

FINAL PROGRAMME

British HIV Association
BHIVA

18th Annual Conference of the British HIV Association [BHIVA]

18–20 April 2012

The International Convention Centre
Birmingham



www.bhiva.org

18 CPD Credits
Unique Reference No:
71904

...the most prescribed boosted PI in the UK as of October 2010*

The only PI proven to offer non-inferior virological efficacy to LPV/r over 192 weeks^{2,4}

Significantly lower incidence of Grade 2-4 Diarrhoea compared to LPV^{2,4}

Comparable lipid profile to ATV⁵

Dosing regimen

Once Daily:

- ART-naïve adults and
- ART-experienced adults with no darunavir resistance associated mutations (DRV-RAMs)* and who have plasma HIV-1 RNA <100,000 copies/ml and CD4+ cell count ≥100 cells x 10⁶/l

* DRV-RAMs: V11I, V32I, L33F, W7V, E50V, E54V, I54L, T74R, L76V, I84V and L89V

Prezista 800mg once daily with ritonavir 100mg once daily taken with food



PREZISTA (2 x 400mg) with ritonavir (1 x 100mg) taken with food

Twice Daily:

All other ART-experienced adults (or if HIV-1 genotype testing is not available)

Prezista 600mg twice daily with ritonavir 100mg twice daily taken with food



PREZISTA (1 x 600mg) with ritonavir (1 x 100mg) taken with food

Total pill burden will depend on overall regimen. Tablets not to actual size or scale, illustration purposes only.

PRESCRIBING INFORMATION

PREZISTA 75 mg, 150 mg, 400 mg & 600 mg film-coated tablets
Active ingredients: 75 mg, 150 mg, 400 mg or 600 mg of darunavir (as atazanavir). See Summary of Product Characteristics (SmPC) for full prescribing information.
INDICATIONS: PREZISTA, co-administered with low dose ritonavir is indicated in combination with other antiretroviral medicinal products for the treatment of patients with human immunodeficiency virus (HIV-1) infection.

PREZISTA 75 mg, 150 mg and 600 mg tablets may be used to provide suitable dose regimens:

- For the treatment of HIV-1 infection in antiretroviral treatment (ART)-experienced adult patients (including highly pre-treated).
- For the treatment of HIV-1 infection in ART-experienced children and adolescents from the age of 6 years and at least 20 kg body weight.

Genotypic or phenotypic testing (when available) and treatment history should guide the use of PREZISTA.

- PREZISTA 400 mg tablets may be used to provide suitable dose regimens:**
- For the treatment of HIV-1 infection in antiretroviral therapy (ART) naïve adults.
- For the treatment of HIV-1 infection in ART-experienced adults with no darunavir resistance associated mutations (DRV-RAMs) and who have plasma HIV-1 RNA <100,000 copies/ml and CD4+ cell count ≥100 cells x 10⁶/l. In deciding to initiate treatment with PREZISTA in such ART-experienced adults, genotypic testing should guide use.

DOSAGE AND ADMINISTRATION: Therapy should be initiated by physician experienced in management of HIV-1. **ART-naïve adults:** PREZISTA 800 mg once daily with ritonavir 100 mg once daily taken with food. **ART-naïve children:** Not recommended for use in this group. **ART-experienced adults with no DRV-RAMs:** PREZISTA 800 mg once daily with ritonavir 100 mg once daily taken with food. **After ART-experienced adults:** 500 mg PREZISTA / 100 mg ritonavir twice daily with food. **ART-experienced children > 20 kg and < 30 kg:** 375 mg PREZISTA / 50 mg ritonavir twice daily with food. **ART-experienced children > 30 kg:** 400 mg PREZISTA / 50 mg ritonavir twice daily with food. **ART-experienced children > 40 kg:** 500 mg PREZISTA / 50 mg ritonavir twice daily with food. Use 75 mg/100 mg PREZISTA tablets to achieve recommended 600 mg dose in this group if possibility of e.g. swallowing difficulty or specific colouring agent hypersensitivity. **Children < 6 years of age or < 20 kg body weight:** Not recommended. **Elderly:** Limited information available. Caution should be exercised. **Hepatic impairment:** Use with caution in patients with mild or moderate hepatic impairment and contraindicated in patients with severe hepatic impairment. **Renal impairment:** No dose adjustment required. **CONTRAINDICATIONS:** Hypersensitivity to active substance or any excipients. Severe hepatic impairment. Combination of atazanavir or lopinavir/ritonavir with PREZISTA. Preparations containing St John's wort. Active substances that are highly dependent on CYP3A4 for clearance e.g. amiodarone, bupropion, quinine, systemic lidocaine, alfentanil, azemide, terfenadine, bupropion, ergometrine, ergonovine, alfentanil, methylphenidate, citalopram, prazosin, sertraline, fluoxetine, orally administered midazolam, sildenafil (in treatment of pulmonary arterial hypertension), simvastatin and lovastatin. **SPECIAL WARNINGS AND PRECAUTIONS:** Regular assessment of virological response is advised. Perform resistance testing if loss of loss of virological response. Do not use PREZISTA/ritv 800/100 mg once daily dose regimen in ART-experienced patients with one or more DRV-RAMs. Advise patients that current antiretroviral therapy does not cure HIV and precautions should be taken to avoid transmission. Do not use in children < 6 years of age or weighing < 20 kg. Severe skin reactions. Discontinue PREZISTA/ritv immediately if signs or symptoms of severe skin reactions develop. Stevens-Johnson

Syndrome and toxic epidermal necrolysis reported rarely. Rash, in clinical studies, mild to moderate rash more common in treatment-experienced patients receiving both PREZISTA + ritonavir compared to patients on either PREZISTA or ritonavir alone. Patients with known sulphonamide allergy. Contains asulphonamide moiety, caution advised. Hepatotoxicity. Drug-induced hepatitis has been reported. Patients with pre-existing liver dysfunction including chronic active hepatitis B or C have increased risk of liver function abnormalities including severe/potentially fatal hepatic adverse events and should be monitored. Prompt interruption/discontinuation of treatment if liver disease worsens. Haemophilic patients. Possibility of increased bleeding. Immune reactivation syndrome. An inflammatory reaction to asymptomatic or residual opportunistic pathogens may arise in immune reactive patients with severe immune deficiency at start of combination antiretroviral therapy (cART). Other. Onset/acceleration of diabetes mellitus or hyperglycaemia reported. Lipodystrophy and metabolic abnormalities. Consider measurement of fasting serum lipids and blood glucose and manage as appropriate. Patients with advanced HIV disease and/or long term exposure to cART may develop osteonecrosis. Life-threatening/fatal drug interactions reported in patients treated with colchicine and powerful CYP3A4 and P-gp inhibitors. Patients with renal or hepatic impairment should not be given colchicine with DRV/R. PREZISTA 400 mg & 600 mg tablets contain sunset yellow FCF (E110) which may cause allergic reaction. **INTERACTIONS:** Refer to the SmPC for full details before initiating therapy. Interaction studies have only been performed in healthy subjects. **Medicinal products that affect darunavir/ritonavir exposure:** Darunavir/ritonavir must not be co-administered with medicinal products that are highly dependent on CYP3A4 for clearance and for which increased systemic exposure is associated with serious and/or life threatening events. Refer to 'Contraindications' for more details. **Medicinal products that are affected by the concomitant use of darunavir/ritonavir:** **Pi-Lopinavir/ritonavir:** contraindicated. **Saquinavir:** not recommended. **Indinavir:** dose adjustment may be required. **Abacavir:** can be used with darunavir/ritonavir. The efficacy and safety of the use of darunavir/ritonavir and any other PI not established (e.g. fos (ampranavir), nelfinavir and tipranavir). Generally, dual therapy with Pi not recommended. **NRTIs:** Elsewhere: If in combination with PREZISTA/ritv, the PREZISTA/ritv 600/100 mg twice daily regimen should be used. Clinical monitoring for CNS toxicity may be required. **Etravirine, efavirenz, nevirapine:** no dose adjustment required. **NRTIs:** Tenofovir: monitoring of renal function may be required. No interactions expected with abacavir, zalcitabine, emtricitabine, stavudine, lamivudine, didanosine and abacavir. **Non-antiretroviral products - Do not use:** phenobarbital, phenytoin, voriconazole, salmeterol, sildenafil (treatment of pulmonary arterial hypertension), telaprevir. Monitoring required/possible dose adjustments: carbamazepine, clarithromycin, levetiracetam, diazepam and doximezole, warfarin (monitor INR), calcium channel blockers, oestrogen hormone replacement therapy, cyclosporine, tacrolimus and sirolimus, methadone, coadministration, paroxetine, midazolam, atazanavir, rosiglitazone, pravastatin, PDE-5 inhibitors, riluzole, colchicine, bosentan. **Marijuana:** dose should be 10 mg twice daily. Careful titration required. **digoxin SSRIs:** No dose adjustment. **Ho-receptor antagonists, proton pump inhibitors:** Alternative or additional contraceptive measures required. **Oestrogen based contraceptives:** Caution. **Discontinuation:** Not recommended. **Fluticasone, budesonide:** (unless potential benefit outweighs risk of systemic corticosteroid effect).

