



Association of Community Cancer Centers

## ONCOLOGY ISSUES

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## FROM THE EDITOR

# How Oncology Can Help Improve Vaccination Rates

BY SIBEL BLAU, MD



About 90 days have passed since the first vaccine against the novel coronavirus SARS-CoV-2 arrived in the United States, fueling new hope nationwide for the

fight against the virus. Vaccine rollout has been a top priority and millions of individuals in this country have been vaccinated thus far. Rates of diagnoses and mortality have decreased significantly since the beginning of the year.

Despite these recent wins, make no mistake—we are still in a race against a virus that is so clever it mutates even faster than a typical coronavirus. A recently published *New England Journal of Medicine* article finds the relative resistance of variants, including the B.1.351 variant that surfaced in South Africa, to be an ongoing feature of this virus. With these variants, we can expect transmission despite immunity with vaccinations or natural infection. Of course, efforts are ongoing to develop more effective vaccines, but time is limited. The good news: at least we know vaccines protect people from severe cases and death.

Because many of our patients with cancer are eligible to get the vaccine, most of us ask whether they have received their vaccines during clinic visits. Most patients with cancer are enthusiastic about getting a vaccine, yet some decline it due to concerns over side effects, religious beliefs, or misinformation about the vaccine itself. I often find myself in the position of explaining the benefits and risks and the scientific approach to vaccine development.

Oncologists may not be on the frontline taking care of patients with COVID-19 in intensive care units or emergency depart-

ments, but we do have the chance to advocate for vaccination to win the race against this deadly virus. For the most part, our patients trust us with their lives, so our voices can be an important tool for promoting vaccine compliance across the nation. This may take time and effort, but it is worthwhile even if we gain only one patient at a time.

As I walked into my clinic to work for the second long day in a row on a Sunday morning, a patient of mine stopped me at the entrance. She thanked us for providing vaccines to the community, and she also told me that this experience helped her fully realize the effect that oncologists can have on their patients. She said, “We look to our oncologist to tell us this vaccine is important. We believe you come from a scientific background and that you care about us. I am here today because you told me I should get this vaccine. Thank you for advocating for me.”

To alleviate concerns and find answers to frequently asked questions, our practice developed educational materials for patients and staff, which are updated as new information and data become available.

As the new vaccines arrive and side effects are made publicly available, we will likely see growing confusion and perhaps more resistance to vaccination. Patient education takes time. The fact that oncologists, alongside nurses, are administering COVID-19 vaccines on the weekend at my practice has had an important psychological effect on patients. Our patients see how much we care about this issue, and they truly sense that we are all in this fight together.

At the end of the day, oncologists care for one of the most vulnerable patient populations, and therefore, it is our duty to continue advocating for these vaccines. To help, I have made my practice's patient education tools, including our COVID-19 Vaccine Clinic flyer and a Frequently Asked Questions sheet, available to all ACCC members at: [accc-cancer.org/journal](http://accc-cancer.org/journal).