Opinion Article

COVID-19 Vaccination among minority Cancer Patients: Recommendation of the International Geriatric Radiotherapy group

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Coronavirus disease 19 (COVID-9) is a pandemic which disproportionately affects vulnerable patients. Minority patients such as Africans and Latinos Americans suffer a higher mortality rate compared to other ethnic groups [1,2]. Their death rates are likely due to pre-existing comorbidities [3]. In addition to the risk associated with their ethnicity, they are more prone to develop infections and more likely to die because of weaker immunity defense [4,5]. Thus, vaccination of those patients should be at a priority for health care workers (HCW). These patients face many hurdles when we recommend COVID vaccination.

Foremost is the suspicion in minority patients about the health care system. Legacy of the Tuskegeee experiment when Africans Americans with syphilis were left untreated raised a lot of questions about any program administered by the US government [6]. As a result, conspiracy theories impede any type of vaccination program targeting minority communities [7,8]. The second barrier is access to vaccination sites. Minority patients have less access to computers to schedule appointments. Transportation problem arise due to income limitations [9,10]. The third barrier is their concern about vaccine efficacy and safety. The most common reason for vaccine hesitancy in minority patients is their concern about long-term effect on their health [11].

As a consequence of the above issues, it is not surprising that vaccination among minority patients lags behind other ethnic groups according to the Centers for Disease Control and Prevention (CDC) [12]. So how do HCW convince minority cancer patients about the necessity to receive any of the COVID-19 vaccines which are proven to decrease the severity of the infection and possibly its transmission? We suggest a face to face discussion with the patients during a routine follow-up visit or during their treatment. Trust must be earned. Start with an open ended statement: we are happy with the treatment result after radiotherapy but we are concerned about the possibility that you may be exposed inadvertently to the coronavirus from sick or vaccinated patients who are likely to not have symptoms. Cancer patients are more vulnerable to the virus because of weakened immunity, and, if infected, you may have a higher risk of death compared to the general population. Have you received the vaccine? It will start a dialogue to understand the reasons for and help to mitigate the resistance for vaccine hesitancy.

A follow-up can be that: we all accept the vaccination. Since the vaccine is effective and safe, we do not want to be infected by others. That may allay the patient's fear of being an experimental guinea pig since the HCW, who they trust, have been vaccinated without serious side effects. The patient should also be informed that infection after vaccination has been shown to result in milder symptoms and without risk for death.

While the patient is still in the clinic, HCW should propose a vaccination date which is convenient to the patient. The patient navigator will arrange for transportation to and from the vaccination location. By the time the patients leave the clinic, they should have all the information about the vaccination procedure and its consequences. We have found that genuine concern about the patient well-being,

education, and any extra time to help them overcome the social barriers often expedites the vaccination process. Our Radiation Oncology clinic treats a large number of minority cancer patients. So far a hesitant patient has been observed since we started our active vaccination program. Our nurse practitioner, patient representative, and patient navigator effectively coordinate the effort until the patient has received the complete vaccination.

As an international organization devoted to the care of older cancer patients and minorities (http://www.igrg.org), we plan to extend this active vaccination program to all our 1141 affiliated centers as a way to minimize mortality rate among this vulnerable population [13-15]. After all, it is unacceptable to be cancer-free and be dead from the virus after going through a long and tough treatment.

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