PREGNANCY AND LACTATION: Use during pregnancy only if potential benefit justifies potential risk. HIV infected women must not breast feed their infants under any circumstances. **SIDE EFFECTS:** Refer to SmPC for full details of side effects. Safety profile in children and adolescents is similar to that in adult population. **Very common:** diarrhoea. **Common:** lipodystrophy, hyperglycaemia, hypercholesterolaemia, hypotension, insomnia, headache, peripheral neuropathy, dizziness, vomiting, nausea, abdominal pain, increased blood alkaline phosphatase, abdominal distension, flatulence, increased alanine aminotransferase, increased aspartate aminotransferase, rash, pruritus, asthenia, fatigue. **Uncommon:** thrombocytopenia, neutropenia, anaemia, immune reconstitution syndrome, drug hypersensitivity, diabetes mellitus, gout, anorexia, decreased appetite, weight changes, hyperglycaemia, insulin resistance, depression, confusional state, disorientation, anxiety, altered mood, sleep disorder, abnormal dreams, lethargy, paraesthesia, hypoaesthesia, somnolence, conjunctival hyperaemia, vertigo, myocardial infarction, angina pectoris, prolonged electrocardiogram (QT), hypertension, dyspnoea, cough, pancreatitis, gastritis, gastroesophageal reflux disease, aphthous stomatitis, itching, dry mouth, abdominal distension, flatulence, constipation, hepatitis, cytolytic hepatitis, hepatic steatosis, increased enzyme levels, allergic dermatitis, urticaria, hyperhidrosis, night sweats, alopecia, osteoporosis, myalgia, arthralgia, pain in extremity, renal failure, nephrotoxicity, increased blood creatinine, decreased creatinine renal clearance, proteinuria, bilirubinuria, erectile dysfunction, gynaecomastia, dysaesthesia, chest pain, peripheral oedema, malaise. **Potential co-infection with hepatitis B and/or hepatitis C virus:** more likely to have baseline and treatment emergent hepatic transaminase elevations than those without chronic viral hepatitis. **LEGAL CATEGORY:** POM. **PRESENTATIONS, PACK SIZES, PRODUCT LICENCE NUMBER & BASIC NHS COSTS:**
75 mg tablets: 1 bottle containing 480 tablets. EU/06/580/005 44.45 £
150 mg tablets: 1 bottle containing 240 tablets. EU/06/580/004 44.45 £
400 mg tablets: 1 bottle containing 60 tablets. EU/06/580/003 42.78 £
600 mg tablets: 1 bottle containing 60 tablets. EU/06/580/002 44.45 £

MARKETING AUTHORISATION HOLDER: JANSSEN-Cilag INTERNATIONAL NV, Turnhoutseweg 30, B-2040 Beerse, Belgium. **FURTHER INFORMATION AVAILABLE FROM:** Janssen-Cilag Ltd, 50-100 Holmer Farm Way, High Wycombe, Buckinghamshire, HP12 4EG, UK. © 2010 Janssen-Cilag Ltd. For off-label information last revised March 2012. PIVER: 052012

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 Janssen-Cilag Ltd on 01494 557 447.

References:
1. MG P/Market and Cash share data January 2010
2. MHAAM et al. AOT 2009, 23(3): 179-88
3. Orkin C et al. Presented at the 10th International Congress on Drug Therapy in HIV Infection, 2009, Glasgow, Poster no. 3. Available upon request.
4. Ullrich JM. AIDS Rev 2009; 11: 215-21
5. Overton T et al. Metabolism Poster, presented at the 10th International Congress on Drug Therapy and HIV Infection (HIV 10), Glasgow, UK, 2009. Poster no. 34. Available upon request.

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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 The International Convention Centre, unless stated otherwise

Registration	Hall 3 Foyer, Level 4
Lecture Theatre	Hall 1, Level 4
Exhibition	Hall 3, Level 4
Posters	Hall 3, Level 4
Lunch and Refreshments	Hall 3, Level 4
BHIVA Lunchtime Workshops: One, Three, Five	Hall 8A, Level 5
BHIVA Lunchtime Workshops: Two, Four, Six	Hall 8B, Level 5
Sponsors' Lunchtime Workshops	Hall 10, Level 2
Satellite Symposia	Hall 1, Level 4
Speakers' Preview Room	Hall 3 Foyer (Rear), Level 4
Sponsors' Rehearsal Room	Executive Room 2, Level 5
Civic Welcome Reception	Speeches: Hall 1, Level 4 Reception: Hall 3, Level 4
Gala Dinner	Pre-Dinner Drinks: Birmingham Museum and Art Gallery Gala Dinner: Council House, Birmingham

18 CPD Credits

Unique reference number: **71904**

COMMITTEES

EXECUTIVE COMMITTEE

OFFICERS

Chair

Prof J Anderson Homerton University Hospital, London

Honorary Secretary

Dr AR Freedman Cardiff University School of Medicine

Honorary Treasurer

Prof C Leen Western General Hospital, Edinburgh

MEMBERS

Dr D Asboe Chelsea and Westminster Hospital, London

Dr S Bhagani Royal Free Hospital, London

Prof M Bower Chelsea and Westminster Hospital, London

Dr D Churchill Royal Sussex County Hospital, Brighton

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

Prof S Khoo University of Liverpool

Dr RB Kulasegaram St Thomas' Hospital, London

Dr A Miller Royal Liverpool University Hospital

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 K Rogstad Royal Hallamshire Hospital, Sheffield

CONFERENCES SUBCOMMITTEE

Dr David Asboe Chair

Dr Sanjay Bhagani BHIVA Executive Committee member

Prof Mark Bower BHIVA Executive Committee member

Dr Satyajit Das Local Host, Birmingham 2012

Dr Annemiek de Ruiter BHIVA Executive Committee member

Dr Simon Edwards BHIVA Executive Committee member

Dr Carol Emerson BHIVA Executive Committee member

Prof Brian Gazzard BHIVA Executive Committee member

Dr Ranjababu Kulasegaram
BHIVA Executive Committee member

Prof Clifford Leen BHIVA Honorary Treasurer

Dr Alastair Miller BHIVA Executive Committee member

Dr Mark Nelson BHIVA Education and Scientific Subcommittee Chair

Dr Chloe Orkin Invited Representative

Dr Adrian Palfreeman BHIVA Executive Committee member

Ms Silvia Petretti BHIVA Executive Committee member and Patient Representative

Dr Karen Rogstad BHIVA Executive Committee member

Dr Ed Wilkins Invited Representative

ORAL RESEARCH JUDGING PANEL

Dr Adrian Palfreeman Chair

Dr David Asboe BHIVA Executive Committee member

Dr Satyajit Das Local Host, Birmingham 2012

Dr Andrew Freedman BHIVA Executive Committee member

Dr Alastair Miller BHIVA Executive Committee member

Ms Sylvia Petretti BHIVA Executive Committee member

Dr Jennifer Short Local Representative

POSTER PRESENTATION JUDGING PANEL

Dr Sanjay Bhagani Chair

Dr Joseph Arumainayagam
Local Representative

Dr Loay David Local Representative

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 Executive Committee member

Dr Rona MacDonald Invited representative

PROGRAMME SUMMARY

TUESDAY 17 APRIL

1700–2000	Registration open at The International Convention Centre, Birmingham
1730–2000	BHIVA Young Consultants Forum

WEDNESDAY 18 APRIL

0800–2000	Registration and Exhibition open at The International Convention Centre, Birmingham
0850–0900	Welcome Address
0900–1000	Gilead Sciences Satellite Symposium
1000–1100	Abbott Satellite Symposium
1100–1130	Morning coffee
1130–1230	Janssen Satellite Symposium
1230–1300	BHIVA Review Session
1300–1500	Lunch, Workshops and Poster Presentations
1310–1355	BHIVA Lunchtime Workshops 1 and 2
1355–1455	Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop
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	Bristol-Myers Squibb Pharmaceuticals Satellite Symposium
1900–2000	Civic Welcome Reception

THURSDAY 19 APRIL

0815–1830	Registration and Exhibition open at The International Convention Centre, Birmingham
0815–0900	Breakfast
0900–1000	MSD Satellite Symposium
1000–1100	BHIVA Plenary Session 2
1100–1130	Morning coffee
1130–1300	Oral Research Presentations: Session 2
1300–1500	Lunch, Workshops and Poster Presentations
1310–1355	BHIVA Lunchtime Workshops 3 and 4
1355–1455	Janssen Lunchtime Workshop
1500–1630	Oral Research Presentations: Session 3
1630–1700	Afternoon tea
1700–1730	BHIVA Audit Session
1730–1830	BHIVA Plenary Session 3
1945–0030	Gala Dinner: Birmingham Museum and Art Gallery / Council House, Birmingham

FRIDAY 20 APRIL

0830–1430	Registration and Exhibition open at The International Convention Centre, Birmingham
0900–0930	BHIVA Invited Lecture 1
0930–1000	BHIVA Debate
1000–1030	BHIVA Keynote Lecture
1030–1100	Morning coffee
1100–1200	Oral Research Presentations: Session 4
1200–1230	Oral Research Poster Presentations
1230–1430	Lunch, Workshops and Poster Presentations
1240–1325	BHIVA Lunchtime Workshops 5 and 6
1325–1425	Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop
1430–1500	BHIVA Invited Lecture 2
1500–1600	BHIVA Plenary Session 4
1600–1615	BHIVA Prizes and Awards Ceremony
1615	Close

PROGRAMME

TUESDAY 17 APRIL 2012

1700–2000	Registration open at The International Convention Centre, Birmingham
	BHIVA Young Consultants Forum Executive Room 1, Level 5 (see page 18 for further details)
1730–1745	Welcome Dr David Asboe <i>Chelsea and Westminster Hospital, London</i> Dr Carol Emerson <i>The Royal Hospitals, Belfast</i>
1745–1830	Appraisal process and awards applications Dr Adrian Palfreeman <i>Leicester Royal Infirmary</i>
1830–1915	Mentoring Dr Carol Emerson <i>The Royal Hospitals, Belfast</i>
1915–2000	Getting research started Dr Martin Fisher <i>Royal Sussex County Hospital, Brighton</i>
2000	Close

WEDNESDAY 18 APRIL 2012

0800–2000 Registration and exhibition open at The International Convention Centre, Birmingham

◀ All sessions will be held in Hall 1, Level 4 unless otherwise stated ▶

0850–0900	Welcome Address by the Chair of the British HIV Association Professor Jane Anderson <i>Homerton University Hospital, London</i>
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Please refer to pages 16 and 17 for a full programme of Satellite Symposia and Sponsors' Lunchtime Workshops

0900–1000	Gilead Sciences Satellite Symposium (see page 16 for further details)
1000–1100	Abbott Satellite Symposium (see page 16 for further details)
1100–1130	Morning coffee
1130–1230	Janssen Satellite Symposium (see page 16 for further details)
1230–1300	BHIVA Review Session Chair: Dr Martin Fisher <i>Royal Sussex County Hospital, Brighton</i> Top ten papers in 2011–12 Professor Fiona Mulcahy <i>St James's Hospital, Dublin, Ireland</i>
1300–1500	Lunch, workshops and poster presentations



PROGRAMME

WEDNESDAY 18 APRIL 2012

1310–1355

BHIVA Lunchtime Workshop 1 Hall 8A, Level 5 (see page 18 for further details)

(Lunch packs will be provided)

Clinico-pathological SpR case presentations

Chair: Professor Sebastian Lucas

St Thomas' Hospital, London

More than meets the eye ...

