

British HIV Association
BHIVA

FINAL PROGRAMME

BHIVA Autumn Conference

9–10 October 2014

Queen Elizabeth II Conference Centre
London

including

CHIVA Parallel Sessions

Friday 10 October 2014



12 CPD Credits
Reference No:
90149

www.bhiva.org

"Being positive means something different now"

Over 10 years of unbeaten efficacy^{*1-7}

Maintains a favourable CV risk in your patients^{2,8-11}

An agent of choice for your female patients¹²⁻¹⁴

Demonstrated long-term safety and tolerability profile, with low rates of discontinuation^{2,6,7,10,14-18}

INDICATION: For the treatment of HIV-1 infected adults and paediatric patients (6 years of age and older), in combination with other antiretroviral medicinal products.¹⁴

^{*}Defined as virological efficacy compared in a randomised clinical trial

ONCE DAILY
REYATAZ[®]
(atazanavir)
FOR TODAY, FOR TOMORROW

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 and paediatric patients (6 years of age and older).

DOSAGE AND ADMINISTRATION: Oral. Adults: 300mg with ritonavir, 100mg once-daily with food. Paediatrics: dose of Reyataz is based on body weight. If co-administered with didanosine, recommend didanosine to be taken two hours after Reyataz with ritonavir with food. **Hepatic impairment:** use with 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 window or products containing St. John's wort. Reyataz with ritonavir is contraindicated in patients undergoing haemodialysis. PDE5 inhibitor sildenafil is contraindicated when used for the treatment of pulmonary arterial hypertension (PAH) only. Co-administration of Reyataz with simvastatin or lovastatin is contraindicated.

SPECIAL WARNINGS AND PRECAUTIONS: Adults with chronic hepatitis B or C treated with combination antiretroviral therapy are at increased risk of 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. Patients should be monitored for Stevens-Johnson syndrome (SJS) erythema multiforme, toxic skin eruptions and drug rash with eosinophilia and systemic symptoms (DRESS) syndrome which have been reported. Reyataz should be discontinued if severe rash develops. Reyataz may induce PR prolongations. Caution with medicines that may increase QT interval. Caution in haemophilic patients. Combination antiretroviral therapy has been associated with lipodystrophy and metabolic abnormalities. Particular caution is required when prescribing PDE5 inhibitors (sildenafil, tadalafil, or vardenafil) for the treatment of erectile dysfunction in patients receiving Reyataz with concomitant low dose of ritonavir. Co-administration of salmeterol and Reyataz is not recommended. Co-administration of voriconazole and Reyataz with ritonavir is not recommended, unless an assessment of the benefit/risk justifies the use of voriconazole. In clinical studies, Reyataz (with or without ritonavir) has been shown to induce dyslipidaemia to a lesser extent than comparators. Hyperbilirubinaemia has occurred in patients receiving Reyataz; no dose reduction is recommended. Nephrolithiasis and cholelithiasis have been reported in patients receiving Reyataz. If signs or symptoms of nephrolithiasis occur, temporary interruption

or discontinuation of treatment may be considered. On initiation of combination therapy immune reactivation syndrome may occur. Paediatrics: Caution should be used with products known to induce PR prolongations and with paediatrics with pre-existing conduction problems. Cardiac monitoring is recommended.

DRUG INTERACTIONS: Co-administration of Reyataz with the following agents is not recommended: nevirapine, efavirenz, proton pump inhibitors, atorvastatin. If co-administered with pravastatin or fluvastatin, caution should be exercised. Co-administration of Reyataz with ritonavir is not recommended for the following unless justified by the benefit/risk ratio: voriconazole, fluticasone, other glucocorticoids and medicinal products that are metabolised by CYP3A4. If Reyataz with ritonavir is co-administered with both tenofovir and a H₂ receptor antagonist, a dose increase of Reyataz to 400mg with 100mg of ritonavir is recommended; and a dose equivalent to famotidine 40mg twice daily should not be exceeded. Interaction studies have only been performed in adults.

Oral contraceptives: If co-administered with Reyataz 300mg and ritonavir 100mg OD, it is recommended that the oral contraceptives contain a minimum of ethinylestradiol 30µg combined with norgestimate. Remind patient of strict compliance with dosing regimen. Co-administration with other hormonal or oral contraceptives containing progestogens other than norgestimate has not been studied therefore avoid. Alternate reliable methods of contraception recommended.

HCV Protease Inhibitors: Boceprevir 800mg three times daily co-administered with Reyataz/ritonavir 300/100mg OD resulted in lower exposure of atazanavir which may be associated with lower efficacy and loss of HIV control. This co-administration might be considered on a case by case basis if deemed necessary, in patients with suppressed HIV viral loads and with HIV viral strain without any suspected resistance to the HIV regimen.

PREGNANCY AND LACTATION: The use of Reyataz during pregnancy may be considered only if the potential benefit justifies the potential risk. Consult the SmPC for further information on clinical use of Reyataz during second and third trimesters. **UNDESIRABLE EFFECTS:** Common: nausea, headache, ocular icterus, vomiting, diarrhoea, dyspepsia, abdominal pain, jaundice, rash, fatigue and lipodystrophy. Uncommon: angioedema, insomnia, asthenia, pancreatitis, peripheral neurologic symptoms, hepatitis, nephrolithiasis, cholelithiasis, erythema multiforme, toxic skin eruptions, drug rash with eosinophilia and systemic symptoms (DRESS) syndrome, diabetes. Rare: Stevens-Johnson syndrome, myopathy. Consult SmPC 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 3PH. Telephone: 0800-731-1736. **DATE OF PI PREPARATION:** April 2014. 687UK14PR04441-01

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

References

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INTRODUCTION

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Dear Colleague

Welcome to the **BHIVA Autumn Conference** held at the prestigious Queen Elizabeth II Conference Centre in the heart of London.

I would like to thank Alastair Miller (Chair of the Conferences Subcommittee), Chloe Orkin (Conference Local Host) and all the members of the Conferences Subcommittee for their efforts in preparing an excellent programme for this conference.

In addition, we are delighted to be holding parallel sessions on Friday in collaboration with the Children's HIV Association (CHIVA).

The conference sessions will cover a wide range of important topics relevant to HIV. Please refer to the programme pages for a full schedule of topics and timings. We are particularly delighted to welcome several eminent speakers to London. Our international speakers include **Dr Jintanat Ananworanich**, **Professor Jeffrey Lennox** and **Dr Geoffrey Nichol**.

The BHIVA Annual General Meeting will be held on Friday 10 October prior to lunch. I would encourage all BHIVA members to attend this meeting as it provides a forum to present any points they may have to the BHIVA Officers and members of the Executive Committee.

Finally, we would like to thank our sponsors for their continued support of the Association which assists greatly with covering some of the costs incurred in organising this conference.

We very much hope you enjoy the programme and find it relevant to both your educational and practical needs.

