

ICAR

Italian Conference on AIDS and Retroviruses

VI CONGRESSO NAZIONALE



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Loredana Sarmati, University Tor Vergata, Rome

ROMA, 25-27 MAGGIO 2014

SHERATON CONFERENCE CENTER

Promosso da



e da:

INMI, Istituto Nazionale per le Malattie Infettive
ISS, Istituto Superiore di Sanità
SIICA, Società Italiana di Immunologia, Immunologia Clinica e Allergologia
SIMaST, Società Interdisciplinare per lo Studio delle Malattie Sessualmente Trasmissibili
SIV, Società Italiana di Virologia
SIVIM, Società Italiana di Virologia Medica
ANLAIDS, Associazione Nazionale per la lotta all'AIDS
ARCIGAY, Associazione LGBT Italiana
LILA, Lega Italiana per la lotta contro l'AIDS
NADIR, Fondazione Nadir Onlus
NPS Italia Onlus, Network Persone Sieropositive



Sotto l'Alto Patronato della **Presidenza della Repubblica**

Promosso da:

SIMIT, Società Italiana di Malattie Infettive e Tropicali

e da:

INMI, Istituto Nazionale per le Malattie Infettive

ISS, Istituto Superiore di Sanità

SIICA, Società Italiana di Immunologia, Immunologia Clinica e Allergologia

SIMaST, Società Interdisciplinare per lo Studio delle Malattie Sessualmente Trasmissibili

SIV, Società Italiana di Virologia

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ANLAIDS, Associazione Nazionale per la lotta all'AIDS

ARCIGAY, Associazione LGBT Italiana

LILA, Lega Italiana per la lotta contro l'AIDS

NADIR, Fondazione Nadir Onlus

NPS Italia Onlus, Network Persone Sieropositive

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AIFA, Agenzia Italiana del Farmaco

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Società Scientifiche

AIMI, Associazione Infermieri Malattie Infettive

AMCLI, Associazione Microbiologi Clinici Italiani

Fondazione AVIRALIA

SIMET, Società Italiana di Medicina Tropicale

SIMM, Società Italiana di Medicina delle Migrazioni

SIMPIOS, Società Italiana Multidisciplinare per la Prevenzione delle Infezioni nelle Organizzazioni Sanitarie

Associazioni Pazienti

Cittadinanzattiva

PLUS, Persone LGBT Sieropositive onlus



In memoria di Elio Guzzanti



ICAR 2014

Una dimensione in più

La 6° Conferenza ICAR 2014 propone un **inedito e tridimensionale** approccio tra scienza di base, ricerca diagnostico-clinica, competenze delle associazioni di pazienti e/o delle comunità colpite dall'HIV.

Un obiettivo ambizioso da parte della comunità scientifica infettivologica italiana, delle Associazioni dei pazienti e delle istituzioni, in un momento in cui gli standard di assistenza e cura raggiunti in Italia devono confrontarsi con esigenze di sostenibilità, mettendo così costantemente in discussione i percorsi intrapresi nei diversi ambiti.

La centralità di un *approccio gestionale d'insieme*, ma altrettanto attento alle *peculiarità individuali*, è il fulcro del programma scientifico di Roma declinato nelle diverse componenti tematiche: dalla migliore gestione di complicanze e comorbidità a lungo termine, ai risultati emergenti nella cura funzionale di HIV, alle prospettive aperte in campo epidemiologico e di diagnosi.

Tra le tematiche più nuove ed affrontate con un taglio fortemente pragmatico, la centralità del rapporto comunicazionale tra paziente e medico, l'esplorazione delle possibilità ad ampio raggio in campo preventivo, la valutazione complessiva del paziente al fine di favorire un monitoraggio d'insieme, l'attenzione a particolari problematiche di popolazione e di condizione clinica, l'imprescindibile correlazione tra il dato di successo virologico e le conseguenti sfide cliniche in funzione della promozione della qualità della vita dei pazienti.

In linea con la tradizione e la filosofia ICAR, anche l'edizione 2014 dedica ampio spazio al contributo dei **giovani ricercatori italiani**: nelle comunicazioni orali, nei poster e attraverso l'ICAR-CROI Award 2014 e i premi messi a disposizione da SIMIT, SIVIM e Fondazione Aviralia. Stessa grande attenzione alle persone con HIV ed alle Associazioni, con diversi momenti dedicati nell'ambito del programma scientifico e con l'introduzione di un **nuovo topic** "Scienze sociali e aspetti di comunità" tra gli argomenti portanti del Congresso. Infine **ICAR-LAB**, una nuova sessione pensata proprio per confrontarsi e indirizzarsi verso percorsi comuni nei vari ambiti.

Un cordiale benvenuto a Roma,

I Presidenti

Massimo Andreoni

Andrea Antinori

Carlo Federico Perno

Comitato Scientifico

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Oggi, il mondo di domani

Oggi il mondo di domani è l'impegno ad agire per un presente responsabile ed un futuro sostenibile. Per Bristol-Myers Squibb significa scoprire, sviluppare e offrire terapie innovative per aiutare i pazienti a sconfiggere malattie gravi. Ma significa anche avere la piena consapevolezza degli obblighi verso la comunità locale e globale, trasformandoli in impegno concreto. Il nostro impegno guarda al futuro e alle realtà più lontane ma inizia nel presente e dai luoghi a noi più vicini. **Oggi per il domani.**





PROGRAMME AT A GLANCE

Domenica 25 maggio 2014

10:00-13:00	APERTURA SEGRETERIA E REGISTRAZIONE					
13:00-14:00	Lunch					
	BORGIA HALL	TIVOLI HALL	FARNESE/BAGLIONI HALL	LE CAScate 2 HALL	COLONNA DORIA HALL	BENTIVOGLIO HALL
14:00-16:00			<p>PRE-CONFERENCE ADVANCED COURSE VIROLOGIA E DIAGNOSTICA DI LABORATORIO AVANZATA pag. 14</p>	<p>PRE- CONFERENCE ADVANCED COURSE GESTIONE INFERMIERISTICA DEL PAZIENTE IN TERAPIA ANTIRETROVIRALE pag. 14</p>	<p>PRE- CONFERENCE ADVANCED COURSE DISTURBI NEUROCOGNITIVI NELLA PRATICA CLINICA: METODI E STRUMENTI DIAGNOSTICI E ALGORITMI CLINICO- TERAPEUTICI pag. 15</p>	<p>PRE- CONFERENCE ADVANCED COURSE PECULIARITÀ CLINICHE E DI MANAGEMENT DELL'INFEZIONE DA HIV NELLA POPOLAZIONE MIGRANTE pag. 15</p>
16:00-17:00	<p>ICAR-LAB BISOGNI DELLE PERSONE CON HIV E PERSONALIZZAZIONE DELL'INTERVENTO: FOCUS ON LESS DRUG REGIMENS (LDRS) pag. 18</p>	<p>ICAR-LAB THE EFFECTIVENESS ITALIAN CONFERENCE IN HIV - EFFICON PROJECT pag. 19</p>				
AUDITORIUM						
17:00-20:00	<p>OPENING SESSION</p> <p>INTRODUCING ICAR 2014 AND WELCOME ADDRESSES</p> <p>SYMPOSIUM STARTING CART WITH CD4+ COUNT >500 CELL/MM³: IS THERE EVIDENCE THAT IS BENEFICIAL? IN MEMORY OF ELIO GUZZANTI</p> <p>ROUND TABLE I HAVE A DREAM: PROSPECTS AND CHALLENGES IN THE FUTURE OF HIV pag. 20</p>					
20:00-20:30	<p>ICAR-CROI AWARDS 2014 FOR YOUNG ITALIAN HIV INVESTIGATORS pag. 21</p>					
20:30-23:00	<p>ICAR 2014 WELCOME RECEPTION pag. 21</p>					

■ PRE-CONFERENCE ADVANCED COURSES

■ OFFICIAL PROGRAMME

■ SPONSORED SESSIONS

PROGRAMME AT A GLANCE

	AUDITORIUM	FARNESE/BAGLIONI HALL	ESTENSI/SFORZA HALL
08:30-09:30	KEYNOTE LECTURES pag. 23		
09:45-11:45	ORAL COMMUNICATIONS ANTIRETROVIRAL THERAPY: RANDOMIZED TRIALS AND CLINICAL STUDIES pag. 23	ORAL COMMUNICATIONS IMMUNOPATHOGENESIS pag. 24	ORAL COMMUNICATIONS EPIDEMIOLOGY AND PREVENTION pag. 25
11:45-12:45	HOT SYMPOSIUM INNOVATIVE PATHOGENESIS-BASED APPROACHES IN PATIENTS WITH SUPPRESSED VIREMIA pag. 26		
12:45-13:15			
13:15-14:15		EXPERT MEETING PI AND PI IN THE MANAGEMENT OF INFECTIOUS DISEASES pag. 28	EXPERT MEETING TAILORED THERAPY IN SINGLE TABLET REGIMENS pag. 28
14:30-15:45	SYMPOSIUM HIV-ASSOCIATED NON-AIDS CONDITIONS pag. 30	SYMPOSIUM VIRUS AND HOST IN FUNCTIONAL CURE STRATEGIES pag. 30	SYMPOSIUM THE SILENT EPIDEMIC pag. 31
15:45-17:45	ORAL COMMUNICATIONS COINFECTIONS pag. 31	ORAL COMMUNICATIONS VIRAL AND HOST MECHANISMS pag. 32	ORAL COMMUNICATIONS HIV INFECTION AND WOMEN pag. 33
18:00-19:15	SYMPOSIUM TASP AND PEP: PREVENTION FROM THEORY TO PRACTICE pag. 34	SYMPOSIUM CLINICAL MANAGEMENT OF HIV-INFECTED ELDERLY PATIENTS pag. 35	
19:30-20:30			EXPERT MEETING IS HIV-HCV CO-INFECTION STILL A SPECIAL POPULATION? pag. 29



Lunedì 26 maggio 2014

BORGIA HALL	TIVOLI HALL	COLONNA DORIA HALL	ORSINI HALL	LE CASCADE 2 HALL
<p>POSTER DISCUSSION ANTIRETROVIRAL THERAPY: ALTERNATIVE OUTCOMES pag. 26</p>			<p>POSTER DISCUSSION COMORBIDITIES AND COINFECTIONS pag. 27</p>	
lunch				
	<p>EXPERT MEETING NEW PARADIGMS IN HIV TREATMENT: THE VIIV RESEARCH PIPELINE pag. 28</p>	<p>EXPERT MEETING FUTURE PERSPECTIVES IN HCV pag. 29</p>		<p>EXPERT MEETING EFFICACY AND TOLERABILITY OF ATAZANAVIR, RALTEGRAVIR OR DARUNAVIR WITH FTC/ TENOFVIR: ACTG 5257 pag. 29</p>
<p>SYMPOSIUM DIFFICULT CLINICAL CASES: THE JOINT EXPERTISE OF THE VIROLOGIST AND THE HIV SPECIALIST pag. 34</p>				

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PROGRAMME AT A GLANCE

Martedì 27 maggio 2014

	AUDITORIUM	FARNESE/BAGLIONI HALL	ESTENSI/SFORZA HALL	BORGIA HALL
08:30-09:30	KEYNOTE LECTURES pag. 36			
09:45-11:15	HOT SYMPOSIUM ARV THERAPY BETWEEN BEST PRACTICES AND SUSTAINABILITY: COMPARING EXPERIENCES IN EU AREA pag. 36			
11:15-13:15	ORAL COMMUNICATIONS ANTIRETROVIRAL THERAPY: OBSERVATIONAL STUDIES pag. 36	ORAL COMMUNICATIONS BASIC AND CLINICAL VIROLOGY pag. 37	ORAL COMMUNICATIONS COMORBIDITIES AND ARV TOXICITIES pag. 38	ORAL COMMUNICATIONS COMMUNITY BASED STUDIES pag. 39
13:15-14:15	lunch			
14:15-15:15	POSTER DISCUSSION ANTIRETROVIRAL THERAPY: CLINICAL STUDIES AND PHARMACOLOGY pag. 40	POSTER DISCUSSION BASIC AND CLINICAL VIROLOGY pag. 40		
15:15-16:25	WRAP-UP SESSION HIGHLIGHTS OF THE MAIN TOPICS FROM ICAR 2014 pag. 41			
16:25-17:00	ICAR 2014 AWARDS CLOSING REMARKS pag. 41			

■ PRE-CONFERENCE ADVANCED COURSES

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PRE-CONFERENCE ADVANCED COURSES

14:00 - 16:00 FARNESE/BAGLIONI HALL

VIROLOGIA E DIAGNOSTICA DI LABORATORIO AVANZATA

MODERATORI: **G. Antonelli** (Roma), **F. Ceccherini-Silberstein** (Roma), **S. Parisi** (Padova)

Il percorso affronta aspetti importanti per una razionale e ottimizzata gestione del paziente HIV, in un'ottica virologico-clinica, tramite apprendimento e discussione delle tecnologie diagnostiche in virologia disponibili oggi nel monitoraggio dei pazienti. Evidenziazione delle criticità e ottimizzazione del loro utilizzo tramite discussione con esperti dalla clinica e virologia.

14.00 - 14.20	Quantificazione di HIV nei reservoirs. Fattibilità e rilevanza clinica	O. Turriziani, Roma
14.20 - 14.40	Genotipizzazione virale a basso numero di copie. Fattibilità e rilevanza clinica	D. Armenia, Roma
14.40 - 15.00	Test di tropismo su DNA e RNA. Fattibilità e rilevanza clinica	M.R. Capobianchi, Roma
15.00 - 16.00	TAVOLA ROTONDA I vantaggi delle tecniche virologiche che la virologia può offrire oggi D. Armenia (Roma), F. Baldanti (Pavia), M.R. Capobianchi (Roma), A. Castagna (Milano), M. Lichtner (Roma), S. Rusconi (Milano), O. Turriziani (Roma)	

14:00 - 16:00 LE CASCADE 2 HALL

GESTIONE INFERMIERISTICA DEL PAZIENTE IN TERAPIA ANTIRETROVIRALE

MODERATORI: **G. Bocchi** (Bologna), **L. Sighinolfi** (Ferrara)

DISCUSSANT: **F. von Schloesser** (Roma)

Nel contesto dell'infezione da HIV, oggi la terapia antiretrovirale potente consente la soppressione della replicazione virale in pressoché tutti i pazienti e la contestuale immunoricostruzione, garantendo alla popolazione HIV-positiva una aspettativa di vita solo di poco inferiore a quella osservata nella popolazione generale. Nei Centri Clinici per le Malattie Infettive, pertanto, una quota rilevante di pazienti sta vivendo l'esperienza di una infezione cronica scandita da regolari controlli laboratoristici, ritiro dei farmaci antiretrovirali, verifica dell'aderenza e screening per le comorbilità. Per di più, il progressivo aumento numerico della popolazione HIV-positiva, grazie sia alla ridotta mortalità sia alla continua immissione di nuove diagnosi, potrebbe a breve portare a un sovraccarico degli Ambulatori con nuove sfide logistiche da affrontare. In questo contesto, un'assistenza sanitaria erogata con "percorsi" medici e infermieristici poco interattivi e visite ambulatoriali incentrate sul medico rischiano di offrire esclusivamente percorsi standardizzati senza considerare i bisogni differenziati dei pazienti. L'introduzione di Ambulatori Infermieristici e il task-shifting, ossia il trasferimento di diverse attività cliniche sulla figura infermieristica, consentono di sfruttare appieno le competenze infermieristiche altamente specialistiche e rappresentano strategie lungimiranti per la corretta allocazione delle risorse, l'incremento della soddisfazione del paziente e il contenimento della spesa sanitaria. La cura della persona con infezione da HIV dovrebbe basarsi su nuovi modelli assistenziali, il monitoraggio attivo dell'aderenza, l'educazione alla salute al fine di contribuire a sviluppare gli elementi che promuovono l'efficacia della terapia, il supporto continuo e la qualità di vita. Realizzare questo ambizioso obiettivo dipende dalla definizione di percorsi assistenziali che siano minimamente invasivi per la vita del paziente e dai modelli organizzativi in grado di dare risposte efficaci. Questo ed altro sono gli obiettivi che il corso pregressuale rivolto agli infermieri, si prefigge di raggiungere.