Dr Roberta Brum

King's College Hospital, London

What's eating him?

Dr Rachel Foster

Royal Hallamshire Hospital, Sheffield

A big grey lump

Dr Karen Devine

Western General Hospital, Edinburgh

1310–1355

BHIVA Lunchtime Workshop 2 Hall 8B, Level 5 (see page 18 for further details)

(Lunch packs will be provided)

Antiretrovirals: when to start

Dr Chloe Orkin

St Bartholomew's Hospital, London

Dr Laura Waters

Royal Sussex County Hospital, Brighton

1355–1455

Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop Hall 10, Level 2

(see page 16 for further details)

1500–1530

MRC Clinical Trials Unit Session

Chair: Professor Brian Gazzard

Chelsea and Westminster Hospital, London

Update on adult HIV treatment trials

Dr Nick Paton

MRC Clinical Trials Unit, London

Optimising the use of Truvada as PrEP in the UK

Dr David Dunn

MRC Clinical Trials Unit, London

1530–1630

Oral Research Presentations: Session 1

Pregnancy and young adults

Chairs: Dr Annemiek de Ruiter

St Thomas' Hospital, London

Dr Karen Rogstad

Royal Hallamshire Hospital, Sheffield

1530–1540 Abstract O1

Managing the pregnancies of HIV elite controllers: what are we doing?

Dr Laura Byrne, Barts and The London NHS Trust

1540–1550 Abstract O2

A multicentre case series of raltegravir use in pregnancy

Dr Melanie Rosenvinge, St George's Hospital NHS Trust, London

PROGRAMME

WEDNESDAY 18 APRIL 2012

1550–1600 Abstract O3

HIV positive pregnant women who receive less than two weeks of antiretroviral therapy before delivery: why does it occur?

Dr Carlotta Modestini, University College London

1600–1610 Abstract O4

The impact of HIV infection and antiretroviral therapy on the predicted risk of Down's syndrome

Mr Tom Charlton, Imperial College London

1610–1620 Abstract O5

Intimate partner violence in women living with HIV attending an inner city clinic in the United Kingdom: prevalence and associated factors

Dr Rageshri Dhairyan, Homerton University Hospital, London

1620–1630 Abstract O6

Mortality amongst HIV-infected young people following transition to adult care: an HIV Young Persons Network (HYPNet) audit

Dr Caroline Foster, Imperial College Healthcare NHS Trust, London

1630–1700

Afternoon tea

1700–1800

BHIVA Plenary Session 1

HIV in special groups

Chairs: Dr David Asboe

Chelsea and Westminster Hospital, London

Dr Carol Emerson

The Royal Hospitals, Belfast

Management of HIV in people with mental health problems

Dr Iain Reeves

Homerton University Hospital, London

Prisoners and HIV

Dr Mark Pakianathan

St George's Hospital, London

HIV and drug users

Dr Vanessa Crawford

Shropshire Community Substance Misuse Team, Shrewsbury

1800–1900

Bristol-Myers Squibb Satellite Symposium (see page 17 for further details)

Civic Welcome Reception (see page 22 for further details)

1900–1925

Speeches in Hall 1, Level 4

Chair by the Conference Local Host

Dr Sat Das

Coventry and Warwickshire Hospital

Councillor Anita Ward

The Right Worshipful, The Lord Mayor of Birmingham

Lord Norman Fowler

Patron, British HIV Association, (BHIVA)

Professor Jane Anderson

Chair, British HIV Association, (BHIVA)

1925–2000

Drinks and Canapés in Hall 3, Level 4



PROGRAMME

THURSDAY 19 APRIL 2012

0815–1830 Registration and exhibition open at The International Convention Centre, Birmingham

◀ All sessions will be held in Hall 1, Level 4 unless otherwise stated ▶

0815–0900 Breakfast kindly provided by  **MSD**

0900–1000 **MSD Satellite Symposium** (see pages 17 for further details)

1000–1100 **BHIVA Plenary Session 2**
Antiretroviral treatment and health

Chairs: Dr Duncan Churchill
Royal Sussex County Hospital, Brighton
Professor Clifford Leen
Western General Hospital, Edinburgh

Discordant responders: what have we learnt?

Professor Mario Clerici
University of Milan, Italy

People with viral suppression on ART: what are the remaining serious disease risks due to HIV?

Professor Andrew Phillips
University College London Medical School

1100–1130 Morning coffee

1130–1300 **Oral Research Presentations: Session 2**
Complications of HIV disease or treatment

Chairs: Professor Mark Bower
Chelsea and Westminster Hospital, London
Dr Sat Das
Coventry and Warwickshire Hospital

1130–1140 Abstract O7

Comprehensive cardiac magnetic resonance reveals HIV is associated with high burden of myocardial disease
Dr Cameron Holloway, University of Oxford

1140–1150 Abstract O8

Coronary heart disease is associated with renal impairment in HIV positive patients
Dr Mitesh Desai, Guy's and St Thomas' NHS Foundation Trust, London

1150–1200 Abstract O9

Polymorphisms at genes involved in the purine metabolic pathway influence the risk of non-cirrhotic portal hypertension in HIV-infected patients
Dr Muge Cevik, Chelsea and Westminster Hospital, London

1200–1210 Abstract O10

Depression and virological status among UK HIV outpatients: results from a multicentre study
Dr Fiona Lampe, University College London

1210–1220 Abstract O11

Microglial cell activation is visualised with [11C]-PK11195 positron emission tomography (PET) in neuro-asymptomatic HIV infected subjects on effective antiretroviral therapy
Dr Lucy Garvey, Imperial College Healthcare NHS Trust, London

PROGRAMME

THURSDAY 19 APRIL 2012

1220–1230 Abstract O12

Factors associated with cerebrospinal fluid HIV RNA in HIV infected subjects undergoing lumbar puncture examination in a clinical setting

Mr Timothy Rawson, Imperial College London

1230–1240 Abstract O13

HIV status does not impact on outcome in patients with Hodgkin lymphoma treated with ABVD chemotherapy in the HAART era

Dr Silvia Montoto, Barts and The London NHS Trust

1240–1250 Abstract O14

Immunological manifestations of increasing age, ART duration and time since diagnosis within the ageing HIV-1+ cohort

Dr Samantha Westrop, Imperial College London

1250–1300 Abstract O15

The antiviral inhibitory capacity of CD8+ T cells predicts the rate of CD4+ cell decline in HIV-1 infection

Dr Lucy Dorrell, University of Oxford

1300–1500

Lunch, workshops and poster presentations

1310–1355

BHIVA Lunchtime Workshop 3 Hall 8A, Level 5 (see page 18 for further details)

(Lunch packs will be provided)

Clinico-pathological SpR case presentations

Chair: Professor Sebastian Lucas

St Thomas' Hospital, London

Non-Hodgkins lymphoma responding to antiretroviral therapy alone

Dr Emily Cheserem

King's College Hospital, London

You give me fever ...

Dr Emily Mabonga

Brighton and Sussex University Hospitals NHS Trust

Is it always straightforward?

Dr Huda Taha

Coventry and Warwickshire Hospital

1310–1355

BHIVA Lunchtime Workshop 4 Hall 8B, Level 5 (see page 18 for further details)

(Lunch packs will be provided)

What can your Comprehensive Local Research Network (CLRN) do for you?

Chair: Dr Martin Fisher

Royal Sussex County Hospital, Brighton

Professor Robert Read

The University of Sheffield Medical School and

Chair, National Specialty Group for Infectious Diseases and Microbiology

1355–1455

Janssen Lunchtime Workshop Hall 10, Level 2 (see page 17 for further details)



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THURSDAY 19 APRIL 2012

1500–1630

Oral Research Presentations: Session 3

Prevention and testing

Chairs: Dr Alastair Miller

Royal Liverpool University Hospital

Dr Keith Radcliffe

Whittall Street Clinic, Birmingham

1500–1510 Abstract O16

HIV indicator diseases across Europe study (HIDES I): results from the pilot phase

Dr Michael Rayment, Chelsea and Westminster NHS Foundation Trust, London

1510–1520 Abstract O17

General Medical Council guidance in relation to testing for HIV in patients lacking mental capacity: a national survey of opinion from Intensive Care

Dr Anna Pryce, Royal Hallamshire Hospital, Sheffield

1520–1530 Abstract O18

Opt-out HIV testing policy implemented as routine standard of care for acute medical admissions in a high prevalence area: effective and sustainable

Dr Alison Barbour, Croydon University Hospital

1530–1540 Abstract O19

Recently acquired HIV infections: an overview of surveillance in the UK

Miss Adamma Aghaizu, Health Protection Agency, London

1540–1550 Abstract O20

Can point of care HIV testing in primary care increase identification of HIV? The RHIVA2 cluster randomised controlled trial – update