Dr David Asboe
Chair, British HIV Association



CONFERENCE VENUE

BHIVA Autumn Conference	Queen Elizabeth II Conference Centre, Broad Sanctuary, London SW1P 3EE
Registration	Sanctuary Foyer, Ground Floor
Lecture Theatre (all BHIVA sessions).....	Fleming Room, Third Floor
Lunchtime Workshops	Abbey Room, Henry Moore Room and St James's Suite, Fourth Floor
Satellite Symposia.....	Fleming Room, Third Floor
Exhibition	Benjamin Britten Lounge, Third Floor
Lunch and Refreshments	Benjamin Britten Lounge, Third Floor
Speakers' Presentation Preview Room	East Long Room, Third Floor
Drinks Reception	Benjamin Britten Lounge, Third Floor
CHIVA Parallel Sessions	QEl Conference Centre, Broad Sanctuary, London SW1P 3EE
Lecture Theatre.....	Abbey Room, Fourth Floor

12 CPD Credits

Unique reference number 90149

PROGRAMME SUMMARY

THURSDAY 9 OCTOBER 2014

BHIVA Autumn Conference

0815–1830	Registration and exhibition open
0855–0900	Welcome Address
0900–0930	BHIVA Invited Lecture
0930–1000	BHIVA Foundation Lecture
1000–1030	BHIVA Audit Session
1030–1100	Morning coffee
1100–1200	BHIVA Guidelines Session
1200–1400	Lunch
1210–1310	ViiV Healthcare UK Lunchtime Workshop
1210–1310	Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop
1310–1355	BHIVA Lunchtime Workshop 1
1400–1500	BHIVA Plenary Session 1
1500–1600	BHIVA Plenary Session 2
1600–1630	Afternoon tea
1630–1730	BHIVA Community Symposium
1730–1830	BHIVA Plenary Session 3
1830–1930	Drinks Reception

FRIDAY 10 OCTOBER 2014

BHIVA Autumn Conference

CHIVA/BPAIIG Parallel Sessions

0815–1440	Registration and exhibition open	
0900–1000	ViiV Healthcare UK Satellite Symposium	Parallel Session 1
1000–1030	Brian Gazzard Lectureship in HIV Medicine	
1030–1040	BHIVA Awards Ceremony	
1040–1110	Morning coffee	
1110–1140	CHIVA Plenary Lecture	
1140–1310	BHIVA Best Practice Management Session	Parallel Session 2
1310–1330	BHIVA Annual General Meeting	
1310–1440	Lunch	
1335–1420	BHIVA Lunchtime Workshop 2	
1335–1435	Janssen Lunchtime Workshop	
1335–1435	RHIVA/CUHRRC Lunchtime Workshop	
1440–1540	BHIVA Plenary Session 4	Parallel Session 3
1540–1640	BHIVA Interactive Clinical Conundrums: PrEP and PEPSE	
1640–1645	Close	

AUTUMN CONFERENCE PROGRAMME

THURSDAY 9 OCTOBER 2014



BHIVA AUTUMN CONFERENCE

◀ All sessions will be held in the Fleming Room, Third Floor, QEI Conference Centre unless otherwise stated ▶

0815–1830 Registration and exhibition open

0855–0900 **Welcome Address by the Chair of the British HIV Association**

Dr David Asboe
Chelsea and Westminster Hospital, London

0900–0930 **BHIVA Invited Lecture**

Chair: Dr Alastair Miller
Joint Royal Colleges of Physicians Training Board, London

Hepatitis C treatment: from bench to bedside

Dr Janice Main
Imperial College Healthcare NHS Trust, London

BHIVA is grateful that this session has been supported by sponsorship provided by Janssen. Please see page 15 for further details.

0930–1000 **BHIVA Foundation Lecture**

Chair: Dr Ian Williams
University College London Medical School

CCR5 knock-out gene therapy trials

Dr Geoffrey Nichol
Sangamo BioSciences, USA

1000–1030 **BHIVA Audit Session**

Chair: Dr Andrew Freedman
Cardiff University School of Medicine

Management of pregnancy in HIV: survey results

Dr Yvonne Gilleece
Royal Sussex County Hospital, Brighton

1030–1100 Morning coffee

1100–1200 **BHIVA Guidelines Session**

Chairs: Dr Duncan Churchill
Royal Sussex County Hospital, Brighton

Dr Adrian Palfreeman
Leicester Royal Infirmary

Immunisation of HIV-infected adults

Professor Anna Maria Geretti
University of Liverpool

Treatment of HIV-1-positive adults with antiretroviral therapy

Dr Duncan Churchill
Royal Sussex County Hospital, Brighton

Management of hepatitis viruses in adults infected with HIV

Dr Ed Wilkins
North Manchester General Hospital

1200–1400 Lunch and Lunchtime Workshops

AUTUMN CONFERENCE PROGRAMME

THURSDAY 9 OCTOBER 2014

- 1210–1310 **ViiV Healthcare UK Lunchtime Workshop** (Abbey Room, Fourth Floor)
Lunchpacks will be provided (see page 12 for further details)
- 1210–1310 **Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop** (St James's Suite, Fourth Floor)
Lunchpacks will be provided (see page 12 for further details)
- 1310–1355 **BHIVA Lunchtime Workshop 1**
Difficult antiretroviral (ARV) decisions: case presentations
Chair: Professor David Dockrell
Royal Hallamshire Hospital, Sheffield
Panel: Ms Nadia Naous
Imperial College Healthcare NHS Trust, London
Mrs Linda Panton
Western General Hospital, Edinburgh

Managing a challenging resistance pattern in pregnancy
Dr Gareth Hughes
Sheffield Teaching Hospitals NHS Foundation Trust

Unmasking resistance through cardiovascular risk
Dr Naomi Sutton
Royal Hallamshire Hospital, Sheffield

A well-informed gamble?
Dr Meghan Perry
Western General Hospital, Edinburgh
- 1400–1500 **BHIVA Plenary Session 1**
Primary infection: to treat or not to treat?
Chairs: Dr Annemiek de Ruiter
St Thomas' Hospital, London
Dr Mas Chaponda
Royal Liverpool University Hospital

The patient perspective
Mr Simon Collins
HIV i-Base

The clinician perspective
Dr Sarah Fidler
Imperial College London

The public health perspective
Dr Valerie Delpech
Public Health England

Panel discussion
- 1500–1600 **BHIVA Plenary Session 2**
Chairs: Dr Ranjababu Kulasegaram
St Thomas' Hospital, London
Dr Melinda Tenant-Flowers
King's College Hospital NHS Foundation Trust

First-line highly active antiretroviral therapy (HAART): where now?
Dr Chloe Orkin
Barts Health NHS Trust, London

New drugs, new rules: balancing the books
Dr Nicola Mackie
Imperial College Healthcare NHS Trust, London

AUTUMN CONFERENCE PROGRAMME

THURSDAY 9 OCTOBER 2014

1600–1630

Afternoon tea

1630–1730

BHIVA Community Symposium

More than pills: what do people with HIV need to live a long and healthy life?

Chairs: Mr Garry Brough

UK-Community Advisory Board (UK-CAB)

Mrs Sheila Morris

Western General Hospital, Edinburgh

Life expectancy

Dr Paddy Mallon

Mater Misericordiae University Hospital, Dublin, Ireland

Quality of life

Dr Richard Harding

King's College Hospital, London

The patient perspective

Miss Maureen Kiwanuka

Positively UK

Mr David Randolph

Patient representative

Panel discussion

1730–1830

BHIVA Plenary Session 3

Chairs: Professor Jane Anderson

Homerton University Hospital, London

Dr Chloe Orkin

Barts Health NHS Trust, London

The AIDS Clinical Trials Group (ACTG) and the impact on the treatment of HIV: past, present and for the future

Professor Jeffery Lennox

Emory University School of Medicine, Atlanta, Georgia, USA

A new collaboration in blood-borne and sexually transmitted infections research

Professor Caroline Sabin

University College London

BHIVA is grateful that this session has been supported by sponsorship provided by MSD Ltd. Please see page 15 for further details.

