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FINAL PROGRAMME

British HIV Association
BHIVA

17th Annual Conference of the British HIV Association [BHIVA]

6–8 April 2011

Bournemouth International Centre

www.bhiva.org

17 CPD Credits
Unique Reference No: 62196

One pill. All HAART

Bristol-Myers Squibb

GILEAD

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Badges must be worn at all times in order to gain access to the lecture theatre, exhibition and dining areas

VENUES AND LOCATIONS

All locations are Bournemouth International Centre, *unless stated otherwise*

Access the conference venue via the entrance on Beacon Road (seafront side)

Registration	*Purbeck Foyer, Ground Floor*
Lecture Theatre	*Tregonwell Hall, Ground Floor*
Exhibition	*Purbeck Hall, Ground Floor*
Posters	*Purbeck Hall, Ground Floor*
Lunch and Refreshments	*Purbeck Hall, Ground Floor*
BHIVA Lunchtime Workshops: One, Four, Six	*Purbeck Lounge, Ground Floor*
BHIVA Lunchtime Workshops: Two, Five, Seven	*Tregonwell Bar, Ground Floor*
BHIVA Lunchtime Workshop: Three	*Bayview Suite, Ground Floor*
Satellite Symposia	*Tregonwell Hall, Ground Floor*
Speakers' Preview Room	*Westbourne Suite, Lower Ground Floor*
Sponsors' Rehearsal Room	*Branksome Suite 2, Lower Ground Floor*
Civic Welcome Reception	Speeches: *Tregonwell Hall, Ground Floor* Reception: *Purbeck Hall, Ground Floor*
Gala Dinner	*O_2 Academy Bournemouth, Boscombe*

17 CPD Credits Unique reference number: **62196**

Conference Organiser: Mediscript Ltd, 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD
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British HIV Association BHIVA

COMMITTEES

EXECUTIVE COMMITTEE

OFFICERS

Chair

Dr IG Williams	University College London Medical School

Chair Elect

Prof J Anderson	Homerton University Hospital, London

Honorary Secretary

Dr AR Freedman	Cardiff University School of Medicine

Honorary Treasurer

Dr D Asboe	Chelsea and Westminster Hospital, London

MEMBERS

Dr S Bhagani	Royal Free Hospital, London
Prof M Bower	Chelsea and Westminster Hospital, London
Dr D Churchill	Royal Sussex County Hospital, Brighton
Dr S Das	Coventry and Warwickshire Hospital
Dr A de Ruiter	St Thomas' Hospital, London
Dr S Edwards	University College London Medical School
Dr C Emerson	The Royal Hospitals, Belfast
Dr MJ Fisher	Royal Sussex County Hospital, Brighton
Prof BG Gazzard	Chelsea and Westminster Hospital, London
Dr PC Gupta	Diana, Princess of Wales Hospital, Grimsby
Dr RB Kulasegaram	St Thomas' Hospital, London
Prof C Leen	Western General Hospital, Edinburgh
Dr MR Nelson	Chelsea and Westminster Hospital, London
Dr ELC Ong	Royal Victoria Infirmary, Newcastle
Dr AJ Palfreeman	Leicester Royal Infirmary
Ms S Petretti	UK Community Advisory Board
Dr EGL Wilkins	North Manchester General Hospital

CONFERENCE SUBCOMMITTEE

Prof Jane Anderson	BHIVA Executive Committee member
Dr David Asboe	BHIVA Honorary Treasurer
Prof Mark Bower	BHIVA Executive Committee member
Dr David Chadwick	Invited Representative
Dr Satyajit Das	BHIVA Executive Committee member
Dr Simon Edwards	BHIVA Executive Committee member
Dr Carol Emerson	BHIVA Executive Committee member
Dr Ranjababu Kulasegaram	BHIVA Executive Committee member
Prof Clifford Leen	BHIVA Education and Scientific Subcommittee Chair
Prof Sebastian Lucas	Invited Representative
Dr Mark Nelson	BHIVA Executive Committee member
Dr Adrian Palfreeman	BHIVA Executive Committee member
Ms Silvia Petretti	Patient Representative
Dr Kate Schroeder	BHIVA Annual Conference 2011 Local Host
Dr Ed Wilkins	Chair

ORAL RESEARCH JUDGING PANEL

Chair

Dr Ranjababu Kulasegaram	St Thomas' Hospital, London

Panellists

Dr David Chadwick	James Cook University Hospital, Middlesborough
Dr Simon Edwards	University College London Medical School
Dr Carol Emerson	The Royal Hospitals, Belfast
Dr Adrian Palfreeman	Leicester Royal Infirmary
Dr Kate Schroeder	Royal Bournemouth Hospital
Dr Ed Wilkins	North Manchester Generall Hospital

POSTER PRESENTATION JUDGING PANEL

Chair

Dr Ed Ong	Royal Victorial Infirmary, Newcastle

Panellists

Dr David Asboe	Chelsea and Westminster Hospital, London
Prof Mark Bower	Chelsea and Westminster Hospital, London
Dr Duncan Churchill	Royal Sussex County Hospital, Brighton
Dr Satyajit Das	Coventry and Warwickshire Hospital
Dr Protap Gupta	Diane, Princess of Wales Hospital, Grimsby
Prof Sebastian Lucas	St Thomas' Hospital, London
Ms Silvia Petretti	Positively UK

PROGRAMME SUMMARY

TUESDAY 5 APRIL

1800–2000	Registration open at Bournemouth International Centre

WEDNESDAY 6 APRIL

0800–2000	Registration and Exhibition open at Bournemouth International Centre
0900–1000	Abbott Ltd Satellite Symposium
1000–1100	Janssen Satellite Symposium
1100–1130	Morning coffee
1130–1230	Bristol-Myers Squibb Pharmaceuticals Ltd Satellite Symposium
1230–1300	BHIVA Review Session
1300–1500	Lunch and Poster Presentations
1310–1355	BHIVA Lunchtime Workshops 1 and 2
1355–1455	BHIVA Lunchtime Workshop 3
1500–1530	MRC Clinical Trials Unit Session
1530–1630	Oral Research Presentations: Session 1
1630–1700	Afternoon tea
1700–1800	BHIVA Plenary Session 1
1800–1900	Gilead Sciences Ltd Satellite Symposium
1900–2000	Civic Welcome Reception

THURSDAY 7 APRIL

0800–1830	Registration and Exhibition open at Bournemouth International Centre
0800–0900	BHIVA/HPA Breakfast Workshop
0900–1000	MSD Ltd Satellite Symposium
1000–1100	BHIVA Plenary Session 2
1100–1130	Morning coffee
1130–1300	Oral Research Presentations: Session 2
1300–1500	Lunch and Poster Presentations
1310–1355	BHIVA Lunchtime Workshops 4 and 5
1355–1455	Bristol-Myers Squibb Pharmaceuticals Ltd Lunchtime Workshop
1500–1640	Oral Research Presentations: Session 3
1640–1705	Afternoon tea
1705–1730	BHIVA Audit Session
1730–1830	BHIVA Plenary Session 3
1945–0030	Gala Dinner: O_2 Academy Bournemouth, Boscombe

FRIDAY 8 APRIL

0900–1430	Registration and Exhibition open at Bournemouth International Centre
0930–1000	BHIVA Invited Lecture
1000–1030	BHIVA Keynote Lecture
1030–1100	Oral Research Presentations: Session 4
1100–1130	Morning coffee
1130–1230	Oral Research Presentations: Session 5
1230–1300	Oral Research Poster Presentations
1300–1430	Lunch and Poster Presentations
1310–1355	BHIVA Lunchtime Workshops 6 and 7
1430–1500	BHIVA Invited Lecture
1500–1600	BHIVA Plenary Session 4
1600–1615	BHIVA Prizes and Awards Ceremony
1615	Close

PROGRAMME

TUESDAY 5 APRIL 2011

1800–2000	Registration open at Bournemouth International Centre

WEDNESDAY 6 APRIL 2011

0800–2000	Registration and exhibition open at Bournemouth International Centre
0850–0900	**Welcome Address by the Chair of the British HIV Association** Dr Ian Williams *University College London Medical School*

Please refer to pages **16** and **17** for a full programme of Satellite Symposia and Sponsors' Lunchtime Workshops

0900–1000	**Abbott Ltd Satellite Symposium** *(see page 16 for further details)*
1000–1100	**Janssen Satellite Symposium** *(see page 16 for further details)*
1100–1130	Morning coffee
1130–1230	**Bristol-Myers Squibb Pharmaceuticals Ltd Satellite Symposium** *(see page 16 for further details)*
1230–1300	**BHIVA Review Session** Chair: Dr Mark Nelson *Chelsea and Westminster Hospital, London* **Top ten papers in 2010–11** Professor Hans-Jürgen Stellbrink *ICH Hamburg, Germany*
1300–1500	Lunch, workshops and poster presentations
1310–1355	**BHIVA Lunchtime Workshop 1** Purbeck Lounge, Ground Floor *(see page 19 for further details)* (Lunch packs will be provided) **Clinico-pathological SpR case presentations** Chair: Professor Sebastian Lucas *St Thomas' Hospital, London* **A stable patient goes yellow** Dr Kate Childs *King's College Hospital, London* **It is so confusing …** Dr Katrina Perez *Central Manchester University Hospitals NHS Foundation Trust* **An unusual case of abdominal pain in an HIV-positive patient** Dr Chit Win Saing *Singleton Hospital, Swansea*

WEDNESDAY 6 APRIL 2011

1310–1355

BHIVA Lunchtime Workshop 2 Tregonwell Bar, Ground Floor *(see page 19 for further details)*
(Lunch packs will be provided)

Difficult pharmacology SpR case presentations

Chair: Dr Marta Boffito
Chelsea and Westminster Hospital, London

Does penetration matter?