Dr Werner Leber, Queen Mary University of London

1550–1600 Abstract O21

4th generation (Ag/Ab) HIV testing: 47% of clinics contradict current guidelines

Miss Emma Rezel, London School of Hygiene and Tropical Medicine

1600–1610 Abstract O22

HIV partner home sampling by oral fluid: feasibility, acceptability and outcomes

Dr Gill Bell, Sheffield Teaching Hospitals NHS Foundation Trust

1610–1620 Abstract O23

Who would use PrEP? Predictions of use among MSM in London

Miss Adamma Aghaizu, Health Protection Agency

1620–1630 Abstract O24

HIV-1 transmitted drug resistance (TDR), in paired plasma and seminal fluid: persistence in semen and little evidence of differential evolution

Dr Simon Shaw, Royal Sussex County Hospital, Brighton

1630–1700

Afternoon tea

1700–1730

BHIVA Audit Session

Chair: Dr Ed Ong

Royal Victoria Infirmary, Newcastle

Audit of key HIV outcomes including psychological and adherence support

Dr Mitesh Desai

Guy's and St Thomas' NHS Foundation Trust, London

PROGRAMME

THURSDAY 19 APRIL 2012

1730–1830

BHIVA Plenary Session 3

The virtual clinic

Chairs: Dr Anton Pozniak

Chelsea and Westminster Hospital, London

Dr Steve Taylor

Birmingham Heartlands Hospital

Memory loss

Dr Ria Daly

Birmingham Heartlands Hospital

Multi-drug resistant mycobacteria

Dr Sharanjit Dhoot

Chelsea and Westminster Hospital, London

Cancer

Dr Sophia Davies

Birmingham Heartlands Hospital

Expert Panel

Dr Alan Winston

Imperial College London

Professor Mark Bower

Chelsea and Westminster Hospital, London

Dr Ed Wilkins

North Manchester General Hospital

Professor Georg Behrens

Hannover Medical School, Germany

1945–2030

Pre-Dinner Drinks Reception (see page 22 for further details)

Birmingham Museum and Art Gallery

followed by

2030–0030

Gala Dinner (see page 22 for further details)

Council House, Birmingham



PROGRAMME

FRIDAY 20 APRIL 2012

0830–1430 Registration and exhibition open at The International Convention Centre, Birmingham

◀ All sessions will be held in Hall 1, Level 4 unless otherwise stated ▶

0900–0930

BHIVA Invited Lecture 1

Chairs: Professor Margaret Johnson

Royal Free Hospital, London

Dr Ian Williams

University College London Medical School

Kaposi's sarcoma in the era of HAART

Professor Mark Bower

Chelsea and Westminster Hospital, London

BHIVA is grateful for an educational grant in support of this lecture from Galen Ltd

0930–1000

BHIVA Debate

Chairs: Professor Margaret Johnson

Royal Free Hospital, London

Dr Ian Williams

University College London Medical School

Interferon-sparing regimens for hepatitis C

The motion:

This house believes that we should treat hepatitis C with pegylated interferon and direct-acting antivirals rather than wait for interferon-free options

For the motion:

Dr Mark Nelson

Chelsea and Westminster Hospital, London

Against the motion:

Dr Sanjay Bhagani

Royal Free Hospital, London

BHIVA is grateful for an educational grant in support of this debate from Boehringer Ingelheim Ltd

1000–1030

BHIVA Keynote Lecture

Chair: Professor Jane Anderson

Homerton University Hospital, London

HIV medicine and the new NHS

Ms Candace Imison

The King's Fund

1030–1100

Morning coffee

PROGRAMME

FRIDAY 20 APRIL 2012

1100–1200

Oral Research Presentations: Session 4

Antiretroviral treatment

Chairs: Professor Saye Khoo

University of Liverpool

Professor Jonathan Ross

Whittall Street Clinic, Birmingham

1100–1110 Abstract O25

Elvitegravir/cobicistat/emtricitabine/tenofovir DF (Quad) has non-inferior efficacy and favorable safety compared to efavirenz/emtricitabine/tenofovir DF in treatment naïve HIV-1 infected subjects

Dr Anthony Mills, Anthony Mills MD Inc, Los Angeles, USA

1110–1120 Abstract O26

Efficacy, safety and pharmacokinetic results of an ongoing international phase 3 study comparing elvitegravir/cobicistat/emtricitabine/tenofovir DF (Quad) with ritonavir-boosted atazanavir plus emtricitabine/tenofovir DF in treatment naïve HIV-1 infected subjects at 48 weeks

Dr Chloe Orkin, Barts and The London NHS Trust

1120–1130 Abstract O27

Intensification of suppressive ART with maraviroc reduces CD4 T-cell activation, increases early stage CD8 T cells and improves anti-HIV-1 function, without detriment to humoral recall response

Dr Samantha Westrop, Imperial College, London

1130–1140 Abstract O28

An investigation into the frequency and reasons why patients switch antiretroviral therapy and which antiretrovirals are commonly implicated in toxicity

Ms Alison Boyle, Chelsea and Westminster Hospital, London

1140–1150 Abstract O29

Effects of HIV/HCV co-infection on the efficacy of antiretroviral treatment for HIV: a meta-analysis of 5408 patients in 10 randomised clinical trials

Dr Andrew Hill, University of Liverpool

1150–1200 Abstract O30

The emergence of drug resistant HIV variants at virological failure of HAART combinations containing tenofovir and lamivudine or emtricitabine within the UK CHIC cohort

Dr Naomi Bulteel, Chelsea and Westminster Hospital, London

1200–1230

Oral Research Poster Presentations

Chairs: Dr Sanjay Bhagani

Royal Free Hospital, London

Dr Adrian Palfreeman

Leicester Royal Infirmary

1230–1430

Lunch, workshops and poster presentations



PROGRAMME

FRIDAY 20 APRIL 2012

- 1240–1325** **BHIVA Lunchtime Workshop 5** Hall 8A, Level 5 (see page 18 for further details)
(Lunch packs will be provided)
Managing ongoing high-risk behaviour in MSM
Chair: Dr David Asboe
Chelsea and Westminster Hospital, London

Dr John Green
Central and North West London NHS Foundation Trust
- 1240–1325** **BHIVA Lunchtime Workshop 6** Hall 8B, Level 5 (see page 18 for further details)
(Lunch packs will be provided)
Difficult pharmacology case presentations
Chair: Professor Saye Khoo
University of Liverpool

A direct hit
Dr Andy Williams
Barts and The London NHS Trust

36 points
Dr Nadia Gupta
Royal Hallamshire Hospital, Sheffield

Making mountains out of molehills
Mr Neal Marshall
Royal Free Hospital, London
- 1325–1425** **Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop** Hall 10, Level 2
(see page 17 for further details)
- 1430–1500** **BHIVA Invited Lecture 3**
Chair: Dr Andrew Freedman
Cardiff University School of Medicine

The role of the HIV physician in HIV / hepatitis co-infection
Dr Ranjababu Kulasegaram
St Thomas' Hospital, London
- 1500–1600** **BHIVA Plenary Session 4**
ART now, ART to come
Chairs: Dr Simon Edwards
University College London Medical School
Dr Mark Nelson
Chelsea and Westminster Hospital, London

Spoilt for choice? Switching antiretrovirals
Professor Georg Behrens
Hannover Medical School, Germany

New targets for HIV replication
Professor Mario Stevenson
University of Miami Leonard M Miller School of Medicine, Florida, USA
- 1600–1615** **BHIVA Prizes and Awards Ceremony**
- 1615** **Close by the Chair of the British HIV Association (BHIVA)**
Professor Jane Anderson
Homerton University Hospital, London

SATELLITE SYMPOSIA AND SPONSORS' LUNCHTIME WORKSHOPS

WEDNESDAY 18 APRIL 2012

◀ All satellite symposia will be held in Hall 1, Level 4 and Sponsors' Lunchtime Workshops will be held in Hall 10, Level 2 ▶

0900–1000

Gilead Sciences Satellite Symposium

InSTRument for success

Chair: Dr Ed Wilkins

North Manchester General Hospital

Single tablet regimens: the patient perspective

Mr Robert Fieldhouse

BASELINE

Single tablet regimens in clinical practice

Dr Ed Wilkins

North Manchester General Hospital

Patient preference and outcomes in HIV therapy

Dr Anthony Mills

Anthony Mills MD Inc, Los Angeles, USA

1000–1100

Abbott Satellite Symposium

To spare or not to spare: management of the long-term patient

Life-long therapy: the dynamics of management

Dr Mike Youle

Royal Free Hospital, London

Poor responders: the treatment challenges

Dr Mark Nelson

Chelsea and Westminster Hospital, London

Stability for the long-term patient

Dr Tristan Barber

Chelsea and Westminster Hospital, London

ARV sparing: balancing viral suppression and co-morbidities

Professor David Dockrell

Royal Hallamshire Hospital, Sheffield

Future directions

Dr Mike Youle

Royal Free Hospital, London

1130–1230

Janssen Satellite Symposium

Universal Team Challenge

Host: Dr Laura Waters

Royal Sussex County Hospital, Brighton

North Manchester General Hospital Team

Dr Andrew Ustianowski (Lead Consultant)

Mr David Ogden (Pharmacist)

The Royal Free Hospital, London Team

Dr Sanjay Bhagani (Lead Consultant)

Mr Neal Marshall (Pharmacist)

Dr Celia Hogan (SpR)

Miss Michelle Croston (Specialist Nurse)

Dr Victoria Johnston (SpR)

Mr Tom Fernandez (Specialist Nurse)

1355–1455

Bristol-Myers Squibb Pharmaceuticals Lunchtime Workshop

Late presenting patients in the UK: who are they, and how do we treat?