1830–1930

Drinks Reception

AUTUMN CONFERENCE PROGRAMME

FRIDAY 10 OCTOBER 2014



BHIVA AUTUMN CONFERENCE

◀ All sessions will be held in the Fleming Room, Third Floor, QEI Conference Centre unless otherwise stated ▶

0815–1440	Registration and exhibition open
0900–1000	ViiV Healthcare UK Satellite Symposium (see page 13 for further details)
1000–1030	Brian Gazzard Lectureship in HIV Medicine Chair: Professor Brian Gazzard <i>Chelsea and Westminster Hospital, London</i> Phylogenetics and transmission networks Professor Andrew Leigh Brown <i>University of Edinburgh</i>
1030–1040	BHIVA Awards Ceremony
1040–1110	Morning coffee
1110–1140	CHIVA Plenary Lecture Chair: Dr Steve Welch <i>Birmingham Heartlands Hospital</i> HIV persistence and paediatric HIV cure: where do we go after the Mississippi baby? Dr Jintanat Ananworanich <i>US Military HIV Research Program in Bethesda, Maryland, USA</i>
1140–1310	BHIVA Best Practice Management Session Chairs: Dr Lucy Dorrell <i>University of Oxford</i> Professor Mark Bower <i>Chelsea and Westminster Hospital, London</i> Managing neuro-cognitive impairment (NCI) in the clinic Dr Alan Winston <i>Imperial College Healthcare NHS Trust, London</i> Success of cervical cancer screening, and lessons for anal screening Professor Henry Kitchener <i>University of Manchester</i> Managing hepatitis B and HIV Dr Andrew Ustianowski <i>North Manchester General Hospital</i>
1310–1330	BHIVA Annual General Meeting (members only)
1310–1440	Lunch and Lunchtime Workshops
1335–1420	BHIVA Lunchtime Workshop 2 (Abbey Room, Fourth Floor) Lunchpacks will be provided (see page 15 for further details) Clinico-pathological case presentations Chair: Professor Sebastian Lucas <i>King's College Hospital, London</i> Radiology for differential diagnosis, histology for definite diagnosis Dr Sarah Stockwell <i>Brighton and Sussex University Hospitals NHS Trust</i>

AUTUMN CONFERENCE PROGRAMME

FRIDAY 10 OCTOBER 2014

A case of PCP gone wrong?

Dr Manuel Fenech

Royal Liverpool University Hospital

A problematic gut case

1335–1435

Janssen Lunchtime Workshop (Henry Moore Room, Fourth Floor)

Lunchpacks will be provided (see page 13 for further details)

1335–1435

RHIVA/CUHRRC Lunchtime Workshop (Wordsworth Room, Fourth Floor)

Lunchpacks will be provided (see page 13 for further details)

1440–1540

BHIVA Plenary Session 4

Tuberculosis (TB) and HIV

Chairs: Professor Brian Angus

University of Oxford

Professor Clifford Leen

Western General Hospital, Edinburgh

Screening and latent TB

Dr Marc Lipman

Royal Free Hospital, London

Development and delivery of new drugs

Dr Gerry Davies

Royal Liverpool University Hospital

1540–1640

BHIVA Interactive Clinical Conundrums: PrEP and PEPSE

Chair: Professor Martin Fisher

Brighton and Sussex Medical School

Panel: Mr Garry Brough

UK-Community Advisory Board (UK-CAB)

Professor Sheena McCormack

Medical Research Council at UCL, London

Dr Andy Williams

Barts Health NHS Trust, London

A real life PEP dilemma: to continue or stop ART?

Dr Goli Haidari

Imperial College Healthcare NHS Trust, London

PEPSE, parties and problems

Dr Sonia Raffae

Brighton and Sussex University Hospitals NHS Trust

PrEP vs PEP: HIV Prevention in high-risk MSM

Dr Sarah Cavilla

Brighton and Sussex University Hospitals NHS Trust

1640–1645

Close by the Chair of the British HIV Association

Dr David Asboe

Chelsea and Westminster Hospital, London

CHIVA PARALLEL SESSIONS PROGRAMME

FRIDAY 10 OCTOBER 2014



Children's HIV Association (CHIVA) Parallel Session
in collaboration with
British Paediatric Allergy, Immunology and Infection Group (BPAIIG)

◀ Parallel Sessions will be held in the Abbey Room, Fourth Floor, QEI Conference Centre, unless otherwise stated ▶

Please read the **CHIVA Parallel Sessions** programme in conjunction with the **BHIVA Autumn Conference** programme

MOVING FORWARD TOGETHER

0830–1440

Registration and exhibition open

0900–0910

Welcome Addresses

Dr Steve Welch

Chair, Children's HIV Association (CHIVA)

Dr Stephane Paulus

Secretary, British Paediatric Allergy, Immunology and Infection Group (BPAIIG)

CHIVA Youth Committee Member

0910–1010

CHIVA / BPAIIG Session 1

Chairs: Dr Jolanta Bernatoniene

Bristol Royal Hospital for Children

Dr Andrew Riordan

Alder Hey Children's NHS Foundation Trust, Liverpool

A snapshot of viral hepatitis in the UK

Dr Gareth Tudor-Williams

Imperial College Healthcare NHS Trust, London

Malignancies and infections in children

Dr Ananth Shankar

University College London Hospitals NHS Foundation Trust

1010–1040

CHIVA Youth Committee Session

Young people living with HIV and sexual orientation

CHIVA Youth Committee

1040–1110

Morning coffee

Benjamin Britten Lounge, Third Floor

1110–1140

CHIVA Plenary Lecture

Fleming Room, Third Floor (see page 8 for further details)

1150–1310

CHIVA / BPAIIG Session 2

Chairs: Dr Srin Bandi

Leicester Royal Infirmary

Dr Stéphane Paulus

University of Liverpool

Beyond HIV: what can we learn from other congenital infections?

Dr Pat Tookey

UCL Institute of Child Health, London

CHIVA PARALLEL SESSIONS PROGRAMME

FRIDAY 10 OCTOBER 2014

PEP - time for a change?

Dr Caroline Foster
Imperial College Healthcare NHS Trust, London

CNS infection in immune-compromised children

Dr Michael Griffiths
Liverpool School of Tropical Medicine

1310–1440

Lunch and Lunchtime Workshops

Benjamin Britten Lounge, Third Floor

1440–1540

CHIVA / BPAIIG Session 3

Chairs: Dr Tomás Campbell
Newham Primary Care Psychological Services, London
Dr Sanjay Patel
Southampton University Hospital

Immunisation and immune deficiency

Dr Matthew Snape
Churchill Hospital, Oxford

The impact of criminalisation on an increasingly young, sexually active population

Ms Eleanor Briggs
National AIDS Trust

1540–1600

CHIVA Youth Committee and Projects Update

- Update on CHIVA's work with UNICEF
- Influencing practice in UK schools: The HIV-friendly schools campaign
- 5 years on: do HIV-positive young people in the UK still need a support camp?

1600–1700

CHIVA / BPAIIG Session 4

Multidisciplinary management of HIV and primary immunodeficiencies: what can we learn from each other?

Chairs: Dr Alasdair Bamford
Imperial College Healthcare NHS Trust, London
Mrs Ailsa Pickering
Royal Victoria Infirmary, Newcastle

The young person perspective

The clinician perspective

Dr Andrew Riordan
Alder Hey Children's NHS Foundation Trust, Liverpool

The voluntary sector perspective

Mr Jeremy Sandell
Positive Parenting and Children (PPC)

The nurse perspective

Ms Katie Rowson
North Manchester General Hospital

1700

Close

Dr Steve Welch
Chair, Children's HIV Association (CHIVA)

Dr Stephane Paulus
Secretary, British Paediatric Allergy, Immunology and Infection Group (BPAIIG)

PROGRAMME OF SATELLITE SYMPOSIA AND LUNCHTIME WORKSHOPS

All satellite symposia will be held in the **Fleming Room, Third Floor**, QEII Conference Centre
Locations of additional workshops are listed below, adjacent to the respective sessions

THURSDAY 9 OCTOBER

1210–1310

ViiV Healthcare UK Lunchtime Workshop (Abbey Room, Fourth Floor)

Lunchpacks will be provided

Hot topics for people living with HIV

Chair: Mr Robert Fieldhouse

BASELINE

Five people living with HIV will be speaking as part of this workshop

1210–1310

Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop (St James's Suite, Fourth Floor)

Lunchpacks will be provided

HAART to heart: Discussions with a cardiologist

Chair: Dr Andrew Ustianowski

North Manchester General Hospital

Professor Robin Choudhury

John Radcliffe Hospital, Oxford

Dr Paddy Mallon

Mater Misericordiae University Hospital, Dublin, Ireland

PROGRAMME OF SATELLITE SYMPOSIA AND LUNCHTIME WORKSHOPS

All satellite symposia will be held in the **Fleming Room, Third Floor**, QEll Conference Centre
Locations of additional workshops are listed below, adjacent to the respective sessions

FRIDAY 10 OCTOBER

0900–1000

ViiV Healthcare UK Satellite Symposium
Perspectives in practice: where does the patient feature?

