Among 570 patients meeting inclusion criteria, HAART was initiated through a clinical trial in 126 patients (22.2%) and as part of routine care in 444 patients (78%). Compared to whites, African Americans had roughly half the odds of participating in a clinical trial. Patients with a baseline CD4 count >200 cells/mm³ and with higher plasma HIV viral loads were more likely to receive HAART through a trial. Patients with lower baseline CD4 counts had lower odds of 6-month virologic failure (>50 copies/mL) compared to those with CD4 >350 cells/mm³. 6-month virologic failure was not significantly different between patients receiving HAART through a trial vs. routine care, but it was more common in patients with public vs. private health insurance.

In concordance with earlier studies, racial disparities in clinical trial participation were observed with under representation of African Americans. No differences were observed in 6-month virologic efficacy vs. effectiveness of HAART therapy in ARV-naive patients initiating treatment through a clinical trial vs. routine clinical care. Patients initiating HAART at CD4 counts below 350 cells/mm³ were less likely to experience 6 month virologic failure.

**REFERENCES**