Chair: Dr Mervyn Tyrer

Royal Free Hospital, London

Dr Valerie Delpech

Health Protection Agency, London

Dr Martin Fisher

Royal Sussex County Hospital, Brighton

SATELLITE SYMPOSIA AND SPONSORS' LUNCHTIME WORKSHOPS

WEDNESDAY 18 APRIL 2012

◀ All satellite symposia will be held in Hall 1, Level 4 and Sponsors' Lunchtime Workshops will be held in Hall 10, Level 2 ▶

1800–1900

Bristol-Myers Squibb Pharmaceuticals Satellite Symposium

Successful HIV treatment: the long journey

Chair: Dr Ed Ong

Royal Victoria Infirmary, Newcastle

Dr Alan Winston

Imperial College Healthcare NHS Trust, London

Dr Anton Pozniak

Chelsea and Westminster Hospital, London

THURSDAY 19 APRIL 2012

0900–1000

MSD Satellite Symposium

When I'm sixty-four: additional complications to consider

Chair: Professor Margaret Johnson

Royal Free Hospital, London

HIV: Old before your time?

Dr Peter Kroker

Chelsea and Westminster Hospital, London

Cardio-metabolic complications: The Heart of the matter

Professor Ian Young

Royal Victoria Hospital, Belfast

The role of the HIV specialist: The HAART of the matter

Dr Graeme Moyle

Chelsea and Westminster Hospital, London

1355–1455

Janssen Lunchtime Workshop

Assessing renal function in HIV

Dr Mark Nelson

Chelsea and Westminster Hospital, London

Professor Bruce Hendry

King's College London

FRIDAY 20 APRIL 2012

1325–1425

Bristol-Myers Squibb Pharmaceuticals Medical Education Lunchtime Workshop

Women and HIV

Chair: Dr Philip Hay

St George's Healthcare NHS Trust, London

Putting the latest BHIVA pregnancy guidelines in perspective

Dr Annemiek de Ruiter

St Thomas' Hospital, London

Scientific update: recent data of women living with HIV

SHE Programme introduction

Professor Margaret Johnson

Royal Free Hospital, London

CONFERENCE INFORMATION

Venue: **The International Convention Centre, Birmingham**

Broad Street · Birmingham B1 2EA · Tel: +44 (0)121 644 5025 · www.theicc.co.uk

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, catering and exhibition areas.

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.

Lunchtime workshops

Places are limited and will be restricted to 80 delegates per workshop. Places will be available onsite, 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 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.

BHIVA Young Consultants Forum

The BHIVA Young Consultants Forum aims to bring together young UK consultants (first 5 years of substantive consultant post, to include those in early locum post and/or those within 6 months of CCT) to discuss topics of mutual interest, to raise issues of concern and to provide feedback on these matters to the BHIVA Executive Committee. The Forum will run from 1700–2000 on Tuesday 17 April 2012 followed by dinner. It will comprise three forums, each devoted to a specific theme or topic. Places are limited and in principle have been made available on a first-come, first-served basis.

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 **71904**. The entire conference has been allocated 18 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.



CONFERENCE INFORMATION

Posters

All poster boards will be numbered and poster presenters should use the board displaying the number allocated to their poster. There will be three lunchtime poster sessions between Wednesday and Friday. All poster presenters should be available by their poster for the final 30 minutes of the Wednesday and Thursday lunchtime sessions for potential discussion with delegates and poster judges. The poster judges will review the posters and subsequently select 15 posters to be highly commended, out of which six will be presented as part of the Oral Research Poster Presentations session at 1200–1230 on Friday 20 April. Poster presenters are required to prepare a few slides prior to the conference to highlight the main points of their poster. We would encourage all poster presenters to check the Registration notice board at 1700 on Thursday 19 April to see whether they have been selected. The Ian Williams Best Poster prize will be awarded at the Prizes and Awards Ceremony on Friday 20 April at 1600–1615.

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 Hall 3 Foyer 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 20 April at 1600–1615.

Accommodation

Please note that the registration fee does not include accommodation. If you have not already done so, you can arrange accommodation by contacting Birmingham Convention Bureau 0844 883 052 or by following the link on the conference website (www.bhiva.org).

WiFi and internet café

Free WiFi access will be available at the conference centre in Hall 3. This facility, as well as an internet café, has been supported by Bristol-Myers Squibb Pharmaceuticals.  **Bristol-Myers Squibb** 

Cloakroom

A manned cloakroom is available onsite in the Mall at The International Convention Centre and items can be deposited at the rate of £1 per item. All belongings are left at the owner's risk. The British HIV Association do not accept responsibility for the loss of, or damage to, delegates' personal property stored in the cloakroom area.

Exhibition

The 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 exhibition hall is free for all registered delegates.

Travel information

More than 22 scheduled airlines serve Birmingham International Airport, linking it to over 60 destinations throughout Europe, North America and the Middle East. Its convenient location next to the National Exhibition Centre, and adjacent to Birmingham International Rail Station, allows travellers to access the city centre and the ICC quickly and conveniently. The International Convention Centre is minutes away from Birmingham New Street Station, the UK's largest interchange station. Regular services connect to London (1hr 40mins), Edinburgh (4hrs 30mins), Cardiff (2hrs), and most other towns and cities throughout the UK. Birmingham is at the hub of a comprehensive motorway network that connects to every corner of the country via the M5, M6, M40 and M42. Furthermore, the city benefits from over 2,000 parking spaces at The International Convention Centre, plus a further 5,000 spaces within walking distance.

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 20 April.

The Ian Williams 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 20 April.

Best SpR Case Presentation

This prize will be awarded to the presenter of the best case presentation as part of the Clinico-pathological SpR case presentation workshops. The prize will be presented at the Prizes and Awards Ceremony on Friday 20 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 commendations will be acknowledged during the Prizes and Awards Ceremony on Friday 20 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 commendations will be awarded in the poster area at 1700 on Thursday 19 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 20 April.

BHIVA Science Scholarships

Science Scholarships have been awarded to 10 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 10 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 almost 50 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 Support for Educational, Charitable and Affiliated Organisations

BHIVA has supported the registrations of approximately 15 delegates from educational, charitable and affiliated organisations to assist them with exhibiting and networking at the conference and to promote their latest initiatives and research.

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

Abbott has awarded scholarships to the sum of £14,000 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 20 April.

MSD International Travel Bursaries in collaboration with BHIVA

MSD has provided travel scholarships to 21 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 scholarships represent a contribution towards an award winner's registration fee, travel and accommodation expenses for either the 19th Conference on Retroviruses and Opportunistic Infections (CROI) held in Seattle, USA from 5–8 March 2012 or the XIX International AIDS Conference to be held in Washington DC, USA, from 22–27 July 2012.

6th Annual Conference of the Children's HIV Association (CHIVA)

Friday 18 May 2012
Lakeside Centre, Birmingham

14th Annual Conference of the National HIV Nurses Association (NHVNA)

14–15 June 2012
Manchester Conference Centre

16th Annual Resistance and Antiviral Therapy Meeting

Thursday 20 September 2012
Wellcome Collection Conference Centre, London

5th Annual BHIVA Conference for the Management of HIV/Hepatitis Co-infection

Wednesday 3 October 2012
One Great George Street Conference Centre
London

British HIV Association (BHIVA) Autumn Conference including CHIVA Parallel Sessions

4–5 October 2012
Queen Elizabeth II Conference Centre, London

BHIVA World AIDS Day Event

Thursday 29 November 2012
London

19th Annual Conference of the British HIV Association (BHIVA)

16–19 April 2013
Manchester Central Convention Complex

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

The International Convention Centre, Birmingham

Wednesday 18 April 2012 : 1900–2000

With a distinctive heritage but also home to Europe's youngest population, Birmingham's has experienced a renaissance as a vibrant dynamic, cosmopolitan, accessible and welcoming conference city.

The International Convention Centre (ICC) boasts 10 halls and 10 executive meeting rooms, with dedicated registration and foyer areas and, as such, can offer one of the UK's largest selections of facilities under one roof.

The ICC prides itself on offering all of the key elements to delivering a superb conference. These include the very best in professional customer service, catering and audiovisual services.

The Civic Welcome Reception will commence in Hall 1 with welcome addresses from the Conference Local Host, Dr Sat Das, and the Chair of the British HIV Association, Professor Jane Anderson.

We are also honoured that the Lord Mayor of Birmingham, Councillor Anita Ward and the Patron of the British HIV Association, Lord Norman Fowler, have also kindly agreed to speak as part of our Civic Welcome Reception. The event will then conclude with some entertainment from a jazz band and a drinks and canapés reception in Hall 3.



Programme of events

1900–1920	Welcome Address and Speeches Hall 1
1920–2000	Drinks and Canapés Hall 3
2000	Close

Entertainment will include a Jazz band

Gala Dinner

Dress code: Gentlemen are requested to wear jacket and tie

Ticket required

Birmingham Museum Art Gallery
followed by Council House, Birmingham

Victoria Square, Birmingham B3 3BD

Thursday 19 April 2012 : 1945–0030

Birmingham Museum and Art Gallery is housed in a Grade II listed city centre landmark building. The museum shows its collections of art, applied art, social history, archaeology and ethnography in over 40 galleries. The collections have been designated as outstanding by the Department of Culture, Media and Sport and have local, national and international importance.

Council House, Birmingham was built between 1874 and 1879 on what was once Ann Street, and designed by Yeoville Thomason. The Council House is now a Grade II

listed building, used for all Council and most Committee meetings. The front, facing Victoria Square, has a pediment showing Britannia receiving the manufacturers of Birmingham.

The Gala Dinner will commence with a drinks reception at Birmingham Museum and Art Gallery followed by dinner at the Council House. After some short speeches, entertainment will include music from HRH QUEEN.