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

Dr Marta Boffito
Chelsea and Westminster Hospital, London

Dr David Bell
Gartnavel General Hospital, Glasgow

Dr Andrew Ustianowski
North Manchester General Hospital

1335–1435

Janssen Lunchtime Workshop (Henry Moore Room, Fourth Floor)
Lunchpacks will be provided

Clinical cases: quick fire questions

Chair: Dr Mas Chaponda
Royal Liverpool University Hospital

Panel: Dr Chloe Orkin
Barts Health NHS Trust, London
Dr Julie Fox
St Thomas' Hospital, London

1335–1435

Rehabilitation in HIV Association (RHIVA) and Canada-UK HIV and Rehabilitation Research Collaborative (CUHRR) Lunchtime Workshop (Wordsworth Room, Fourth Floor)
Lunchpacks will be provided

A tale of rehabilitation in two countries: a snapshot of HIV and rehabilitation in Canada and the UK

Chair: Ms Esther McDonnell
Chelsea and Westminster Hospital, London

Role for rehabilitation in the context of HIV

Dr Patty Solomon
McMaster University, Ontario, Canada

HIV and rehabilitation – where's the evidence?

Dr Kelly O'Brien
University of Toronto, Canada

How do we go about HIV and rehabilitation research?

Dr Francisco Ibanez-Carrasco
Ontario HIV Treatment Network, Canada

HIV and rehabilitation clinical practice in the UK

Mr Darren Brown
Chelsea and Westminster Hospital, London

Ms Elizabeth Stevens
Heart of England NHS Foundation Trust, Birmingham

BHIVA COMMITTEES

EXECUTIVE COMMITTEE

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Ms S Morris Western General Hospital, Edinburgh

Dr MR Nelson Chelsea and Westminster Hospital, London

Prof C Sabin University College London

Dr A Sullivan Chelsea and Westminster Hospital, London

Dr M Tenant-Flowers King's College Hospital NHS Foundation Trust

CONFERENCES SUBCOMMITTEE

Dr Alastair Miller Chair

Dr Chloe Orkin Vice Chair and Local Host Autumn 2014

Dr David Asboe BHIVA Executive Committee member

Mr Garry Brough BHIVA Executive Committee member and Community Representative

Dr Mas Chaponda BHIVA Executive Committee member

Dr Annemiek de Ruiter BHIVA Executive Committee member

Dr Carol Emerson Invited Representative

Prof Martin Fisher BHIVA Executive Committee member

Dr Ranjababu Kulasegaram
BHIVA Executive Committee member

Prof Clifford Leen BHIVA Honorary Treasurer

Ms Sheila Morris BHIVA Executive Committee member

Dr Mark Nelson BHIVA Education and Scientific Subcommittee Chair

Dr Adrian Palfreeman BHIVA Executive Committee member

Dr Melinda Tenant-Flowers
BHIVA Executive Committee member

Dr Laura Waters Invited Representative

Dr Ed Wilkins Invited Representative

CONFERENCE INFORMATION

Registration

Your registration fee includes access to the scientific sessions as indicated below for each meeting, including satellite symposia and exhibition stands.

BHIVA Autumn Conference: 9–10 October 2014

The registration fee gives access to the scientific sessions of the BHIVA Autumn Conference and the CHIVA Parallel Sessions, including satellite symposia. All refreshments and lunches throughout the conference are included in the registration fee.

Children's HIV Association (CHIVA) Parallel Session in collaboration with BPAIIG: Friday 10 October 2014

The registration fee gives access to the Parallel Sessions and the CHIVA Plenary Session. In addition, refreshments and lunch on Friday 10 October are included. The Parallel Sessions are preceded by the CHIVA Dinner at Cucina Asellina Restaurant from 2000 on Thursday 9 October for those who have booked tickets and paid the necessary fee.

BHIVA Lunchtime Workshops

Places are limited and will be restricted to 80 delegates per workshop. 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 refreshments will be provided for delegates attending these sessions where listed in the programme.

BHIVA Sessions and Invited Lectures supported by sponsorship, bursaries and grants

Where indicated, BHIVA Invited Lectures and Sessions are supported by means of sponsorship, bursaries or grants provided by sponsors. In the organisation of these sessions, 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. Funding will go towards supporting the honorarium, travel and accommodation of BHIVA speakers. The slots are educational in content and form part of the BHIVA plenary programme, and thus qualify for CPD accreditation.

Prizes and awards

The Don Jeffries BHIVA Research Award

BHIVA has created an award in honour of the late Professor Don Jeffries. This will be awarded for the highest-scoring application, as judged by the BHIVA Research Awards Judging Panel, from the 28 applications submitted for the 2014 BHIVA Research Awards. The award will be presented in the Lecture Theatre at the BHIVA Awards Ceremony at 1030–1040 on Friday 10 October 2014.

BHIVA Best Case Presentation

A prize will be awarded to the presenter of the best case presentation as part of the Clinico-pathological case presentation session at the conference.

BMS Exchange Scholarships in collaboration with BHIVA and SAHIVCS

The BMS Specialist Registrar Exchange Scholarships in collaboration with BHIVA, HIVPA and SAHIVCS (South African HIV Clinicians Society) has invited applications from UK-based Specialist Registrars (SpRs), Specialty Registrars (StRs) and pharmacists who are working in the field of HIV medicine and who are BHIVA members. The successful applicants from the UK have taken part in an exchange programme to Botswana for two weeks and successful applicants from Botswana will participate in a clinical programme in the UK for two weeks following the BHIVA Autumn Conference.

Gilead Exchange Scholarships in collaboration with BHIVA

Gilead, in collaboration with the British HIV Association (BHIVA), have set up two exchange scholarships for BHIVA members. The first is for those working in the field of infectious diseases and the second for members with an active role in clinical trials or who have a research role. The exchange scholarship will enable winning applicants to travel to Buenos Aires / Rio de Janeiro to take part in a placement at an Infectious Diseases Unit/HIV unit for 1–2 weeks. The programme will provide a unique opportunity to increase understanding and to gain experience of the treatment and management of infectious diseases overseas and for scholars to disseminate this information and experience when they return to the UK.

Gilead/BHIVA Research Award

BHIVA is delighted that Gilead Sciences are offering funds to facilitate high-quality research from non-consultant healthcare professionals. Applications have been assessed by a panel drawn from members of the BHIVA Executive Committee. The award will be presented in the lecture theatre at the BHIVA Awards Ceremony at 1030–1040 on Friday 10 October 2014.

CONFERENCE INFORMATION

Drinks Reception

The Drinks Reception immediately follows the conference programme at 1830–1930 on Thursday 9 October and will take place in the exhibition area located in the Benjamin Britten Lounge on the Third Floor.

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 receive CPD credits at the rate of one CPD credit per conference hour (exclusive of travel, refreshments, social events and satellite symposia). The conference will be allocated a maximum of 6 CPD credits per conference day.

CPD Accreditation: Credits attributed and unique reference number		
BHIVA Autumn Conference including CHIVA Parallel Sessions	12 Credits	90149
CHIVA Parallel Sessions only	6 Credits	90149

BHIVA Community Registration

BHIVA has supported free registration for over 40 community representatives to attend the conference.