14.00 - 14.20	Nuovi modelli organizzativi per la gestione del paziente HIV/AIDS stabile	L. Martini, Roma
14.20 - 14.40	Aderenza alla terapia antiretrovirale: nuove strategie e pazienti maggiormente vulnerabili	M.G. Tajè, Legnano MI
14.40 - 15.00	Il servizio di counselling nel paziente HIV positivo	M. Bagnato, Milano
15.00 - 15.20	Il ruolo infermieristico nella conduzione di trial clinici	L. Bolzoni, Roma
15.20 - 15.50	Discussione	
15.50 - 16.00	Conclusioni	



14:00 - 16:00 COLONNA DORIA HALL

DISTURBI NEUROCOGNITIVI NELLA PRATICA CLINICA: METODI E STRUMENTI DIAGNOSTICI E ALGORITMI CLINICO-TERAPEUTICI

MODERATORI: **A. Calcagno** (Torino), **G. Nunnari** (Catania)

Apprendimento e discussione dell'uso dei potenziali strumenti e approcci diagnostici nella diagnosi e nel monitoraggio dei disturbi cognitivi HIV-correlati. Evidenziazione delle criticità ed ottimizzazione del loro utilizzo tramite discussione con esperto in ambito non-HIV.

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|---------------|--|----------------------|
| 14.00 - 14.05 | Introduzione al corso | P. Cinque, Milano |
| 14.05 - 14.20 | Disturbi neurocognitivi in HIV: cause, prevalenza e impatto clinico | P. Cinque, Milano |
| 14.20 - 14.45 | Disturbi neurocognitivi e percorsi diagnostici in non-HIV | L. Parnetti, Perugia |

Strumenti e percorsi diagnostici in ambito HIV

- | | | |
|---------------|--|-------------------|
| 14.45 - 15.05 | Test di screening neuropsicologici, batterie diagnostiche e test funzionali | P. Balestra, Roma |
| 15.05 - 15.25 | Esame del liquor | P. Cinque, Milano |
| 15.25 - 15.45 | Diagnosi elettrofisiologica | A. Pennica, Roma |
| 15.45 - 16.00 | Discussione finale e conclusioni | |

14:00 - 16:00 BENTIVOGLIO HALL

PECULIARITÀ CLINICHE E DI MANAGEMENT DELL'INFEZIONE DA HIV NELLA POPOLAZIONE MIGRANTE

PATROCINIO CONGIUNTO ICAR-SIMET-SIMM

MODERATORI: **F. Castelli** (Brescia), **T.S. Prestileo** (Palermo)

DISCUSSANT: **G. Calleri** (Torino)

Attualmente in Italia sono presenti 5.011.000 immigrati regolari ed una quota variabile a seconda delle diverse stime di immigrati irregolari con differenti culture e tradizioni, differenti tassi di sieroprevalenza e sottotipi di HIV. Indipendentemente dal proprio status amministrativo, l'immigrato ha diritto all'accesso alle prestazioni di diagnosi e cura per l'infezione da HIV. La terapia dell'infezione da HIV nel migrante segue essenzialmente gli stessi principi che regolano il trattamento del soggetto autoctono, tuttavia efficacia e tossicità possono essere fortemente influenzate da alcuni elementi peculiari di natura antropologica (diversa percezione della infezione/malattia), sociale (accesso alle cure e diagnosi precoce) e clinica (comorbidità dell'ospite legate alle prevalenze nei paesi di origine: TB, tripanosomiasi, ecc.), oltre che squisitamente inerenti le caratteristiche virali e genetiche dell'infezione.

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|---------------|--|------------------------|
| 14.00 - 14.30 | Peculiarità epidemiologiche, sociali ed antropologiche della popolazione migrante con infezione da HIV | G. Cassarà, Cefalù PA |
| 14.30 - 15.00 | Peculiarità diagnostiche e terapeutiche della co-infezione HIV e tubercolosi nella popolazione migrante | L.R. Tomasoni, Brescia |
| 15.00 - 15.30 | Peculiarità diagnostiche e terapeutiche della co-infezione HIV e malattie parassitarie nella popolazione migrante | A. Angheben, Negrar VR |
| 15.30 - 16.00 | Peculiarità diagnostiche e terapeutiche delle infezioni da HIV, HBV e HCV nella popolazione migrante | N. Coppola, Napoli |

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L'INNOVAZIONE GUIDA LA NOSTRA
SCIENZA. LA VITA DELLE PERSONE
GUIDA IL NOSTRO IMPEGNO.

Per rispondere alla domanda di salute nel mondo, AbbVie unisce lo spirito di un'impresa biotecnologica alla solidità di un'azienda farmaceutica di successo. Il risultato è una azienda biofarmaceutica che coniuga scienza, passione e competenza per migliorare la salute e la cura delle persone, con modalità innovative. Incidere significativamente sulla vita delle persone è, per noi, più di una promessa. È il nostro obiettivo.

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ICAR LAB

16:00 - 17:00 **BORGIA HALL**

Unrestricted educational grant of AbbVie

BISOGNI DELLE PERSONE CON HIV E PERSONALIZZAZIONE DELL'INTERVENTO: FOCUS ON LESS DRUG REGIMENS (LDRs)

MODERATORI: **M. Errico** (Napoli), **A. Lazzarin** (Milano)

La metodologia dell'HIV Patient's Journey (HPJ) ha ben evidenziato e analizzato come l'esperienza e gli stimoli che le persone con HIV vivono al di fuori delle strutture di cura siano fattori cruciali da considerare nella loro gestione clinica, poiché effettivamente condizionano le scelte effettuate dal binomio medico-paziente sul percorso diagnostico-clinico-terapeutico, testimoniandone così la personalizzazione intrinseca. La sfida odierna, al fine di garantire il successo pieno di tale percorso, è dunque quella di comprendere "il vissuto" in senso lato della persona con HIV, standardizzarne la raccolta e l'analisi delle informazioni e monitorare questi aspetti nel tempo. In questa prospettiva, è soprattutto 'il percorso terapeutico' che è chiamato a interpretare le esigenze variabili delle persone con HIV, proponendo strategie personalizzate, quali le Less Drug Regimens (LDRs), capaci di rispondere a 360 gradi agli effettivi bisogni che si prospettano.

16.00 - 16.10	La qualità delle risposte ai bisogni (relazionali, affettivi, lavorativi, di benessere) della persona con HIV può influenzare il percorso diagnostico-clinico-terapeutico?	G.M. Corbelli, Roma
16.10 - 16.20	E' possibile standardizzare la raccolta di informazioni della persona con HIV, andando così oltre i semplici labs data?	G. d'Ettore, Roma
16.20 - 16.30	Quanto "il vissuto" della persona con HIV può "sistematicamente" influire sull'approccio diagnostico-clinico terapeutico?	A. Ammassari, Roma
16.30 - 16.40	Le strategie LDRs interpretano i diversi bisogni delle persone con HIV. Risultati dei lavori del workshop di Milano (dicembre 2013)	S. Marcotullio, Roma
16.40 - 16.50	I bisogni delle persone con HIV oggi e le strategie LDRs come risposta alla personalizzazione del trattamento - "ICAR on the road". SIMIT e associazioni dei pazienti insieme sul territorio	M. Andreoni, Roma
16.50 - 17.00	Discussione	



16:00 - 17:00 TIVOLI HALL

Unrestricted educational grant of ViiV Healthcare

THE EFFECTIVENESS ITALIAN CONFERENCE IN HIV - EFFICON PROJECT

MODERATORE: **A. Antinori** (Roma)

In the current scenario of HIV disease, unmet clinical needs are on the scientific agenda for trying to fill the present gap between scientific evidence and clinical practice. In the last years, an evolving picture has been represented in the methodology of both regulatory and strategic clinical trials, and several issues affected study design concerning and pointing definition, duration of observation, patients enrolled characteristics. This emerging critical problems concern early treatment studies, signally those enrolling patients with acute HIV infection, but also patients with advanced disease at diagnosis, as late presenters, in which main selected characteristics, as high level HIV viremia, marked immunodeficiency, concomitant opportunistic diseases to be treated, could influence results of trials and effectiveness of antiretroviral treatment. Most of last generation studies lack of consistent informations about gender differences, response in patients with advanced immune-virological profile. Infectious and non infectious comorbidities frequently affect HIV individuals and represent potential confounders of study analyses, with needs of innovative powered outcomes, both for impact of side effects and incident events during study observations, and for alternative surrogate markers as those related to inflammatory reaction and targeted-organ damage. The EFFICON Project investigates over evolving methodology and outcome measures of efficacy and safety, in order to increase translation of experimental results in the real life environment.

16.00 - 16.10	Introduction and objectives	A. Antinori, Roma
16.10 - 16.20	EPICO methodology in the design and development of clinical studies in HIV setting	E. Girardi, Roma
16.20 - 16.30	Experienced patient	M. Andreoni, Roma
16.30 - 16.40	Early patient	G. Tambussi, Milano
16.40 - 16.50	Advanced patient with infectious comorbidities	C.F. Perno, Roma
16.50 - 17.00	Patient with non infectious comorbidities	A. Antinori, Roma

ICAR VI CONGRESSO NAZIONALE
Italian
Conference on
AIDS and
Retroviruses

AUDITORIUM

17:00 - 17:30

ICAR 2014 OPENING SESSION

CHAIRMEN: **M. Andreoni** (Roma), **A. Antinori** (Roma), **A. Lazzarin** (Milano), **C.F. Perno** (Roma)

17.00 - 17.30 **Introducing ICAR 2014 and welcome addresses**

17:30 - 18:45

**SYMPOSIUM STARTING cART WITH CD4+ COUNT >500 CELL/MM³:
 IS THERE EVIDENCE THAT IS BENEFICIAL?**

CHAIRMEN: **A. d'Arminio Monforte** (Milano), **G. Silvestri** (Atlanta USA)

17.30 - 18.00 **We don't have evidence**

C. Sabin, London UK

18.00 - 18.30 **We don't need evidence**

S.G. Deeks, San Francisco USA

18.30 - 18.45 **Questions & Answers**

18:45 - 19:00

In memory of Elio Guzzanti

G. Ippolito, Roma

CHAIRMEN: **M. Andreoni** (Milano), **A. Antinori** (Roma), **M. Moroni** (Roma), **C.F. Perno** (Roma)

19:00 - 20:00

**ROUND TABLE "I HAVE A DREAM: PROSPECTS AND CHALLENGES
 IN THE FUTURE OF HIV"**

MODERATOR: **N. Carbone** (Milano)

PARTICIPANTS: **A. Calcagno** (Torino), **G.M. Corbelli** (Roma), **C. Mussini** (Modena), **G. Poli** (Milano)



20:00 - 20:30

ICAR-CROI AWARDS 2014 FOR YOUNG ITALIAN HIV INVESTIGATORS

CHAIRMEN: **M. Andreoni** (Milano), **A. Antinori** (Roma), **C.F. Perno** (Roma), **G. Silvestri** (Atlanta USA)

Selected Italian Investigators

Triglycerides/HDL ratio and risk of developing Diabetes Mellitus during antiretroviral therapy

ABCC4 3348 T>C SNP Affects Tenofovir Urinary Output in HIV-positive Patients

Reliable and Accurate CD4 T Cell Count and Percent of the New Portable Flow Cytometer CyFlow MiniPOC

CD8+CD28-CD127^{lo}CD8+CD28-CD127^{lo}CD39+ T reg: a new biomarker for HIV infection

Interleukin-32: Expression, Interaction With IFN and Clinical Significance in HIV-1-infection

CSF Viral Escape in Patients without Neurological Disorders: Prevalence and Associated Factors

New Advanced EEG Technique to Monitor Early Brain Damage in Naïve HIV and its Recovery During ART

Feasibility and Clinical Utility of HIV-1 Genotype Testing in the Setting of Low Level Viremia

HBsAg Genetic Elements Critical for Immune Escape Drives HBV Reactivation Upon Immunosuppression

Incomplete Apobec3G neutralization by Vif mutations facilitates evolution from CCR5 to CXCR4 use

Damage of Gut Junctional Complexes Features HIV-Infected Immunological Non Responders

Mucosal and Systemic Immune Responses in HIV/HPV Coinfected Males

Brisk Walking Improves Inflammatory Markers in cART-Treated Patients

Significance of plasma JCV-DNA in HIV progressive multifocal leukoencephalopathy (PML)

HIV Reservoir Changes in Resting CD4 Subsets in the IL7 plus ART Intensification Eramune 01 Study

Relative genetic contribution to the pharmacokinetics of commonly prescribed antiretrovirals

Quantitative and Phylogenetic Analyses of Persistent HIV in Blood and GALT During Long-Term cART

Nicola Squillace, Monza

Andrea Calcagno, Torino

Milena Nasi, Modena

Chiara Dentone, Sanremo IM

Carolina Scagnolari, Roma

Carmela Pinnetti, Roma

Elisabetta Teti, Roma

Maria Santoro, Roma

Valentina Svicher, Roma

Claudia Alteri, Roma

Camilla Tincati, Milano

Camilla Tincati, Milano

Valeria Longo, Milano

Francesca Ferretti, Milano

Manuela Pogliaghi, Milano

Marco Siccardi, Torino

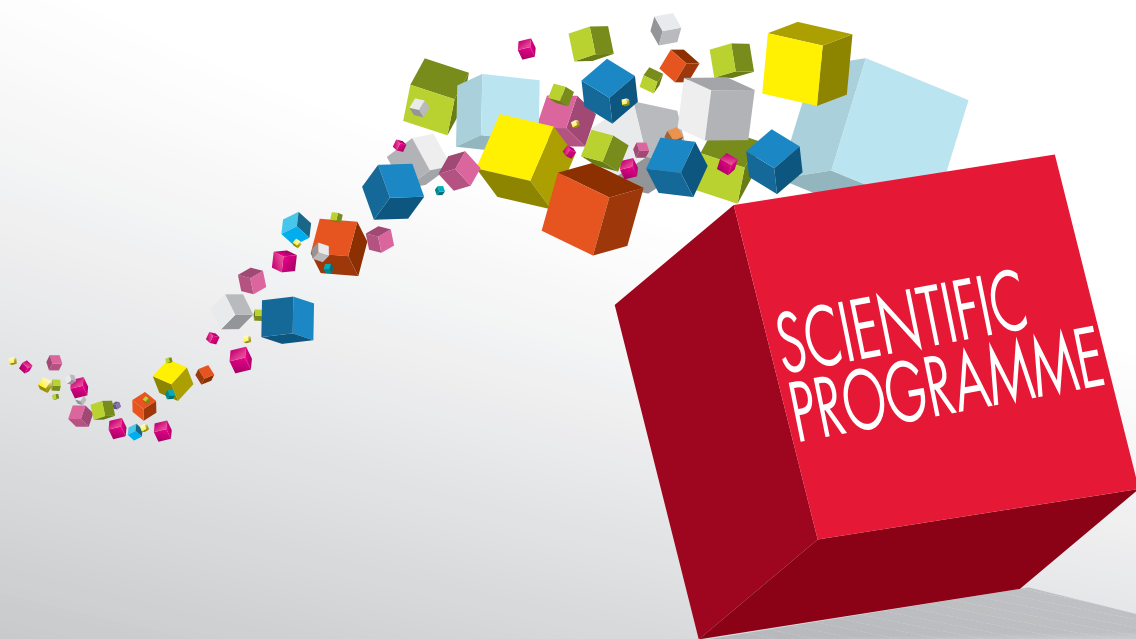
Francesco R. Simonetti, Milano

20:30 - 23:00

ICAR 2014 WELCOME RECEPTION

LUNEDÌ 26 MAGGIO

ICAR VI CONGRESSO NAZIONALE
Italian
Conference on
AIDS and
Retroviruses





08:30 - 09:30

KEYNOTES LECTURES

CHAIRMEN: **M. Galli** (Milano), **S. Mattioli** (Bologna), **C. Mussini** (Modena)

AUDITORIUM

08.30 - 09.00

Evolving objectives and methodology of randomized clinical trials in HIV setting

G. Di Perri, Torino

09.00 - 09.30

Screening and management of HPV-related anal squamous intraepithelial lesions in the HIV population

J. Palefsky, San Francisco USA

09:45 - 11:45

ORAL COMMUNICATIONS

AUDITORIUM

ANTIRETROVIRAL THERAPY: RANDOMIZED TRIALS AND CLINICAL STUDIES

CHAIRMEN: **O. Armignacco** (Viterbo), **G. Filice** (Pavia), **S. Rusconi** (Milano)

09.45 - 10.00

LECTURE: **Ethical issues in an antiretroviral cost-constraining environment**

F. Maggiolo, Bergamo

OC 1 HIV Clinical Pathway in Lombardy Region: effects on professional practice, patients outcomes and treatment costs

D. Croce¹, A. Lazzarin², G. Rizzardini³, N. Gianotti², E. Foglia¹, E. Garagiola¹, E. Ricci³, A. D'Arminio Monforte⁴, T. Bini⁴, T. Quirino⁵, P. Viganò⁶, T. Re⁶, S. Passerini³, F. Scolari¹, P. Bonfanti⁷
¹Centre for Research on Health Economics, Social and Health Care Management (CREMS) - LIUC - Università Cattaneo, Castellanza, Italy; ²Clinic of Infectious Diseases, Vita-Salute San Raffaele University, Milan, Italy; ³First Infectious Diseases Department, Luigi Sacco Hospital, Milan, Italy; ⁴Unit of Infectious Diseases, San Paolo Hospital, University of Milan, Milan, Italy; ⁵Department of Infectious Diseases, Ospedale di Circolo Hospital, Busto Arsizio, Italy; ⁶Department of Infectious Diseases, Ospedale Civile Hospital, Legnano, Italy; ⁷Department of Infectious Diseases, Alessandro Manzoni Hospital, Lecco, Italy