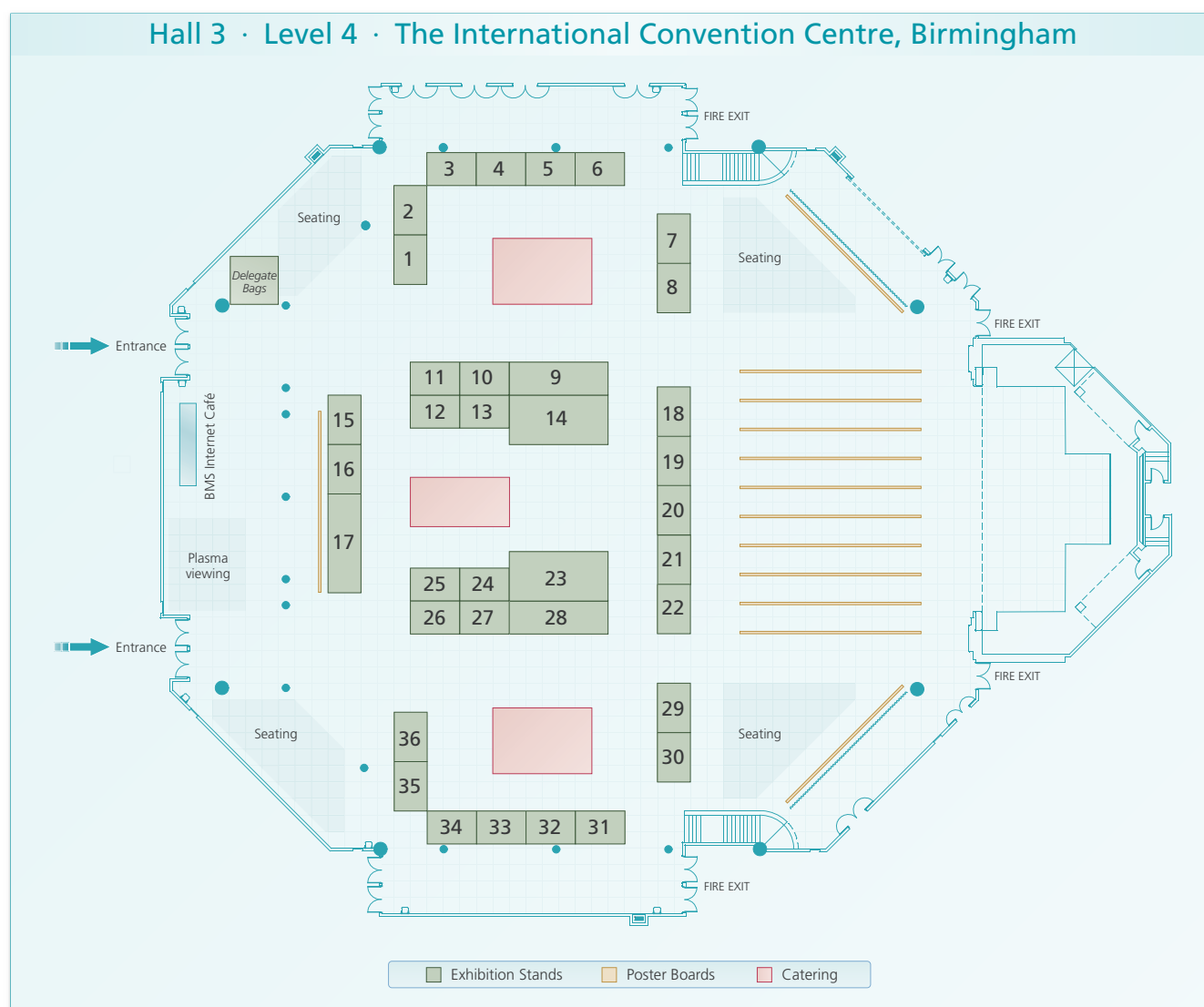
This five-piece show pays tribute to the music of Freddie Mercury and Queen.



Programme of events

1945–2030	Drinks Reception Birmingham Museum and Art Gallery
2030–2230	Gala Dinner Council House Birmingham
From 2230	Speeches Music and dancing: HRH QUEEN

EXHIBITION FLOOR PLAN AND EXHIBITORS



Key to Exhibitors

- | | | |
|---------------------------------------------|---------------------------------------------|------------------------------------------------------|
| 1 MSD Ltd | 15 Halve it Campaign | 27 UK Community Advisory Board (UK-CAB) / HIV i-Base |
| 2 African Eye Trust | 16 BASELINE | 28 Abbott Ltd |
| 3 Centre for All Families Positive Health | 17 Gilead Sciences Ltd | 29 Freshwinds |
| 4 Oxford Immunotec Ltd | 18 HIV Dialogue, Managing Change (ViiV) | 30 NAM |
| 5 HIV Testing in Non-Traditional Settings | 19 National HIV Nurses Association (NHIVNA) | 31 Evolution Homecare Ltd |
| 6 Pfizer UK | 20 HIV Pharmacy Association (HIVPA) | 32 National Institute for Health Research (NIHR) |
| 7 Saving Lives | 21 Dietitian's HIV Association (DHIVA) | 33 Central Homecare Ltd |
| 8 Co-infection Alliance | 22 Children's HIV Association (CHIVA) | 34 Body Positive North West |
| 9 ViiV Healthcare UK Ltd | 23 Janssen | 35 African Health Policy Network |
| 10 Terrence Higgins Trust | 24 National AIDS Trust | 36 Boehringer Ingelheim Ltd |
| 11 Lab21 Healthcare Ltd | 25 Galen Ltd | |
| 12 Healthcare at Home Ltd | 26 Alere Ltd | |
| 13 Positively UK | | |
| 14 Bristol-Myers Squibb Pharmaceuticals Ltd | | |

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

Jane Anderson Working at Homerton University Hospital NHS Foundation Trust 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 is the currently elected Chair of the British HIV Association (2011–2014).

David Asboe 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 in Genitourinary Medicine at St Thomas' Hospital London in 1996. He is Research Lead for the Division of Women's, Children, HIV and GU Medicine, Chelsea and Westminster Hospital, London where he is a consultant in HIV Medicine and Sexual Health. He is an Honorary Senior Lecturer, Imperial College of Science, Technology and Medicine. He also holds a substantive consultant post at West Middlesex University hospital. His special interests are antiretroviral resistance and the sexual health of HIV positive individuals. He is the convenor of the Diploma HIV Medicine exam run by the Worshipful Society of Apothecaries, and is a trustee on the Executive Committee of the British HIV Association.

Sanjay Bhagani is a Consultant Physician in Infectious Diseases/HIV Medicine and General (Internal) Medicine at the Royal Free Hospital, London. He has a sub-specialty interest in managing patients with HIV and hepatitis co-infection and has served on the HIV/hepatitis co-infection management guidelines committees of EACS and BHIVA. He is committed to education and training in HIV medicine for doctors in the developing world and has been involved in delivering training programmes in East Africa and the Indian sub-continent. He is passionate about fostering further educational links with the developing world.

Georg Behrens is president of the German AIDS Society and Professor for T Cell Immunology at Hannover Medical School, where he graduated in medicine. From 2001–2003 he was postdoctoral researcher at the Walter and Eliza Hall Institute in Melbourne. He is interested in HIV therapy and his laboratory works on antigen presentation and immunity in transgenic mouse models.

Mark Bower is Professor of Oncology at Imperial College with a specialist interest in HIV-associated malignancy and he runs a tertiary referral practice. He chaired the BHIVA Malignancy Guidelines writing group and has contributed to the BHIVA Opportunistic Infections guidelines. He has a clinical and basic research programme studying aspects of HIV malignancy.

Mario (Mago) Clerici is a Professor of Immunology and the Head of the PhD programme in Molecular Medicine at the University of Milan as well as the Scientific Director of the Don Gnocchi Foundation, a network of research hospitals. He trained at the NIH under Dr Gene M Shearer, is a prize-winning author of more than 400 papers, and is one of the most highly cited scientists worldwide.

Vanessa Crawford is currently Lead Practitioner with Special Interest, Shropshire Community Substance Misuse Team. Prior to this post she was Consultant Psychiatrist and Clinical Director, East London and the City Specialist Addiction Services based in Hackney, East London. Much of her working life as a doctor has been spent in the East End of London with two years at St George's Hospital as Clinical Lecturer in Addictive Behaviour. Her interest in HIV started prior to a medical student elective in San Francisco and 18 months of her Specialist Registrar training was in HIV psychiatry with Professor Jane Anderson.

Sat Das is a Consultant Physician in HIV and GU Medicine in Coventry and Honorary Associate Professor of Warwick University. Prior to this he was trained in HIV and GU Medicine in Birmingham and General Internal Medicine, Endocrinology and Metabolism in Warwick and Birmingham and Institute of Postgraduate Medical Education and Research, University of Calcutta, India. He has done extensive research on metabolic disorders in HIV infection and metabolic disorders in Graves' disease in the non-HIV population. His major research interests are the mechanism of dyslipidaemia in HIV infection and the impact of dyslipidaemia and adipocytokine changes on the risk of CVD in HIV infection.

Mitesh Desai is a Specialty (ST6) Registrar in Genito-urinary Medicine at Guy's and St Thomas' Hospitals NHS Trust, London. His specialist interests include the management of HIV inpatients, healthcare delivery and healthcare research. He is currently undertaking an Executive MBA for which he has been awarded a 3-year fellowship.

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

David Dunn is a statistician/epidemiologist at the MRC Clinical Trials Unit and has worked on a range of observational studies and randomised controlled trials in HIV infection. He has a special interest in HIV drug resistance and is the co-PI of the UK HIV Drug Resistance Database.

Carol Emerson is a consultant in HIV/GUM at the Royal Victoria Hospital, Belfast. Since her appointment in August 2008 she has established outreach HIV testing services to saunas, colleges and a juvenile justice centre. These services received a Chairman's Award. She sits on the Governance Committee of BASHH and is part of the Writing Group for the BHIVA Guidelines on Treating Women with HIV in the UK.