BHIVA Registration Scholarships

BHIVA Registration Scholarships have been made available to 10 delegates who are doctors and who are retired, not working or employed in a part-time or equivalent capacity, or who are students involved in full-time undergraduate or post-graduate work. The scholarships cover the conference registration fee.

Cloakroom

A staffed cloakroom is available at the Queen Elizabeth II Conference Centre. All belongings are left at the owner's risk. The Queen Elizabeth II Conference Centre and the British HIV Association do not accept responsibility for the loss of, or damage to, delegates' personal property stored in the cloakroom areas.

Conference venue

Queen Elizabeth II Conference Centre

Broad Sanctuary · Westminster · London SW1P 3EE · Tel: +44 (0)20 7222 5000 · Web: qeicc.co.uk

The conference venue is a short walk from Westminster or St James's Park underground stations.

Please see the map for the location of these stations in relation to the **Queen Elizabeth II Conference Centre**.

Westminster and St James's Park underground stations are easily accessible from King's Cross, St Pancras (Eurostar) and Victoria main-line rail stations and can be accessed by the Jubilee line or the Circle and District lines. The journey from these main-line stations to Westminster or St James's Park underground stations takes approximately 10 minutes and costs approximately £4.

There are also good links to the city centre from both Heathrow and Gatwick airports. Journeys by either Heathrow or Gatwick Express take about 1 hour.

There are four car parks near to the conference venue. For further information please visit www.ncp.co.uk

Please note that the conference venue is located within the London congestion charge zone.



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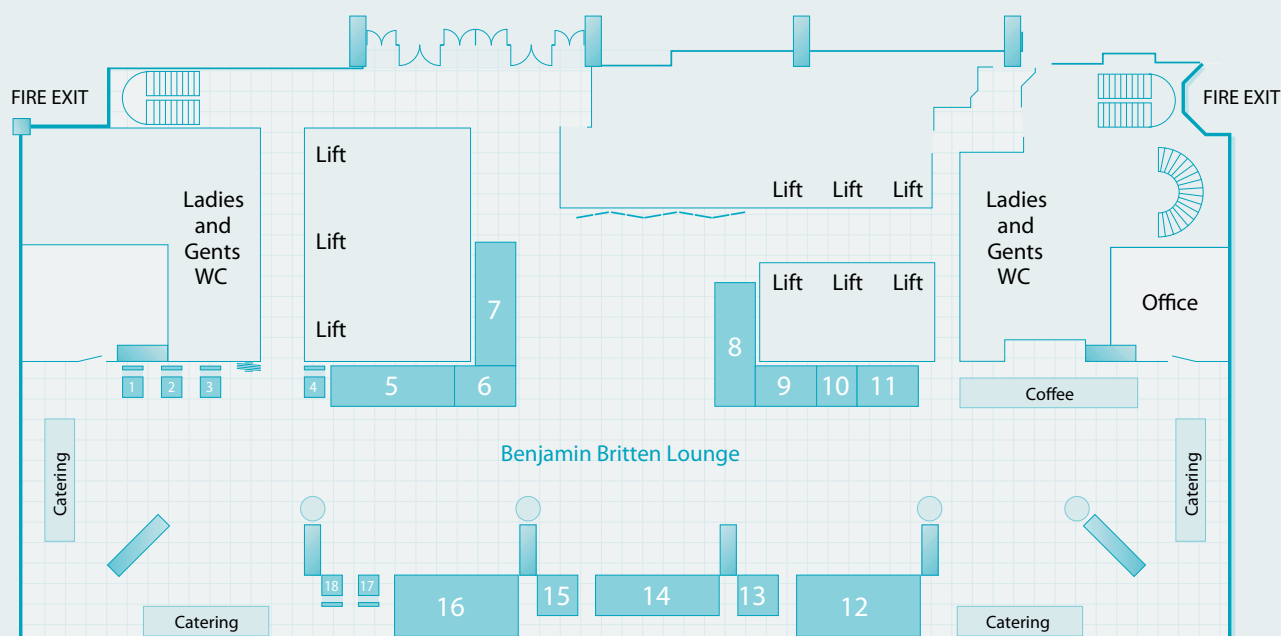
Terrence Higgins Trust

UK Community Advisory Board (UK-CAB)

BHIVA Major Sponsors and Commercial Exhibitors have supported the BHIVA Autumn Conference by purchasing exhibition stand space.

EXHIBITION FLOOR PLAN AND EXHIBITORS

Queen Elizabeth II Conference Centre · London



EXHIBITORS

- | | |
|--------------------------|---|
| 1 NAM | 10 Halve-it |
| 2 Terrence Higgins Trust | 11 Blithe Computer Systems Ltd |
| 3 National AIDS Trust | 12 Bristol-Myers Squibb Pharmaceuticals Ltd |
| 4 Positively UK | 13 CHIVA Africa |
| 5 ViiV Healthcare UK Ltd | 14 Gilead Sciences Ltd |
| 6 6PM | 15 Mildmay Mission Hospital |
| 7 MSD Ltd | 16 Janssen |
| 8 AbbVie Ltd | 17 Children's HIV Association (CHIVA) |
| 9 Alere Ltd | 18 UK-CAB / HIV i-Base |

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The HIV Select Resource Centre website will be available soon:

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PLENARY SPEAKER BIOGRAPHIES

Jintanat Ananworanich is a Paediatrician and Immunologist with a broad background in adult and paediatric HIV clinical trials including antiretroviral treatment, acute HIV infection and HIV cure. She is a member of the IAS Towards HIV Cure Initiative, and the IMPAACT and ACTG cure committees.

David Asboe is a Consultant in HIV Medicine and Sexual Health at Chelsea and Westminster Hospital. He studied medicine at Otago University Medical School, New Zealand and completed specialist training at St Thomas' Hospital London. He is Divisional Research Lead and his research interests are antiretroviral resistance and the sexual health of people living with HIV. He is the Convener of the Diploma in HIV Medicine, and is a Trustee on the Executive Committee of the British HIV Association. He was elected as BHIVA Chair in 2013.

Eleanor Briggs is the Assistant Director of Policy and Campaigns at NAT (National AIDS Trust). Eleanor works on a range of areas including social care, prevention and testing, and the law. Before joining NAT, Eleanor worked for the Women and Equality Unit. She has an MSc in social policy from the London School of Economics.

Duncan Churchill has been a Consultant in GU/HIV Medicine at the Royal Sussex County Hospital in Brighton since 1999. He trained at Oxford University and at The Middlesex Hospital Medical School. Before taking up his current appointment he was a Lecturer and Honorary Senior Registrar at Imperial College School of Medicine at St. Mary's, and also worked as HIV registrar at The Middlesex Hospital. He has been a member of the Executive Committee of the British HIV Association from 1996–2004 and 2009 to date, and has been on the BHIVA Guidelines Subcommittee since inception. He was Vice Chair of the 2012 BHIVA Treatment Guidelines Writing Group. His interests include antiretroviral drug therapy and drug toxicity, particularly of antiretrovirals. He also works in the Patient Safety Department at RSCH.

Simon Collins is an HIV-positive treatment advocate at HIV i-Base (www.i-Base.info), supporting people living with HIV to take an active role in their own health. This includes explaining options for treatment decisions. He manages the i-Base treatment information services, including a treatment phone line and non-technical treatment guides. He is a community advocate with several UK-based and international research groups and has edited HIV Treatment Bulletin since 2003.

Gerry Davies is Reader in Infection Pharmacology at the University of Liverpool, with 20 years' clinical experience of HIV/TB co-infection in the UK, Africa and Asia. His research focuses on effective preclinical development and clinical trials of combinations of novel or re-purposed anti-tuberculosis drugs.