Dr Sathish Thomas William
Birmingham Heartlands Hospital

CSF: the great unknown

Dr Kate Smith
Barts and The London NHS Trust

Therapeutic dilemma: the use of anticonvulsants in HIV-positive individuals

Dr Jaime Vera
Imperial College Healthcare NHS Trust, London

1355–1455

BHIVA Lunchtime Workshop 3 ***(Pre-registration required)*** Bayview Suite, Ground Floor
(see page 19 for further details)

Plans for access to new treatments for hepatitis C

Dr Mark Nelson
Chelsea and Westminster Hospital, London

Dr Ed Wilkins
North Manchester General Hospital

1500–1530

MRC Clinical Trials Unit Session

Tuberculosis research: a new dawn

New drugs and diagnostic approaches – at last

Dr Nick Paton
MRC Clinical Trials Unit, London

Treatment-shortening trials in drug-sensitive TB

Dr Patrick Phillips
MRC Clinical Trials Unit, London

Experimental regimens for MDRTB

Professor Andrew Nunn
MRC Clinical Trials Unit, London

1530–1630

Oral Research Presentations: Session 1

Complications of HIV disease or treatment

Chairs: Dr Duncan Churchill
Royal Sussex County Hospital, Brighton

Dr Sat Das
Coventry and Warwickshire Hospital

1530–1540 Abstract O1
A comparative analysis of risk factors associated with efavirenz, darunavir/ritonavir, lopinavir/ritonavir, atazanavir/ritonavir and renal impairment
Dr Neesha Rockwood, Chelsea and Westminster Hospital, London

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WEDNESDAY 6 APRIL 2011

1540–1550 Abstract O2
Change in vitamin D levels smaller and risk of development of severe vitamin D deficiency lower among HIV-1 infected, treatment-naïve adults receiving TMC278 compared with efavirenz: 48-week results from the Phase III ECHO trial
Dr Chloe Orkin, Barts and The London NHS Trust

1550–1600 Abstract O3
A decade of renal biopsies in an HIV-infected cohort: what have we learnt?
Dr Michael Rayment, Chelsea and Westminster Hospital, London

1600–1610 Abstract O4
Atazanavir exposure is associated with increased rate of renal stones compared with efavirenz, lopinavir and darunavir
Dr Neesha Rockwood, Chelsea and Westminster Hospital, London

1610–1620 Abstract O5
Features of neurocognitive performance in over 100 neurologically-asymptomatic HIV-infected adults receiving combination antiretroviral therapy (cART)
Dr Lucy Garvey, Imperial College Healthcare NHS Trust, London

1620–1630 Abstract O6
Non-cirrhotic portal hypertension is the commonest cause of varices in HIV-infected individuals
Dr Andrew Scourfield, Chelsea and Westminster Hospital, London

1630–1700 Afternoon tea

1700–1800 **BHIVA Plenary Session 1**

Chairs: Dr Jane Anderson
Homerton University Hospital, London
Dr Adrian Palfeeman
Leicester Royal Infirmary

Testing times

Tariffs and what they mean for physicians and patients
Dr Simon Barton
Chelsea and Westminster Hospital, London

Roll-out of expanded HIV testing: how are we doing?
Dr Martin Fisher
Royal Sussex County Hospital, Brighton

1800–1900 **Gilead Sciences Ltd Satellite Symposium** *(see page 16 for further details)*

1900–2000 **Civic Welcome Reception** *(see page 22 for further details)*
Bournemouth International Centre

Chair: Dr Kate Schroeder
Royal Bournemouth Hospital
Dr Ian Williams
Chair, British HIV Association (BHIVA)
Councillor Barry Goldbart
The Worshipful The Mayor of Bournemouth

THURSDAY 7 APRIL 2011

0800–1830	Registration and exhibition open at Bournemouth International Centre
0800–0900	**BHIVA/HPA Breakfast Meeting** ***(Pre-registration required)*** Purbeck Lounge, Ground Floor **Wide-scale roll-out of PrEP: feasibility, sustainability and cost-effectiveness**
0900–1000	**MSD Ltd Satellite Symposium** *(see page 17 for further details)*
1000–1100	**BHIVA Plenary Session 2** Chair: Dr David Asboe *Chelsea and Westminster Hospital, London* **The virtual clinic** **Persisting immune reconstitution syndrome** Dr Tristan Barber *Chelsea and Westminster Hospital, London* **In need but non-adherent** Dr Tom Wingfield *North Manchester General Hospital* **Efavirenz around conception** Dr Jenny Whetham *Brighton and Sussex University Hospitals NHS Trust* **Unexplained low-level viraemia on HAART** Dr Gabriel Pollara *University College London* **Expert Panel** Dr Yvonne Gilleece *Royal Sussex County Hospital, Brighton* Dr Anton Pozniak *Chelsea and Westminster Hospital, London* Professor Hans-Jürgen Stellbrink *ICH Hamburg, Germany* Dr Andy Ustianowski *North Manchester General Hospital*
1100–1130	Morning coffee
1130–1300	**Oral Research Presentations: Session 2** **Diagnosis, testing and epidemiology** Chairs: Dr Elbushra Herieka *Royal Bournemouth Hospital* Dr Adrian Palfreeman *Leicester Royal Infirmary* ***1130–1140 Abstract O7*** HIV testing in non-traditional settings – the HINTS study *Dr Michael Rayment, Chelsea and Westminster Hospital, London* ***1140–1150 Abstract O8*** A study to assess the acceptability, feasibility and cost-effectiveness of universal HIV testing with newly registering patients (aged 16–59) in primary care *Dr Peter Wilkinson, NHS Brighton and Hove*

THURSDAY 7 APRIL 2011

1150–1200 Abstract O9
Community HIV testing: the feasibility and acceptability of assertive outreach and community testing to reduce late diagnosis of HIV
Dr Michael Brady, Terrence Higgins Trust

1200–1210 Abstract O10
Evaluation of a dry plasma matrix transport device for genotyping of HIV-1, HBV and HCV, and quantification of HIV-1 VL to provide an economic approach for real-time clinical care in resource-limited settings
Professor Clive Loveday, ICVC Charitable Trust, Buckinghamshire

1210–1220 Abstract O11
Drug levels and drug resistance after interruption of NNRTI-based HAART in the SMART trial
Dr Paola Vitiello, Royal Free Hampstead NHS Trust, London

1220–1230 Abstract O12
Dying of AIDS in the era of ART: A national audit
Ms Ruth Smith, Health Protection Agency, London

1230–1240 Abstract O13
Use of laboratory tests to study non-disclosure of HIV status within the unlinked anonymous survey in GUM clinics
Dr Emma Savage, Health Protection Agency, London

1240–1250 Abstract O14
An audit of HIV care provision for Immigration Removal Centre patients
Dr Kalpana Sabapathy, Hillingdon Hospital, London

1250–1300 Abstract O15
A retrospective analysis of HIV-positive patients diagnosed with sexually transmitted infection (STI) on asymptomatic screening: the risk to public health
Dr Martina Toby, St Thomas' Hospital, London

1300–1500 Lunch, workshops and poster presentations

1310–1355 **BHIVA Lunchtime Workshop 4** Purbeck Lounge, Ground Floor *(see page 19 for further details)*
(Lunch packs will be provided)

Clinico-pathological SpR case presentations

Chair: Professor Sebastian Lucas
St Thomas' Hospital, London

The calming of the storm
Dr Aisling Loy
St James's Hospital, Dublin, Ireland

A quest to unravel the obvious: a near miss
Dr Sathish Thomas William
Birmingham Heartlands Hospital

A viral storm …
Dr Anna Vas
Central Manchester University Hospitals NHS Foundation Trust

THURSDAY 7 APRIL 2011

1310–1355 **BHIVA Lunchtime Workshop 5** Tregonwell Bar, Ground Floor *(see page 19 for further details)*
(Lunch packs will be provided)

The itch to switch: opinion and options

Chair: Dr Ranjababu Kulasegaram
St Thomas' Hospital, London

Case Presentations

Dr Daniel Bradshaw
Chelsea and Westminster Hospital, London

Dr Melissa Perry
Guy's and St Thomas' NHS Foundation Trust, London

1355–1455 **Bristol-Myers Squibb Pharmaceuticals Ltd Lunchtime Workshop**
Bayview Suite, Ground Floor *(see page 17 for further details)*

1500–1630 **Oral Research Presentations: Session 3**

Co-infections and malignancies

Chairs: Professor Mark Bower
Chelsea and Westminster Hospital, London
Dr David Chadwick
James Cook University Hospital, Middlesborough

1500–1510 Abstract O16
Increased incidence of multicentric Castleman's disease in KSHV+ HIV-1+ individuals of black African ethnicity may result from the higher frequency of the TLR4 SNP A299G
Dr Samantha Westrop, Imperial College School of Medicine, London

1510–1520 Abstract O17
Chemoradiotherapy of anal cancer in HIV patients causes prolonged CD4 cell count suppression
Dr Maryam Alfa-Wali, Chelsea and Westminster Hospital, London

1520–1530 Abstract O18
Clinical features and outcome in 61 patients with HIV-associated multicentric Castleman's disease
Dr Shairoz Merchant, Chelsea and Westminster Hospital, London

1530–1540 Abstract O19
HIV-infected patients with hepatocellular carcinoma (HCC) live longer if they have undetectable HIV RNA
Dr Emma Page, Chelsea and Westminster Hospital, London

1540–1550 Abstract O20
Treatment of acute hepatitis C infection in HIV-positive men who have sex with men: A ten-year experience at a single UK treatment centre
Dr Daniel Webster, Brighton and Sussex University Hospitals NHS Trust

1550–1600 Abstract O21
Acquisition of acute HCV in HIV-infected subjects is associated with cerebral disturbances but not increased microglial cell activation: a PET study
Dr Lucy Garvey, Imperial College Healthcare NHS Trust, London

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THURSDAY 7 APRIL 2011

1600–1610 Abstract O22
Hepatitis B virus co-infection in HIV-infected patients in the UK Collaborative HIV Cohort (UK CHIC) Study
Dr Huw Price, University College London

1610–1620 Abstract O23
Invasive Pneumococcal Disease among HIV-infected individuals in the last decade: population-based cohort study
Dr Zheng Yin, Health Protection Agency, London

1620–1630 Abstract O24
Whole-blood interferon-gamma release assay in the diagnosis of active tuberculosis infection in HIV-infected and HIV non-infected individuals: a five-year review of data
Dr Thomas Lavender, Newcastle-upon-Tyne Hospitals NHS Foundation Trust

1630–1640 **Launch of standards for psychological support for adults living with HIV**
Dr Elizabeth Shaw
Barnet, Enfield and Haringey Mental Health Trust

1640–1705 Afternoon tea

1705–1730 **BHIVA Audit Session**
Chair: Dr Ed Ong
Royal Victoria Infirmary, Newcastle

HIV testing and diagnosis
Dr Simon Ellis
Royal Victoria Infirmary, Newcastle

1730–1830 **BHIVA Plenary Session 3**
Here to stay and here at last
Chairs: Dr Sanjay Bhagani
Royal Free Hospital, London
Professor Clifford Leen
Western General Hospital, Edinburgh

Broken bones: is it worth the worry?
Dr Patrick Mallon
University College Dublin, Ireland

New challenges in drug management of HIV/hepatitis C co-infection
Professor Douglas Dieterich
Mount Sinai School of Medicine, New York, USA
BHIVA has requested a travel bursary grant in support of this lecture from Janssen
(see page 19 for further details)

1945–0030 **Gala Dinner** *(see page 22 for further details)*
O_2 Academy Bournemouth, Boscombe

FRIDAY 8 APRIL 2011

0900–1430	Registration and exhibition open at Bournemouth International Centre

0930–1000 **BHIVA Invited Lecture**

Chair: Dr Simon Edwards
University College London Medical School

Tropism: where are we up to?