Martin Fisher is a Consultant in HIV/GUM 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 Diploma in HIV Medicine. He was co-chair of the 2008 UK HIV Testing guidelines, 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.

Norman Fowler served for 10 years in Margaret Thatcher's cabinet. He was Health Secretary for six of those years – the longest serving Health Secretary since the war – combining it with responsibility for Social Security. Later, he was chairman of the Conservative Party under John Major and Shadow Home Secretary under William Hague. In the House of Lords he was first chairman of the Communications Select Committee and most recently has chaired a select committee on HIV and AIDS – 25 years after his 'Don't Die of Ignorance' campaign. The committee's report *No vaccine; No cure* was published in September.

John Green is consultant clinical psychologist at St Mary's hospital and Chief Clinical Psychologist at Central and North West London NHS Foundation Trust. He is honorary Senior Lecturer in Behavioural Sciences at Imperial College. His clinical work is in sexual health particularly HIV, herpes and sexual dysfunction. His research includes sexual health and behaviour change and patient experience.

Candace Imison is Deputy Director of Policy at The King's Fund since January 2009. Since joining the Fund she has published on a wide range of topics including polyclinics, community health services, workforce planning and referral management. She came to The King's Fund from the NHS where she was Director of Strategy in a large acute trust. She worked on strategy at the Department of Health between 2000 and 2006. She joined the NHS in 1987 and has held a number of senior management and board level roles within NHS providers and commissioners. She is currently a non-executive director of an acute trust in South West London.

Saye Khoo is Honorary Consultant Physician in Infectious Diseases at the Royal Liverpool University Hospital, and Professor in the School of Biomedical Sciences at the University of Liverpool. His research focuses on the pharmacology of HIV treatment failure and how therapy may be improved through individualised care through an understanding of why drug exposure varies markedly between individuals (and the role of individual characteristics such as weight, gender, host genetics and drug interactions), and by identifying vulnerable groups who are at particular risk of failure, or toxicity. These studies span bench science, through translational research and into the clinic, and onwards to population-based modelling approaches.

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 Education and Scientific Subcommittee and E-Learning Working Group. He is also Chair of the BHIVA Hepatitis Working Group.

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

Sebastian Lucas has studied 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 ex-chair of the BHIVA Education and Scientific Subcommittee, and sits on the Conferences Subcommittee. He works in the Department of Histopathology at St Thomas' Hospital, London.

Fiona Mulcahy is Medical Director of the Department of Genito Urinary Medicine and Infectious Diseases at St James's Hospital Dublin and is University Professor at Trinity College Dublin. She is also Director for Graduate Training in her speciality at the Royal College of Physicians of Ireland. She is chairman of the National AIDS Strategy Committee on Care and Management and a member of the National Advisory Committee for Sexual Health Strategy and management of Blood Borne Diseases. She is the Irish representative on a number of EU committees and is an active member of the European AIDS Clinical Society Scientific Committee. Her research interests include antiretroviral management of marginalised groups including intravenous drug users and asylum seekers. She has authored and co-authored numerous articles concerning HIV/AIDS and related topics and is on the editorial board of a number of journals. For her work in HIV she was awarded Irish Women Of The Year in 1996.

Mark Nelson is a consultant physician at the Chelsea and Westminster Hospital, London. He sits on the Executive Committee of the British HIV Association and is Chair of the BHIVA Education and Scientific Subcommittee and Vice-Chair of the BHIVA Hepatitis Working Group. He is a trustee of St Stephen's AIDS Trust, and is head of overseas development and education for this charity. He has been awarded a visiting professorship at the Aga Khan Hospital, Nairobi, Kenya and most recently the certificate of merit by the government of Vietnam.

Chloe Orkin leads the busy HIV and HIV/hepatitis C research unit at Barts and The London NHS Trust. She leads the Virtual Resistance meeting for North East London. She also provides inpatient care. Her specialist interests are oncology, therapeutic trials and HIV/hepatitis C co-infection. Having served as an elected executive member of BHIVA previously, she continues to serve as a co-opted member of the BHIVA Conference Subcommittee and on the Adult Treatment Guideline Writing Group.

Mark Pakianathan is Consultant Physician, Honorary Senior Lecturer and HIV Clinical Lead at St George's Healthcare NHS Trust. He has extensive experience of working with vulnerable groups including prisoners. He works with a team that provides HIV and sexual health services to HMP Wandsworth in London.

Adrian Palfreeman is a Consultant Physician in GU medicine and HIV at University Hospitals of Leicester NHS Trust. He is a member of the BHIVA Conferences Subcommittee and is Vice-Chair of the Guidelines Subcommittee with responsibility for achieving NHS evidence accreditation. He has recently become Chair of the BHIVA Fundraising Working Group.

Nick Paton is an infectious diseases physician and clinical researcher. His research interests are in therapeutic clinical trials for HIV and TB, particularly of interventions that are relevant to resource-limited settings. In 2011, he took up a Chair of infectious diseases at the National University of Singapore and continues involvement with the MRC Clinical Trials Unit as the Chief Investigator on the PIVOT and EARNEST trials, and UK coordinating centre lead on the INSIGHT network.

Andrew Phillips is Professor of Epidemiology in the Research Department of Infection and Population Health at UCL. He has worked in the HIV field for over two decades, on observational cohort studies, randomised trials, and modelling. Most of this work involves national and international collaborations.

Anton Pozniak is Consultant Physician/Senior Lecturer at the Chelsea and Westminster Hospital. He has been made a Life member of the British HIV Association and has worked on BHIVA Treatment Guidelines Writing Group and chairs the TB/HIV guidelines writing group. He was an advisor on HIV and AIDS to the UK Government Health Select Committee and is on the Expert advisory group on AIDS for the UK Department of Health. He is an executive member of the European AIDS Clinical Society and is on the Governing Council of the IAS and is treasurer-elect. He is Vice-Chair of the European AIDS trial network NEAT. He is on the Scientific Advisory Board and executive committee of the Charities LEpra and the St Stephen's AIDS Trust. He has published widely on clinical aspects of HIV treatment and care.

BHIVA PLENARY SPEAKERS: BIOGRAPHIES

Iain Reeves is a Consultant physician in GU Medicine. He is clinical lead and HIV service lead at the Homerton University Hospital in Hackney, East London.

Mario Stevenson is currently Chief of Infectious Diseases and Professor of Medicine and Co-Director of the Center for AIDS Research at the University of Miami Miller School of Medicine. He has served as Chair of an NIH AIDS study section and currently is the recipient of an NIH Merit Award. He is Chair of the Scientific Advisory Board of the American Foundation for AIDS Research (amfAR) and is past Chair and current member of the Program Committee of the Conference on Retroviruses and Opportunistic Infections (CROI). His research is aimed at uncovering the functions of viral accessory genes, mechanisms of viral persistence in therapy and viral immunopathogenicity as well as cellular factors influencing virus–host cell interplay.

Anita Ward has had a life-long interest and commitment to the welfare of premature babies and has worked for the Organisation for Sickle Cell Anaemia (OSCAR). Her commitment to social welfare causes led her to join the Labour Group in 1984 and ultimately to begin her political career when she started working for Erdington's former MP, now Lord Corbett of Castle Vale in 1986. This was a job she thoroughly enjoyed. Anita has worked for the two subsequent MPs, giving up the job this year to become Birmingham's Lord Mayor.

Laura Waters is an Associate Specialist in HIV/GU Medicine at Brighton and Sussex University NHS Trust. She works on several HIV and hepatitis C research trials. She also works on hepatitis C trials at Chelsea and Westminster Hospital where she is completing an MD on ART simplification and switch.

Ed Wilkins is a Consultant in Infectious Diseases and Director of the HIV Research Unit 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 antiretroviral toxicity and hepatitis co-infection. He is heavily involved in clinical trials as well as many executive and advisory national committees including BHIVA.

Alan Winston is a Consultant Physician in HIV and GU Medicine at St Mary's Hospital, London and a Clinical Senior Lecturer in Communicable Diseases at Imperial College London. He runs the HIV and GU clinical trials unit at St Mary's Hospital and has established a portfolio of studies assessing the effects of antiretroviral therapy on the central nervous system in HIV infected subjects.



BIRMINGHAM CITY CENTRE

Key to Map

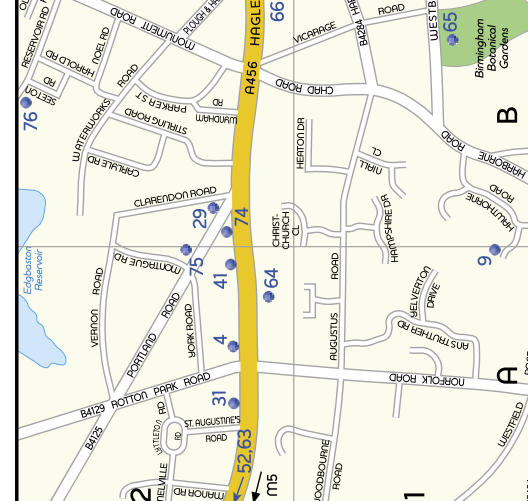
- 1 The International Convention Centre
- 2 Birmingham Museum and Art Gallery Council House
- 3 Hyatt Regency Hotel *Conference Hotel*
- 4 Copthorne Hotel
- 5 Crowne Plaza
- 6 Hotel Du Vin
- 7 Mint Hotel
- 8 Novotel Birmingham
- 9 Radisson Blu Birmingham
- 10 SACO Livingbase Apartments
- 11 Jurys Inn
- 12 Ramada Encore
- 13 Ramada Hotel (Mailbox)
- 14 Bloc Hotel
- 15 Holiday Inn Express
- 16 Premier Inn

