are not being enlisted in this critical lifesaving effort.

Community oncology practices are an optimal location for patients with cancer to get the vaccination because many patients are already on-site receiving treatment and monitoring. Adding these practices as COVID-19 vaccine providers will quickly help overcome the logistical challenges our current vaccination efforts are having due to capacity or geographic constraints. For example, one practice with multiple sites in a current COVID-19 outbreak hotspot has indicated they have the ability to rapidly ramp up to administer 10,000+ vaccinations a day during normal clinic hours. Another is able to vaccinate in a rural community where the only local vaccination site, a hospital, is completely overwhelmed and understaffed. These are but two examples of the tremendous additional vaccine delivery capacity community oncology practices can provide.

Perhaps more importantly, **community oncology practices treat patients that are priority targets for vaccination and can rapidly ramp up your efforts to reach and vaccinate these target populations.** By definition, cancer patients and survivors are immunocompromised, with a majority in the Medicare (65 years and older) population, which would qualify them for immediate vaccination per the CDC guidelines.

The United States has over 17 million cancer survivors, and over half of these patients are treated in independent community oncology practices. Numerous studies have shown that patients with cancer and cancer survivors remain an important at-risk population for COVID-19. They have a higher mortality rate from the virus, are more likely to be admitted to the intensive care unit, and generally have worse clinical outcomes than those without cancer. Patients with cancer should be prioritized among the highest risk individuals. Failure to quickly enlist community oncology practices in the vaccination effort will diminish the efficiency of protecting this vulnerable patient population and will continue to exacerbate health care supply shortages in the hospital system.

Allowing community oncology practices to provide COVID-19 vaccinations will also help overcome the incredible difficulty our patients have had in signing up for and successfully receiving a vaccine.

Some of our younger, technology-savvy patients being treated for cancer have successfully navigated the complicated technology platforms and limited supply to register for the vaccination. On the other hand, the overwhelming majority of our patients who are more at risk – specifically, older patients with cancer in treatment or monitoring – typically have been unable to secure access to vaccination. Even with our practice professionals helping patients and their families, they have seen little success overcoming issues such as a lack of clear communication, lack of safe transportation options, lack of locally accessible vaccination sites, and other barriers to vaccination. This has been incredibly frustrating for these at-risk patient populations, and we as their providers, given that we can help solve this problem.

We repeat our urgent call on state governments, health departments, and state and federal task forces to prioritize approval of community oncology practices to administer the COVID-19 vaccines and allocate vaccine supply to our clinics. We have the operational infrastructure and professional workforce in place to deliver the vaccine, immediate access and relationships to the highest risk patient populations, and a commitment to helping our communities overcome this devastating virus.

The natural consequence of not acting swiftly to protect patients with cancer in community oncology practices will be the continuance of the increase in morbidity and mortality in this population and the limitation of health care supply in the hospital systems. **We can do better! We need your help now!**

We appreciate your attention to this important issue and look forward to hearing from you soon.

Sincerely,

Kashyap Patel, MD, President, COA

Debra Patt, MD, PhD, MBA, Secretary, COA & Co-Chair COA COVID-19 Task Force

Lucio Gordan, MD, Co-Chair COA COVID-19 Task Force

CC:

- Alex M. Azar II, Secretary of Health and Human Services
- President-elect Joseph R. Biden COVID-19 Task Force
- Operation Warp Speed
- National Governors Association
- The Association of State and Territorial Health Officials