Dr Richard Harrigan
British Columbia Centre for Excellence in HIV/AIDS, Vancouver, Canada

BHIVA is grateful for a travel bursary grant in support of this lecture from ViiV Healthcare UK
(see page 19 for further details)

1000–1030 **BHIVA Keynote Lecture**

Chair: Dr Andrew Freedman
Cardiff University School of Medicine

HIV, STIs and transmission

Professor Thomas Quinn
Johns Hopkins Center for Global Health, Maryland, USA

1030–1100 **Oral Research Presentations: Session 4**

Pregnancy and HIV

Chair: Dr Annemiek de Ruiter
St Thomas' Hospital, London

1030–1040 Abstract O25
Atazanavir in pregnancy: a report of 155 cases
Dr Miriam Samuel, Guy's and St Thomas' NHS Foundation Trust, London

1040–1050 Abstract O26
HIV-positive pregnant women with detectable HIV viral load at 36 weeks gestation – what is the outcome?
Dr Manjula Pammi, Nottingham University Hospitals NHS Trust

1050–1100 Abstract O27
Pre-exposure prophylaxis exposure for conception as a risk-reduction strategy in HIV-positive men and HIV-negative women in the UK
Dr Yvonne Gilleece, Brighton and Sussex University Hospitals NHS Trust

1100–1130 Morning coffee

1130–1230 **Oral Research Presentations: Session 5**

Early to late: young to old

Chairs: Dr Cordelia Chapman
Royal Bournemouth Hospital

Dr Carol Emerson
The Royal Hospitals, Belfast

1130–1140 Abstract O28
Frequency and characteristics of long-term nonprogressors and HIV controllers in the Chelsea and Westminster HIV cohort
Ms Sundhiya Mandalia, Chelsea and Westminster Hospital, London

FRIDAY 8 APRIL 2011

1140–1150 Abstract O29
Prolonged antiretroviral therapy initiated at seroconversion is associated with a polyfunctional HIV-1 specific T-cell profile comparable to that of long-term non-progressors (LTNPs)
Dr Sabine Kinloch-de Loes, Royal Free Hampstead NHS Trust, London

1150–1200 Abstract O30
Cerebral function in perinatally HIV-infected young adults and their HIV-uninfected sibling controls
Dr Jane Ashby, Imperial College Healthcare NHS Trust, London

1200–1210 Abstract O31
Health outcomes for young adults with perinatally acquired HIV-1 infection following transfer to adult services
Miss Tania Wan, Imperial College London

1210–1220 Abstract O32
Comorbidity and late presentation, findings from an over-fifties cohort
Dr Helen Williams, Guy's and St Thomas' NHS Foundation Trust, London

1220–1230 Abstract O33
The use of calcaneal stiffness index to screen for osteoporosis in HIV-infected individuals
Dr Andrew Scourfield, Chelsea and Westminster Hospital, London

1230–1300 **Oral Research Poster Presentations**

Chairs: Dr Ranjababu Kulesegaram
St Thomas' Hospital, London
Dr Ed Ong
Royal Victoria Infirmary, Newcastle

1300–1430 Lunch, workshops and poster presentations

1310–1355 **BHIVA Lunchtime Workshop 6** Purbeck Lounge, Ground Floor *(see page 19 for further details)*
(Lunch packs will be provided)

The returning traveller: SpR case presentations
Chair: Professor David Lalloo
Liverpool School of Tropical Medicine

Feeling a little horse?
Dr David Griffith
NHS Lothian, Edinburgh

The many faces of Janus
Dr Andy Williams
Barts and The London NHS Trust

FRIDAY 8 APRIL 2011

1310–1355

BHIVA Lunchtime Workshop 7 Tregonwell Bar, Ground Floor *(see page 19 for further details)*
(Lunch packs will be provided)

Pregnancy and HIV – difficult scenarios: SpR case presentations

Chair: Dr Annemiek de Ruiter
St Thomas' Hospital, London

The phantom menace

Dr Laura Byrne
Newham University Hospital NHS Trust

The pressure of pregnancy

Dr Jennifer Roe
Chelsea and Westminster Hospital, London

Investigation of fetal anomaly in HIV-positive women

Dr Jaime Vera
Imperial College Healthcare NHS Trust, London

1430–1500

BHIVA Invited Lecture

Chair: Dr Ian Williams
University Colllege London Medical School

My life in HIV: lessons learnt

Professor Brian Gazzard
Chelsea and Westminster Hospital, London

1500–1600

BHIVA Plenary Session 4
Is it time to change?

Chairs: Dr Martin Fisher
Royal Sussex County Hospital, Brighton
Dr Kate Schroeder
Royal Bournemouth Hospital

When to start treatment

Dr Nick Paton
MRC Clinical Trials Unit, London

What to start with

Dr Ed Wilkins
North Manchester General Hospital

1600–1615

BHIVA Prizes and Awards Ceremony

Professor Jane Anderson
Homerton University Hospital, London

Dr Ian Williams
University College London Medical School

1615

Close by the Chair of the British HIV Association

Professor Jane Anderson
Homerton University Hospital, London

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SATELLITE SYMPOSIA AND SPONSORS' LUNCHTIME WORKSHOPS

WEDNESDAY 6 APRIL 2011

*All satellite symposia will be held in the **Tregonwell Hall, Ground Floor***
Locations of Sponsors' Lunchtime Workshops are listed below adjacent to the respective events

0900–1000

Abbott Ltd Satellite Symposium

Women and HIV: how experience can shape the future

Chair: Professor Jane Anderson
Homerton University Hospital, London

Reflecting on long-term clinical outcomes to enhance our knowledge of HIV in women
Professor Caroline Sabin
University College London

Harnessing clinical experience to improve the care of women living with HIV
Dr Sharon Walmsley
Toronto General Hospital, Canada

1000–1100

Janssen Satellite Symposium

Who wants to BHIVA millionaire? An interactive case-lead discussion and data review

Chair: Dr Steve Taylor
Birmingham Heartlands Hospital

Dr Tristan Barber
Chelsea and Westminster Hospital, London

Dr Nicola Steedman
Countess of Chester Hospital

Dr Mark Nelson
Chelsea and Westminster Hospital, London

1130–1230

Bristol-Myers Squibb Pharmaceuticals Ltd Satellite Symposium

HIV: treating the chronic disease

Chair: Dr Ed Wilkins
North Manchester General Hospital

Dr Sarah Jarvis
General Practitioner and medical broadcaster

Dr Laura Waters
Royal Sussex County Hospital, Brighton

1800–1900

Gilead Sciences Ltd Satellite Symposium

Single-minded management of HIV

Chair: Dr Simon Barton
Chelsea and Westminster Hospital, London

Dr Alan Winston
Imperial College Healthcare NHS Trust, London

Dr Andy Ustianowski
North Manchester General Hospital

SATELLITE SYMPOSIA AND SPONSORS' LUNCHTIME WORKSHOPS

THURSDAY 7 APRIL 2011

*All satellite symposia will be held in the **Tregonwell Hall, Ground Floor***
Locations of Sponsors' Lunchtime Workshops are listed below adjacent to the respective events

0900–1000

MSD Ltd Satellite Symposium

HAART: right from the start

Chair: Ms Zoë Sheppard
Imperial College Healthcare NHS Trust

Expert Panel

Dr Chloe Orkin
Barts and The London NHS Trust

Dr Iain Reeves
Homerton University Hospital, London

Ms Chinyere Okoli
North Middlesex University Hospital

Case Presentations

Dr Nigel Garrett
Barts and The London NHS Trust

Dr Andy Williams
Barts and The London NHS Trust

Dr Gary Whitlock
Mortimer Market Centre, London

1355–1455

Bristol-Myers Squibb Pharmaceuticals Ltd Lunchtime Workshop Bayview Suite, Ground Floor
(Registration will be administered at the door on a first-come, first-served basis)

HIV management in women: pre-conception to post-menopause

Chair: Dr Philip Hay
St George's Hospital, London

Dr Yvonne Gileece
Royal Sussex County Hospital, Brighton

Dr Annemiek de Ruiter
St Thomas' Hospital, London

CONFERENCE INFORMATION

Venue: **Bournemouth International Centre**

Exeter Road · Bournemouth BH2 5BH · Tel: +44 (0)1202 456 400 · www.bic.co.uk

Access the conference venue via the entrance on Beacon Road (seafront side)

Registration

Registration includes access to all scientific sessions, including satellite symposia, the exhibition area, refreshments and lunch for the days specified in your registration acknowledgement correspondence.

Delegate badges

Badges must be worn at all times to gain access to the lecture theatre, dining and exhibition areas.

Continuing Professional Development (CPD)

Medical staff in career grade posts who are enrolled with one of the Royal Medical Colleges for Continuing Professional Development will be entitled to receive CPD credits at the rate of one CPD credit per conference hour (exclusive of travel, refreshments, pharmaceutical-supported sessions and social events). The unique reference code for the conference is 62196. The entire conference has been allocated 17 CPD credits. Please be advised that the attendance list of the conference will be forwarded to the Royal College of Physicians upon request.

Social events

There are two organised social events: the Civic Welcome Reception and Gala Dinner. You will require a ticket to gain entry to the Gala Dinner. Please refer to page 22 of this programme for full details of the social events. If you have reserved a ticket but find that you cannot attend, please let the Conference Organiser know as soon as possible and return your ticket to the Registration Desk at your earliest convenience.

Accompanying persons *Pre-booked and paid only*

Accompanying persons' fees include attendance at the Civic Welcome Reception and Gala Dinner. Each event is individually priced. These tickets must have been requested and paid for in advance of the conference. Please note that these fees do not cover attendance at the scientific sessions, exhibition or catering areas of the conference.

Posters

Poster presenters are encouraged to be beside their posters during the Wednesday, Thursday and Friday lunchtime poster sessions for discussion with delegates and poster judges. The six best poster presentations will be selected to be reviewed during the Oral Research Poster Presentation Session at 1230–1300 on Friday 8 April. Poster presenters are required to prepare a few slides prior to the conference, and to check the Registration notice board at 1700 on Thursday 7 April to see whether they have been selected. A prize for the best poster will be awarded at the Prizes and Awards Ceremony on Friday 8 April at 1600–1615. Those selected to receive this award are requested to be in attendance to collect their prize.

Oral research presentations

Oral research presenters are reminded to ensure they bring their oral research presentation slides to the conference in addition to sending them to the Conference Organisers in advance. Any slides must be passed to the audio-visual technicians in the Speakers' Preview Room located in the Westbourne Suite at the Bournemouth International Centre in good time for their session (minimum 3 hours in advance). Oral research presenters may make use of the Speakers' Preview Room to review their slides prior to presentation. The Margaret Johnson Best Oral Presentation prize will be awarded at the Prizes and Awards Ceremony on Friday 8 April at 1600–1615.

CONFERENCE INFORMATION

Accommodation

Please note that the registration fee does not include accommodation. If you have not already done so, you can arrange accommodation by contacting Bournemouth Tourism on 01202 451 722 or by following the link on the conference website (www.bhiva.org).

BHIVA Lunchtime Workshops

Places are limited and will be restricted to 80 delegates per workshop. For BHIVA Workshops 1–2, and 4–7, places will be available on site, on a first-come, first-served basis, at the door of the lunchtime workshop. Doors will open 15 minutes prior to the start of each workshop. Each workshop will begin promptly and lunch packs will be provided for delegates attending these sessions.