OC 2 Predictors of 24-weeks Treatment Failure in a Randomized Trial Comparing Switch to a Dual Therapy with Atazanavir/ritonavir + Lamivudine to continuation of Atazanavir/ritonavir + 2NRTIs in virologically suppressed HIV-infected patients

M. Fabbiani¹, S. Di Giambenedetto¹, A. Antinori², E. Quiros-Roldan³, A. Latini⁴, F. Tierno⁵, M. Farenga⁶, P. Grima⁷, G. Madeddu⁸, E. Grilli⁹, N. Brianese³, M. Colafigli⁴, A. De Luca¹⁰, R. Cauda¹ and ATLAS Group
¹Institute of Clinical Infectious Diseases, Catholic University of Sacred Heart, Rome, Italy; ²National Institute for Infectious Diseases "Lazzaro Spallanzani" IRCCS, Rome, Italy; ³University Division of Infectious and Tropical Diseases, University of Brescia, Brescia, Italy; ⁴Infectious Dermatology and Allergology Unit, IFO S. Galliciano Institute (IRCCS), Rome, Italy; ⁵Department of Infectious Diseases, "La Sapienza" University, Rome, Italy; ⁶Infectious and Tropical Diseases Unit, Amedeo di Savoia Hospital, Torino, Italy; ⁷Division of Infectious Diseases, "S. Caterina Novella" Hospital, Galatina, Italy; ⁸Department of Clinical and Experimental Medicine, University of Sassari, Italy; ⁹Systemic Infections and Immunodeficiency Unit, National Institute for Infectious Diseases "Lazzaro Spallanzani" IRCCS, Rome, Italy; ¹⁰Infectious Diseases Unit, Siena University Hospital, Siena, Italy

OC 3 The LAREY study: Lamivudine/emtricitabine with unboosted Reyataz® for patients with long-lasting virological suppression

A. Carbone^{1,2}, L. Galli¹, A. Bigoloni¹, S. Bossolasco¹, M. Guffanti¹, M. Maillard¹, E. Carini¹, S. Salpietro¹, V. Spagnuolo^{1,2}, N. Gianotti¹, A. Lazzarin^{1,2}, A. Castagna¹
¹Infectious Diseases Department, San Raffaele Scientific Institute, Milan, Italy; ²University Vita-Salute San Raffaele, Milan, Italy

OC 4 A randomized trial comparing DRV/r or LPV/r QD monotherapy with maintaining a PI/r-based antiretroviral regimen in persons with suppressed HIV replication: final results of the Protease Inhibitors MOnotherapy (PRIMO) Study

A. Ammassari¹, C. Pinnetti¹, P. Lorenzini¹, A. Cozzi-Lepri², S. Ottou¹, C. Tommasi¹, M. Zaccarelli¹, C.F. Perno³, M. Capobianchi¹, E. Girardi¹, A. Antinori¹, for the PRIMO Study Group
¹National Institute for Infectious Diseases "L. Spallanzani", Roma, Italy; ²University College London, London UK; ³University of Rome Tor Vergata, Rome, Italy

OC 5 Dual regimen with darunavir/ritonavir 800/100 mg QD and either lamivudine or emtricitabine as maintenance therapy in HIV-infected patients with HIV-RNA <50 copies/mL

N. Gianotti, A. Poli, L. Galli, M. Maillard, S. Bossolasco, V. Spagnuolo, S. Nozza, M. Guffanti, G. Gaiera, M. Cernuschi, A. Lazzarin, A. Castagna
 Infectious Diseases, IRCCS San Raffaele Scientific, Milano

OC 6 Simplification therapy with lamivudine and boosted darunavir in a cohort of treatment-experienced HIV-infected patients

A. Borghetti, M. Fabbiani, B. Piccoli, A. Mondì, A. D'Avino, R. Gagliardini, S. Lamonica, N. Ciccarelli, I. Fanti, R. Cauda, A. De Luca, S. Di Giambenedetto
 Catholic University of Sacred Heart, Policlinico Gemelli, Rome; "UOC Malattie Infettive Universitarie", Azienda Ospedaliera Universitaria Senese, Siena

OC 7 Efficacy and tolerability of switching to a dual therapy with darunavir/r+raltegravir in HIV-infected patients with HIV-1 RNA ≤50 cp/mL

G. Madeddu¹, S. Rusconi², A. Cozzi-Lepri³, S. Di Giambenedetto⁴, S. Bonora⁵, A. Carbone⁶, A. De Luca⁷, N. Gianotti⁶, A. Di Biagio⁸, A. Antinori⁹ for the Ico Foundation Study Group
¹University of Sassari, Italy; ²University of Milan, Italy; ³University College London, United Kingdom; ⁴Catholic University of the Sacred Heart, Rome, Italy; ⁵University of Turin, Italy; ⁶San Raffaele Scientific Institute, Milan, Italy; ⁷University Hospital, Siena, Italy; ⁸IRCCS San Martino Hospital, Genoa, Italy; ⁹National Institute for Infectious Diseases "Lazzaro Spallanzani", Rome, Italy

OC 8 Risk of discontinuation of first-line ritonavir-boosted protease inhibitor-based regimens

G. Lapadula¹, S. Casari², S. Di Giambenedetto³, N. Astuti⁴, N. Squillace¹, A. Saracino⁵, L. Sighinolfi⁶, P. Pierotti⁷, A. Pan⁸, P. Nasta², N. Ladisa⁵, E. Di Filippo⁴, A. Gori¹, C. Torti⁹ for the MASTER Cohort
¹San Gerardo Hospital - University Milano-Bicocca - Monza; ²Spedali Civili - University of Brescia; ³Policlinico Gemelli - "Sacro Cuore" Catholic University - Rome; ⁴Ospedali Riuniti - Bergamo; ⁵Ospedale Policlinico - University of Bari; ⁶"Sant'Anna" Hospital - Ferrara; ⁷"S. Maria Annunziata" Hospital - Florence; ⁸Istituti Ospitalieri - Cremona; ⁹"Magna Graecia" University, Catanzaro, Italy

OC 9 Italian Observational study on the outcome of Atazanavir/ritonavir-based ARV therapies (SIMIT 001 Study): 3 years follow-up

S. Lo Caputo, F. Mazzotta, A. Antinori¹, F. Maggiolo², A. Castagna³, C. Torti⁴, P. Bonfanti⁵, G. Parrella⁶, R. Scaggiante⁷, G. Sterrantino⁸, R. Cauda⁹, M. Galli¹⁰, A. D'Arminio Monforte¹¹ and SIMIT 001 Study Team
Mal. Inf. S.M. Annunziata Firenze, ¹INMI L. Spallanzani Roma, ²Mal. Inf. Bergamo, ³Mal. Inf. San Raffaele Milano, ⁴Clin. Mal. Inf. Catanzaro, ⁵Mal. Inf. Lecco, ⁶III Div. Osp. Cotugno Napoli, ⁷Mal. Inf. Padova, ⁸Mal. Inf. Osp. Careggi Firenze, ⁹Mal. Inf. Univ. Sacro Cuore Roma, ¹⁰Clin. Mal. Inf. Osp. L. Sacco Milano, ¹¹Clin. Mal. Inf. Osp. San Paolo Milano

09:45 - 11:45

FARNESE BAGLIONI HALL

ORAL COMMUNICATIONS

IMMUNOPATHOGENESIS

CHAIRMEN: **G. D'Offizi** (Roma), **F. Montella** (Roma), **G. Parruti** (Pescara)

09.45 - 10.00

LECTURE: **HIV-p17: a viral protein with still unknown immunogenic properties**

A. Caruso, Brescia

OC 10 Impact of HIV-1 tropism on emergence of non-AIDS events in HIV-infected patients receiving a fully suppressive antiretroviral therapy (ARV)

E. Gentilotti¹, C. Alteri², G. Maffongelli¹, M. Viscione¹, D. Leoni¹, N. Cesta¹, S. Gini¹, A. Bertoli², M. Santoro², P. Sordillo¹, C.F. Perno², M. Andreoni¹, L. Sarmati¹
¹Clinical Infectious Diseases, Tor Vergata University, Rome; ²Clinical Microbiology, Tor Vergata University, Rome

OC 11 Therapeutic immunization with HIV-1 Tat protein induces a restoration of immune homeostasis and attack the HAART-resistant blood HIV DNA: results from a randomized phase II clinical trial

F. Ensoli¹, A. Cafaro², A. Casabianca³, A. Tripiccano^{1,2}, S. Bellino², O. Longo², V. Francavilla^{1,2}, O. Picconi², S. Sgadari², S. Moretti², M.R. Pavone Cossut², A. Arancio^{1,2}, C. Orlandi³, L. Sernicola², M.T. Maggiorella², G. Panicia^{1,2}, C. Mussini⁴, A. Lazzarin⁵, L. Sighinolfi⁶, G. Palamara⁷, A. Gori⁸, G. Angarano⁹, M. Di Pietro¹⁰, M. Galli¹¹, V. S. Mercurio¹², F. Castelli¹³, G. Di Perri¹⁴, P. Monini², M. Magnani³, E. Garaci¹⁵ & B. Ensoli²

¹Pathology and Microbiology, San Gallicano Institute, "Istituti Fisioterapici Ospitalieri", Rome, Italy; ²National AIDS Center, Istituto Superiore di Sanità, Rome, Italy; ³Department of Biomolecular Science, University of Urbino, Urbino, Italy; ⁴Division of Infectious Diseases, University Policlinic of Modena, Modena, Italy; ⁵Division of Infectious Diseases, S. Raffaele Hospital, Milan, Italy; ⁶Unit of Infectious Diseases, University Hospital of Ferrara, Ferrara, Italy; ⁷Department of Infectious Dermatology, San Gallicano Hospital, Rome, Italy; ⁸Division of Infectious Diseases, San Gerardo Hospital, Monza, Italy; ⁹Division of Infectious Diseases, University of Bari, Policlinic Hospital, Bari, Italy; ¹⁰Unit of Infectious Diseases, S.M. Annunziata Hospital, Florence, Italy; ¹¹Institute of Tropical and Infectious Diseases, University of Milan L. Sacco Hospital, Milan, Italy; ¹²Department of Infectious Diseases, S. Maria Goretti Hospital, Latina, Italy; ¹³Division of Tropical and Infectious Diseases, Spedali Civili, Brescia, Italy; ¹⁴Clinic of Infectious Diseases, Amedeo di Savoia Hospital, Turin, Italy; ¹⁵Istituto Superiore di Sanità, Rome, Italy, present address University of Tor Vergata, Rome, Italy

OC 12 Extracellular HIV-1 Tat binds Env forming a novel virus entry complex that enhances HIV infectivity by targeting HIV to RGD-binding integrins: development of a novel neutralization assay which predicts DNA decay in blood

A. Cafaro¹, A. Casabianca², S. Moretti³, A. Tripiccano^{1,2}, M.R. Pavone Cossut¹, S. Bellino¹, C. Orlandi³, B. Collacchi¹, F. Ferrantelli¹, O. Longo¹, V. Francavilla^{1,2}, O. Picconi¹, L. Sernicola¹, M.T. Maggiorella¹, G. Panicia^{1,2}, C. Sgadari¹, F. Ensoli², P. Monini¹, M. Magnani³, and B. Ensoli¹

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OC 13 Altered monocyte phenotype and activation in HIV-infected patients with sub-optimal CD4+ T cell recovery during suppressive antiretroviral treatment

D. Mangioni¹, A. Muscatello¹, P. Perseghin², A. Incontri², G. Lapadula¹, A. Gori¹, A. Bandera¹

¹Division of Infectious Diseases, Department of Internal Medicine, San Gerardo Hospital, University of Milano-Bicocca, ²Therapeutic Apheresis Unit, Department of Clinical Pathology, San Gerardo Hospital, University of Milano-Bicocca

OC 14 HIV infection modulates gut mucosal Vdelta1 and Vdelta2 T-cells differentiation profile and response

E. Cimini¹, C. Agrati^{1,2}, G. D'Offizi³, C. Vlasi³, R. Casetti¹, A. Sacchi¹, R. Lionetti⁴, V. Bordoni¹, P. Scognamiglio⁵, F. Martini¹

¹Cellular Immunology Laboratory, ²Virology Laboratory, ³Clinical Department, ⁴Gastrointestinal Endoscopy Unit, ⁵Epidemiology Unit, INMI-IRCCS "L. Spallanzani", Rome, Italy

OC 15 Impact of CMV infection on soluble markers of myeloid activation in HIV infected subjects

S. Vita¹, M. Lichtner², G. Marchetti³, C. Mascia⁴, E. Merlini³, P. Cicconi³, V. Vullo⁴, R. Piolini⁵, P. Viale⁶, A. Costantini⁷, C. Mussini⁸, A. d'Arminio Monforte³ for the Icona Foundation Study

¹Sapienza University of Rome, Cenci Bolognietti Foundation; ²Sapienza University of Rome, Polo Pontino, Latina, Italy; ³San Paolo Hospital, Milan, Italy; ⁴Sapienza University of Rome, Italy; ⁵Sacco Hospital, Milan, Italy; ⁶University of Bologna, ⁷University of Ancona, Clinical Immunology, Ancona; ⁸Clinic of Infectious and Tropical Diseases, University of Modena and Reggio Emilia, Modena, Italy

OC 16 Impact of anti-Tat immunity on the immunological, virological and clinical outcome: a longitudinal cohort-study in cART-treated individuals

A. Tripiccano^{1,2}, O. Picconi¹, S. Bellino¹, V. Francavilla^{1,2}, O. Longo¹, C. Sgadari¹, G. Panicia^{1,2}, A. Arancio^{1,2}, A. Scoglio^{1,2}, M.J. Ruiz-Alvarez^{1,2}, G. Angarano³, N. Ladisa³, A. Lazzarin⁴, G. Tambussi⁴, S. Nozza⁴, C. Torti⁵, E. Focà⁵, G. Palamara⁶, A. Latini⁶, L. Sighinolfi⁶, F. Mazzotta⁸, M. Di Pietro⁸, G. Di Perri⁹, S. Bonora⁹, V. S. Mercurio¹⁰, C. Mussini¹¹, A. Gori¹², M. Galli¹³, P. Monini¹, A. Cafaro¹, F. Ensoli² and B. Ensoli¹

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11.30 - 11.45

LECTURE: **HIV and innate immunity**

A. De Maria, Genova



09:45 - 11:45

ESTENSI SFORZA HALL

ORAL COMMUNICATIONS

EPIDEMIOLOGY AND PREVENTION

CHAIRMEN: **M. Malena** (Verona), **P. Pezzotti** (Roma), **B. Suligo** (Roma)

OC 17 HIV-1 transmission networks in Italy: epidemiological characteristics and trend

A. Lai¹, M. Franzetti¹, M. Prosperti², G. Sterrantino³, F. Saladini⁴, B. Bruzzone⁵, M. Zazzi⁶, M. Ciccozzi⁶, A. De Luca⁷, C. Balotta¹

¹Department of Biomedical and Clinical Sciences, Infectious Diseases and Immunopathology Section, "L. Sacco" Hospital, University of Milan, Milan; ²Institute of Population Health, Faculty of Medical and Human Sciences, University of Manchester, Manchester; ³Infectious Diseases of Careggi, Florence; ⁴Department of Medical Biotechnologies, University of Siena, Siena; ⁵Laboratory of Hygiene, San Martino Hospital, Genoa; ⁶Epidemiology Unit, Department of Infectious, Parasite and Immune-Mediated Diseases, Italian Institute of Health, Rome; ⁷Division of Infectious Diseases, Siena University Hospital, Siena

OC 18 Prevalence of undiagnosed HIV in Italy at the end of 2012: an estimate based on surveillance data and disease stage

A. Mammone¹, A. Navarra¹, V. Regine², P. Pezzotti², C. Angeletti¹, N. Orchi¹, B. Suligo², G. Ippolito¹, E. Girardi¹

¹National Institute for Infectious Disease, IRCCS "L. Spallanzani", Rome, Italy; ²Istituto Superiore di Sanità, Rome, Italy

OC 19 HIV rapid testing in community sites: results of a multicenter study in Italy

P. Scognamiglio¹, M. Oldrini², G. Chiaradia¹, E. Albertini³, A. Camposeragna⁴, M. Farinella⁵, M. Giovanetti¹, D. Lorenzetti⁶, M.R. Parisi⁷, M.G. Pompa⁸, L. Rancilio⁹, A. Lazzarin⁷, E. Girardi¹, G. Ippolito¹