Valerie Delpech is a Public Health Physician and Epidemiologist leading on the national surveillance of HIV infections at Public Health England. She trained in medicine and public health in Australia and the UK, and has extensive experience in communicable disease control and public health. Her research interests have focused on better understanding the epidemiology of HIV and STIs, and public health interventions to prevent these infections among vulnerable populations. She serves on a number of national and international committees in relation to HIV surveillance, prevention and policy development and is an executive trustee for the National AIDS Trust.

David Dockrell received his undergraduate training at Trinity College Dublin and his post-graduate training at the Mayo Clinic USA. He is Professor of Infectious Diseases at the University of Sheffield and a Consultant at the Royal Hallamshire Hospital, Sheffield. He is a clinician scientist and his research group focuses on the pathogenesis of infectious diseases and the innate immune system. David is also clinically active, working with general infectious diseases, HIV medicine and infections in transplant recipients. He also actively participates in trials of antiretrovirals and other anti-infective agents. He has co-authored national treatment guidelines and authored over 100 publications relating to HIV and infectious diseases. David currently serves on the MRC fellowship panel, several charity grant panels and the MHRA anti-infectives panel. He is Academic Director for Communicable Diseases at Sheffield Teaching Hospitals.

Sarah Fidler is a Reader and Consultant Physician in HIV Medicine at Imperial College London. She has been involved in designing and leading HIV clinical studies around the role of immediate ART at the time of HIV seroconversion for the past 15 years. This work began as a small observational study in 2000, and was followed by an international RCT (SPARTAC) trial funded by the Wellcome Trust across seven different countries (2004–2011). Since 2012, Sarah has led the development of the UK HIV Cure initiative (CHERUB) which has set up a cross-UK collaboration of clinicians and scientists investigating proof of concept studies of novel interventions in patients treated with ART at the time of seroconversion. She is the PI for a new study (RIVER) which will investigate the role of ART + vaccine and HDACi on measures of viral reservoirs in HIV seroconverters. She is also co-PI of an international community randomised study (HPTN071- PopART) in Zambia and South Africa testing a combination HIV prevention program on HIV incidence.

Martin Fisher is Professor of HIV Medicine at Brighton and Sussex Medical School and Consultant Physician at Brighton and Sussex University Hospitals. He has been a co-author and current Chair of the National guidelines for post exposure prophylaxis after sexual exposure, a co-author of the BHIVA statements on treatment as prevention and pre-exposure prophylaxis, and a trial steering committee member of the PROUD study of pre-exposure prophylaxis.

PLENARY SPEAKER BIOGRAPHIES

Caroline Foster is a Consultant in Adolescent HIV and Infectious Diseases at Imperial College Healthcare NHS Trust and is the Clinical Lead for Transitional Care in HIV. Her current research studies include the long-term outcomes for young adults born with HIV, co-receptor tropism evolution within perinatal infection, the characterisation of the latent reservoir and the development of in vitro therapeutic vaccines in paediatric HIV.

Anna Maria Geretti is Professor of Virology and Infectious Diseases at the Institute of Infection and Global Health, University of Liverpool. Her clinical and research activities focus on HIV and viral hepatitis, with a specific interest in antiviral therapy, virus genetic diversity, and diagnostics; she has over 150 publications. She contributes to national and international management guidelines, is Secretary of EACS, and a founding member of the British Society for Nanomedicine. Anna Maria runs programmes in resource-limited settings and enthusiastically shares her expertise to train doctors and scientists.

Yvonne Gilleece is a Consultant in HIV & Genitourinary Medicine at Brighton & Sussex University Hospitals NHS Trust and an Honorary Senior Lecturer at Sussex University. She is the Lead for HIV in Pregnancy and Hepatitis as well as a clinical supervisor for a PhD on HIV and Bone. She is a member of the BASHH HIV SIG and is Vice Chair on the BHIVA guidelines for HIV in Pregnancy and an author of the Treatment, Hepatitis and HIV-2 guidelines.

Michael Griffiths is a Senior Clinical Lecturer at the Institute of Infection and Global Health, University of Liverpool and the Neurology Department at Alder Hey Children's NHS Trust. His work focuses on improving understanding, diagnosis, and management of brain infections in the UK and world-wide. His research interests lie in the host responses to severe infection, particularly neurological infectious insults, with a focus on identifying diagnostic and prognostic markers as well as to better understand the role of host and pathogen responses in determining the outcome of brain infections. His work currently involves studies of encephalitis and meningitis in Nepal, Indonesia, KwaZuluNatal and the UK. He previously trained in Oxford, Kenya (Kilifi) and Stanford, and maintains collaborations with these Institutes.

Richard Harding is Associate Professor in the School for Medicine at King's College London, and Visiting Professor in Family Medicine and Public Health at the University of Cape Town. His programme of clinical research addresses the multidimensional aspects of health and wellbeing for people living with HIV, including psychological, physical, social and spiritual problems. He has developed a number of Patient Reported Outcome Measures to guide clinical care, standards and research.

Henry Kitchener is Professor of Gynaecological Oncology at the University of Manchester and Honorary Consultant at St Mary's Hospital, and has been in this post since 1996. The principal area of interest of his group is in clinical trials and all aspects of cervical neoplasia. He is a Fellow of the Academy of Medical Sciences, is the Chair of the Department of Health Advisory Committee on Cervical Screening, Chair of Target Ovarian Cancer's Scientific Advisory Board, and a Trustee of the British Society of Colposcopy and Cervical Screening. He has recently joined the MCR Panel for Clinical Research Fellowships and the JVC HPV Subcommittee. Henry is the Lead for Research Governance and Governor of The Central Manchester University Hospital Trust.

Maureen Kiwanuka was born in Uganda, Kampala in 1989 with pneumonia and an HIV-positive diagnosis. She was disclosed to at the age of 12, and immediately came to the conclusion that 'this is it for me...I'm going to die!' She had no real knowledge on HIV, despite the fact that her doctors explained it to her over and over again. She blocked the positives and chose to be pessimistic. She tried to cope on her own; and she was scared and daunted by the stigma. Then she was introduced to CHIVA and learnt so much. She made friends, and realized she was not alone. Finally, she was able to help others, via Positively UK, and to speak at conferences and help others in her position.

Andrew Leigh Brown is Professor of Evolutionary Genetics in the Institute of Evolutionary Biology at the University of Edinburgh. He was elected Fellow of the Royal Society of Edinburgh in 2006. He has been analysing sequence evolution in HIV for over 25 years, and his recent research interests include the use of very large patient databases to reconstruct the transmission network of HIV and estimate epidemic dynamics in the UK and Africa, and to follow transmission patterns in influenza outbreaks. He has also been actively involved in studies of the genetic control of HIV virulence and using computational approaches to analyse drug resistance in HIV and host range, virulence and their evolution in influenza.

Jeffery Lennox is the Associate Dean for Clinical Research at the Emory University School of Medicine, Co-Director of the Center for AIDS Research Clinical Core, and Co-Principal Investigator of the Emory-CDC Clinical Trials Unit. He is a member of the ACTG Executive Committee and has been co-Chair or Vice-chair for three ACTG-sponsored clinical trials.

Marc Lipman is a Senior Lecturer and Consultant in Respiratory and HIV Medicine at Royal Free London NHS Foundation Trust and University College London. He is a member of the NICE TB Clinical Guideline Development Group and the National TB Drug Resistance Clinical Advisory Service. His research focuses on tuberculosis, respiratory infection and HIV.

Sebastian Lucas has spent three decades as a histopathologist, studying the clinical pathology of HIV/AIDS in UK and Africa. Professor Lucas's main concerns have been making best use of biopsy and autopsy material to further diagnostics, better patient management, and research.

PLENARY SPEAKER BIOGRAPHIES

Nicola Mackie is a Consultant Physician and Honorary Senior Lecturer in HIV/GUM, and Head of Specialty for HIV, at Imperial College Healthcare NHS Trust. Her interests include HIV-1 drug resistance, HIV and women, and issues around reproductive health and conception. She is a steering committee member of the HIV Drug Resistance database group, a member of the BHIVA guidelines writing group and the BASHH HIV SIG, and an Examiner for the Diploma in HIV Medicine examination.