Birmingham City Centre

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|----|-------------------------------------|----|------------------------------------|
| 1 | Adrian Boult Hall | 40 | Formule 1 (Birmingham) |
| 2 | Age Concern | 41 | Hagley Court Hotel |
| 3 | Alton | 42 | Holiday Inn Birmingham City Centre |
| 4 | Alton Business School | 43 | Holiday Inn Birmingham City Centre |
| 5 | Alton Villa Conference & Banqueting | 44 | HQ |
| 6 | Alton Villa Conference & Banqueting | 45 | Hyatt Regency Birmingham |
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For the past. For the future. And, most importantly, for **RIGHT NOW.**



SUSTIVA® has stood the test of time. As the most widely-prescribed NNRTI therapy,* SUSTIVA's efficacy has empowered people with HIV to explore life's possibilities for over 10 years.^{1,2}

One Tablet, Once Daily
SUSTIVA
(efavirenz) 600 mg
film-coated tablets

*As reported in 2010; based on worldwide data for efavirenz (SUSTIVA®) and Atripla® sourced from Datixion Resources¹

SUSTIVA® (efavirenz) 600mg FILM-COATED TABLETS PRESCRIBING INFORMATION

See Summary of Product Characteristics prior to prescribing

PRESENTATION: Film-coated tablets: 600mg efavirenz. **INDICATIONS:** Antiretroviral combination treatment of HIV-1 infected adults, adolescents and children 3 years of age and older. SUSTIVA has not been adequately studied in advanced HIV disease. **DOSAGE AND ADMINISTRATION:** 600mg. SUSTIVA must be given in combination with other antiretroviral medications. Adults and adolescents over 40kg: 600mg once daily preferably at bedtime and on an empty stomach. **CONTRAINDICATIONS:** Hypersensitivity to efavirenz. Severe hepatic impairment (Child-Pugh Grade C). Do not use in combination with St. John's wort or products that are substrates of CYP3A4. See SPC for details. **WARNINGS AND PRECAUTIONS:** Not for sole use. Discontinue use if severe rash associated with blistering, desquamation, mucosal involvement or fever develops. Advise immediate contact with doctor if experience severe depression, psychosis or suicidal ideation. Nervous system symptoms generally resolve after the first 2 - 4 weeks. Immune reactivation syndrome may arise with severe immune deficiency. Given hepatotoxicity association with combination antiretroviral therapy, consider monitoring fasting serum lipids and blood glucose and manage as appropriate. Patients with headache, dizziness, blurred vision or other symptoms associated with combination antiretroviral therapy should be advised to seek medical advice if they experience joint aches & pain, joint stiffness or difficulty in movement. Caution needed in mild to moderate liver disease or chronic Hepatitis B or C infection. Where evidence of worsening liver disease, interruption or discontinuation of treatment must be considered. Close safety monitoring is recommended in patients with severe renal failure. Caution if history of seizures. Efavirenz should not be given to patients below 3 years or who weigh less than 15kg. **DRUG INTERACTIONS:** Efavirenz is an inducer of CYP3A4 and an inhibitor of some CYP isoenzymes including CYP3A4. Other compounds that are substrates of CYP3A4 may have decreased plasma concentrations when co-administered with efavirenz. Efavirenz exposure may alter when given with medicinal products or foods (e.g. grapefruit) which affect CYP3A4 activity (see Contraindications above). See SPC for full

drug interaction details: with antiretrovirals, antineoplastic, anticonvulsants, lipid-lowering agents, antacids, warfarin, opioids, St. John's wort, antidepressants, hormonal contraceptives, calcium channel blockers, immunosuppressants, the H1-antihistamine cetirizine, lacosamide, and antifungal agents. efavirenz dose should be reduced when co-administered with verapamil. **PREGNANCY AND LACTATION:** Avoid use in pregnancy and lactation. Barrier contraception should always be used in combination with other methods of contraception. **UNDESIRABLE EFFECTS:** Very common side effect. Common: disturbance in attention, dizziness, headache, somnolence, abdominal pain, diarrhoea, nausea, vomiting, rash, pruritus, fatigue, drowsiness, problems with co-ordination and balance, abnormal dreams, anxiety, depression, insomnia. Uncommon: nervousness, confusion, seizures, blurred vision, vertigo, hallucinations, psychiatric adverse reactions, immune reactivation syndrome, lipodystrophy and metabolic abnormalities, osteonecrosis, acute hepatitis, acute pancreatitis. Laboratory abnormalities for liver enzymes, urea/creatinine, lipids, and false positive cannabinoid test results. Rare: itchy rash caused by sunlight, liver failure. Other: breast burning, night vision in the dark. See SPC for full details of side effects. **LEGAL STATUS:** POM. **PACKAGING QUANTITIES AND BATCHING PRICE:** blister packs of 30 tablets: £203.27. **MARKETING AUTHORISATION NUMBERS:** EU/1/00/115/030. **MARKETING AUTHORISATION HOLDER:** Bristol-Myers Squibb Pharma EEIG, BMS House, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex, UB8 3PH. Telephone: 0600 731 1736. **DATE OF PREPARATION:** December 2010. B21UK10PM107

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

THE CHALLENGE ONLY STARTS AT UNDETECTABLE

In today's HIV landscape we expect to keep them there, with durable suppression, well-established tolerability and convenient dosing.¹⁻³ So they can concentrate on dealing with the challenges of life.

There are additional challenges for women living with HIV and that's where REYATAZ®/r offers them additional benefits:

- The only PI including PK, safety and dosing guidance for pregnant women during the 2nd and 3rd trimesters^{5,6}
- Possible co-administration with oral contraceptives.^{5,7}

ONCE DAILY
REYATAZ®
(atazanavir)
UP TO THE CHALLENGE

*Please refer to the REYATAZ® Summary of Product Characteristics sections 4.2, 4.6 and 5.2.

REYATAZ® (atazanavir) HARD CAPSULES PRESCRIBING INFORMATION

See Summary of Product Characteristics prior to prescribing.
PRESENTATION: Hard capsules: 150mg, 200mg, 300mg atazanavir (as atazanavir). **INDICATION:** Antiretroviral combination treatment of HIV-1 infected adults. **DOSE AND ADMINISTRATION:** Oral 300mg with ritonavir 100mg once-daily with food. If co-administered with ritonavir, recommended 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 ritonavir 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 hormonal therapy. PDE5-inhibitor: atazanavir is contraindicated when used for the treatment of pulmonary arterial hypertension (PAH) only. **SPECIAL WARNINGS AND PRECAUTIONS:** Patients 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) syndromes which have been reported. Reyataz should be discontinued if severe rash develops. Reyataz may induce PR prolongation. Caution with medicines that may increase QT interval. Caution in haemophilic patients. Combination antiretroviral therapy has been associated with lipodystrophy and metabolic abnormalities. Postural reaction is required when prescribing

PDE5-inhibitors (pildenafil, tadalafil, or vardenafil) for the treatment of erectile dysfunction in patients receiving Reyataz with concomitant low dose of ritonavir. Co-administration of atazanavir and Reyataz is not recommended. In clinical studies, Reyataz (with or without ritonavir) has been shown to induce dyslipidaemia to a lesser extent than comparators. Hypertrophic cardiomyopathy has occurred in patients receiving Reyataz; no dose reduction is recommended. Nephrotoxicity has been reported in patients receiving Reyataz. If signs or symptoms occur, temporary interruption and 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, zalcitabine, atazanavir, protease pump inhibitors or tenofovir & an H2-receptor antagonist. Oral contraceptives: Ethinylestradiol 25µg & norgestrel co-administered with atazanavir 300mg with ritonavir 100mg QD: recommended minimum 50µg ethinylestradiol. Ruptured patient of total 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:** The use of Reyataz during pregnancy could be considered only if the potential benefit justifies the potential risk. Consult SmPC for further information on clinical use of Reyataz during second and third trimesters. **UNDESIRABLE EFFECTS:** Diarrhoea, nausea, headache, constipation, vomiting, dizziness, dyspepsia, abdominal pain, joint pain, rash, fatigue and lipodystrophy. Uncommon: insomnia, asthenia, paronychia, peripheral neuropathy symptoms, hepatitis, nephrotoxicity, erythema multiforme, toxic skin eruptions, toxic

skin eruptions, diabetes mellitus, hypoglycaemia, gallbladder disorders, drug rash with eosinophilia and systemic symptoms (DRESS) syndrome, Rasmussen-Johnson syndrome, myopathy, QTc prolongation. Consult SmPC for other side effects. **LABORATORY ABNORMALITIES:** Elevated bilirubin, enzyme levels. **LEGAL STATUS:** POM. **PACKAGE QUANTITIES AND BASIC NHS PRICE:** Carton of 60 hard capsules, 150mg: £203.38, 200mg: £303.38, carton of 30 capsules, 300mg: £303.38. **MARKETING AUTHORISATION NUMBERS:** EU/105/067/003 - 150mg tablet; EU/105/067/005 - 200mg tablet; EU/105/067/008 - 300mg tablet. **MARKETING AUTHORISATION HOLDER:** Bristol-Myers Squibb Pharma EE, BMS House, Uxbridge Business Park, Sanderson Road, Uxbridge, Middlesex, UB8 3QH. Telephone: 0800-731-1736. **DATE OF PPI PREPARATION:** November 2011. B37UN1 PM101

1. Daar ES et al. *AIDS* 2011;25(14):445-455. 2. Molina JM and the CASTLE Study Team. *J Acquir Immune Defic Syndr* 2010;53(3):323-332. 3. Jason K et al. and Concomitant Network for HIV/AIDS. *Antiviral* 2011; 4. Molina JM et al. *Antiviral* 2011; 5. REYATAZ®/r SmPC. Available at: <http://www.medicines.org.uk>. Accessed November 2011. 6. Corrado F et al. *HIV Medicine* 2011; 12(5):570-6. 7. Zhang J et al. *Antiviral* 2011;16:157-64.

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