¹Istituto Nazionale Malattie Infettive "L. Spallanzani", IRCCS, Roma; ²Lila; ³Arcigay; ⁴CNCA; ⁵Circolo Mario Mieli; ⁶ANLAIDS; ⁷Dipartimento di Malattie Infettive, Fondazione San Raffaele Milano; ⁸Ministero della Salute; ⁹Caritas

OC 20 Acute HIV infections in Rome, 2004-2013

N. Orchi¹, A. Palummieri¹, A. Navarra¹, I. Abbate², V. Puro¹, E. Girardi¹ on behalf of the Sendih Group

¹Dipartimento di Epidemiologia; ²Laboratorio di Virologia, Istituto Nazionale Malattie Infettive L. Spallanzani, Roma

OC 21 Awareness and Use of HIV Pre-Exposure Prophylaxis in Italy: a nationwide cross-sectional study

A. Palummieri¹, G. De Carli¹, N. Ladisa², V. Borghi³, F. Maggiolo⁴, M. Rizzi⁴, I. Mezzaroma⁵, M. Zaccarelli¹, E. Schiaroli⁶, M.R. Pinzone⁷, L. Chessa⁸, G. d'Ettore⁵, S. Ambu⁹, E. Rosenthal¹⁰, P. Cacoub¹¹, C. Mussini³, and V. Puro¹; the PrEPventHIV Italian Study Group

¹INMI L. Spallanzani - IRCCS, Roma; ²AO Policlinica, Bari; ³AOU Modena; ⁴AO Giovanni XXIII, Bergamo; ⁵Policlinico Umberto I, Roma; ⁶Ospedale Santa Maria della Misericordia, Perugia; ⁷AO Garibaldi-Nesima, Catania; ⁸AOU Cagliari; ⁹AOU Careggi, Firenze; ¹⁰CHU de Nice, France; ¹¹Université Pierre et Marie Curie, Paris, France

OC 22 Candidacy for TasP and PrEP in the PEP population: an analysis of the Italian Registry of Antiretroviral Post-Exposure Prophylaxis (IRAPEP)

G. De Carli¹, E. Schifano¹, S. Pittalis¹, F.M. Fusco¹, F. Niero², A. Franco³, L. Signorini⁴, and V. Puro¹; the Italian Registry of Antiretroviral Post-Exposure Prophylaxis (IRAPEP) Group

¹INMI L. Spallanzani - IRCCS, Roma; ²AOU Luigi Sacco, Milano; ³AORN Azienda Ospedaliera dei Colli "Monaldi - Cotugno - CTO"; ⁴AO Spedali Civili, Brescia

OC 23 Acute HIV infection (AHI) in an infectious diseases specialized clinical setting: case-finding, description of virological, epidemiological, and clinical characteristics, as well as viral dynamics after cART

A. Ammassari¹, I. Abbate², N. Orchi³, C. Pinnetti¹, G. Rozera², P. Scognamiglio³, R. Libertone¹, P. Pierro¹, S. Pittalis³, F. Martini⁴, V. Puro³, E. Girardi³, A. Antinori¹, M.R. Capobianchi² for the SIREA Study Group

¹Clinical Department; ²Laboratory of Virology; ³Department of Epidemiology; ⁴Laboratory of Cellular Immunology INMI "L. Spallanzani", Roma

OC 24 Factors determining the Retention in Care in 798 persons living with HIV newly diagnosed at National Institute for Infectious Diseases "L. Spallanzani", Rome, in 2005-2011: a retrospective cohort study

F.M. Fusco¹, L. Scappaticci¹, A. Navarra¹, M. Sciarrone², G. De Carli¹, N. Orchi¹, S. Pittalis¹, P. Scognamiglio¹, R. Bellagamba³, S. Cicalini³, A. Ammassari³, M. Zaccarelli³, E. Girardi¹, V. Puro¹

¹Istituto Nazionale per le Malattie Infettive "Lazzaro Spallanzani", Dipartimento di Epidemiologia e Ricerca Pre-clinica; ²Istituto Nazionale per le Malattie Infettive "Lazzaro Spallanzani", Laboratorio di Virologia; ³Istituto Nazionale per le Malattie Infettive "Lazzaro Spallanzani", Dipartimento Clinico

OC 25 Increased incidence of Sexually Transmitted Diseases (STD) in the recent years: data from the ICONA cohort

A. Cingolani¹, S. Zona², E. Girardi³, A. Cozzi-Lepri⁴, L. Monno⁵, E. Quiros Roldan⁶, G. Guaraldi², A. Antinori⁷, A. d'Arminio Monforte⁸, S. Marcotullio⁹ for the Community Oriented Study Group of The Icona Foundation Study Group

¹Dep of Public Health, Infectious Diseases, Catholic University, Roma, Italy; ²Clinic Infectious Diseases, University of Modena and Reggio Emilia, Modena, Italy; ³Dep of Epidemiology and ⁴Clinical Department, National Institute for Infectious Diseases "L. Spallanzani", Roma, Italy; ⁵Department of Infection and Population Health, Division of Population Health, UCL Medical School, Royal Free Campus, London, United Kingdom; ⁶Institute of Infectious Diseases, University of Bari, Bari, Italy; ⁷Institute of Infectious Diseases, University of Brescia, Brescia, Italy; ⁸Clinic of Infectious and Tropical Diseases, Dept. of Medicine, Surgery and Dentistry, San Paolo University Hospital Milan, Milano, Italy; ⁹Nadir Foundation Onlus, Roma, Italy

11.30 - 11.45

LECTURE: **Current trend of HIV epidemic in MSM in Europe**

M. Breveglieri, Verona

11:45 - 12:45

AUDITORIUM

HOT SYMPOSIUM

INNOVATIVE PATHOGENESIS-BASED APPROACHES IN PATIENTS WITH SUPPRESSED VIREMIA

CHAIRMEN: **G. Antonelli** (Roma), **M. Moroni** (Milano)DISCUSSANT: **M. Clerici** (Milano)

Due to effective combined antiretroviral therapy, undetectable plasma viremia is nowadays an achieved goal that allows scientists thinking beyond traditional monitoring markers for staging HIV disease. Despite prolonged antiretroviral efficacy in the chronically infected patient, several emerging problems as virological and clinical impact of residual viremia, immune activation even with plasma suppressed virus, increased risk of clinical events and mortality compared to that of uninfected population, represent the main current data gaps in the long-term control of disease. In order to consolidate treatment durability of ART success in the long-term observation, and to define the best selection of patients with prolonged suppressed viremia and high level immunologic restoration to future programs of functional cure, new clinical and pathogenesis-based strategies as well as immune based approaches could be new opportunities in the characterized scenario. These emerging innovative treatment interventions may allow a more careful evaluation and, consequently, a targeted intervention challenging the unmet clinical needs of the long term management of HIV patients.

11.45 - 12.10 **Long term suppression of viral load: it's time to go toward new clinical and pathogenesis-based strategies**

A. Lazzarin, Milano

12.10 - 12.35 **Immune-based approach to reduce viral persistence in reservoirs**

B. Ensoli, Roma

12.35 - 12.45 **Discussion**

11:45 - 12:45

BORGIA HALL

POSTER DISCUSSION

ANTIRETROVIRAL THERAPY: ALTERNATIVE OUTCOMES

CHAIRMEN: **B.M. Celesia** (Catania), **S. Di Giambenedetto** (Roma), **M. Di Pietro** (Firenze)

PD 1 Substitution of nevirapine or raltegravir for protease inhibitor versus rosuvastatin treatment for the management of dyslipidemia in HIV infected patients on stable antiretroviral therapy (NEVRAST Study). Preliminary results

L. Calza, V. Colangeli, G. Vandì, I. Danese, R. Manfredi, N. Girometti, M. Borderi, P. Viale
Infectious Diseases Unit, S.Orsola-Malpighi Hospital, Department of Medical and Surgical Sciences, Alma Mater Studiorum University of Bologna

PD 2 Changes in routine laboratory tests after switching to co-formulated Rilpivirine-containing antiretroviral regimen: data from multicenter study group

M. Fabbiani¹, M. Zaccarelli², C. Pinnetti², P. Lorenzini², C. Tommasi², G. Sterrantino³, L. Loiacono², M. Colafigli⁴, A. Ammassari², G. D'Ettore⁴, E. Nicastri², A. Latini⁴, M. Giuliani⁴, E. Boumis², M. Plazzi², R. Cauda¹, S. Di Giambenedetto¹, A. Antinori²
¹Institute of Clinical Infectious Diseases, Catholic University of Sacred Heart, Rome, Italy; ²National Institute for infectious Diseases "Lazzaro Spallanzani", Rome, Italy; ³Division of Infectious Diseases, 'Careggi' Hospital, Florence, Italy; ⁴Division of Dermatology, San Gallicano Dermatological Institute, Rome, Italy; ⁵Department of Infectious Diseases, "La Sapienza" University of Rome, Rome, Italy

PD 3 T-cell Phenotype and Function following DRV/r-based First cART in HIV+ Patients with Low CD4 Counts

C. Tincati¹, G.M. Bellistri¹, E. Merlini¹, A. Savoldi¹, T. Bini¹, R. Termini², G. Marchetti¹, A. d'Arminio Monforte¹
¹Dipartimento di Scienze della Salute, Clinica di Malattie Infettive e Tropicali, Ospedale San Paolo, Università degli Studi di Milano; ²Janssen-Cilag, Italy

PD 4 Monotherapy versus Combined Therapy Against Human Immunodeficiency Virus (HIV)-1: Impact on HIV-1 Reservoir, Immune Activation and Dynamics of Epstein-Barr Virus Co-infection

M.R. Petrara¹, A.M. Cattelan², L. Sasset², K. Gianesi¹, F. Carmona³, M. Zanchetta³, A. De Rossi^{1,3}
¹Department of Surgery, Oncology and Gastroenterology, Section of Oncology and Immunology, AIDS Reference Centre, University of Padova, Padova; ²Division of Infectious Disease, Hospital of Rovigo, Rovigo; ³Istituto Oncologico Veneto-IRCCS, Padova

PD 5 Evolution of Cognitive Performance After Simplification to Dual Therapies in HIV+ Patients

N. Ciccarelli, M. Fabbiani, M. Colafigli, S. Limiti, A. Borghetti, S. Lamonica, A. D'Avino, A. Mondì, R. Gagliardini, R. Cauda, A. De Luca¹, S. Di Giambenedetto
Institute of Clinical Infectious Diseases, Catholic University of Sacred Heart, Rome, Italy; ¹Division of Infectious Diseases, University of Siena, Italy

PD 6 Dynamics of cerebrospinal fluid (CSF) HIV decay and peculiar frequency/spatial features of EEG-LORETA in ART responder patients with CNS compartmentalized virus

M. Viscione¹, D. Leoni¹, E. Gentilotti¹, V. Malagnino¹, C. Cerva¹, G. Maffongelli¹, A. Ricciardi¹, L. Dori¹, A.R. Buonomini¹, S. Gini¹, N. Cesta¹, D. Delle Rose¹, P. Sordillo¹, A. Bertoli², C.F. Perno², E. Teti³, L. Gianserra³, C. Babiloni⁴, P. Onorati⁴, G. Noce⁴, A. Pennica³, M. Andreoni¹, L. Sarmati¹
¹Clinical Infectious Diseases, Tor Vergata University (Rome); ²Unit of Molecular Virology, Tor Vergata University (Rome); ³Clinical Infectious Diseases, Sant'Andrea Hospital, Sapienza University (Rome); ⁴Physiology and Pharmacology, Sapienza University (Rome)



PD 7 Comparative features of HIV and HCV coinfecting migrants vs nationals in the MaSTER cohort

P. Nasta¹, S. Dal Zoppo², M. Giralda², F. Castelnovo¹, F. Maggiolo³, S. Digiambenedetto⁴, N. Ladisa⁵, S. Costarelli⁶, S. Lorenzotti⁷, L. Sighinolfi⁸, S. Lo Caputo⁹, N. Mazzini¹⁰, G. Carosi¹¹ and the MaSTER study group

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PD 8 Cost assessment of HAART: the Ianua clinical trial in Genoa

M. Ameri¹, G. Cassola², G. Cenderello², A. Di Biagio³, M. Giacomini⁴, C. Merlano⁵, G. Mazzarello⁶, M. Montefiori¹, P. Orcamo⁵, M. Setti⁶, C. Viscoli⁶

¹Department of Economics, University of Genoa, Genoa, Italy; ²Department of Infectious Diseases, Galliera Hospital, Genoa, Italy; ³Department of Infectious Diseases, San Martino Hospital, Genoa, Italy; ⁴Department of Informatics, Bioengineering, Robotics and System Engineering, University of Genoa, Genoa, Italy; ⁵Department of Health and Social Services, Liguria Region, Genoa Italy; ⁶Department of Internal Medicine; University of Genoa, Genoa, Italy

11:45 - 12:45

ORSINI HALL

POSTER DISCUSSION

COMORBIDITIES AND COINFECTIONS

CHAIRMEN: **G.B. Gaeta** (Napoli), **P. Nasta** (Brescia), **E. Sagnelli** (Napoli)

PD 9 Effects of antiretroviral molecules on survival and gene expression of bone markers in an osteoblast-like cell line

A. Miserocchi, S. Morini, G. Musumeci, I. Bon, D. Gibellini, M.C. Re

Retrovirus Laboratory, St. Orsola Hospital, Department of Experimental, Diagnostic and Specialty Medicine School of Medicine, University of Bologna, Italy

PD 10 Bone damage follow-up using calcaneal quantitative ultrasonography (QUS) in HIV-infected and -uninfected subjects

R. Marocco¹, M. Lichtner¹, T. Tieghi¹, V. Belvisi¹, R. Cesareo³, F. Schiavone², E. Caraffa², V. Mercurio³, M.C. Stella², C.M. Mastroianni²

¹Sapienza University of Rome, Polo Pontino, Latina, Italy; ²Sapienza University of Rome; ³S.M. Goretti Hospital Latina

PD 11 Prevalence and distribution of abdominal aortic calcification (AAC) and its relationship with vertebral fractures in HIV positive patients

N. Iannotti, L. Gazzola, A. Savoldi, E. Suardi, A. Magenta¹, M. Peri¹, T. Bini, G. Marchetti and A. d'Arminio Monforte

Department of Health Sciences-University of Milan, Clinic of Infectious Diseases, San Paolo Hospital; ¹Department of Radiology, San Paolo Hospital, Milan

PD 12 Concordance Among Cardiovascular Risk Scores in HIV-positive Patients: Framingham, D:A:D and Progetto Cuore

A. Calcagno¹, G. Orofino², Cannillo³, L. Marinaro¹, A. Livelli², W. Grosso Marra³, F. Fedele⁴, G. d'Ettore⁵, V. Vullo⁵, G. Di Perri¹, S. Bonora¹

¹Unit of Infectious Diseases, Department of Medical Sciences, University of Torino; ²Unit of Infectious Diseases, "Divisione A", Ospedale Amedeo di Savoia, ASLTO, Torino; ³Unit of Cardiology, Department of Medical Sciences, University of Torino; ⁴Department of Cardiovascular, Respiratory, Nephrology, Anesthesiology and Geriatric Sciences, Sapienza University of Rome; ⁵Department of Clinical Medicine, Sapienza, University of Rome

PD 13 Survival after cardiovascular events in HIV-infected patients. Analysis data from a Brescia cohort

A. Ferraresi¹, E. Raffelli³, N. Brianese¹, D. Gotti¹, M.C. Pezzoli¹, S. Casari¹, F. Donato³, F. Castelli¹, F. Castelnovo², E. Focà¹, E. Quiros-Roldan¹

¹University Division of Infectious and Tropical Diseases, University of Brescia, Brescia, Italy; ²Infectious Diseases Department of Spedali Civili di Brescia, Brescia, Italy; ³Department of Experimental and Applied Medicine, Institute of Hygiene, Epidemiology, and Public Health, University of Brescia, Brescia, Italy

PD 14 Human papillomavirus anal infection and anal cytology among HIV-infected and HIV-uninfected men who have sex with men

M.G. Donà¹, A. Latini¹, L. Ronchetti², A. Giglio³, D. Moretto³, M. Colafigli¹, V. Laquintana², M. Frasca¹, M. Zaccarelli⁴, A. Antinori⁴, A. Cristaudo¹, M. Giuliani¹

¹HIV/STI UNIT, San Gallicano Dermatologic Institute, IRCCS, Rome, Italy; ²Pathology Department, Regina Elena National Cancer Institute, Rome, Italy; ³Clinical Pathology and Microbiology Department, San Gallicano Dermatologic Institute, IRCCS, Rome, Italy; ⁴National Institute for Infectious Diseases, Lazzaro Spallanzani, IRCCS, Rome, Italy

PD 15 High frequencies of TNF-α-expressing Invariant Natural Killer T (iNKT) cells feature HIV-HBV co-infected patients

M. Basilissi¹, C. Tincati¹, E. Merlini¹, E. Sinigaglia², J. Sanchez-Martinez¹, G. Carpani¹, A. d'Arminio Monforte¹, L. Milazzo³, G. Marchetti¹

¹Dipartimento di Scienze della Salute, Clinica di Malattie Infettive e Tropicali, Ospedale San Paolo, Università degli Studi di Milano; ²Servizio Immunoematologia e Trasfusionale, Ospedale San Paolo, Milano; ³Dipartimento di Scienze Biomediche e Cliniche "L. Sacco", Malattie Infettive e Tropicali III Divisione, Ospedale Luigi Sacco, Università degli Studi di Milano

PD 16 Host innate immune response to HIV and HCV infection: study of dendritic cell compartment

S. Savinelli, M. Lichtner², C. Mascia¹, R. Rossi¹, T. Tieghi², S. Vita¹, R. Marocco², E. Caraffa¹, F. Schiavone, F. Mengoni¹, M.C. Stella¹, C.M. Mastroianni², V. Vullo

¹Sapienza University of Rome, Italy; ²Sapienza University of Rome, Polo Pontino, Latina, Italy

12:45 - 13:15 lunch

EXPERT MEETINGS

13:15 - 14:15 FARNESE BAGLIONI HALL

Unrestricted educational grant of Janssen

PI AND PI IN THE MANAGEMENT OF INFECTIOUS DISEASES

SPEAKERS: **H. Hinrichsen** (Kiel D), **A. Pozniak** (London UK) DISCUSSANTS: **A. d'Arminio Monforte** (Milano), **M. Galli** (Milano)

Protease inhibitors can be considered the "core" agents of both HIV and HCV therapy, actually the most common infectious diseases impacting on patients' life and in clinical practice for their comorbidities burden. In HIV, DRV is the third agent allowing a real tailored therapy for its important successful data obtained in association with other various "companion" drugs. In fact, it has not only shown its efficacy in monotherapy RCTs but it has proved to be an ideal third agent, superior to PI competitors, in triple therapy (with ABC/3TC or TDF/FTC) as well as in dual therapy strategies (with RAL, MVC, ETR, 3TC) and also in the ongoing studies with RPV and, more recently, with DTG (NEAT Study).

