



Prevalence, Clinical Characteristics and Treatment outcomes of HIV

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EDITORIAL NOTE

Chloroquine (CQ) and Hydroxychloroquine (HCQ) have been proposed to be effective at treating COVID-19 patients. CQ usage is associated with a significant increase to pVL in early breastfeeding mothers from Rwanda which cautions against the use of CQ in such individuals.

Underrepresentation of AAs leads to the non-generalizability of clinical trial findings, disparities in cancer treatment outcomes and survival compared to other minority populations, and the absence of predictive biomarkers to identify responders to new cancer therapies. Underrepresentation creates challenges regarding the safety, tolerability, and potential efficacy of new cancer modalities due to variations in biology and drug response differences in AAs and other minority groups. There is also a large gap in the literature between enrollment and the willingness to participate in clinical trials among AAs with hematologic malignancies. The paucity of literature on this patient population creates a problem for researchers by limiting knowledge of the circumstances under which this subset of AAs would be willing to participate in clinical trials. A subgroup that is even more at risk is those with hematologic malignancies.

AAs with hematologic malignancies are significantly underrepresented in cancer clinical trials. In 2020, approximately 1,806,590 new cancer cases and 606,520 deaths will occur in men and women living in the United States. Of the estimated new cancer cases and deaths, 178,520 individuals will have a diagnosis of a hematologic malignancy, and 58,300 people may die from these types of cancers. Literature from earlier years mention that

a large proportion of hematologic diagnoses and deaths will be in racial and ethnic minorities. However, the exact number is not well documented; neither do researchers know how many cases are projected for AAs for the year 2020.

AAs comprise 14.6% of the US population of 327.2 million and have the highest death rate and lowest survival rate of any racial or ethnic group for most cancers, including heart diseases, stroke, and diabetes. The literature documents that, following a cancer diagnosis, the risk of death for AAs is 33% higher, and the five-year survival rates are lower in every type of cancer in comparison to Non-Hispanic White. Even with this much higher mortality, AAs' enrollment in cancer clinical trials is generally much lower than the incidence they account for in certain types of cancers.

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