



American Society for
Transplantation and Cellular Therapy

Rochelle Walensky, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

March 16, 2021

RE: Hematopoietic Cell Transplant and Cellular Therapy Patient Prioritization for COVID-19 Vaccine

Dear Dr. Walensky:

The American Society for Transplantation and Cellular Therapy (ASTCT) appreciates the opportunity to express our ongoing concern regarding at-risk patient access to COVID-19 vaccinations. Individuals receiving hematopoietic cell transplant and cellular therapy are at a higher risk of infection given their immunosuppressed status and require prioritization for currently available vaccinations.

The ASTCT is a professional membership association of more than 2,600 physicians, scientists and other health care professionals promoting blood and marrow transplantation and cellular therapy through research, education, scholarly publication and clinical standards. The clinical teams in our society have been instrumental in developing and implementing clinical care standards and advancing cellular therapy science, including participation in trials that led to current FDA approvals for chimeric antigen receptor T-cell (CAR-T) therapy.

Members of the American Society of Transplant and Cellular Therapy (ASTCT) have come together as a cancer community to support and protect our patients during the unprecedented SARS-CoV-2 pandemic. Yet, COVID-19 continues to put our highly-immunosuppressed hematopoietic cell transplant and cellular therapy patients at significant risk. This group has been underrepresented in COVID-19 related clinical trials despite their high risk for protracted illness and post-infection complications. A recent study from the Center for International Blood and Marrow Transplant Research demonstrates, among a cohort of over 300 hematopoietic cell transplant recipients, that nearly 1 in 3 die within a month of COVID-19 diagnosis¹. This mortality rate is comparable to age-based groups currently prioritized for COVID-19 vaccination.^{2,3} Furthermore, data demonstrate prolonged shedding of viable virus even among survivors,⁴ adding additional risk to cancer centers for transmission and outbreaks among their staff and patients and burdening health care systems and their communities with excess cost.

The recent FDA Emergency Use Authorizations of COVID-19 vaccines is an opportunity to protect our hematopoietic cell transplant and cellular therapy patients and their communities.



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However, limited vaccine supply has led to challenges in allocation and resulted in some inequities for high-risk populations. The American Committee on Immunization Practices vaccine allocation guidelines target those groups at high risk for morbidity and mortality from COVID-19.⁵ Of note, CDC identifies cancer patients broadly as being at increased risk, but have not specifically recognized hematopoietic cell transplant and cellular therapy patients to be amongst the highest risk group. Additionally, patients who receive hematopoietic cell transplant for non-malignant conditions are not identified as a high risk group.

Despite the stated goal of prioritizing patients at high risk and the evidence of increased burden on hematopoietic cell transplant and cellular therapy patients, access has not been prioritized at the federal level. Since allocation guidelines vary from state-to-state, there is also lack of equity nationally, particularly among cancer patients that do not qualify based on age.

To better mitigate the impact of this pandemic, vaccine allocation should protect those at highest risk from COVID-19, and therefore hematopoietic cell transplant and cellular therapy patients should have early access to COVID-19 vaccines. **The ASTCT Infectious Diseases Special Interest Group and the ASTCT community urge national and state public health experts and authorities to assure priority to hematopoietic cell transplant and cellular therapy patients to receive COVID-19 vaccines.**

Thank you for your urgent attention to this important matter. ASTCT welcomes the opportunity to discuss our concerns and to answer any questions you may have. Please contact Alycia Maloney, ASTCT Director of Government Relations, at amaloney@astct.org for any additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stella M Davies".

Stella M Davies
Professor and Division Director
Bone Marrow Transplant and Immune Deficiency
Cincinnati Children's Hospital Medical Center

References

- 1 Sharma, A. *et al.* Clinical characteristics and outcomes of COVID-19 in haematopoietic stem-cell transplantation recipients: an observational cohort study. *Lancet Haematol* **8**, e185-e193, doi:10.1016/S2352-3026(20)30429-4 (2021).
- 2 CDC. *Demographic Trends of COVID-19 cases and deaths in the US reported to CDC*, <<https://covid.cdc.gov/covid-data-tracker/#demographics>> (2021).
- 3 CDC. *Risk for COVID-19 Infection, Hospitalization, and Death By Age Group*, <<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>> (2021).
- 4 Aydillo, T. *et al.* Shedding of Viable SARS-CoV-2 after Immunosuppressive Therapy for Cancer. *N Engl J Med* **383**, 2586-2588, doi:10.1056/NEJMc2031670 (2020).
- 5 CDC. *People with Certain Medical Conditions*, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html> (2021).