In hepatitis C, moving from settled efficacy data in real world practice obtained by telaprevir (or BOC) + PR, which contributed to confirm its role as SOC, we will focus on second generation PI, simeprevir, in terms of superior efficacy and safety profile. SIM, the first new PI to be marketed in hepatitis C therapy, has shown efficacy and safety data in HCV1 and HCV4 with PR and, in combination with SOF, in HCV naïve F3 and F4 and NR F0-F4 (COSMO Study) and in phase II study in combination with DCV. Looking to recent pipelines, HCV protease inhibitors can be defined as the "sine qua non" agents in HCV therapy.

13.15 - 13.45 **Which strategies in HIV?**
 13.45 - 14.15 **Which strategies in HCV?**

A. Pozniak, London UK
 H. Hinrichsen, Kiel D

13:15 - 14:15 ESTENSI SFORZA HALL

Unrestricted educational grant of Gilead Sciences

TAILORED THERAPY IN SINGLE TABLET REGIMENS

SPEAKERS: **J.M. Molina** (Paris F), **C.K. Schewe** (Hamburg D) DISCUSSANTS: **G. Di Perri** (Torino), **C. Mussini** (Modena)

The unmet needs of efficacy, safety and convenience drive the research of therapeutic solution with the aim to address these needs and reach more people living with HIV. New STR regimens allow us to individualize therapeutic strategies based on patients' characteristics: the new STR regimens are based on integrase inhibitors (EVI) for naïve patients and for experienced patients based on new NNRTI like RPV for patients with HIV-RNA ≤ 100.000 copies.

13.15 - 13.45 **Is the INI the new dress code? Real life experience from Germany**
 13.45 - 14.15 **The smart style of switch to new generation of NNRTI based regimen**

C.K. Schewe, Hamburg D
 J.M. Molina, Paris F

13:15 - 14:15 TIVOLI HALL

Unrestricted educational grant of ViiV Healthcare

NEW PARADIGMS IN HIV TREATMENT: THE VIV RESEARCH PIPELINE

SPEAKER: **R. Quercia** (London UK) DISCUSSANT: **A. Castagna** (Milano)

ViiV Healthcare is the only Italian Company 100% dedicated to find new antiretroviral medicines to improve outcomes for people living with HIV and understand how best to prevent and treat the disease. The Expert Meeting will be focused to give a detailed overview of ViiV commitment on R&D projects to deliver innovative HIV treatments of the future. ViiV Healthcare supports a pipeline of new antiretroviral drugs and new therapies to provide benefits over existing medicines' efficacy, tolerability, adherence and resistance profiles. Another priority is the investigation of innovative strategies and uses of existing antiretroviral agents in preventing HIV infection as Pre-Exposure Prophylaxis (PrEP) and Treatment as Prevention (TasP), using new drugs and preparations (LAP). Our Projects range across education, prevention, care and treatment-related activity such as treatment literacy and community/clinical engagement.



13:15 - 14:15 COLONNA DORIA HALL

Unrestricted educational grant of Bristol-Myers Squibb
FUTURE PERSPECTIVES IN HCV

SPEAKERS: **S. Pol** (Paris F), **N.M. Weis** (Hvidrove DK) DISCUSSANT: **A. Gori** (Monza)

After years of lack of therapeutic options, we are approaching a new goal for the cure of hepatitis C virus, effective in all categories of patients, even in patients with HIV co-infection. The availability of new therapies promises an enrichment both in terms of number of molecules in different pharmacological classes - protease inhibitors, NS5A inhibitors, nucleoside and non-nucleoside NS5B – and in quality and simplicity of the new DAA regimes. This scenario involves changing perspectives and well-balanced treatment choices for patients to be treated now, to be deferred and not to be treated, because not all patients with hepatitis C virus have an indication for treatment. Because we still have to wait for IFN- free drug combinations, the near future still counts on the sensitivity to IFN as a key factor to achieve SVR rates higher than 80% IFN tolerability and the need of the therapy guided on the response. The ongoing trials are investigating regimens of different combinations to achieve an ideal therapeutic treatment that will lead to significant reduction of HCV disease, which is responsible for 70% of 30-35 thousand deaths from cirrhosis and hepatocellular carcinoma that occur each year in Italy.

13:15 - 14:15 LE CASCADE 2 HALL

Unrestricted educational grant of MSD Italia

EFFICACY AND TOLERABILITY OF ATAZANAVIR, RALTEGRAVIR OR DARUNAVIR WITH FTC/TENOFOVIR: ACTG 5257

SPEAKER: **J.L. Lennox** (Atlanta USA) DISCUSSANT: **C.F. Perno** (Roma)

The objective of this Expert Meeting is to provide a scientific update based on the sharing of new data from the ACTG 5257 study recently presented at the Boston Conference on Retroviruses and Opportunistic Infections (CROI). The ACTG 5257 study, a randomized, equivalence, superiority, open label trial, was designed to provide a rigorous evaluation of virologic efficacy and tolerability of three NNRTI -sparing preferred initial antiretroviral regimens. 1809 ART naive subjects were enrolled for the study and were randomized 1:1:1 to ATV (atazanavir 300 mg QD + ritonavir 100 mg QD), RAL (raltegravir 400mg BID) or DRV (darunavir 800mg QD + RTV); all subjects received FTC/tenofovir QD. High and equivalent rates of virologic control were attained for all regimens. RAL was superior to both ATV (largely due to elevated bilirubin) and DRV (driven by both virology and differences in gastrointestinal toxicity) when considering TF and VF together.

19:30 - 20:30 ESTENSI SFORZA HALL

Unrestricted educational grant of Gilead Sciences

IS HIV-HCV CO-INFECTION STILL A SPECIAL POPULATION?

SPEAKER: **S. Mauss** (Düsseldorf D) DISCUSSANTS: **G. Di Perri** (Torino), **G. Guaraldi** (Modena)

The overall burden of co-infection is estimated at 4 to 5 million people worldwide. HCV replication is enhanced in the presence of HIV co-infection, resulting in higher serum and liver HCV RNA levels. The rate of progression of fibrosis in HIV/HCV co-infected patients is estimated to be 3 times higher than that in HCVmonoinfected patients, with a significantly shorter interval from the time of HCV infection to the development of cirrhosis. HCV infection may negatively impact CD4 cell count restoration, and cirrhosis is associated with depressed CD4 cell counts, independent of HIV or HCV infection. The increased mortality in HIV-HCV co-infected patients appears to be driven largely by accelerated liver disease. Triple therapy Interferon based regimen containing first generation PIs is often challenging due to DDIs and tolerability. Moreover, the SVR rates in this population are generally inferior to published SVR rates in monoinfected patients. The increased frequency of antiretroviral (ARV)-associated hepatotoxicity with chronic HCV infection also complicates HIV treatment. Efficacy, safety and DDI profile of new DAAs seem to change the treatment's paradigm for HIV-HCV co-infected patients, additionally, Interferon free base regimens will be soon available. The lecture will introduce the medical needs related to HIV-HCV population and will discuss in which way the new treatment regimens will soon change the future of those patients.

14:30 - 15:45

SYMPOSIUM

HIV-ASSOCIATED NON-AIDS CONDITIONS

CHAIRMEN: **G. Carosi** (Brescia), **F. Mazzotta** (Firenze)DISCUSSANT: **S. Bonora** (Torino)

The extraordinary improvement in long-term life-expectancy has raised the attention about the HIV Associated Non AIDS (HANA) conditions, a group of disorders generally associated with aging, including cardiovascular disease, renal disease, liver disease, neurocognitive disorders, and non-AIDS malignancies. Overall, these conditions increase morbidity and mortality in HIV-infected persons despite effective ART. Persistent immune activation in treated HIV-infected persons is widely accepted as a driver of non-AIDS-associated diseases. The session focuses on the prevalence/incidence of HANA, on predictive factors, and on clinical management for early diagnosis and appropriate treatment.

14.30 - 14.45	Incidence and mortality of non-AIDS defining comorbidities	A. Cozzi-Lepri, London UK
14.45 - 15.00	Improving estimate of cardiovascular risk: role of drug related and HIV-associated factors	P. Bonfanti, Lecco
15.00 - 15.15	HIV-related chronic pulmonary disease: an emerging issue?	G. Madeddu, Sassari
15.15 - 15.30	Diabetes in ARV treated individuals: insights into management	A. Castagna, Milano
15.30 - 15.45	Discussion	

14:30 - 15:45

SYMPOSIUM

VIRUS AND HOST IN FUNCTIONAL CURE STRATEGIES

CHAIRMEN: **M. Clementi** (Milano), **G. Palù** (Padova)DISCUSSANT: **V. Ghisetti** (Torino)

Functional cure represents a major target of modern research in HIV field. While this result is difficult to achieve in term of biological cure (that is, complete eradication of HIV from the body), functional cure (that is, silencing the virus even in the absence of antiviral therapy) is an objective within the reach of current knowledge and technology. The symposium will then focus on some of the most advanced strategies in this field, by taking advantage of the data recently presented at last CROI (Conference on Retroviruses and Opportunistic Infections, Boston, 3 - 6 March 2014), as well as of the great expertise of the speakers invited to give their presentations here.

14.30 - 14.50	HIV-neutralizing antibodies - State of the art	G. Scarlatti, Milano
14.50 - 15.10	HIV resistance: what is the role today?	M. Zazzi, Siena
15.10 - 15.30	New findings in CCR5-based approach against HIV	L. Lopalco, Milano
15.30 - 15.45	Discussion	

AUDITORIUM

FARNESE BAGLIONI HALL



14:30 - 15:45
SYMPOSIUM

THE SILENT EPIDEMIC

CHAIRMEN: **G. Ippolito** (Roma), **G. Rezza** (Roma)
DISCUSSANT: **M.G. Pompa** (Roma)

ESTENSI SFORZA HALL

Treatment-as-prevention has emerged in recent years as the most promising approach to the control of HIV epidemic. However, the impact of antiretroviral therapy on HIV transmission and spread has been so far limited, and this may be explained at least in part by the existence of a consistent population of individuals living with HIV but yet undiagnosed. It has been suggested that most of new infections arise from persons unaware of their status: a relentless, silent epidemic. The purpose of this symposium is to present the main development on the tools used to estimate the size undiagnosed population living with HIV, to analyze the current epidemiological situation in Europe and to review the current evidence on the characteristics of undiagnosed infections and their impact on the continuing spread of the epidemic.

- | | | |
|---------------|--|-----------------------------|
| 14.30 - 14.50 | HIV in Europe: how silent is the epidemic? | A. Pharris, Stockholm S |
| 14.50 - 15.10 | Methods and tools to estimate the magnitude of the hidden HIV epidemics | D. De Angelis, Cambridge UK |
| 15.10 - 15.30 | Undiagnosed HIV infections characteristics and impact on the epidemic | P. Scognamiglio, Roma |
| 15.30 - 15.45 | Discussion | |

15:45 - 17:45
ORAL COMMUNICATIONS
COINFECTIONS

AUDITORIUM

CHAIRMEN: **R. Bruno** (Pavia), **G. Magnani** (Reggio Emilia), **G. Taliani** (Roma)

- OC 26 Use of triple therapy containing Telaprevir or Boceprevir in HCV-infected patients in clinical practice: preliminary comparison between HCV and HIV/HCV patients**
A. Cingolani¹, R. Gagliardini¹, B. Rossetti², S. Di Giambenedetto¹, A. Saracino³, M. Milella³, P.F. Grima⁴, D. Tacconi⁵, A. Tortora⁶, A. Tosti⁷, A. Saviano⁸, A. Grieco⁹, E. Solomoni¹⁰ and A. De Luca^{1,2}
¹Istituto Clinica Malattie Infettive, Università Cattolica, Roma; ²UOC Malattie Infettive Universitarie, Azienda Ospedaliera Universitaria Senese, Siena; ³Malattie Infettive, Università di Bari, Bari; ⁴Malattie Infettive, Osp. Galatina; ⁵Malattie Infettive, Ospedale di Arezzo, Arezzo; ⁶Unità di Gastroenterologia, Università Cattolica, Roma; ⁷Istituto Malattie Infettive, Università di Perugia, Perugia; ⁸Dipartimento Scienze Mediche, Università Cattolica, Roma; ⁹Unità di Epatologia, Università Cattolica, Roma; ¹⁰SOD Malattie Infettive e Tropicali, Università di Firenze, Firenze
- OC 27 Similar success rates but lower incidence of telaprevir-related rash in HIV/HCV-coinfected as compared to HCV-monoinfected patients**
A. Soria, S. Limonta, S. Leone, A. Muscatello, N. Squillace, A. Bandera, A. Gori
Division of Infectious Diseases, Department of Internal Medicine, San Gerardo Hospital, University of Milano-Bicocca, Monza, Italy
- OC 28 Treatment of HIV co-infected hepatitis C genotype 1 patients with severe fibrosis or compensated cirrhosis: efficacy results to week 16 on 45 Italian patients**
A. Gori¹, S. Babudieri², G. Verucchi³, M. Puoti⁴, A. Lazzarin⁵, M. Galli⁶, R. Maserati⁷, S. Ambu⁸, A. D'Arminio Monforte⁹, A. Hill¹⁰, M.B. Hadaček¹¹, A. Di Biagio¹²
¹Division of Infectious Diseases, San Gerardo Hospital, University of Milano-Bicocca, Monza, Italy; ²Infectious Disease Unit, Department of Clinical and Experimental Medicine, University of Sassari, Italy; ³Infectious Diseases Unit - Department of Medical and Surgical Sciences - Alma Mater Studiorum University of Bologna, Bologna, Italy; ⁴Division of Infectious Diseases, AO Ospedale Niguarda Ca' Granda, Milano Italy; ⁵Department of infectious Diseases, San Raffaele Scientific Institute, Milano, Italy; ⁶Department of Biomedical and Clinical Sciences, University of Milano, L. Sacco Hospital, Milano, Italy; ⁷Infectious Disease Dept., Fondazione "IRCCS Policlinico San Matteo Hospital", Pavia, Italy; ⁸Infectious and tropical diseases Unit, Azienda Ospedaliera Universitaria Careggi, Florence, Italy; ⁹University of Milan, Department of Health Sciences, San Paolo University Hospital, Milano, Italy; ¹⁰MetaVirology Ltd., London, United Kingdom; ¹¹Janssen Pharmaceuticals, Paris, France; ¹²Infectious Disease Unit, IRCCS AOU San Martino-IST, Genova, Italy
- OC 29 Development and Persistence of DAA Resistance Associated Mutations in Patient Failing Treatment**
S. Paolucci¹, L. Fiorina¹, B. Mariani¹, R. Gulminetti², S. Novati², R. Maserati², G. Barbarini³, A. Perretti³, F. Baldanti¹
¹Molecular Virology Unit, Virology and Microbiology Department, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy; ²Department of Infectious Diseases, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy; ³Division of Infectious and Tropical Diseases, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy
- OC 30 Natural Resistance to NS3 Protease Inhibitors in Hepatitis C Genotype 1a clades 1 and 2 in HIV/HCV coinfecting individuals**
S. Bagaglio¹, M. Merli¹, AR. Pignataro², H. Hasson¹, E. Boeri², E. Messina¹, L. Della Torre¹, A. Galli¹, A. Lazzarin¹, C. Uberti-Foppa¹, G. Morsica¹
¹Infectious Diseases Dept., Scientific Institute Ospedale San Raffaele, Milan, Italy; ²Laboratory of Microbiology and Virology, Vita-Salute San Raffaele University, Milan, Italy

