

January 18, 2022

The President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

We are physicians who care for people with hematological cancers, researchers engaged in the development of new therapies for these cancers, and advocates who represent the needs of hematological cancer patients, including those with lymphoma and chronic lymphocytic leukemia (CLL). On behalf of the Lymphoma Research Foundation COVID-19 and Lymphoma Panel, we are writing to urge the additional actions described below that would protect immune compromised individuals against the risks of COVID-19, a priority highlighted by the Centers for Disease Control and Prevention (CDC).¹

Care of high-risk patient groups has advanced substantially in terms of the development of COVID-19 vaccines and therapies, articulation of public health strategies for risk mitigation, and tailored communication with health care professionals and their patients who are immune compromised. We commend the CDC for their collaboration with us and others representing other immune compromised individuals in these efforts, particularly in defining underlying medical conditions that put people at higher risk for COVID-19, identifying the research that supports those designations, and developing vaccination recommendations.

We now urge the following actions to address the needs of these high-risk patients:

1. Increase the supply, and importantly, the distribution of monoclonal antibodies, monoclonal antibody combinations, and antiviral treatments, and
2. Prioritize those products for pre-exposure prophylaxis, post-exposure prophylaxis, and treatment of COVID-19 in immune compromised individuals.

Those who have underlying medical conditions that put them at higher risk for severe COVID-19, including the hematological cancer patients we treat and many other immune compromised individuals, have typically been vaccinated. They have generally completed the two-dose series of mRNA vaccines, have taken a third dose, and are prepared to take a fourth vaccine booster dose.

¹ Centers for Disease Control and Prevention Science Brief: Evidence Used to Update the List of Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19. Accessed online on January 13, 2022, at [Scientific Evidence for Conditions Associated with Higher Risk for Severe COVID-19 | CDC](https://www.cdc.gov/science/briefs/2022/s110122010001.htm).

STEVEN EICHBERG
Chair
Board of Directors

SONALI M. SMITH, MD
Chair
Scientific Advisory Board

MEGHAN GUTIERREZ
Chief Executive Officer

LRF HELPLINE
800 500 9976
Helpline@lymphoma.org

[lymphoma.org](https://www.lymphoma.org)

Although many of these high-risk individuals have taken available steps to boost their protection against COVID-19 infection, they remain quite vulnerable to severe COVID-19. Their modest response to vaccines leaves them at high risk, a status that forces them to live as if they are unvaccinated. That means that they must follow public health strategies, including masking and distancing, to scrupulous detail. This condition leaves them virtual prisoners to the virus, unable to easily see family and friends, travel, or in some circumstances meet the requirements of their employment. Of great concern to us as health care professionals is the challenge that immune compromised patients may face in safely obtaining treatment during the COVID-19 pandemic. One of the most daunting situations for us is to explain to the newly diagnosed blood cancer patient the risks of initiating treatment during the pandemic, with a primary risk being COVID-19 infection. The ready availability of monoclonal antibody therapy for pre-exposure prophylaxis (and as a complement to vaccination) would ease the path to treatment for the newly diagnosed immune compromised patient. The benefits of monoclonal antibodies for all immune compromised individuals – and not just those newly diagnosed and initiating treatment – are significant and we urge federal action to increase supply and distribution. The development of antiviral small molecule drugs represents another significant advance. The limited supply of these therapies is exacerbated by an inadequate distribution system. In many states there is currently no means of prioritizing access to antivirals. This results in many doses given to individuals with no underlying health issues who benefit from the drugs by shortening the duration of their illness. Few doses are available for the immune compromised population, in which therapy can prove lifesaving. Additional distribution of these drugs to hospitals and cancer centers (in addition to the current allotment sent to retail pharmacies) could ensure allocation of antivirals for immunosuppressed individuals. Coupled with specific, related guidance for the health care providers responsible for their care and safety, these actions would go far to alleviate the severe anxiety and uncertainty that patients and their family experience.

We urge you to take action to remove the challenges that the immune compromised patients face in obtaining monoclonal antibodies and antiviral treatments that are essential to helping them live through the COVID-19 pandemic.

We stand ready to offer our experience, knowledge of the available data about these patients and their COVID-19 experiences, and how we have navigated the pandemic to date. Our relationship with your administration has been collaborative and constructive, and we look forward to our continued work together.

Sincerely,

Meghan E. Gutierrez
Chief Executive Officer
Lymphoma Research Foundation

Sonali M. Smith, MD
University of Chicago Medicine
Chair, LRF Scientific Advisory Board

Andrew D. Zelenetz, MD, PhD
Memorial Sloan Kettering Cancer Center
Chair, LRF COVID-19 and Lymphoma Panel

LYMPHOMA
RESEARCH • FOUNDATION

Cc: The Honorable Xavier Becerra
Anthony Fauci, MD
Rochelle Walensky, MD
Ron Klain
Jeffrey Zients
Representative Doris Matsui
Representative Gus Bilirakis