BHIVA Lunchtime Workshop 3 requires **pre-registration**, and invitations to register for the workshops have been sent out to all registered delegates. Priority to attend this workshop has been given to those who attended the 2009 or 2010 Annual BHIVA Conferences for the Management of HIV/Hepatitis Co-infection.

BHIVA Invited Lectures supported by travel bursary grants

With the recent changes to the format of BHIVA conferences, including starting later in the day, finishing earlier in the evening and extending the duration of lunch breaks, BHIVA has replaced the previous sponsored Invited Lecture format with a new arrangement of BHIVA Invited Lectures, which will be supported by means of a travel bursary kindly donated by BHIVA sponsors. All correspondence and liaison with the speakers invited to participate in these sessions has been administered by BHIVA and the speakers are under no obligation to the sponsoring company. Donated travel bursaries will go towards supporting the honorarium, travel and accommodation of the speaker. The slots are entirely educational in content and form part of the BHIVA plenary programme, and thus qualify for CPD accreditation.

Cloakroom

An unmanned cloakroom is available onsite in Meyrick Suite 2 on the lower grond floor of the Bournemouth International Centre (BIC). All belongings are left at the owner's risk. The BIC and the British HIV Association do not accept resonsibility for the loss of, or damage to, delegates' personal property stored in the cloakroom area.

Exhibition

Exhibition represents an integral element of the conference, providing participants with an excellent platform for networking as well as an opportunity to gain further insight into cutting-edge technology, the latest healthcare solutions, and services within the field of HIV and GU medicine. Entrance to the exhibiton hall is free for all registered delegates.

*Please **support** and **sponsor** BHIVA during the*

British HIV Association BHIVA

Virgin London Marathon 2011

SUNDAY 17 APRIL 2011

To donate visit: **www.justgiving.com/BHIVA**

BHIVA is fundraising in support of the **BHIVA Research Awards** by entering a runner into the London Marathon 2011

For further information visit: **www.bhiva.org**

BHIVA Registered Charity No: 1056354

SCHOLARSHIPS AND AWARDS

The Margaret Johnson Best Oral Research Presentation

This prize will be awarded to the presenter of the best oral research presentation during the conference. All oral research presentations will be judged by a BHIVA-appointed oral research judging panel, and to be eligible for this prize the presenter must be of junior grade (sub-consultant or equivalent). The prize will be presented at the Prizes and Awards Ceremony on Friday 8 April.

Best Poster Presentation

This prize will be awarded to the presenter of the best poster research presentation during the conference. All poster research presentations will be judged by a BHIVA-appointed poster research judging panel, and to be eligible for this prize the presenter must be of junior grade (sub-consultant or equivalent). The prize will be presented at the Prizes and Awards Ceremony on Friday 8 April.

Best SpR Case Presentations

Prizes will be awarded to the presenters of the best case presentations as part of the Clinico-pathological, Difficult pharmacology, The returning traveller and Pregnancy and HIV SpR Case Presentation Workshops. The prizes will be presented at the Prizes and Awards Ceremony on Friday 8 April.

Commended Oral Presentations

Up to three awards will be presented in recognition of the best oral research presentations during the conference. All oral presentations will be judged by a BHIVA-appointed oral research judging panel. To be eligible for these awards, presenters must be of junior grade (sub-consultant or equivalent). The awards will be acknowledged during the Prizes and Awards Ceremony on Friday 8 April.

Commended Poster Presentations

Up to 15 awards will be awarded in recognition of the best poster research presentations during the conference. All poster research presentations will be judged by a BHIVA-appointed poster research judging panel. The prizes will be awarded in the poster area at the end of Thursday 7 April.

Mediscript Awards in collaboration with BHIVA

Two prizes will be awarded for the best oral or poster research presentations during the conference in the fields of social sciences and community-based work. The prizes will be presented at the Prizes and Awards Ceremony on Friday 8 April.

BHIVA Science Scholarships

Science Scholarships have been awarded to ten researchers and scientists whose abstracts have been accepted for presentation. All registration fees, a contribution towards travel expenses and accommodation costs are paid by BHIVA to successful candidates.

BHIVA Community Registrations and Scholarships

Community Scholarships have been awarded to ten UK-based community registrants to assist them to attend the conference. For those applicants selected, all registration fees and a contribution towards expenses and accommodation costs are paid by BHIVA. In addition, BHIVA has supported free registration for over 30 community representatives to attend the conference.

BHIVA Registration Scholarships

Registration Scholarships have been awarded to up to 20 delegates who are either doctors who are retired, not working, or employed in a part-time or equivalent capacity, or who are students involved in full-time undergraduate or postgraduate work. The scholarship covers the conference registration fee.

SCHOLARSHIPS AND AWARDS

BHIVA Registration Support for Educational, Community and Affiliated Organisations

BHIVA/BASHH has supported the registrations of approximately 15 delegates from educational, community and affiliated organisations in order to assist them with exhibiting at the conference.

Abbott Travelling Scholarships in collaboration with BHIVA and St Stephen's AIDS Trust

Abbott has awarded scholarships to the sum of £10,000 to support three practising HIV doctors from resource-poor countries to travel to the UK for training purposes. The objective is to increase their understanding of the treatment and management of HIV, and to disseminate this information and experience when they return to their country of origin. The project has been administered in collaboration with BHIVA and the St Stephen's AIDS Trust. A presentation will be made to the winning applicants at the Prizes and Awards Ceremony on Friday 8 April.

MSD International Travel Bursaries in collaboration with BHIVA

MSD has provided travel scholarships to ten UK-based newly appointed consultants (within first 5 years of appointment) and non-consultant healthcare professionals (including doctors, nurses, pharmacists and non-clinical researchers) who are either training or working in the field of HIV medicine. All award winners are members of the British HIV Association (BHIVA). The value of each scholarship is capped at a maximum of £2,000 and represented a contribution towards an award winner's registration fee, travel and accommodation expenses for the 18th Conference on Retroviruses and Opportunistic Infections (CROI) in Boston, USA from 27 February–2 March 2011.

5th Annual Conference of the Children's HIV Association (CHIVA)
Friday 20 May 2011
City Hall, Cardiff

13th Annual Conference of the National HIV Nurses Association (NHIVNA)
16–17 June 2011
Arena and Convention Centre, Liverpool

15th Annual Resistance Meeting
Thursday 29 September 2011
Royal College of Physicians, London

4th Annual BHIVA Conference for the Management of HIV/Hepatitis Co-infection
1300–1730 Wednesday 16 November 2011
One Great George Street Conference Centre
London

British HIV Association (BHIVA) Autumn Conference
17–18 November 2011
Queen Elizabeth II Conference Centre, London

BHIVA World AIDS Day Event
Thursday 1 December 2011
London

18th Annual Conference of the British HIV Association (BHIVA)
17–20 April 2012
International Conference Centre, Birmingham

For further information on these events, please contact:

Mediscript Ltd
1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD
Tel: 020 8369 5380 Fax: 020 8446 9194
Email: bhiva@bhiva.org Web: www.bhiva.org

SOCIAL EVENTS

Civic Welcome Reception

Bournemouth International Centre

Wednesday 6 April 2011 : 1900–2000

Bournemouth has always enjoyed the highest reputation as a premier conference and entertainment destination, and has developed into a thriving cosmopolitan resort.

The Bournemouth International Centre has the flexibility to host a variety of events: from large rock and pop concerts to multi-hall national and international conferences.

The Civic Welcome Reception will commence in the Tregonwell Hall with welcome addresses from the Conference Local Host, Dr Kate Schroeder, and the Chair of the British HIV Association, Dr Ian Williams.

Programme of events

1900–1920	Welcome Address and Speeches *Tregonwell Hall*
1920–2000	Drinks and Bowl Food *Purbeck Hall*
2000	Close

Entertainment will include a Jazz band

We are also honoured that the Mayor of Bournemouth, Councillor Barry Goldbart, has kindly agreed to speak as part of our Welcome Reception at this prestigious venue. The event will then conclude with some entertainment from a jazz band and a drinks and bowl food reception in Purbeck Hall.

Gala Dinner

Dress code: Gentlemen are requested to wear jacket and tie

Ticket required

O_2 Academy Bournemouth

570 Chritchurch Road, Boscombe BH1 4BH

Thursday 7 April 2011 : 1945–0030

The O_2 Academy Bournemouth originally opened as The Grand Pavillion Theatre in 1895. It was first used as a circus venue, and in 1899 became The Boscombe Grand Theatre for its music hall days and The Boscombe Hippodrome several years later. In recent times it has converted to a dance hall, a Royal Ballroom and was a renowned venue of the disco era of the 70s, club acts of the 80s, and the dance explosion of the 90s. A Grade II listed building, in more recent times it changed to the Opera House and still boasts a magnificent interior with period features, including the proscenium arch, art-deco styling and ornate steelwork.

Programme of events

- Drinks Reception
- Gala Dinner
- Speeches
- Music and dancing: Unusual Suspects

Coaches will be provided to the Gala Dinner and guests will need to arrange their own return journey