OC 31 Safety of Raltegravir-based regimen in an Italian cohort of HIV/HCV co-infected individuals

L. Taramasso¹, B. Menzaghi², G.C. Orofino³, S. Passerini⁴, G.V. De Socio⁵, G. Madeddu⁶, M. Franzetti⁴, C. Bellacosa⁷, C. Dentone⁸, C. Martinelli⁹, B.M. Celesia¹⁰, G. Penco¹¹, R. Libertone¹², E. Ricci¹³, T. Quirino², P. Bonfanti¹⁴, A. Di Biagio¹, on behalf of the CISAI Study Group

¹Azienda Ospedaliera Universitaria S. Martino, Genova; ²Ospedale di Busto Arsizio (VA); ³Ospedale Amedeo di Savoia, Torino; ⁴Ospedale Sacco, Milano; ⁵Azienda Ospedaliero-Universitaria di Perugia; ⁶Università di Sassari; ⁷Università di Foggia; ⁸Ospedale di San Remo; ⁹Azienda Ospedaliera Careggi, Firenze; ¹⁰Università di Catania; ¹¹Ospedale Galliera, Genova; ¹²Ospedale Spallanzani, Roma; ¹³Epi2004, Milano; ¹⁴Ospedale Manzoni, Lecco

OC 32 Liver disease severity and low bone mineral density in HIV-monoinfected and HIV/HCV co-infected patients

M. Soresi¹, V. Li Vecchi¹, L. Giannitrapani¹, I. Alongi², S. Madonia², F. Tramuto², G. Mazzola², P. Colletti², M. Mineo², G. Montalto¹, G.B. Rini¹, M. Midiri³, L. Titone¹, P. Di Carlo¹

¹Biomedical Department of Internal Medicine and Specialties, University of Palermo; ²Department of Sciences for Health Promotion "G. D'Alessandro"- Hygiene Section, University of Palermo; ³Department of Biopathology and Medical and Forensic Biotechnologies, University of Palermo

OC 33 Lower Frequency of Circulating Central Memory T-cells and Increased Functional Capacity of HPV 16-specific CD8+ T-cells in HPV 16+, HIVInfected Males

C. Tincati¹, L. Comi¹, G.M. Bellistri¹, A. Pandolfo¹, J. Sánchez Martínez¹, V. Rainone², M. Rovati³, M. Clerici⁴, D. Trabattoni², A. d'Arminio Monforte¹, G. Marchetti¹

¹Dipartimento di Scienze della Salute, Clinica di Malattie Infettive e Tropicali, Ospedale San Paolo, Università degli Studi di Milano; ²Dipartimento di Scienze Biomediche e Cliniche "Luigi Sacco"; ³Dipartimento di Scienze Biomediche, Chirurgiche e Odontoiatriche, Divisione di Chirurgia Epato-biliare, Ospedale San Paolo, Università degli Studi di Milano; ⁴Dipartimento di Fisiopatologia Medico-Chirurgica e dei Trapianti, Università degli Studi di Milano

OC 34 A new predictive model to improve respiratory isolation strategy in HIV patients with pulmonary tuberculosis

M. Carugati¹, C. Schirotti¹, F. Zanini¹, N. Vanoni¹, M. Galli¹, F. Adorni² and F. Franzetti¹

¹Department of Clinical Sciences, Division of Infectious Diseases, Luigi Sacco Hospital, University of Milano, Milano (Italy); ²Institute of Biomedical Technologies, National Research Council Milano, Milano (Italy)

17.30 - 17.45

LECTURE: Update on Tuberculosis in HIV setting

F. Castelli, Brescia

15:45 - 17:45

FARNESE BAGLIONI HALL

ORAL COMMUNICATIONS

VIRAL AND HOST MECHANISMS

CHAIRMEN: **N. Gianotti** (Milano), **L. Palmisano** (Roma), **S. Parisi** (Padova)

15.45 - 16.00

LECTURE: Mechanisms of CD4 T cell death in HIV infection

A. Cossarizza, Modena

OC 35 The presence of anti-Tat antibodies in HIV-infected individuals is associated with containment of CD4+ T cell decay and viral load and delay of disease progression: results of a 3 years cohort study

S. Bellino¹, A. Tripiciano^{1,2}, O. Picconi¹, V. Francavilla^{1,2}, O. Longo¹, C. Sgadari¹, G. Paniccia^{1,2}, A. Arancio^{1,2}, C. Ariola^{1,2}, M. Campagna^{1,2}, G. Angarano³, N. Ladisa³, A. Lazzarin⁴, G. Tambussi⁴, S. Nozza⁴, C. Torti⁵, E. Focà⁵, G. Palamara⁶, A. Latini⁶, L. Sighinolfi⁷, F. Mazzotta⁸, M. Di Pietro⁸, G. Di Perri⁹, S. Bonora⁹, V. S. Mercurio¹⁰, C. Mussini¹¹, A. Gori¹², M. Galli¹³, P. Monini¹, A. Cafaro¹, F. Ensolì² and B. Ensolì¹

¹National AIDS Center, Istituto Superiore di Sanità, Rome, Italy; ²Pathology and Microbiology, San Gallicano Institute, Istituti Fisioterapici Ospitalieri, Rome, Italy; ³Division of Infectious Diseases, University of Bari, Policlinic Hospital, Bari, Italy; ⁴Division of Infectious Diseases, S. Raffaele Hospital, Milan, Italy; ⁵Division of Tropical and Infectious Diseases, Spedali Civili, Brescia, Italy; ⁶Department of Infectious Dermatology, San Gallicano Hospital, Rome, Italy; ⁷Unit of Infectious Diseases, University Hospital of Ferrara, Ferrara, Italy; ⁸Unit of Infectious Diseases, S.M. Annunziata Hospital, Florence, Italy; ⁹Amedeo di Savoia Hospital, Turin, Italy; ¹⁰Department of Infectious Diseases, S. Maria Goretti Hospital, Latina, Italy; ¹¹Division of Infectious Diseases, University Policlinic of Modena, Modena, Italy; ¹²Division of Infectious Diseases, San Gerardo Hospital, University of Milan Bicocca, Monza, Italy; ¹³Institute of Tropical and Infectious Diseases, L. Sacco Hospital, University of Milan, Milan, Italy

OC 36 A regulatory polymorphism modulates TIM-3 expression and susceptibility to HIV-1 infection

M. Garziano¹, S. Lo Caputo², M. Sironi³, I. Saule¹, F. Gnudi¹, V. Rainone¹, F. Mazzotta², D. Trabattoni¹, M. Clerici^{1,4}, M. Biasin¹

¹Università degli Studi di Milano, Immunologia, Milano, Italy; ²Infectious Disease Unit, S. Maria Annunziata Hospital, Florence, Italy; ³Scientific Institute IRCCS E. MEDEA, Bioinformatics, Bosisio Parini, Italy; ⁴University of Milan, Chair of Immunology, Department of Physiopathology and Transplantation, Milan, Italy

OC 37 Differential maturing level of NK cells derived from CD34+ cells circulating in peripheral blood of HIV infected patients compared to NK maturing from umbilical cord blood precursors

F. Bozzano^{1,2}, F. Marras³, G. Cenderello⁴, C. Dentone⁵, A. Di Biagio⁶, L.A. Nicolini⁶, C. Viscoli⁷, G. Bentivoglio³, F. Antonini³, C. Cantoni³, A. Moretta^{1,2}, L. Moretta, A. De Maria^{2,6}

¹Department of Experimental Medicine, University of Genoa, Italy; ²Center of Excellence for Biomedical Research, University of Genoa, Italy; ³G Gaslini Institute, Genoa, Italy; ⁴Department of Infectious Diseases, Ospedali Galliera, Genoa, Italy; ⁵San Remo Hospital, Imperia, Italy; ⁶IRCCS AOU San Martino-IST Genova, Italy; ⁷Clinical Infectious Diseases, IRCCS AOU San Martino-IST Genova, Italy

OC 38 Myeloid Derived Suppressor cells from HIV+ patients induce CD3ζ down-modulation on T cells by suppressing the transcription factor ELF-1

N. Tumino¹, F. Turchi¹, S. Meschi², E. Lalle², A. Rinaldi¹, R. Casetti¹, V. Bordoni¹, C. Agrati¹, E. Cimmini¹, F. Martini¹, A. Sacchi¹

¹Laboratory of Cellular Immunology, Istituto Nazionale per le Malattie Infettive "Lazzaro Spallanzani", Rome; ²Laboratory of Virology, Istituto Nazionale per le Malattie Infettive "Lazzaro Spallanzani", Rome

OC 39 Markers of microbial translocation and inflammation in HAART responder subjects affected by Inflammatory Bowel Disease

A. Fantauzzi¹, Z. Michelini², S. Baroncelli², C. Pasquale¹, C.M. Galluzzo², M. Sanchez², C. Fimiani³, G. D'Ettore³, V. Vullo⁴, M. Merli¹, I. Mezzaroma¹, L. Palmisano²

¹Dpt of Clinical Medicine, Sapienza University of Rome; ²Istituto Superiore di Sanità, Rome; ³Dpt of Infectious Diseases, Azienda Policlinico Umberto I, Rome; ⁴Dpt. of Public Health and Infectious Diseases, Sapienza University of Rome



OC 40 ERK based pathway as new selective mechanism for long lasting modulation of CCR5 by natural human antibodies

A. Venuti¹, L. Diomedè¹, C. Pastori¹, G. Siracusano², A. Riva³, M.T. Sciortino², L. Lopalco¹
¹Division of Immunology, Transplantation and Infectious Diseases, San Raffaele Scientific Institute, Milano; ²Dep. Of Biological Sciences and Environment, University of Messina; ³Ospedale L. Sacco, Milano

OC 41 Elevated Interferon stimulated gene 15 levels are associated with high viral load and low CD4+ T-cell counts in chronically untreated HIV-1 infected patients

C. Scagnolari¹, G. Cacciotti¹, K. Monteleone¹, F. Falasca¹, M. Gentile¹, G. D'ettore², I. Mezzaroma³, O. Turriziani¹, V. Vullo², G. Antonelli¹
¹Pasteur Institute-Cenci Bolognietti Foundation, Department of Molecular Medicine, Laboratory of Virology, Sapienza University of Rome; ²Department of Public Health and Infectious Diseases, Sapienza University of Rome; ³Department of Clinical Medicine, Sapienza University of Rome

OC 42 HIV-1 gp120 inhibits erythroid differentiation of CD34+ haematopoietic progenitor cells (HPCs)

S. Morini¹, A. Miserocchi¹, G. Musumeci¹, S. Guardiani, I. Bon¹, D. Gibellini¹, M.C. Re¹
¹Retrovirus Laboratory, Department of Experimental, Diagnostic and Specialty Medicine, School of Medicine, University of Bologna, Italy

17.30 - 17.45 LECTURE: **Tropism between diagnostics and pathogenesis. Two reasons to make a test** V. Svircher, Roma

15:45 - 17:45

ORAL COMMUNICATIONS

ESTENSI SFORZA HALL

★ **HIV INFECTION AND WOMEN**

CHAIRMEN: **T. Bini** (Milano), **A.M. Cattelan** (Rovigo), **A. Cingolani** (Roma)

15.45 - 16.00 LECTURE: **Are biologic features drivers of gender difference in HIV?** G. Marchetti, Milano

OC 43 Who are the women presenting late at HIV-1 diagnosis?

S. Pittalis¹, P. Scognamiglio¹, A. Navarra¹, G. De Carli¹, N. Orchi¹, F.M. Fusco¹, A. Palummieri¹, S. Grisetti¹, A.R. Buonomini², E. Anzalone³, V. Mercurio⁴, S. Aviani Barbacci⁵, S. Schito⁶, E. Girardi¹, V. Puro¹, for the SENDIH Study Group
¹Istituto Nazionale per le Malattie Infettive "Lazzaro Spallanzani", IRCCS, Roma; ²Malattie Infettive Policlinico Tor Vergata, Roma; ³CRAIDS Frosinone; ⁴CRAIDS Latina; ⁵CRAIDS Viterbo; ⁶UO AIDS ASL RMD Ostia

OC 44 Featuring HIV/HCV coinfecting women in the Icona Cohort: epidemiological and clinical aspects according to gender

A. Cingolani¹, P. Cicconi², G. Taliani³, G. Marchetti², L. Sighinolfi⁴, F. Castellì⁵, G. Cassola⁶, D. Francisci⁷, P. Caramello⁸, L. Nicolini⁹, M. Puoti¹⁰, A. d'Arminio Monforte² for Icona Foundation Study Group and Win Study Group
¹Institute of Infectious Diseases, Catholic University, Roma; ²Department of Health Sciences, Infectious Diseases, Milano; ³Institute of Infectious Diseases, La Sapienza University, Roma; ⁴Infectious Diseases, Ferrara Hospital, Ferrara; ⁵Institute of Infectious Diseases, University of Brescia, Brescia; ⁶Infectious Diseases Galliera Hospital, Genova; ⁷Institute of Infectious Diseases, University of Perugia, Perugia; ⁸Infectious Diseases, Amedeo d'Aosta Hospital, Torino; ⁹Institute of Infectious Diseases, University of Genova, Genova; ¹⁰Institute of infectious Diseases, Niguarda ca Granda Hospital, Milano

OC 45 Improved healthcare strategy to treat HIV. A multidisciplinary approach by physicians and specialized pharmacist increases adherence to HAART and virologic suppression in a cohort of HIV-infected women

N. Girometti¹, L. Appolloni², L. Scudeller³, I. Danese¹, E. Vanino¹, L. Calza¹ and P. Viale¹
¹Department of Medical Sciences and Surgery, Section of Infectious Diseases, University of Bologna, S.Orsola-Malpighi Hospital, Bologna, Italy; ²Unit Of Hospital Pharmacy, S. Orsola-Malpighi Hospital, Bologna, Italy; ³Scientific Direction, IRCCS San Matteo Policlinic, Pavia, Italy

OC 46 Persistence of HPV cervical infection and related factors in HIV positive women

L. Comi¹, F. Bai¹, A. Pandolfo¹, A. Barco¹, S. Dalzero², B. Cassani³, T. Bini¹, M. Ravizza², G. Marchetti¹, A. d'Arminio Monforte¹
¹Dipartimento di Scienze della Salute, Clinica di Malattie Infettive e Tropicali, Ospedale San Paolo, Università degli Studi di Milano; ²Dipartimento Materno Infantile, Clinica Ostetrica e Ginecologica, Ospedale San Paolo; ³Dipartimento di Scienze della Salute, UO di Anatomia Patologica, Citogenetica e Patologia Molecolare, Ospedale San Paolo

OC 47 The Implementation of Expanded PMTCT Programs: Experience from AMANI Study, Dodoma, Tanzania

P. De Nardo¹, F. Vairo¹, B. Nguhuni², Z. Chaula², E. Nicastrì¹, N. Bevilacqua¹, G. Ippolito¹ and the AMANI Study Group
¹National Institute for Infectious Diseases-IRCCS "L. Spallanzani", Rome, Italy; ²Dodoma Regional Referral Hospital, Dodoma, Tanzania

OC 48 Nevirapine concentrations in Plasma, Cord Blood and Breast Milk from 135 HIV-infected women during pregnancy and breast feeding in Dodoma, United Republic of Tanzania

M. Tempestilli¹, E. Nicastrì¹, N. Bevilacqua¹, F. Vairo¹, P. De Nardo¹, A. Amendola¹, A. Giuffreda¹, S. Fazio¹, G. Liuzzi¹, N. Boniface², C. Zainab², L.P. Pucillo¹, G. Ippolito¹
¹National Institute for Infectious Diseases "L. Spallanzani" IRCCS, Rome, Italy; ²Resource Center for Infectious Diseases, Dodoma Regional Hospital, Dodoma, Tanzania

OC 49 Spontaneous abortion in HIV-infected women: data based on women's self-report in the DIDI study

P. Cicconi¹, A. Ammassari², N. Ladisa³, A.M. Cattelan⁴, T. Bini¹, P. Pierro², F. Vichi⁵, D. Francisci⁶, G. d'Ettore⁷, A. Alessandrini⁸, A. d'Arminio Monforte¹, for the DIDI Study within the Women Infectology Network (WIN Group)
¹San Paolo University Hospital, Milano; ²INMI "L. Spallanzani", Roma; ³University of Bari, Bari; ⁴Hospital of Rovigo, Rovigo; ⁵Hospital SS Annunziata, Florence; ⁶University of Perugia, Perugia; ⁷Policlinico Umberto I, Rome; ⁸Università di Genova, Genova

17.30 - 17.45 LECTURE: **New challenges in the management of HIV pregnant women** G. Liuzzi, Roma

18:00 - 19:15

SYMPOSIUM

TasP AND PEP: PREVENTION FROM THEORY TO PRACTICECHAIRMEN: **M. Oldrini** (Milano), **V. Puro** (Roma)DISCUSSANT: **A. Di Biagio** (Genova)

AUDITORIUM

Using cART for the purpose of prevention is a key element to decrease the spread of HIV. In this context, Treatment as Prevention (TasP) strategy and Post-Exposure Prophylaxis (PEP) are two very different ways involving cART for pursuing this aim: the first, decreasing the infectivity of the sources, together with other tools, could be adopted as a national prevention strategy in a public health perspective; the second, decreasing the susceptibility of the exposed subjects, is an individual strategy only useful in particular situations. Assessing the usage of TasP and PEP in the daily context in Italy, together with the perspective of Patient Advocacy Groups, could help in maximizing the potential role of these two weapons against the virus. In particular TasP, reducing the risk of HIV transmission, should be exploited also as a way of de-stigmatization of the infection obtaining at the same time a better quality of life for PLWHA and a generally improved attitude towards this infection at a national level; PEP could help in this scenario as well, allowing uninfected persons to protect themselves in case of exposure. Is our country culturally ready to this revolution?

