

Opinion Article

Should Older Cancer Patients Receive Priority for Coronavirus Disease 19 Vaccination: Recommendation of the International Geriatric Radiotherapy Group

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Across the world, one of the cause for cancer mortality is delay in initiating treatment. A meta-analysis of 34 international studies looking at the impact of treatment delay reported that even a four week delay in surgical, radiotherapy, and systemic treatment lead to poorer outcome in cancer patients [1].

Thus, once cancer diagnosis and proper staging are established, treatment should be initiated as soon as possible. Coronavirus disease 19 (COVID-19) is a pandemic leading to an increase in hospital admissions and potentially overwhelming the availability of intensive care beds for sick patients. As a result,

elective surgery or procedures for cancer patients may be cancelled to accommodate for infected patients. An unexpected consequence of the pandemic is the delay in cancer treatment. A survey of 609 cancer breast cancer survivors reported a 54% treatment delay in breast cancer care during the pandemic [2]. Older cancer patients, in particular, face double jeopardy. If infected with the virus, they are likely to have a higher mortality rate compared to younger patients because of the presence of co-morbidity [3]. On the other hand, some country official guidelines advocated against initiating early cancer treatment for infected patients to protect other patients who are immunocompromised

from potential contagion [4].

Thus, physicians face an ethical dilemma. Delaying treatment of older and infected cancer patients which constitute a minority of the cancer population may be necessary to protect other cancer patients. This difficult challenge may be avoided if older cancer patients are prevented from getting the infection which allow them to receive treatment without delay and protect them at the same time from the virus.

The recent approval of the COVID-19 Pfizer vaccine and the Moderna vaccine provides a potential solution for those patients [5]. The vaccine is safe and effective for older patients. A 95% protection rate against COVID-19 was reported for all patients older than 16 years of age [5]. Given the limited availability of the vaccine, health care workers have received priority for the vaccination. Nursing home patients are also on the priority list because of their higher mortality. Who should be next on the list?

As an international organization devoted to the care of older cancer patients who are frequently excluded from clinical trials because of their chronological age (<http://www.igrg.org>), we advocate that older cancer patients should receive priority for COVID-19 vaccination [6]. They could be enrolled into a clinical trial as soon as possible after vaccination [7]. The vaccine not only improves the quality of their care but also protects other cancer patients from being infected, thus fulfilling the guidelines for cancer patients protection during the pandemic.

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