

# Reply to letter to editor “Cancer patients should be considered as a high-risk priority target in the COVID-19 vaccination process”

We are thankful to Souadka et al. and their colleagues for reading our study<sup>1</sup> and appreciate their thoughtful comments.

Two comments stated in their letter are first, the behavior of the Immune system to COVID-19 vaccine in cancer patients who are already immunosuppressed. And second, need for priority vaccination of cancer patients preoperatively, especially in low- and middle-income countries.

Currently, worldwide 13 vaccines have been approved for public use. The maximum effectiveness found was more than 90% in the preclinical stages. And to date, no COVID-19-related death has been reported beyond 1 week in phase III trials.<sup>2</sup> Though there are certain caveats. These trials usually exclude high-risk patients such as those with a cancer diagnosis. Also, once the vaccine is widely available, we will know more about its effectiveness, compared to controlled testing conditions, the duration of protection it will provide, and variations of responses in different patients with comorbidities.<sup>3</sup> Recently, we have experienced some cases who were vaccinated but still got COVID-19 infection. We are hopeful that we shall get real-world data on this issue over some time.

Cancer patients are immunocompromised, and the immunity levels vary in different types of cancer diagnosis, stages, and treatment. Therefore, the immune response generated by the COVID-19 vaccines has to be studied in a subset of cancer patients to know more about its effectiveness in these patients.

The question, whether cancer patients should be prioritized in the COVID-19 vaccination drive as they are at high risk of COVID-19-related complications and death has been addressed comprehensively by COV-IDSurg and GlobalSurg Collaborative article recently. This study involved over 56,500 patients including around 30% of patients who underwent cancer surgery. The odds of 30-day mortality were higher in cancer patients compared to the noncancer surgery group. The number needed to vaccinate preoperatively to prevent death over 30 days and in 1 year was lower for cancer patients versus noncancer patients which in turn were lower than the general population. They concluded that prioritization of COVID-19 vaccination for surgical patients could support safe reinitiation of elective surgery services.<sup>4</sup> And this is more scientific, as vaccinating everyone in a short period is not possible, especially where vaccinating the total population will take several years due to any reason.

## CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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