18.00 - 18.20	TasP in the Italian setting: myth or reality? Focus on the daily clinical practice	S. Lo Caputo, Firenze
18.20 - 18.40	Non-Occupational PEP: Italian Guidelines and data from the Italian registry	G. De Carli, Roma
18.40 - 19.00	TasP and Non-Occupational PEP: comments from the real world	A. Cerioli, Como
19.00 - 19.15	Discussion	

18:00 - 19:15

SYMPOSIUM

DIFFICULT CLINICAL CASES: THE JOINT EXPERTISE OF THE VIROLOGIST AND THE HIV SPECIALISTCHAIRMEN: **N. Abrescia** (Napoli), **S. Babudieri** (Sassari), **A. Giacometti** (Ancona)DISCUSSANTS: **F. Ceccherini-Silberstein** (Roma), **E. Nicastrì** (Roma), **L. Sarmati** (Roma)

BORGIA HALL

The session will aim to discuss, with the help of the clinician and the virologist, relevant clinical cases in patients with HIV infection that have raised relevant concerns about diagnostic and therapeutic options. The cases, which will be presented, have been selected as the best and less common clinical issues and on the basis of most interesting and most relevant diagnostic and therapeutic problems.

The discussion will be addressed to critical diagnostic / clinical / management issues linked to the case management. The presentation time will be 8-10 minutes, followed by 4-7 minutes of discussion.

- OC 50 Regression of renal stones in HIV-1-infected patient after reduction of atazanavir dose**
M. Lanzafame, Azienda Ospedaliera Universitaria Integrata, Verona
- OC 51 Therapeutic intensification with raltegravir allows the achievement of virological success in a patient with prolonged and persistently low level viremia under standard HAART**
A. Bertoli, Università degli Studi di Roma Tor Vergata, Roma
- OC 52 Poly-resistant disseminated tuberculosis with abdominal localization in a HIV/AIDS advanced naive patient**
G. Villa, S. Duranti, Azienda Ospedaliero-Universitaria "Santa Maria della Misericordia" di Udine
- OC 53 Hemophagocytic syndrome in HIV acute infection: the role of mega-HAART**
S. Costarelli, Malattie Infettive, Ospedale "San Gerardo", Monza
- OC 54 HBV/HCV/HDV coinfection in anti-HIV positive patient: Evaluation of reciprocal virological interactions in plasma, Peripheral Blood Mononuclear Cells (PBMCs) and liver tissue**
S. Martini, Seconda Università degli studi di Napoli



18:00 - 19:15
SYMPOSIUM

FARNESE BAGLIONI HALL

CLINICAL MANAGEMENT OF HIV-INFECTED ELDERLY PATIENTS

CHAIRMEN: **F. Baldelli** (Perugia), **P. Maggi** (Bari)

DISCUSSANT: **C.M. Mastroianni** (Latina)

Ageing is part of life and not itself pathology. A "healthy" ageing is not necessarily synonym of development of age-related diseases, even if it involves similar molecular and cellular hallmarks as a pathological ageing. A pivotal role in this process is played by inflammation and immunosenescence. Nowadays, with the ageing of the HIV-infected population, it is becoming clear that infected individuals are prone to a premature systemic senescence and have an increased risk of developing age-related pathologies, such as cardiovascular disease, kidney impairment, bone mineral density disorder, dementia and liver dysfunction. A better understanding of the physiopathological mechanisms underlying ageing in the context of HIV infection is of primary importance, given the lack of a curative perspective in the short run and the actual need of a chronic therapy to control viral replication. Enhancing our comprehension of these processes will guide us in implementing preventive and management strategies for an extended healthy life span and an ameliorated quality of life in HIV-infected persons.

18.00 - 18.15	Conceptual approach and clinical application to fragility in HIV	G. Guaraldi, Modena
18.15 - 18.30	Management of kidney injury and monitoring of renal function in older HIV-infected individuals	A. Gori, Monza
18.30 - 18.45	HIV-associated dementia and other neurodegenerative diseases of the brain in elderly people	P. Cinque, Milano
18.45 - 19.00	Bone mineral disorders in HIV post-menopausal women: assessment and treatment	M. Borderi, Bologna
19.00 - 19.15	Discussion	

08:30 - 09:30

KEYNOTE LECTURESCHAIRMEN: **G. Angarano** (Bari), **F. von Schloesser** (Roma), **V. Vullo** (Roma)

08.30 - 09.00

Innovative tools and methods of HIV prevention

E. Girardi, Roma

09.00 - 09.30

Redefining strategies for treatment of HIV/HCV coinfecting patient

M. Puoti, Milano

AUDITORIUM

09:45 - 11:15

HOT SYMPOSIUM**ARV THERAPY BETWEEN BEST PRACTICES AND SUSTAINABILITY:
COMPARING EXPERIENCES IN EU AREA**CHAIRMEN: **A. Antinori** (Roma), **M.R. Iardino** (Milano), **A. Lazzarin** (Milano)PARTICIPANTS: **M. Johnson** (London UK), **J.M. Llibre** (Barcelona E), **P. Morlat** (Bordeaux F), **G. Rizzardini** (Milano), **H.J. Stellbrink** (Hamburg D)

In the real world setting, imminently HIV treatment will increasingly include new strategies aimed at joining highest efficacy, best adherence and minimize side-effects by using more recent antiretroviral classes and co-formulated drugs. Furthermore, an earlier start of cART together with the case finding of undiagnosed HIV-positive individuals will add substantial economic burden on HIV health care costs. At the same time, generic antiretrovirals are now introduced in many European HIV treatment programs may represent the opportunity of cost containment, disregarding however treatment innovation and regimen simplicity. Objective of the Symposium is to clarify long-term sustainability of antiretroviral treatment programs, to highlight uncertainties, and to explore ethical issues based on an European country-specific level.

AUDITORIUM

11:15 - 13:15

ORAL COMMUNICATIONS**ANTIRETROVIRAL THERAPY: OBSERVATIONAL STUDIES**CHAIRMEN: **R. Cauda** (Roma), **R. Maserati** (Pavia), **C. Viscoli** (Genova)

AUDITORIUM

OC 55 Determinants of the use of the fixed dose combination emtricitabine/rilpivirine/tenofovir (Eviplera) in the Icona Foundation StudyA. Cozzi-Lepri, S. Lo Caputo, F. Maggiolo, A. Antinori, A. Ammassari, G. Marchetti, C. Mastroianni, A. Gori, G. Di Perri, G. Angarano, A. Carbone and A. d'Arminio Monforte for the Icona Foundation Study group
University College London**OC 56 Efavirenz to Rilpivirine switch with a common tenofovir/emtricitabine backbone in virologically controlled subjects**E. Di Filippo, N. Astuti, D. Valenti, A.P. Callegaro, F. Maggiolo
USC di Malattie Infettive, Laboratorio di Bacteriologia e Virologia, AO Papa Giovanni XXIII, Bergamo**OC 57 Switching to Rilpivirine/Emtricitabine/Tenofovir (EPA) from current antiretroviral regimen (cARV) in clinical practice: virologic failure and treatment discontinuation in a multicenter Italian cohort**C. Pinnetti¹, S. Di Giambenedetto², P. Lorenzini¹, M. Fabbiani², C. Tommasi¹, A. Ammassari¹, A. Latini³, L. Loiacono¹, G. Sterrantino⁴, R. Bellagamba¹, I. Mezzaroma⁵, G. Liuzzi¹, A. Cristaudo³, E. Boumis¹, F. Di Sora⁶, R. Cauda², A. Antinori¹, M. Zaccarelli¹¹National Institute for the Infectious Disease "L. Spallanzani", Rome; ²Department of Infectious Diseases, Catholic University of the Sacred Heart, Rome; ³Division of Dermatology, San Gallicano Dermatological Institute, Rome, Italy; ⁴Division of Infectious Diseases, "Careggi" Hospital, Florence; ⁵Department of Infectious Diseases, "La Sapienza" University of Rome, Rome, Italy; ⁶"San Giovanni Addolorata" Hospital, Rome, Italy**OC 58 Nevirapine + Abacavir/Lamivudine as switch therapy: data from a large national cohort**R. Maserati², A. Roverato², G. Contardi¹, E. Focà³, N. Astuti⁴, F. Castelli³, S. Benatti⁴, A. Muscatello⁵, M. Di Pietro⁶, N. Gandolfo⁷, C. Abeli⁸, G. Madeddu⁹, M. De Gennaro¹⁰, P. Bonfanti¹¹, L. Sighinolfi¹², M. Celesia¹³, L.I. Bellazzi¹ per Gruppo di Studio "KIVIR" e coorte "MASTER"¹Fondazione IRCCS "Policlinico San Matteo", Pavia; ²Dipartimento di Statistica, Università di Bologna; ³Spedali Civili, Università di Brescia; ⁴Ospedale "Giovanni XXIII", Bergamo; ⁵Ospedale "San Gerardo", Monza; ⁶Ospedale "Santa Maria Annunziata", Firenze; ⁷Clinica Malattie Infettive, Università di Genova; ⁸Malattie Infettive, Busto Arsizio; ⁹Istituto Malattie Infettive, Università di Cagliari; ¹⁰Malattie Infettive, Lucca; ¹¹Malattie Infettive, Ospedale "Manzoni", Lecco; ¹²Malattie Infettive, Ferrara; ¹³Istituto Malattie Infettive, Università di Catania**OC 59 Efficacy, safety and laboratory changes in a cohort of HIV-infected patients starting abacavir/lamivudine and boosted darunavir: a retrospective, longitudinal study**A. Borghetti¹, M. Fabbiani¹, B. Piccoli¹, A. Mondì¹, A. D'Avino¹, R. Gagliardini¹, S. Lamonica¹, N. Ciccarelli¹, I. Fanti¹, R. Cauda¹, A. De Luca², S. Di Giambenedetto¹¹Clinical Infectious Diseases, Catholic University of Sacred Heart, Rome; ²UOC, Malattie Infettive Universitarie, Azienda Ospedaliera Universitaria Senese



- OC 60 Short and long-term clinical outcomes and predictors after efavirenz (EFV) or boosted-PI containing HAART: results from the Italian MaSTER Cohort**
M.C. Postorino¹, E. Quiros², F. Maggiolo³, S. Digiambenedetto⁴, A. Saracino⁵, S. Costarelli⁶, S. Lorenzotti⁷, L. Sighinolfi⁸, M. Di Pietro⁹, M. Prosperi¹⁰, C. Torti¹ and the MaSTER study group
¹Infectious Diseases Unit, University "Magna Graecia" Catanzaro; ²Infectious and Tropical Diseases Institute, University of Brescia; ³Ospedali Riuniti Bergamo; ⁴Catholic University of Sacred Heart Rome; ⁵Policlinico di Bari; ⁶Ospedale S. Gerardo Monza; ⁷Istituti Ospitalieri Cremona; ⁸"S. Anna" Hospital Ferrara; ⁹"S. M. Annunziata" Hospital Florence; ¹⁰University of Birmingham
- OC 61 Outstanding outcome: in whom and how**
F. Maggiolo¹, P. Lorenzini², A. Cozzi-Lepri³, G.M. Corbelli⁴, A. Cingolani⁵, E. Girardi⁶, A. Antinori⁷, A. Castagna⁸, A. D'Arminio Monforte⁹, S. Marcotullio⁸ for the ICONA Foundation Study group
¹AO Papa Giovanni XXIII, Bergamo; ²INMI L Spallanzani, Roma; ³Royal Free Hospital, London, UK; ⁴Plus Onlus, Bologna; ⁵Università Cattolica Sacro Cuore, Roma; ⁶Ospedale San Raffaele, Milano; ⁷Ospedale San Paolo, Università Milano; ⁸Nadir Onlus, Roma
- OC 62 There is an effective antiretroviral therapy in patients with high level of HIV-RNA >500.000 cp/ml? Preliminary data from 4 x High Study Group**
S. Lo Caputo¹, A. Di Biagio², D. Francisci³, A. Tosti³, C. Saffioti², F. Del Puente², P. Vitiello⁴, G. Cenderello⁵, C. Atzori⁶, S. Ambu⁷, R. Cinelli⁸, M. Tontodonati⁹, K. Falasca¹⁰, F. Barchiesi¹¹, F. Mazzotta¹
¹Mal. Inf. Osp. S.M. Annunziata Firenze; ²Clin. Mal Inf Osp. San Martino Genova; ³Clin Mal Inf Univ Perugia; ⁴Mal Inf Osp Busto Arsizio; ⁵Mal Inf Osp Galliera Genova; ⁶Il Div Mal Inf L. Sacco Milano; ⁷Mal Inf Osp. Careggi Firenze; ⁸Mal Inf Livorno; ⁹Mal Inf Pescara; ¹⁰Clin Mal Inf Chieti; ¹¹Clin Mal Inf Ancona
- OC 63 Residual viremia: risk of virological rebound and evaluation of inflammation markers**
F. Falasca¹, A. Fantauzzi², E. Palermo¹, P. Maida¹, G. D'Ettore³, P. Vittozzi³, C. Scagnolari¹, M. Bucci¹, V. Vullo³, G. Antonelli¹, O. Turriziani¹
¹Department of Molecular Medicine; ²Department of Clinical Medicine; ³Department of Public Health and Infectious Disease, Sapienza University, Rome

13.00 - 13.15 LECTURE: **Current approach of PHI treatment**

G. Tambussi, Milano

11:15 - 13:15

FARNESE BAGLIONI HALL

ORAL COMMUNICATIONS

BASIC AND CLINICAL VIROLOGY

CHAIRMEN: **B. Bruzzone** (Genova), **G. Cassola** (Genova), **M.C. Re** (Bologna)

