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Letter to the editor

Advancing Virus-Associated Lymphoma Research in Latin America: A Global Opportunity for Cancer Science

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Dear Editor,

Despite significant advancements in therapy and improved survival rates, gaps persist in achieving equal outcomes across the more than 100 lymphoma subtypes identified globally. In the United States (US) alone, the 5-year survival for non-Hodgkin lymphoma (NHL) rose from 62% in 2000 to 75% in 2017, and for Hodgkin lymphoma, from 82% to 90%, respectively (1). However, survival outcomes for virus-associated lymphomas have remained relatively stable in the US.

Although these rarer subtypes show higher rate ratios among Hispanic groups in this country, the insufficient sample size in the general population substantially limits basic science and clinical studies for advancing drug development and survivorship outcomes. Therefore, an international collaborative approach is needed to overcome these challenges.

The distinct pattern of lymphoma subtypes in the Latin America and Caribbean (LAC) Region — particularly certain aggressive NHL subtypes, such as Epstein-Barr virus (EBV) and human T-cell lymphotropic virus type 1 (HTLV-1), which are more prevalent in the Region— represents an opportunity for collaboration to develop clinical studies and improve patient outcomes in the LAC Region, and among Hispanic immigrants and/or descendents living in the US (2). While multiple efforts have sought to identify clinico-epidemiological, treatment, and genomic factors that affect outcomes in lymphoma (e.g., International Lymphoma Epidemiology Consortium [InterLymph]; the T-cell Project; and the Lymphoma Epidemiology of Outcomes), Hispanic groups in the US and populations across the LAC Region continue to be underrepresented in these international efforts. The Grupo de Estudio Latinoamericano de Linfoproliferativos (GELL, Spanish acronym for *Latin American Study Group on Lymphoproliferative Diseases*), a large consortium spaning 15 LATAM countries, has emerged as a vital platform for addressing these challenges. However, our previous efforts with GELL data have revealed persistent gaps in training and infrastructure, particularly in clinical trial design, data management, genomic techniques, data interpretation, and scientific writing, which continue limiting the ability of clinicians and scientists in the LAC Region to fully engage in collaborative research with their US counterparts.

Strategic investment in building lymphoma research capacity in the LAC Region offers reciprocal benefits for global oncology. With varying Indigenous, European, and African ancestry, the region's diverse populations provide a powerful niche for studying genetic and environmental contributors to lymphomagenesis, particularly for virus-associated subtypes. Strengthening data systems and research capacity in the LAC Region will yield critical epidemiological and clinical data to advance understanding of lymphoma biology, including the environmental and infectious triggers less prevalent in the US. Currently, fewer than 20% of genomic cancer studies meaningfully represent Hispanic populations in the US, limiting diagnostic and therapeutic relevance across ancestries. Insights from the LAC Region could illuminate mechanisms of lymphomagenesis applicable across populations, revealing novel risk factors or therapeutic targets, addressing a current gap in US and global research (3-5).

Recognizing that the results of US-based cancer research and drug development do not always equitably benefit the LAC Region, collaborative and transnational research initiatives are critical to closing this gap. Strengthening partnerships between the US and LAC Regional institutions can accelerate progress by enabling equitable data sharing, harmonized study protocols, regional biobanking, and capacity-building in diagnostics and clinical research. Once notable example is the SWOG Latin America Initiative (SLAI), a strategic collaboration officially launched in 2009 by the SWOG Cancer Research Network. Since its inception, SLAI has focused on enhancing oncology research across the LAC Region, demonstrating that structured and long-term collaborations can expand clinical trial infrastructure, and support sustainable cancer research ecosystems in the Region.

The LAC Region's proximity to the US and existing academic ties provide a strong foundation for bi-directional collaborations, creating opportunities for multicenter trials, translational research, and capacity-building initiatives. Equipping investigators in the LAC Region with advanced research skills and strengthening collaborative networks will: 1) expand diversity of research cohorts; 2) accelerate discoveries on ancestry-specific disease mechanisms; 3) support equitable treatment approaches; and 4) mentor the next generation of LAC investigators in transnational lymphoma research. These efforts are especially timely for the US, where nearly 19% the population in the country is of LAC origin, therefore, at a higher risk of being diagnosed with lymphoma.

In conclusion, lymphoma research is at a pivotal point where investments in partnerships with the LAC Region can drive

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transformative scientific and clinical breakthroughs, particularly for virus-associated lymphomas, for which the Region's unique and endmic disease patterns and population diversity provide valuable insight. Yet, without investing in a well-trained and adequately supported workforce in the LAC Region, these efforts may fall short. The most urgent step, therefore, is addressing this capacity gap, especially in biobanking, data-sharing protocols, bioinformatics, translational research, and clinical trial methodology. A strong and sustainable workforce of LAC clinicians and scientists will enhance the quality and efficiency of international lymphoma research, accelerating discovery, and ensuring the long-term success and impact of this strategy. Utlimately these efforts will deliver tangible benefits to populations affected by lymphoma in the LAC Region, the US, and around the world.

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