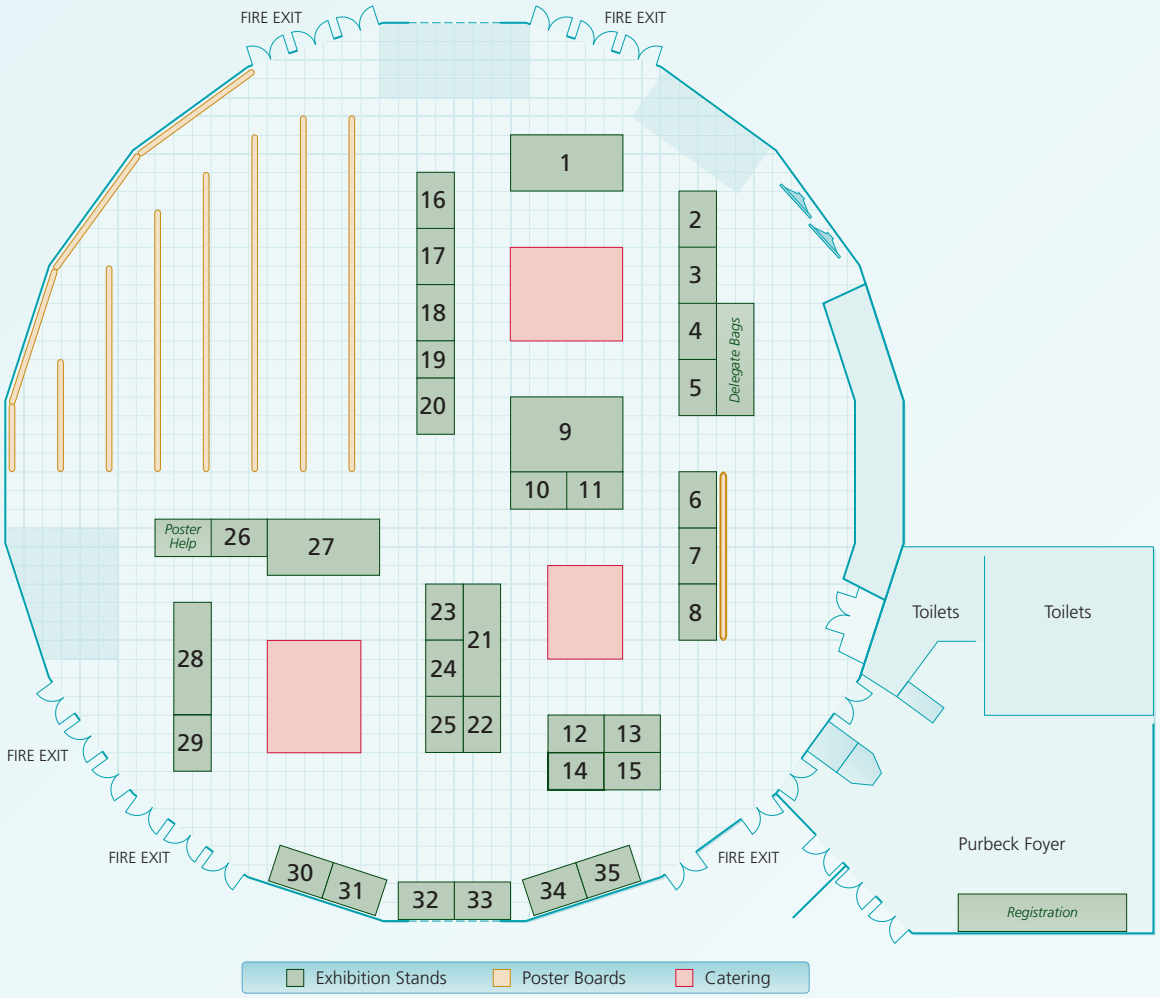
Please review the Coach Timetable, which will be displayed at conference, for times and locations of coach departures to the Gala Dinner

The Gala Dinner will commence with a drinks reception followed by dinner. After some short speeches, entertainment will include music from *Unusual Suspects*.

Unusual Suspects came together in 2006 and are Bournemouth-based. The six-piece band has a collective wealth of musical experience and plays with an infectious energy that tends to guarantee a full dance floor.

EXHIBITION FLOOR PLAN AND EXHIBITORS

Purbeck Hall · Ground Floor · Bournemouth International Centre



Key to Exhibitors

1 Bristol-Myers Squibb Pharmaceuticals Ltd
2 Royal Society of Medicine
3 Centre for All Families Positive Health
4 Evolution Homecare Ltd
5 Body Positive Dorset
6 African HIV Policy Network
7 Cellestis GmbH
8 Alere Ltd
9 Abbott Ltd
10 Healthcare at Home Ltd
11 Boehringer Ingelheim Ltd
12 Astellas Pharmaceutical Ltd
13 MSD Ltd
14 African Eye Trust
15 Terrence Higgins Trust
16 BASELINE
17 Invitech Ltd
18 Mildmay International
19 Central Homecare Ltd
20 Children's HIV Association (CHIVA)
21 ViiV Healthcare UK Ltd
22 Body Positive North West
23 Roche Diagnostics Ltd
24 National HIV Nurses Association (NHIVNA)
25 Lab21 Healthcare Ltd
26 Children With AIDS Charity
27 Janssen
28 Gilead Sciences Ltd
29 Meda Pharmaceuticals Ltd
30 UK Community Advisory Board (UK-CAB) / HIV i-Base
31 National AIDS Trust
32 Saving Lives
33 NAM
34 Positively UK
35 The Sussex Beacon

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Tel: +44 (0)20 8369 5380 Fax: +44 (0)20 8446 9194 Email: conferences@mediscript.ltd.uk

INFORMATION ON BOURNEMOUTH

Bournemouth is centrally located on the south coast of England and serviced by public transport, good road links, an international airport and nearby ports. The vibrant cosmopolitan coastal town of Bournemouth has seven miles of golden sands and sparkling sea and a vast number of attractions including shops, restaurants, buzzing nightlife and a variety of accommodation options.

The Bournemouth International Centre has a combination of conference and exhibition facilities and has the flexibility to accommodate everything from large entertainment events and multi-hall international conferences, to smaller, more intimate meetings. We feel confident that both the conference town and venue will be an ideal home for the 17th Annual Conference of BHIVA in 2011.

TRAVEL

- **By air** *Bournemouth International Airport* offers a choice of low-cost connections with a range of UK and European cities, including Glasgow, Dublin and Barcelona, and neighbouring Southampton International Airport provides additional options for travellers.
- **By train** Bournemouth is well served by the rail network, with two railway stations in the borough: the main Bournemouth station and Pokesdown to the east.

  South West Trains operates a comprehensive service to London Waterloo with a journey time of as little as 97 minutes. This line also serves Southampton, Winchester and Basingstoke to the east, Poole, Wareham, Dorchester and Weymouth to the west.

  Virgin Trains serve destinations to the north with direct trains to Reading, Oxford, Birmingham and the Midlands, Manchester and the northwest, Yorkshire (Sheffield, Leeds, York), Newcastle and Edinburgh and Glasgow in Scotland.

  Southern's 'West-Gateway' services are available by changing at Southampton Central. The Sussex coastal towns of Chichester, Worthing, Hove and Brighton are served, and trains continue to Gatwick Airport and London Victoria.
- **By bus or coach** *National Express* provides coach travel to Bournemouth Station. There are frequent departures to London Victoria Coach Station and also direct services throughout England and to Scotland.

  In addition, *National Express* airport coaches serve Heathrow Airport with connections to Gatwick, Stansted and other airports.
- **By car** *From London/M3 corridor:* If you are travelling from London or anywhere along the M3 corridor, take the M3 southbound towards Southampton. Where the M3 joins the M27, follow the westbound directions for Bournemouth.

  From the midlands and north: Head for Oxford and join the A34 dual carriageway. The A34 will take you south as far as Winchester. At Winchester, join the M3 southbound and follow the directions given above.

  From the Sussex/Kent coast: Take the A27 to the M27. At its western end the M27 becomes the A31 dual carriageway as it crosses the New Forest. Shortly after the town of Ringwood, exit left onto the A338 dual carriageway and follow the signs for Bournemouth. Five miles along the A338 you will see the B3073 exit for Bournemouth airport signposted on your left.

  From the southwest: The most direct route from the southwest is to head for Wimborne using the A35. Upon reaching Wimborne, join the A31.
- **By sea** Bournemouth's western neighbours Poole and Weymouth, and Southampton and Portsmouth to the east, offer easy access by ferry from the continent and Channel Islands.

USEFUL CONTACTS

General

Police, Ambulance, Fire Service	999	
Bournemouth Tourism (accommodation)	01202 451 722	
Bournemouth Tourism	0845 0511 700	www.bournemouth.co.uk
Traveline South West	0871 200 2233	www.travelinesw.com

Air Travel

Bournemouth Airport	01202 364 000	www.bournemouthairport.co.uk
Flybe	0871 700 2000	www.flybe.com
Ryanair	0871 246 0000	www.ryanair.com

Rail Travel

National Rail Information	08457 484 950	www.nationalrail.co.uk
South West Trains	0845 600 0650	www.southwesttrains.co.uk
Virgin Trains	0845 722 2333 0871 9774 222	www.virgintrains.co.uk

Coach Travel

Greyhound	0900 096 0000	www.greyhounduk.com
National Express Coaches	0817 81 81 81	www.nationalexpress.com

Road Travel

24-hour Travel Information	0845 750 4030	www.highways.gov.uk
National Car Parks	0845 050 7080	www.ncp.co.uk

Taxis

Bournemouth Taxis	01202 377 019
Ace Taxis	01202 76 76 76

BOURNEMOUTH TOWN CENTRE

Key to Map

1 Bournemouth International Centre
Conference Venue
2 O_2 Academy Bournemouth
Gala Dinner Venue
3 Marriott Highcliff Hotel
Conference Hotel
4 De Vere Royal Bath Hotel
5 Green House Hotel
6 Hallmark Hotel
7 Menzies Carlton Hotel
8 Menzies East Cliff Court Hotel
9 Norfolk Royale Hotel
10 Park Central Hotel
11 Belvedere Hotel
12 Best Western Montague Hotel
13 Bournemouth International Hotel
14 Cumberland Hotel
15 Durley Dean Hotel
16 Hermitage Hotel
17 Hotel Celebrity
18 Miramar Bournemouth Hotel
19 Marsham Court Hotel
20 Mayfair Hotel
21 Premier Inn Bournemouth Central
22 Ramada Encore Bournemouth Hotel
23 Royal Exeter Hotel
24 Suncliff Hotel
25 Trouville Hotel
26 Wessex Hotel
27 Bourne Hall Hotel
28 Russell Court Hotel
29 Lampeter Hotel

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Tel: +44 (0)20 8369 5380 Fax: +44 (0)20 8446 9194 Email: conferences@mediscript.ltd.uk

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

Jane Anderson (Homerton University Hospital NHS Foundation Trust and Barts and the London School of Medicine and Dentistry) Working in East London, Professor Anderson's clinical practice and research interest focus on HIV in ethnic minority and migrant populations in the UK, with a special interest in the care of women with HIV. She has been elected Chair of the British HIV Association (2011–2014) and is currently a member of the BHIVA Guidelines and Conference subcommittees.

Tristan Barber is a Research Registrar in the St Stephen's AIDS Trust Clinical Trials Unit, Chelsea and Westminster Hospital. He has previously worked in research at Imperial College/St Mary's and is a GUM/HIV specialty trainee at the Mortimer Market Centre.

Simon Barton has been a consultant at the Chelsea and Westminster Hospital since 1990 and Clinical Director of the HIV and Genitourinary Medicine Directorate since 1996. He was previously registrar and research fellow at St Mary's Hospital, Paddington, and senior registrar at St Stephen's and Westminster Hospitals. He completed his MD thesis on the subject of local immunology of the cervix, with particular reference to the effects of smoking and viral infection. He chaired the GUM Specialty Committee of the RCP from 2006 to 2008. He was President of BASHH (2006–2008). Since 2006 has been the Clinical Lead for the London Sexual Health Programme and is a member of the Steering group for HIV outpatient PbR tariff development. His main research interest is the treatment and prevention of transmission of recurrent viral infections, including genital herpes. He is running an HSV vaccine development programme. He is the UK representative to the UEMS.

Marta Boffito trained in infectious diseases at the University of Turin, Italy and at the University College of San Francisco, California, USA. She obtained her PhD in 2004 at the University of Liverpool, UK. She is a Consultant Physician and the … Research at the St Stephen's Centre, London. In addition to clinical duties, she is heavily involved in numerous research projects/studies funded by different bodies.

