

## Our Summer Newsletter

We at the national team publish this newsletter to keep our participants, referring providers, and the general public informed about the latest ANCHOR updates.

Our summer issue is devoted to our plans to re-open study sites affected by the COVID-19 pandemic, including the precautions we are taking regarding PPE and social distancing; updates from your Community Advisory Board members; and some words about our commitment to inclusivity in this historic study.

### **Jason Johnson Peretz**

National Recruitment and Retention Coordinator

## Clinic Re-Opening Plans

*Dr Joel Palefsky, ANCHOR Principal Investigator.*

**In March** the ANCHOR study team ceased enrolling new participants and cancelled existing appointments out of concern that we not spread COVID-19. We stand by that commitment to you as we begin to re-open our clinics for study visits.

### **As we re-open, we put several measures in place to protect your health and the safety of our staff.**

These measures include COVID symptom checks, potential COVID testing, personal protective equipment (N95 masks) for personnel, scheduling changes to ensure social distancing between participants, and plans for contact tracing and clinic cleaning. All measures are subject to approval by local Institutional Review Boards, in compliance with local Department of Public Health guidelines.

**When we begin re-scheduling participant appointments, we will first see participants who missed their appointments during the shutdown,** and then resume enrollment of new participants as soon as possible. We hope to get everyone back on schedule by the end of the summer!



## Our commitment to inclusivity

*ANCHOR National Team*

The horrific murders of George Floyd, Breonna Taylor, and Ahmaud Arbery, and the resulting protests remind us of the biases in society which divide us and lead to worse health outcomes for so many of our communities.

We know well that race, class, gender, and sexual orientation all influence our opportunities for better health. The ANCHOR study is committed to enrolling as broad a range of people as possible in the study because it matters. We all will be stronger because of it.

We also understand that we cannot achieve that level of inclusion without your participation and your willingness to spread the word about the study. Thank you!

## The CAB Corner

Michael Dorosh, Community Advisory Board Chair

We at the ANCHOR study CAB are heartened at the gradual re-opening of local study sites, and at the care with which study staff are putting in place safety measures to protect all ANCHOR participants and staff. At the same time, we recognize that as a country we are still facing multiple concurrent epidemics (COVID, systemic racism, HIV). We acknowledge all the feelings of anger, pessimism, and hope that facing these epidemics together engenders.

Systemic bias is one reason why CABs are so important. CABs provide a place for the communities who participate in research to have a voice in shaping that research, to offer solutions to overcome blindspots, and be the active structural changemakers for research studies and researched communities. If you have suggestions for how to ensure our study is inclusive and comfortable for everyone, please let us know!

As many of you know, many questions remain unanswered about how the novel coronavirus affects those of us living with HIV. One of our CAB members, Larry Pike from Seattle, was profiled in a June 10<sup>th</sup> STAT News article about what we know about the interaction between HIV and COVID-19. “When they said, this [coronavirus] affects people with compromised immune systems, I thought, what does that mean to us?” Read more: <https://www.statnews.com/2020/06/10/people-with-hiv-confront-covid19>

Finally, as the nation begins to open up again, we’ve started to onboard new CAB members in Seattle, Los Angeles, San Francisco, and Miami. We

continue to seek a diverse and representative CAB. We encourage sites to have more than one CAB member to ensure voices are heard from every community invested in the outcomes of the ANCHOR study. If you are interested in joining your local ANCHOR CAB, please get in touch.

## Health News & Resources

[Ahmad, Susko, Lindquist, and Anwar \(2020\)](#), examining treatment delays for anal cancer, report that “compared to privately insured patients, Medicaid patients had lower two-year relapse free survival (64.4% vs. 93.8%) and overall survival (82.9% vs. 93.5%).” (Relapse free survival is the time after cancer treatment ends that a patient shows no cancer symptoms.) Race also had an effect, independent of insurance type, as “relative to patients in the racial majority,” only half of racial minority patients had lower two-year relapse free survival (53.3% vs. 93.5%). Overall survival was only about three-quarters that of racial majority participants (73.7% vs. 92.6%). They conclude that “interventions targeted at socioeconomically vulnerable populations are needed to reduce disparities in [anal cancer] outcomes.”

[Lum et al \(2020\)](#) looked at anal cancer rates in women, and found anal cancer rates, including mortality rates, have increased over the past 30 years in the US. Anal cancer is more common in women than in men -- except in higher risk situations such as HIV co-infection. “In the past, most focus has been on men who have sex with men (MSM) and immunocompromised patients who are known to be at higher risk for anal cancer. Further research is needed to determine if screening of healthy women would reduce the risk of anal cancer and whether it is cost-effective.” *ANCHOR has maintained a special focus on recruiting both cis-gender and transgender women to address this greatly needed research need.*