Janice Main is a Reader in Infectious Diseases and GUM at St Mary's Hospital (Imperial College and Imperial NHS Trust), London. Her laboratory-based research led to the discovery of anti-Saccharomyces cerevisiae antibodies (ASCA) in patients with Crohn's disease. Her research interests include a wide range of medical problems including HIV and viral hepatitis.

Patrick Mallon is Associate Dean for Research and Innovation within the School of Medicine and Medical Sciences at University College Dublin. In 2007 he took up a clinician-academic position in infectious diseases at the Mater Misericordiae University Hospital and the School of Medicine and Medical Sciences at University College Dublin. He leads 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, and increasing research capacity in resource-limited settings, with ongoing collaborative studies in East Africa, focused on Uganda and Zimbabwe. He sits on the European AIDS Clinical Society (EACS) panel dealing with Guidelines on prevention and management of non-infectious co-morbidities in HIV.

Sheena McCormack has been coordinating HIV prevention trials since 1994. Professor McCormack worked on HIV vaccine trials, all Phase I/II, in Europe and Africa. Since 1998 she has been involved in microbicide trials and is co-PI of the Microbicides Development Programme (MDP), a multi-disciplinary public-private partnership. Sheena was Chief Investigator of the Phase III clinical trial that enrolled 9385 women through six research centres in Southern Africa and reported in 2009. She is a partner in several vaccine and microbicide networks, and working with colleagues in the UK to determine the role of PrEP in the national strategy, leading the PROUD pilot study.

Alastair Miller has been involved in clinical care, education and research in HIV ever since the epidemic began in the 1980s, and has recently retired from the post of Consultant in Infectious Disease in Liverpool. He is currently Deputy Medical Director of the Joint Royal Colleges of Physicians Training Board and an Honorary Senior lecturer at the Institute of Infection & Global Health at the University of Liverpool. He has been on the BHIVA Executive for 3 years and has chaired the Conferences Subcommittee for the last 12 months.

Nadia Naous is Lead Pharmacist for HIV and Sexual Health at St Mary's Hospital, Imperial College Healthcare NHS Trust. She is also co-Chair of the HIV Pharmacy Association (HIVPA).

Geoffrey Nichol is a physician who made his industry career successively at SmithKline Beecham, Novartis and Medarex Inc. His drug development credits include Augmentin BID; Foradil; Xolair; and Yervoy, the ground-breaking immunomodulator monoclonal antibody approved for treating melanoma. He is currently Executive Vice President of Research and Development at Sangamo BioSciences, a public company pioneering the development of therapeutics using its zinc-finger gene editing and modification technology.

Chloe Orkin is a Consultant and Honorary Reader in HIV Medicine at the Royal London Hospital and runs an HIV and HIV/hepatitis C research unit. She has co-authored four British HIV Association Guidelines: Treatment, Hepatitis, Malignancy and Routine Monitoring. Chloe is an External Examiner to the Diploma in HIV Medicine. She is passionate about making HIV testing routine.

Linda Panton feels privileged to have spent the last 20 years nursing HIV patients in the Regional infectious Disease Unit in Edinburgh, firstly as a staff nurse on the HIV ward and latterly as an HIV Clinical Nurse Specialist. She currently sits on the NHVNA Executive and chairs a Scottish HIV Nurses group. She has a special interest in the long-term consequences of living with HIV, particularly in her unique cohort of ex-intravenous drug users.

Stéphane Paulus is a Consultant in Infectious Diseases at Alder Hey Children's Hospital, Liverpool and an Honorary Senior Lecturer at the University of Liverpool and at the Liverpool School of Tropical Medicine. His clinical interests include infection control, antimicrobial stewardship and infections in paediatric oncology patients. Stéphane has also been involved in the set-up and delivery of the Young People's Blood-borne Viruses Clinic which sees patients from 16 to 24 years with HIV, hepatitis B and C at the Royal Liverpool Hospital.

David Randolph has 30 years' experience in fundraising and volunteer coordination. He was Crusaid Director of Walk for Life 1991-1996, Director of Fundraising for HIV Services the Royal Free Hospital, and is now Project Director of an HIV/HBV study with Dr Bhagani and Prof Wilson at Mbarara Hospital in Uganda. David has been HIV positive since 1984.

Andrew Riordan is a Consultant in Paediatric Infectious Diseases and Immunology at Alder Hey Children's NHS Foundation Trust in Liverpool. He was a committee member of the Children's HIV Association and was the Lead Clinician for the North West Children's HIV Network 2010-2013.

PLENARY SPEAKER BIOGRAPHIES

Katie Rowson is the Paediatric Specialist Nurse at North Manchester General Hospital and has been involved with the care of children and young people living with HIV through the last decade. Katie coordinates the multidisciplinary care of children and young people living with HIV in the Greater Manchester region and is currently the Lead Nurse for the North West Paediatric and Perinatal HIV Network. Katie also works as part of the MRC team as a Research Nurse on the AALPHI study. She regularly takes part in the CHIVA Africa programme. CHIVA summer camp is hugely beneficial to young people living with HIV and Katie has taken part in this since camp started in 2010.

Caroline Sabin is Professor of Medical Statistics and Epidemiology at University College London (UCL) and is Director of the National Institutes for Health Research (NIHR) Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections, a partnership between UCL, Public Health England (PHE) and the London School of Hygiene and Tropical Medicine. Caroline has worked for many years on the analysis of large observational HIV databases with a particular interest in raising awareness of the biases inherent in these databases; she is the Principal Investigator on the UK CHIC Study, the Principal Statistician on the D:A:D Study, and Co-principal Investigator on the POPPY Study.

Jeremy Sandell has been Director of Positive Parenting and Children (PPC) since 2010. PPC is a unique service that supports families and children living with HIV in their own homes. PPC has over 25 years' experience of working in partnership with local authorities, specialist HIV clinics and other charities. Before joining PPC Jeremy spent many years leading community development charities in the UK, and he has an MBA from the Open University.

Dr Ananth Shankar is a consultant in Paediatric and Adolescent Oncology at University College London Hospitals NHS Foundation Trust. He is Clinical Lead for Paediatric & Adolescent Neuro-Oncology and currently UK Chief Investigator for the international EuroNet PHL LP1 trial. His research interests include functional imaging -Choline PET MRI in childhood astrocytomas and intra -cranial germ cell tumours. Dr Shankar is also Editor of Evidence Based Paediatric Oncology [3rd Edition].

Matthew Snape is a Consultant in General Paediatrics and Vaccinology at the NIHR Oxford Biomedical Research Council and the Oxford Children's Hospital, Oxford University Hospitals NHS Trust. He is also an Honorary Senior Clinical Lecturer at the Department of Paediatrics, University of Oxford and a Jenner Investigator. His principle areas of research relate to meningococcal, pneumococcal and influenza vaccines, and he has recently obtained funding from Meningitis Now to evaluate attitudes of pregnant women and obstetric health care providers to immunisation against group B streptococcus in pregnancy.

Patricia Tookey is a Non-clinical Epidemiologist and Senior Lecturer at UCL Institute of Child Health. She has managed the National Study of HIV in Pregnancy and Childhood (NSHPC) since 1995, and is also involved with the Collaborative HIV Paediatric Study (CHIPS), and AALPHI (Adolescents and Adults Living with Perinatal HIV Cohort). Pat has long-standing research interests in screening and infections affecting pregnant women and their children, including rubella, CMV, syphilis and HSV-1/2, and is involved in the review and development of antenatal infection screening programmes.