Daniel Bradshaw is a registrar (ST4) at Chelsea and Westminster Hospital in GUM. He trained at Cambridge and Oxford before doing core medical training in Brighton. He currently works at 56 Dean Street clinic in Soho.

Annemiek de Ruiter is a consultant physician in HIV/GU Medicine at St Thomas' Hospital, London and has managed HIV-positive patients for over 20 years, specialising in the management of pregnant women with HIV. She has published extensively, formed local and national networks, collaborated widely, advised at a national level, lectured nationally and internationally and led the development of the BHIVA 2008 pregnancy guidelines and the 2010 infant feeding position statement.

Douglas Dieterich is currently Professor of Medicine in the Division of Hepatology and also Director of Continuing Medical Education in the Department of Medicine at Mount Sinai School of Medicine, New York, NY. He graduated from Yale University in New Haven, Connecticut and received his Doctorate of Medicine from New York University of Medicine in New York State. Dr Dieterich is a member of many professional societies and is a fellow of both the American College of Physicians and the American College of Gastroenterology.

Simon Ellis trained in Edinburgh and his interest in infectious diseases was sparked when he did an intercalated BSc in Parasitology and Entomology. He undertook his first medical rotations in Edinburgh and London before becoming a specialty registrar in Infectious Diseases and General Medicine in Newcastle upon Tyne in 2008.

Martin Fisher is a consultant in HIV/GU Medicine at Brighton and Sussex University Hospitals NHS Trust. He is responsible for the outpatient and inpatient management of a large cohort of HIV-infected individuals, and leads an active research team. He is currently an Executive Committee member of the British HIV Association, a member of the HIV Special Interest Group of the British Association for Sexual Health and HIV, and is an examiner and former convenor of the national Diploma in HIV Medicine. He was co-chair of the BHIVA UK National Guidelines for HIV Testing 2008, as well as being a member of numerous other guidelines committees. His main clinical and research interests are in antiretroviral therapy, primary HIV infection, strategies to improve the diagnosis of HIV infection, HIV and hepatitis co-infection, and the interplay between HIV and other sexually transmitted infections.

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

Brian Gazzard is Professor of HIV Medicine and Clinical Research Director at the Chelsea and Westminster Hospital, London. His main interests are in gastrointestinal manifestations of HIV disease and in antiretroviral therapy. In 2002, in recognition of the achievements of the HIV/GUM unit at the Chelsea and Westminster Hospital, Professor Gazzard was awarded a prize for clinical leadership at the 20th anniversary celebration of the Terrence Higgins Trust, and the 'Outstanding Achiever for Health Award'. Professor Gazzard was the Founding Chair of BHIVA.

Yvonne Gilleece is a consultant in HIV and Genitourinary Medicine at Brighton and Sussex University Hospitals NHS Trust and an honorary senior lecturer at Sussex University. She is the Lead for HIV in Pregnancy and Hepatitis B as well as a clinical supervisor for a PhD on HIV and Bone. She is member of BASHH HIV SIG and has been an author on the BHIVA guidelines for hepatitis and also HIV-2.

Richard Harrigan is the Director of Research Laboratories at the British Columbia Centre for Excellence in HIV/AIDS. His work primarily focuses on HIV drug efficacy, drug resistance, and the human and viral parameters that influence HIV disease progression. At the BC Centre for Excellence in HIV/AIDS, his work has involved investigations using three major cohort studies, as well as the more than 5,000 patients in the BC Drug Treatment Programme. Before working at the CfE, Dr Harrigan was at the pharmaceutical companies Wellcome and Glaxo Wellcome in the United Kingdom. Dr Harrigan was also one of the first to demonstrate the potential clinical utility of HIV drug resistance testing and introduced one of Canada's (and one of the world's) first broadly based clinical HIV drug resistance testing programmes; this programme has tested more than 50,000 clinical samples from across Canada. Dr Harrigan is currently investigating the possibility of determining viral tropism via genotypic testing utilising novel deep sequencing technologies. Dr. Harrigan holds the Glen Hillson Professorship in Clinical HIV Virology and the CIHR GSK Research Chair in HIV/AIDS at the University of British Columbia, and is an associate professor in the Division of AIDS (Faculty of Medicine) at the University of British Columbia.

Bushra Herieka Consultant Physician in GUM and HIV at the Royal Bournemouth Hospital for the past 8 years. Principal investigator for PIVOT,HCQ-1, NEAT and START trials. Leading on implementing universal HIV testing to medical admissions at the Royal Bournemouth Hospital. Chairman for Sudan HIV/AIDS Working Group, a voluntary organisation committed to fighting HIV in the Sudan.

Ranjababu (Babu) Kulasegaram is a consultant in HIV/GU Medicine at St Thomas' Hospital and leads the HIV Treatment Advice Clinic with special interests in HIV/Hepatitis, Haemophilia/HIV infection and HIV inpatient management. He is Training Programme Director for the SpRs and is committed to enhancing BHIVA's educational activities, through his involvement as a member of the BHIVA Educational and Scientific Committee and E-Learning Working Group. Babu is also Vice-chair of the BHIVA Hepatitis Working Group.

David Lalloo is Professor of Tropical Medicine at the Liverpool School of Tropical Medicine, Director of the Wellcome Trust Liverpool Tropical Centre and an honorary consultant at the Royal Liverpool University Hospital. He trained in Infectious Diseases and Tropical Medicine in London, Papua New Guinea and Oxford. His major research interests are in clinical trials in the tropics, particularly in HIV-related infections and malaria, and he currently works in a number of countries including Uganda, Malawi, Sri Lanka and Vietnam. He is a member of the HPA Advisory Committee on Malaria and the Steering Committee of the UK National Travel Health Network and Centre.

Sebastian Lucas has studied on the morbid anatomy of HIV/AIDS, in Africa and the UK, since the mid-1980s. His particular interest is in correlating clinical and imaging diagnoses in patients, with the pathology and the treatment. Professor Lucas is former Chair of the BHIVA Education and Scientific Subcommittee, and sits on the BHIVA Conferences Subcommittee. He works in the Department of Histopathology at St Thomas' Hospital, London.

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

Patrick Mallon graduated in medicine from Queen's University Belfast, Northern Ireland. He underwent training in infectious diseases in Sydney, Australia, where he completed a PhD in the clinical and molecular aspects of HIV-associated lipodystrophy – the commonest long-term side effect of antiretroviral therapy. He returned to Ireland in 2007 to take an infectious diseases specialist position at the Mater Misericordiae University Hospital, a major Irish teaching hospital that cares for a large cohort of HIV-infected patients. Dr Mallon also lectures in medicine at University College Dublin. Dr Mallon heads the HIV Molecular Research Group, which focuses on translational research into toxicities of antiretroviral therapy, including cardiovascular disease, adipose tissue toxicity and bone disease. Other research interests include the pharmacology of anti-infectives and models of care delivery in special populations. He has published widely and also acts as a reviewer for several international peer-reviewed medical journals including *JAMA*, *CID*, *PLoS* Medicine and *AIDS*.

Andrew Nunn trained in statistics and since 1966 has worked with the British Medical Research Council. Initially, this was in the Tuberculosis and Chest Diseases Unit where he was part of the team conducting the landmark trials of short-course chemotherapy. In the late 1980s he went to work in Uganda for 6 years as deputy head of the MRC Uganda AIDS Programme. Currently, he is an Associate Director of the MRC Clinical Trials Unit in London where he is responsible for the TB programme and the development of trials in neglected areas.

Nick Paton trained as an Infectious Diseases physician and works as Senior Clinical Scientist at the MRC Clinical Trials Unit where he is responsible for leading clinical trials in the adult HIV and infectious diseases programme. He is the principal investigator on the HCQ-01, PIVOT and EARNEST trials, and is also actively involved in the INSIGHT and NEAT research networks.

Melissa Perry is a registrar (ST4) at Guy's and St Thomas' NHS Foundation Trust. She trained at the University of Liverpool Medical School and completed her medical SHO training in Taunton, Somerset and the Royal Victoria Hospital, Belfast.

Patrick Phillips has worked as a medical statistician at the MRC Clinical Trials Unit for 6 years. He is the statistician on two Phase III clinical trials evaluating novel regimens for treating drug-sensitive tuberculosis (TB); and one trial starting soon, evaluating a 9-month regimen for treating multi-drug resistant TB. His interests also include the use of biomarkers and adaptive and other novel trial designs for quicker and more effective evaluation of novel regimens for treating TB.

Gabriel Pollara is an ACF specialist registrar in Infectious Diseases and Microbiology at University College Hospital in London. He trained at UCL Medical School and also completed a PhD in viral immunology as part of a MB PhD programme.

Anton Pozniak worked as a consultant physician in Zimbabwe where he researched for his doctorate in TB/ HIV, moving back to the UK in 1991. He ran the HIV Research Unit at King's College London before moving to his current position as Consultant Physician/Senior Lecturer at the Chelsea and Westminster Hospital in 1998. He has been made a Life Member of the British HIV Association and has helped write the British HIV Association (BHIVA) antiretroviral HIV guidelines and chairs the TB/HIV guidelines committee. He is on the Expert Advisory Group on AIDS for the UK Department of Health. He is an Executive Committee member of the European AIDS Clinical Society and is on the Governing Council of the IAS. He is Vice-chair of the European AIDS trial network NEAT. He has published widely on clinical aspects of HIV treatment and care.

Thomas Quinn is the Associate Director for International Research for the Division of Intramural Research at NIAID. He is Professor of Medicine, Pathology, International Health, Epidemiology, and Immunology and Molecular Microbiology and the founding Director of the Johns Hopkins Center for Global Health. Dr Quinn has been involved in HIV and STD clinical and epidemiologic investigations in 25 countries. He is a member of the Institute of Medicine and a fellow of the American Association for the Advancement of Science. He is an author of over 800 research publications on HIV and sexually transmitted diseases.

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

Hans-Jürgen Stellbrink is Professor of Internal Medicine, Infectious Diseases, ICH/ICH Study Center Hamburg, Germany. He studied at Hamburg University until 1982 and underwent internal medicine and infectious diseases subspecialty training at the Department of Haematology, AK St Georg and the University Hospital Eppendorf, Hamburg, where he established and headed the infectious diseases ward and outpatient clinic until 2005. He is a clinician and clinical scientist with a long-standing interest in HIV treatment and clinical research since 1987. In 2005 he became Scientific Director of the ICH Study Center in Hamburg, the research unit of the ICH (a private infectious diseases outpatient treatment consortium). He is a steering committee member of the German AIDS Society (DAIG) and a member of the National AIDS Advisory Board for the German Administration.

Andy Ustianowski is Consultant in Infectious Diseases at the Monsall Regional Infection Unit, North Manchester General Hospital. He has been part of guideline writing committees for BHIVA and other bodies, and has given regional and national lectures on HIV and related topics. His main clinical interests are in HIV, antiretroviral therapy and tropical medicine.

Jenny Whetham is a third-year specialist registrar in HIV/GU Medicine based at the Lawson Unit in Brighton. She trained in Nottingham and London, and has worked in India and South Africa. In Brighton she is involved in service development and research alongside her clinical training.

Ed Wilkins is Consultant in Infectious Diseases and Director of the HIV Research Unit at North Manchester General Hospital. Dr Wilkins trained in infectious diseases in London and Liverpool, tropical medicine in Africa, and medical microbiology with the Health Protection Agency, prior to taking up his current position in 1991. He has been involved with HIV patient care and research since 1984, with interests in antiretroviral toxicity, hepatitis co-infection and the investigation of treatment strategies, as well as being an active member of many executive and advisory national committees including BHIVA.

Ian Williams is a Senior Lecturer at University College London and an Honorary Consultant Physician at Camden PCT and University College London Hospitals. He has extensive clinical and research experience in HIV medicine. He has previously been a member of the BHIVA Executive Committee from 1996–2003 since and served as Honorary Treasurer of the Association from 2000–2003. Dr Williams was re-elected to the Executive Committee in 2006 and sits on the Education and Scientific and Guidelines subcommittees and the Website Working Group. He was elected Chair-Elect in September 2007 and took over the role of Chair in April 2008 for a period of 3 years.

Tom Wingfield qualified from Liverpool in 2004 and trained in general medicine in both Liverpool and Newcastle. After undertaking the Diploma in Tropical Medicine and Hygiene in Liverpool in 2006, he worked in tropical paediatrics in Malawi. He has since worked in the North Western Deanery and been part of medical teams on a boat in Peru and in a tent at the Glastonbury Festival. Tom is currently an ST4 in Infectious Diseases and Tropical Medicine at the Monsall Unit, North Manchester General Hospital.

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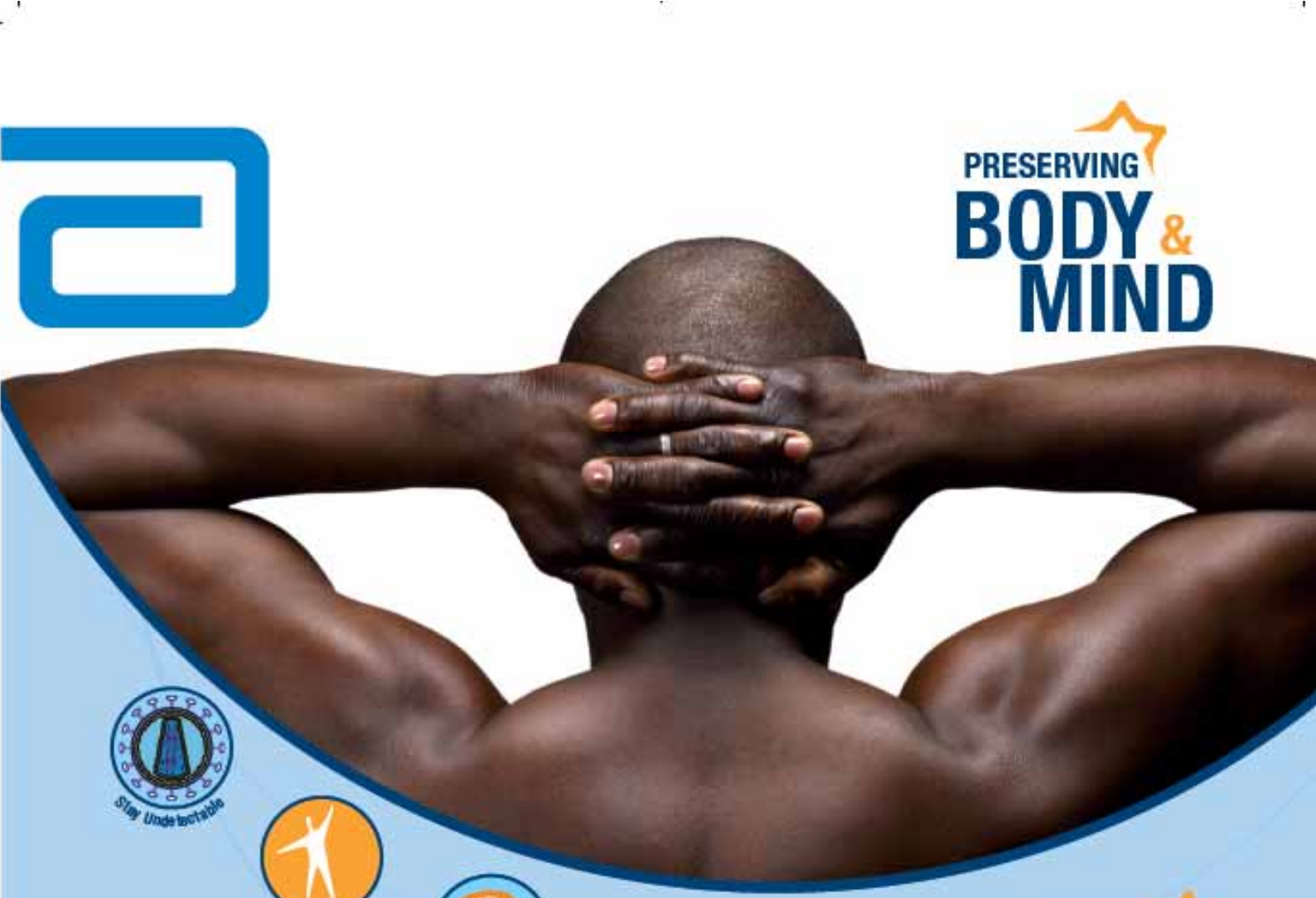

KALETRA.
(lopinavir/ritonavir)