Gareth Tudor-Williams is a Reader in Paediatric Infectious Diseases at Imperial College London and Consultant Paediatrician at Imperial College Healthcare NHS Trust, St. Mary's Hospital, London. His clinical and research interests are in blood-borne virus infections of children, including prevention of perinatal transmission. He was the founding Chair of CHIVA. For more than 10 years he has run a Family Hepatitis Clinic at St. Mary's jointly with the Adult Hepatology Service, to provide care for all family members infected with hepatitis B or C virus. He is a Paediatrician on the Guideline Development Group for NICE-endorsed hepatitis guidelines.

Andrew Ustianowski is a Consultant Physician in Infectious Diseases and Tropical Medicine at the Regional Infection Unit, North Manchester General Hospital, which has a cohort of around 2000 HIV-positive patients. He has been part of guideline writing committees for BHIVA and other bodies, is Chair of the British Viral Hepatitis Group, is on the national CRGs for hepatitis C and infectious diseases, lectures widely on HIV, hepatitis and related topics, and is part of several national and international educational steering groups.

Alan Winston is a Clinical Reader and a Consultant Physician in HIV and Genitourinary Medicine based at St. Mary's Hospital, London. His MD focused on antiretroviral clinical pharmacology and current research focuses on non-infectious co-morbidities associated with HIV-disease in the modern antiretroviral era, with a strong focus on central nervous system complications.

Ed Wilkins is a Consultant in Infectious Diseases at North Manchester General Hospital. Prior to taking up his current position, he trained in Infectious Diseases in London and Liverpool, Tropical Medicine in Africa, and Medical Microbiology with the Health Protection Agency. He has been involved with HIV patient care and research since 1984 with interests in drug trials, antiretroviral toxicity, hepatitis co-infection, and mental health complications. He is involved in many executive and advisory national committees including BHIVA and has published widely on HIV.

Andy Williams completed specialist training in East London and has been a Consultant in GU/HIV Medicine at The Ambrose King Centre in Whitechapel since 2012. His specific interests include HIV prevention, MSM risk reduction, and Male Sexual Wellbeing in migrant populations. Andy is the current secretary of the BASHH MSM special interest group.

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*TIVICAY is dosed 50 mg once daily for patients without documented or clinically suspected resistance to the integrase class. TIVICAY should be dosed 50 mg twice daily in patients with resistance to the integrase class (documented or clinically suspected) or in patients taking certain concomitant medicines (e.g. efavirenz, nevirapine, tipranavir/r, or rifampicin).⁶



TIVICAY® ▼ (dolutegravir) Prescribing Information (Refer to SPC before prescribing)

Presentation: 50mg film-coated tablets of dolutegravir. **Indications:** Treatment of Human Immunodeficiency Virus (HIV) infected adults and adolescents above 12 years of age, in combination with other anti-retroviral medicinal products. **Dosage and administration:** For use by physicians experienced in management of HIV infection. *Adults infected with HIV-1 without documented or clinically suspected resistance to the integrase class:* 50mg once daily with or without food. *Adults with resistance to the integrase class (documented or clinically suspected):* 50mg twice daily, preferably with food to enhance exposure (particularly in patients with Q148 mutations). Dolutegravir use should be informed by integrase resistance pattern. The recommended dose of TivicaY is 50mg twice daily when co-administered with efavirenz, nevirapine, tipranavir/ritonavir or rifampicin. *Adolescents aged 12 years and above (weighing at least 40kg) without integrase resistance:* 50mg once daily with or without food. *Children less than 12 years or weighing <40kg:* insufficient data to recommend a dose. *Elderly:* Limited data in patients over 65 years of age. **Renal impairment:** No dosage adjustment required in mild, moderate or severe (CrCl<30ml/min, not on dialysis) renal impairment. **Hepatic impairment:** No dosage adjustment required in mild or moderate hepatic impairment. No data in severe hepatic impairment. **Contraindications:** Hypersensitivity to dolutegravir or to any of the excipients. Co-administration with dofetilide. **Warnings and precautions:** Hypersensitivity reactions have been reported characterised by rash, constitutional findings, and organ dysfunction, including severe liver reactions. Discontinue dolutegravir and other suspect agents immediately if signs or symptoms of hypersensitivity reactions develop. Delay in stopping treatment may result in a life-threatening reaction. Monitor clinical status including liver aminotransferases and bilirubin. Institution of combination antiretroviral therapy may result in an inflammatory reaction to asymptomatic or residual opportunistic pathogens and cause serious clinical conditions, or aggravation of symptoms. Liver biochemistry elevations consistent with immune reconstitution syndrome were observed in some hepatitis B and/or C co-infected patients at the start of dolutegravir therapy. Monitoring of liver biochemistries in hepatitis B and/or C co-infection is recommended. Initiate or maintain effective hepatitis B therapy when starting dolutegravir in hepatitis B co-infection. Osteonecrosis has been reported, particularly with acknowledged risk factors, advanced HIV disease or long-term combined antiretroviral exposure. Avoid factors that decrease dolutegravir exposure in the presence of integrase class resistance, including co-administration with medicinal products that reduce dolutegravir exposure (e.g. magnesium/aluminium-containing antacids, iron and calcium supplements, multivitamins and inducing agents, tipranavir/ritonavir, rifampicin and certain anti-epileptic drugs). Careful monitoring required with concomitant metformin. **Interactions:** Dolutegravir is metabolised mainly by UGT1A1. Co-administration with medicinal products inhibiting UGT1A1, UGT1A3, UGT1A9, CYP3A4, and/or Pgp may increase plasma concentration. Dolutegravir is a substrate for UGT1A3, UGT1A9, CYP3A4, Pgp, and BCRP; medicinal products inducing those enzymes may decrease dolutegravir plasma concentration and reduce its therapeutic effect. Dolutegravir may increase

plasma concentrations of OCT2 dependent drugs (e.g. dofetilide, metformin). Avoid co-administration with enzyme inducers including anticonvulsants and St John's Wort. Administer dolutegravir 2 hours before or 6 hours after magnesium/aluminium-containing antacids, calcium, iron or multivitamin supplements. Dose with 50mg twice daily when co-administered with efavirenz, nevirapine, tipranavir/ritonavir or rifampicin. Consider alternative agents to these and fosamprenavir/ritonavir where possible in integrase resistant patients. Co-administration with efavirenz is not recommended unless concomitant atazanavir + ritonavir, lopinavir + ritonavir or darunavir+ritonavir are given. **Pregnancy and lactation:** Not recommended in pregnant women. Avoid breast-feeding. **Side effects:** See SPC for full details. Very common ($\geq 1/10$): headache, diarrhoea, nausea. Common ($\geq 1/100$ to $< 1/10$): insomnia, abnormal dreams, dizziness, vomiting, flatulence, abdominal pain or discomfort, rash, pruritus, fatigue, elevations of ALT, AST and CPK. Uncommon ($\geq 1/1,000$ to $< 1/100$): hypersensitivity, Immune Reconstitution Syndrome, hepatitis. Serum creatinine increases within the first week of treatment and remains stable through 48 weeks (mean change from baseline 9.96 $\mu\text{mol/L}$). Creatinine increases were comparable by background regimen. These changes do not reflect alteration in glomerular filtration rate. **Basic NHS costs:** £498.75 for 30 tablets (Licence number: EU/1/13/892/001). **Marketing authorisation holder:** Viiv Healthcare UK Ltd, 980 Great West Road, Brentford, Middlesex TW8 9GS. Further information is available from Customer Contact Centre, GlaxoSmithKline UK Ltd, Stockley Park West, Uxbridge, Middlesex UB11 1BT.

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Adverse events should be reported. For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard. For Ireland, adverse events should be reported directly to the IMB, Pharmacovigilance Section, Irish Medicines Board, Kevin O'Malley House, Earlsfort Centre, Earlsfort Terrace, Dublin 2, Tel: +353 1 6764971. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441 in the UK or 1800 244 255 in Ireland.

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 **TivicaY** ▼
dolutegravir