Prescribing Information Kaletra® (lopinavir/ritonavir)
Refer to Summary of Product Characteristics for full information
Presentation: *Oral Solution*: 5 ml contains 400 mg lopinavir co-formulated with 100 mg ritonavir as a pharmacokinetic enhancer. *200mg/50mg Film-coated Tablets*: Each contains 200 mg lopinavir co-formulated with 50 mg ritonavir as a pharmacokinetic enhancer. *100mg/25mg Film-coated Tablet*: Each contains 100 mg lopinavir co-formulated with 25 mg ritonavir as a pharmacokinetic enhancer. **Indication:** Treatment of HIV-1 infection in adults and children above the age of 2 years, in combination with other antiretroviral agents. **Dosage and Administration: Adults:** *Kaletra Oral Solution*: 5 ml (400/100 mg) twice daily with food. *Kaletra film-coated tablets*: Standard recommended dosage 400/100 mg, two tablets (200/50 mg) once daily or four tablets (100/25 mg) twice daily taken with or without food. May be administered as 800/200 mg (four 200/50 mg tablets) once daily with or without food, where necessary. Once daily dosing should be limited to those adult patients having only very few protease inhibitor (PI) associated mutations (i.e. less than 3 PI mutations in line with clinical trial results, see section 5.1 for the full description of the population) and should take into account the risk of a lower sustainability of virologic suppression and higher risk of diarrhoea compared to twice daily dosing. **Children older than 2 years:** *Kaletra Oral Solution*: 230/57.5 mg/m² twice daily with food. Maximum dose of 400/100 mg twice daily. If co-administered with efavirenz or nevirapine, a dose increase to 300/75 mg/m² twice daily should be considered. Body Surface Area (BSA) is calculated as: BSA (m²) = √(Height (cm) x Weight (kg) / 3600). *Kaletra 200mg/50mg film-coated tablets*: Children weighing 40kg or greater with a BSA ≥ 1.4 m² who are able to swallow tablets, may take 2 tablets twice daily with or without food. Children with a BSA <1.4 m², Kaletra oral solution or 100/25mg tablets is recommended. *Kaletra 100mg/25mg film-coated tablet*: Children with BSA ≥0.5 to <0.9 m², 2 tablets twice daily. Children with BSA ≥0.9 to < 1.4 m², 3 tablets twice daily. The adult dose of Kaletra tablets (400/100 mg twice daily) may be used in children 40 kg or greater or with a BSA greater than 1.4 m². Concomitant therapy with efavirenz or nevirapine: BSA ≥0.5 to <0.8 m², 2 tablets (200/50mg) twice daily. BSA ≥0.8 to <1.2 m², 3 tablets (200/75mg) twice daily. BSA ≥1.2 to <1.4 m², 4 tablets (400/100mg) twice daily. BSA ≥ 1.4 m², 5 tablets (500/125mg) twice daily. If more convenient for patients, Kaletra 200/50mg tablets and Kaletra 100/25mg tablets may be combined to achieve the recommended dose. Kaletra dosed once daily has not been evaluated in paediatric patients. **Contraindications:** Hypersensitivity to lopinavir, ritonavir or any of the excipients. Severe hepatic insufficiency. Do not administer with medicinal products highly dependent on CYP3A for clearance, including: rifampicin, fusidic acid, ketoconazole, itraconazole, clarithromycin, erythromycin, bepridil, astemizole, terfenadine, oral midazolam, triazolam, cisapride, pimozide, sertindole, ergot alkaloids, lovastatin, simvastatin, simfibrate and sildenafil used for the treatment of pulmonary hypertension. Do not administer with St. John's Wort (Hypericum perforatum). Kaletra oral solution contraindicated in children under 2 years, pregnant women, patients with hepatic or renal failure, patients treated with disulfiram or metronidazole due to risk of toxicity from excipient propylene glycol. **Precautions and Warnings:** Patients with hepatic impairment, renal impairment, hepatitis B or hepatitis C. Haemophilia: patients should be made aware of the possibility of increased bleeding. Pancreatitis. Combination antiretroviral therapy (CART) has been associated with lipodystrophy, immune reactivation syndrome may occur, especially in patients with severe immune deficiency at initiation of CART. Protease inhibitors are also associated with metabolic abnormalities (i.e. hypertriglyceridaemia, hypercholesterolaemia, insulin resistance and hyperglycaemia, sometimes it develops manifest, or exacerbation of latent to diabetes mellitus). Cases of osteonecrosis have been reported in patients with advanced HIV disease and/or long term exposure to CART. Rare reports of 2nd or 3rd degree atrioventricular block in patients with underlying structural heart disease and pre-existing conductive cardiac abnormalities or in patients receiving drugs known to prolong the PR interval (such as verapamil or atazanavir). Have been reported in patients receiving Kaletra. Supratherapeutic dose of Kaletra (800/200mg twice daily) have been shown to increase the QTcF interval. Patients taking oral solution who have renal impairment or decreased ability to metabolise propylene glycol should be monitored for adverse reactions relating to propylene glycol toxicity. The oral solution contains alcohol (42% w/v). Please refer to interactive section for precautions with other medicinal products. **Interactions:** Lopinavir and ritonavir are inhibitors of the P450 isoform CYP3A and are likely to increase plasma concentrations of products primarily metabolised by CYP3A. The combination of Kaletra with atorvastatin is not recommended. If strictly necessary the lowest possible dose of atorvastatin should be used with safety monitoring. If Kaletra is used concurrently with simvastatin, exercise caution and consider reduced doses. If treatment with an HMG-CoA reductase inhibitor is indicated, fluvastatin or pravastatin is recommended. Co-administration with sildenafil or tadalafil for the treatment of erectile dysfunction can substantially increase these drugs' concentrations. Concomitant administration with glucocorticoids/corticosteroids metabolised via CYP3A (e.g. fluticasone propionate or budesonide) is not recommended unless benefit outweighs the risk of systemic corticosteroid effects. Medicinal products known to induce QT interval prolongation (e.g. chlorpheniramine, quinidine, erythromycin, clarithromycin) should be used with caution. Dose reduction of clarithromycin should be considered in patients with renal impairment. Caution in administering clarithromycin with Kaletra to patients with impaired hepatic or renal function. Alternative/additional contraceptive measures needed when co-administered with oestrogen-based oral contraceptives. Kaletra may reduce rifabutine and raise plasma concentrations and can increase levels of rifabutine-associated adverse events, including uveal disorders. Increased dosages of Kaletra tablets to 500/125 mg twice daily should be considered when co-administered with nelfinavir or efavirenz. Dual therapy with protease inhibitors is generally not recommended, for further information refer to SmPC. Appropriate dose of indinavir and nelfinavir have not been established when co-administered with Kaletra. No dose adjustment is necessary when Kaletra is administered with saquinavir. Careful monitoring of adverse effects (notably respiratory depression but also sedation) is recommended when fentanyl is concomitantly administered with Kaletra. Concomitant administration of fosamprenavir and Kaletra is not recommended. Concentrations of antiarrhythmic drugs, dihydropyridine calcium channel blockers and antidancer agents (eg vinorbine, vindesine, docetaxel, etoposide) may be increased, resulting in the potential for increased adverse events associated with these agents. Caution and monitoring when co-administering Kaletra with digoxin as digoxin levels might increase. Low dose ritonavir (200mg twice daily) increased tacrolimus concentrations that lead to increases in tacrolimus-related adverse events. It is not known whether co-administration of Kaletra and tacrolimus has the same effect and this combination should be used with caution. Due to decreases in bupropion concentrations, bupropion efficacy might be reduced therefore co-administration should be closely monitored. Warfarin concentrations may be affected. Anticoagulants may decrease lopinavir concentrations. Caution and monitoring when administering carbamazepine, phenobarbital and phenytoin with Kaletra. High doses of telithromycin or ritonavir (>200 mg/day) are not recommended. Do not co-administer voriconazole and Kaletra unless benefit outweighs the risk of reduced voriconazole levels. Dexamethasone may decrease lopinavir concentrations. Cyclosporin, sirolimus, tacrolimus and clarithromycin concentrations may be increased. Kaletra may lower plasma concentrations of methadone. Rifabutin dose reduction of 75 % is recommended when administered with Kaletra. Rifampicin causes large decreases in lopinavir concentrations and co-administration is not recommended. Kaletra increases the AUC of midazolam 13 fold (oral midazolam) to 4 fold (parenteral midazolam) and should not be co-administered with oral midazolam and extreme caution should be used when co-administered with parenteral midazolam. Kaletra must not be administered once daily in combination with efavirenz, nevirapine, amprenavir, nelfinavir, carbamazepine, phenobarbital or phenytoin. **Side effects:** *Adult*: Very common side effects (> 1/10): diarrhoea, nausea and upper respiratory tract infection. *Common side effects* (> 1/100, < 1/10): fever respiratory tract infection, skin infections including folliculitis and furuncle, anaemia, leucopenia, neutropenia, lymphadenopathy, hypersensitivity including urticaria and angioedema, blood glucose disorders including diabetes mellitus, hyperlipidaemia, hypercholesterolaemia, weight decrease, decreased appetite, anxiety, headache (including migraine), neuropathy (including peripheral neuropathy), dizziness, insomnia, hypertension, pancreatitis, gastroesophageal reflux disease, gastroenteritis and colitis, abdominal pain (upper and lower), abdominal distension, dyspepsia, haemorrhoids, flatulence, hepatitis including AST, ALT and GGT increases, lipodystrophy including facial wasting, rash including maculopapular rash, dermatitis/rash including eczema and seborrheic dermatitis, night sweats, pruritis, myalgia, musculoskeletal pain including arthralgia and back pain, muscle disorders such as weakness and spasms, erectile dysfunction, menstrual disorders – amenorrhoea, menorrhagia and fatigue including asthenia. Potentially serious uncommon side effects (> 1/1000 < 1/100): immune reconstitution syndrome, cerebrovascular accident, convulsion, atherosclerosis such as myocardial infarction, atrioventricular block, tricuspid valve incompetence, deep vein thrombosis, gastrointestinal haemorrhage, hepatomegaly, cholecystitis, vasculitis, rhabdomyolysis, osteonecrosis, creatinine clearance decreased and nephritis. Post-marketing: cerebrovascular, respiratory, Stevens Johnson syndrome, erythema multiforme and jaundice. In paediatric patients the nature of the safety profile is similar to that seen in adults. Prescribers should consult the summary of product characteristics for further information on side effects. **Pregnancy and lactation:** No data in pregnant women - do not use unless clearly necessary. It is not known whether Kaletra (capsule/oral solution/tablet) is excreted in human milk. HIV infected women must not breast-feed their infants under any circumstances to avoid transmission of HIV. **Overdose:** supportive measures and if indicated, emesis, gastric lavage or administration of activated charcoal. **Legal category:** POM. **Marketing Authorisation Numbers/presentations:** Oral Solution: EU 1/01/172/003, 300 ml of solution (5 bottles of 60 ml) Cost: £ 307.39. Film-coated tablet 200mg/50mg: EU 1/01/172/004, 120 tablets (each pack containing 1 bottle of 120 tablets) Cost: £ 285.41. EU 1/01/172/005; 120 tablets (3 cartons of 5 foil blisters of 8 tablets) Cost: £ 285.41. EU 1/01/172/006: 120 tablets (1 carton of 10 foil blisters of 12 tablets) Cost: £ 285.41. Film-coated tablet 100mg/25mg EU 1/01/172/008; 60 tablets (Each pack contains: 1 bottle of 60 tablets) Cost: £ 76.85. Further information is available on request from Abbott Laboratories Ltd., Vanwall Road, Vanwall Business Park, Maidenhead, Berkshire SL6 4XE. Date of revision of PI: December 2010. PI/PM/006

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Abbott on 0800 121 6287

Date of Preparation: February 2011. AXKAL11 0467

KALETRA (lopinavir/ritonavir) is indicated for the treatment of HIV-1 infected adults and children above the age of 2 years, in combination with other antiretroviral agents. In adult patients the standard dosing regimen of KALETRA is twice daily, however it can be administered once daily if necessary for patient management. This once daily regimen might be associated with lesser sustainability of virologic suppression and a higher risk of diarrhoea. KALETRA dosed once daily has not been evaluated in paediatric patients.

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REYATAZ®

(atazanavir)

REYATAZ® (atazanavir) HARD CAPSULES PRESCRIBING INFORMATION See summary of product characteristics prior to prescribing PRESENTATION: Hard capsules: 150mg, 200mg, 300mg atazanavir (as sulphate). INDICATION: Antiretroviral combination treatment of HIV-1 infected adults. DOSAGE AND ADMINISTRATION: Oral. 300mg with ritonavir 100mg once-daily with food. If co-administered with didanosine, recommend didanosine be taken two hours after REYATAZ® with ritonavir with food. Hepatic impairment: use caution in patients with mild hepatic insufficiency. Renal impairment: no dosage adjustment required. CONTRAINDICATIONS: Hypersensitivity to atazanavir or any excipient. Moderate to severe hepatic insufficiency. Do not use in combination with rifampicin or products that are substrates of CYP3A4 and have a narrow therapeutic windows or products containing St. John's wort. REYATAZ® with ritonavir is contraindicated in patients undergoing haemodialysis. SPECIAL WARNINGS AND PRECAUTIONS: Patients with chronic hepatitis B or C treated with combination antiretroviral therapy are at increased risk for severe and potentially fatal hepatic adverse events. Patients with pre-existing liver dysfunction must be monitored according to practice. In worsening liver disease consider interruption or discontinuation of treatment. REYATAZ® may induce PR prolongations. Caution with medicines that may increase QT interval. Caution in haemophiliac patients. Combination antiretroviral therapy has been associated with lipodystrophy and metabolic abnormalities. In clinical studies, REYATAZ® (with or without ritonavir) has been shown to induce dyslipidemia to a lesser extent than comparators. Hyperbilirubinaemia has occurred in patients receiving REYATAZ®; no dose reduction is recommended. Nephrolithiasis has been reported in patients receiving REYATAZ®. If signs or symptoms occur, temporary interruption or discontinuation of treatment may be considered. On initiation of combination therapy immune reactivation syndrome may occur. DRUG INTERACTIONS: Co-administration of REYATAZ® with the following agents is not recommended: simvastatin, lovastatin, nevirapine efavirenz, proton pump inhibitors or tenofovir & an H2-receptor antagonist. Oral contraceptives: ethinylestradiol 25µg & norgestimate coadministered with atazanavir 300mg with ritonavir 100mg QD: recommended minimum 30µg ethinylestradiol. Remind patient of strict compliance with dosing regimen. Co-administration with other hormonal or oral contraceptives has not been studied – therefore avoid. Alternate reliable methods of contraception recommended. Co-administration of REYATAZ®/ ritonavir is not recommended for the following unless justified by the benefit/risk ratio; voriconazole fluticasone or other glucocorticoids that are metabolised by CYP3A4. PREGNANCY AND LACTATION: Avoid use in pregnancy and lactation. UNDESIRABLE EFFECTS: Common: nausea, headache, ocular icterus, vomiting, diarrhoea, dyspepsia, abdominal pain, jaundice, insomnia, asthenia, peripheral neurologic symptoms, rash, fatigue and lipodystrophy Serious: pancreatitis, myopathy, hepatitis, nephrolithiasis. Consult SPC for other side effects. LABORATORY ABNORMALITIES Elevated bilirubin, creatinine kinase LEGAL STATUS: POM. PACKAGE QUANTITIES AND BASIC NHS PRICE: Carton of 60 hard capsules, 150mg: £303.38, 200mg: £303.38, carton of 30 capsules, 300mg: £303.38 MARKETING AUTHORISATION NUMBERS: EU/1/03/267/003 - 150mg Bottle; EU/1/03/267/005 - 200mg Bottle. EU/1/03/267/008 - 300mg Bottle MARKETING AUTHORISATION HOLDER: Bristol-Myers Squibb Pharma EEIG, BMS House, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex. UB8 1DH. Telephone: 0800-731-1736.

Please consult the full summary of Product Characteristics before prescribing.

DATE OF PI PREPARATION: December 2009
687UK09PM024

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Bristol-Myers Squibb Pharmaceuticals Ltd Medical Information on 0800 731 1736, medical.information@bms.com

Bristol-Myers Squibb

Date of Preparation: May 2010 687EMEA10PM026 UKRZ-K0004