- OC 64 Excision of HIV-1 provirus as novel approach to eradicate the infection**
M. Lai^{1,2,3}, E. Maori¹, A. Albecka¹, A. Taherinasab², A. Del Grosso², G. Antonelli⁴, M. Pistello², J.L. Heeney¹
¹Laboratory of Viral Zoonotics, University of Cambridge, Cambridge, United Kingdom; ²Retrovirus Center, Department of Translational Research, University of Pisa, Pisa, Italy; ³Division of Drug Discovery, Italian Institute of Technology, Genova, Italy; ⁴Department of Molecular Medicine, Sapienza University of Rome, Rome, Italy
- OC 65 Autograft HIV-DNA load predicts peripheral HIV-1 reservoir size after autologous stem cell transplantation for AIDS related lymphoma patients**
S. Zanussi¹, M.T. Bortolin¹, C. Pratesi¹, R. Tedeschi¹, G. Basaglia¹, L. Abuzzese², M. Mazzucato², M. Spina³, E. Vaccher³, U. Tirelli³, M. Rupolo⁴, M. Michieli⁴, M. Di Mascio⁵, P. De Paoli⁶
¹Microbiology, Immunology and Virology Unit, National Cancer Institute, Aviano, Italy; ²Stem Cell Collection and Processing Unit, National Cancer Institute, Aviano, Italy; ³Division of Medical Oncology A, National Cancer Institute, Aviano, Italy; ⁴Cellular Therapy and High Dose Chemotherapy Unit, National Cancer Institute, Aviano, Italy; ⁵Division of Clinical Research, NIAID, NIH, Bethesda, Maryland; ⁶Scientific Directorate, National Cancer Institute, Aviano, Italy
- OC 66 HIV DNA integration and replication in primary human macrophages and CD4+ T cells, in presence and absence of integrase inhibitors**
M. Surdo¹, M.F. Cortese¹, C. Orlandi², A. Casabianca², F. Di Santo¹, M. Pollicita¹, E. Balestra¹, P. Saccomandi¹, C. Di Francesco¹, S. Aquaro³, M. Magnani^{2,4}, C.F. Perno^{1,4}, F. Ceccherini-Silberstein¹
¹University of Rome Tor Vergata, Rome, Italy; ²University of Urbino "Carlo Bo" Department of Biomolecular Sciences, Urbino (PU), Italy; ³Department of Pharmacy, Health and Nutritional Sciences, University of Calabria, Rende (CS), Italy; ⁴INMI "L. Spallanzani", Rome, Italy
- OC 67 HIV-1 integrase genotyping is reliable and clinically useful also in patients failing at low levels viremia**
M.M. Santoro¹, D. Armenia¹, C. Alteri¹, L. Fabeni², D. Di Pinto¹, D. Di Carlo¹, A. Bertoli^{1,3}, C. Gori², S. Carta², V. Fedele², F. Forbica², V. Svicher¹, G. Berno², D. Pizzi², E. Nicastri², L. Sarmati³, C. Pinnetti², A. Ammassari², G. D'Offizi², A. Latini⁴, M. Andreoni^{1,3}, A. Antinori², F. Ceccherini-Silberstein¹, C.F. Perno²
¹University of Rome Tor Vergata, Rome, Italy; ²L. Spallanzani Hospital, Rome, Italy; ³University Hospital Tor Vergata, Rome, Italy; ⁴San Gallicano Hospital, Rome, Italy
- OC 68 Analysis of intracellular human immunodeficiency virus (HIV)-1 drug resistance mutations in multi-failed HIV-1-infected patients treated with a salvage regimen: 3-years follow-up**
C. Montagna¹, F. Falasca¹, L. Mazzuti¹, M. Minervino¹, I. Mezzaroma², A. Fantauzzi², E. Cella³, G. Antonelli¹, O. Turriziani¹
¹Department of Molecular Medicine, Sapienza University, Rome; ²Department of Clinical Medicine, Sapienza University, Rome; ³Department of Infectious Parasitic and Immunomediated Diseases, Istituto Superiore di Sanità, Rome
- OC 69 Genotypic co-receptor tropism testing on HIV-1 DNA in virologically suppressed infected patients: feasibility and analysis of determinants of R5 virus: preliminary results from the GUSTA STUDY**
B. Rossetti¹, C. Bianco¹, S. Lamonica², F. Lombardi², N. Ciccarelli², G. Meini³, F. Vignale⁴, A. Latini⁵, M. Colafigli⁵, P. Grima⁶, A. Tosti⁷, A. Fantauzzi⁸, V. Vullo⁹, M. Zazzi³, S. Rusconi¹⁰, V. Micheli¹¹, A. Di Biagio¹², B. Bruzzone¹³, G. Orofino¹⁴, V. Ghisetti¹⁵, C. Mastroianni¹⁶, M. Trezzi¹⁷, G. Sterrantino¹⁸, V. Colangeli¹⁹, M.C. Re²⁰, O. Turriziani²¹, S. Di Giambenedetto², A. De Luca¹, on behalf of GUSTA study group
¹Infectious Diseases Unit, Azienda Ospedaliera Universitaria Senese, Siena; ²Institute of Clinical Infectious Diseases, Catholic University of Sacred Heart, Rome; ³Department of Medical Biotechnology, University of Siena, Siena; ⁴Clinic of Infectious Diseases, G. D'Annunzio University, Chieti; ⁵Infectious Dermatology and Allergology IRCCS IFO S. Gallicano, Rome; ⁶Division of Infectious Diseases, S. Caterina Novella

Hospital, Galatina; ⁷Clinic of Infectious Diseases, University of Perugia, Perugia; ⁸Department of Clinical Medicine, Sapienza University of Rome, Rome; ⁹Clinic of Infectious Diseases, Sapienza University of Rome, Rome; ¹⁰Infectious and Tropical Diseases Unit, L. Sacco Hospital, University of Milano, Milan; ¹¹Clinical Microbiology, Virology and Bioemergency Diagnosis, L. Sacco University Hospital, Milan; ¹²Infectious Diseases Unit, IRCCS S. Martino-IST, Genova; ¹³Hygiene Laboratory, IRCCS AOU San Martino-IST, Genova; ¹⁴Infectious Diseases Unit A, Amedeo di Savoia Hospital, Turin; ¹⁵Microbiology and Virology Laboratory, Amedeo di Savoia Hospital, Turin; ¹⁶Infectious Disease Unit, SM Goretti Hospital, Sapienza University, Latina; ¹⁷Infectious Diseases Unit, San Jacopo Hospital, Pistoia; ¹⁸Clinic of Infectious Diseases, Azienda Ospedaliera Universitaria Careggi, Florence; ¹⁹Clinic of Infectious Diseases, Azienda Ospedaliera Universitaria S.Orsola Malpighi, Bologna; ²⁰Microbiology, Azienda Ospedaliera Universitaria S.Orsola Malpighi, Bologna; ²¹Department of Molecular Medicine, Sapienza University, Rome, Rome

OC 70 Comparison between three genotypic assays and phenotypic tropism testing in acutely HIV-1 infected

E.R. Ceresola¹, M. Sampaolo², A.R. Pignataro¹, D. Saita¹, R. Ferrarese², E. Boeri², S. Nozza³, G. Tambussi³, M. Clementi^{1,2} and F. Canducci^{2,4}

¹Università Vita-Salute San Raffaele, Milano; ²Laboratorio Microbiologia, Ospedale San Raffaele, Milano; ³Dipartimento Malattie Infettive, Ospedale San Raffaele, Milano; ⁴Università degli Studi dell'Insubria, Varese

OC 71 Molecular characterization of HIV-1 subtype C gp-120 regions potentially involved in virus adaptive mechanisms

A. Cenci¹, G. D'Avenio², L. Tavoschi¹, M. Chiappi¹, S. Becattini¹, M.P. Narino¹, O. Picconi¹, D. Bernasconi¹, E. Fanale-Belasio¹, E. Vardas³, H. Sukati⁴, A. Lo Presti⁵, M. Ciccozzi⁵, P. Monini¹, B. Ensolì¹, M. Grigioni² and S. Buttò¹

¹National AIDS Center, Istituto Superiore di Sanità, Rome, Italy; ²Department of Technology and Health, Istituto Superiore di Sanità, Rome, Italy; ³Division of Medical Virology, Stellenbosch University, Stellenbosch, South Africa and Lancet Laboratories, Johannesburg, South Africa; ⁴National Center Public Health Laboratory, Manzini, Swaziland; ⁵Department of Infectious, Parasitic and Immunomediated Diseases, Istituto Superiore di Sanità, Rome, Italy

OC 72 Virological Response and Resistance Profile in HIV-1 Infected Patients Starting a First Darunavir Containing Regimen in Clinical Practice

D. Di Carlo¹, D. Armenia¹, G. Maffongelli², C. Alteri¹, F. Forbici³, S. Carta³, F. Continenza³, V. Borghi⁴, M. Giuliani⁵, A. Latini⁵, E. Nicastri³, M. Zaccarelli³, C. Pinnetti³, N. Petrosillo³, G. D'Offizi³, F. Cecherini-Silberstein¹, C. Mussini⁴, A. Antinori³, M. Andreoni^{1,2}, C.F. Perno³, and M.M. Santoro¹

¹University of Rome Tor Vergata, Rome, Italy; ²University Hospital Tor Vergata, Rome, Italy; ³L. Spallanzani Hospital, Rome, Italy; ⁴Modena University Hospital, Modena, Italy; ⁵IRCCS San Gallicano, Italy

13.00 - 13.15

LECTURE: Long-term control of viral load

M. Santoro, Roma

11:15 - 13:15

ESTENSI SFORZA HALL

ORAL COMMUNICATIONS

COMORBIDITIES AND ARV TOXICITIES

CHAIRMEN: **A. Chiriani** (Napoli), **C. Gervasoni** (Milano), **M. Tavio** (Ancona)

OC 73 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: the impact in a large HIV cohort

G. Guaraldi¹, A. Roverato³, A. Malagoli², S. Zona¹, A. Dominguez da Silva¹, M. Menozzi¹, C. Stentarelli¹, F. Carli¹, C. Mussini¹, P. Raggi⁴

¹Department of Medical and Surgical Sciences for Children & Adults, UNIMORE, Italy; ²Department of Life Science, UNIMORE, Italy; ³Department of Statistic University of Bologna; ⁴Mazankowski Alberta Heart Institute, University of Alberta, Edmonton, Canada

OC 74 Determinants of Renal Tubular Dysfunction in HIV-positive Patients of More than 50 Years-old

L. Marinaro¹, A. Calcagno¹, M. Simiele¹, G. Mengozzi², M. Mussa¹, L. Trentini¹, M.C. Tettoni¹, C. Alcantarini¹, M. Lucchiari², J. Cusato¹, A. D'Avolio¹, G. Di Perri¹ and S. Bonora¹

¹Unit of Infectious Diseases, Department of Medical Sciences; ²Department of Laboratory Medicine, Clinical Biochemistry Laboratory, "Città della Salute e della Scienza" University of Torino, Torino, Italy

OC 75 Relationship between body mass index and bone mineral density in HIV-infected patients referred for DXA

F. Lupi¹, P. Lorenzini¹, D. Chiappetta², R. Bellagamba¹, L. Loiacono¹, C. Pinnetti¹, U. Visco-Comandini¹, M. Zaccarelli¹, E. Nicastri¹, C. Tommasi¹, L. Liuzzi¹, S. Cicalini¹, R. Libertone¹, A. Giannetti¹, S. Mosti¹, E. Busi Rizzi², A. Antinori¹, A. Ammassari¹

¹Clinical Department; ²Department of Radiology INMI "L. Spallanzani"

OC 76 Ten Years of Follow up of Non AIDS Defining Malignancies Among HIV Infected Patients in the HAART Era

T. Ascoli Bartoli¹, F. Tierno¹, G. Ceccarelli¹, E. Nelson Cavallari¹, L. Bianchi¹, V. Bellelli¹, I. Mezzaroma¹, A. Fantauzzi¹, G. d'Ettorre¹, V. Vullo¹

University of Rome Sapienza, Department of Public Health and Infectious Diseases, Rome, ITALY

OC 77 Protease inhibitors based antiretroviral regimens are protective on HPV related cervical invasive and pre-invasive conditions

G. Orlando¹, M. Fasolo¹, F. Mazza¹, E. Casolati², G. Tisi³, F. Gargiulo⁴, G. Libutti⁵, E. Ormodeo Zorini⁶, V. Montinaro⁷, G. Rizzardini⁸, E. Tanzi⁹

¹STD Unit, Infectious Diseases 1, L. Sacco University Hospital, Milan; ²Gynaecology Unit, L. Sacco University Hospital, Milan; ³Gynaecology Unit, Spedali Civili di Brescia, Brescia; ⁴Microbiology Unit Spedali Civili di Brescia, Brescia; ⁵Gynaecology Unit, University of Milan, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milan; ⁶Pathology Unit, L. Sacco University Hospital, Milan; ⁷Pediatric Clinic 1, Department of Pathophysiology and Transplantation, University of Milan, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milan; ⁸Infectious Diseases 1, L. Sacco University Hospital, Milan; ⁹Department of Biomedical Sciences for Health, University of Milan

OC 78 Lumbar puncture before HAART introduction in HIV + antiretroviral naïve patients: viro-immunological characterization of patients with high cerebrospinal fluid (CSF) HIV RNA

F. Iannuzzi¹, F. Bai¹, E. Merlini¹, M. Trunfio¹, J. Sanchez-Martinez¹, T. Bini¹, A. d'Arminio Monforte¹ and G. Marchetti¹

University of Milan, Department of Health Sciences, Clinic of Infectious Disease and Tropical Medicine San Paolo Hospital, Milan



OC 79 APRI and FIB-4 scores are not associated with neurocognitive impairment in HIV-infected persons
 R. Libertone, P. Balestra, P. Lorenzini, C. Pinnetti, M. Ricottini, S. Menichetti, M.M. Plazzi, A. Giannetti, V. Tozzi, A. Antinori, A. Ammassari
National Institute for Infectious Diseases "L. Spallanzani", Roma, Italy

OC 80 Functionally distinct populations of HIV-specific CD4 and CD8 T-cells in HIV-positive cART-naïve subjects with and without neurocognitive impairment
 E. Merlini, F. Iannuzzi, M. Trunfio, F. Bai, M. Basilissi, J. Sanchez-Martinez, M.E. De Sousa Avelino, A. d'Arminio Monforte and G. Marchetti
University of Milan, Dept of Health Sciences, Clinic of Infectious Diseases, San Paolo Hospital

OC 81 Prevalence of Multimorbidity in Early Vs Late presenters HIV patients
 S. Zona¹, A. Santoro¹, C. Stentarelli¹, G. Orlando¹, F. Carli¹, B. Beghetto¹, M. Menozzi¹, J. Falutz², C. Mussini¹, G. Guaraldi¹
¹Azienda Ospedaliera Universitaria Policlinico di Modena, Modena, Italy; ²McGill University Health Center, Montreal, Canada

13.00 - 13.15 LECTURE: **Antiretroviral strategies in late presenter** A. De Luca, Siena

11:15 - 13:15

BORGIA HALL

ORAL COMMUNICATIONS

COMMUNITY BASED STUDIES

CHAIRMEN: **M. Errico** (Napoli), **B. Marchini** (Roma), **G. Orofino** (Torino)

11.15 - 11.30 LECTURE: **HIV and HCV: different viruses imply different stigmas?** M.R. Iardino, Milano

OC 82 The European HIV Testing Week in Italy: an opportunity for diagnosis and prevention
 G.M. Corbelli^{1,2}, R. Lelleri¹, E. Albertini³, F. Campisi⁴, A. Cerioli⁵, M. Farinella⁶, N. Gasbarrini⁷, M. Lichtner⁸, M. Oldrini⁹, N. Orchi¹⁰, S. Patrucco¹¹, M. Poli¹², C. Sfara¹³
¹Plus onlus; ²European AIDS Treatment Group; ³Omphalos Arcigay Arcilesbica Perugia; ⁴LILA Catania; ⁵LILA Nazionale; ⁶Circolo di Cultura Omosessuale Mario Mieli; ⁷Fondazione Villa Maraini onlus; ⁸Università Sapienza/Ospedale SM Goretti; ⁹LILA Milano; ¹⁰Istituto Nazionale Malattie Infettive "L. Spallanzani" - Roma; ¹¹Arcobaleno Aids; ¹²LILA Trentino; ¹³Anlaidis onlus

OC 83 Sex work and HIV risk perception: Clients' stories on LilaChat
 P. Perone¹, C. Perone¹, L. Cosmaro², D. Scudiero³, A. Cerioli¹
¹Lila Nazionale; ²Fondazione Lila Milano; ³Lila Bologna

OC 84 HCV/HIV testing and counselling during HIV testing week: low awareness and risk perception
 P. Zuccalà¹, M. Lichtner¹, R. Marocco¹, T. Tieghi¹, V. Belvisi¹, L. Tacconi, C. Mascia², E. Iacobi³, V. Mercurio³, C. Del Borgo³, R. Citton³, C.M. Mastroianni¹
¹Sapienza University of Rome, Polo Pontino, Latina, Italy; ²Sapienza University of Rome; ³S.M. Goretti Hospital Latina

OC 85 Health education and HIV test offer in a population of refugees and asylum seekers: an experience in Ferrara area
 D. Segala¹, F. Camisotti², V. Guardigni¹, M. Calacoci², L. Sighinolfi¹
¹Infectious Diseases Dept. S. Anna Hospital - Ferrara; ²Camelot social service - Ferrara

OC 86 HIV test: which is your best? A National survey on testing preferences
 G.M. Corbelli^{1,2}, S. Mattioli¹, S. Pieralli¹, M. Degli Esposti¹, R. Cascioli¹, V. Taccarelli¹
¹Plus onlus; ²European AIDS Treatment Group

OC 87 LILA Help Line. Report of six year activity, from 2008 to 2013
 S. Baggiani, A.M. Covi, D. Ducceschi, G. Giupponi, M. Liberio, M.G. Messina, B. Mocci, S. Penon, D. Scudiero & L. Nigro
Lega Italiana per la Lotta contro l'AIDS (LILA) - Sede Nazionale, Como, Italia

OC 88 A qualitative analysis of counselling intervention on HIV-infected patients
 A. Bianchi², A. Poli¹, G. Ardenghi², V. Meneghin², L. Galli¹, D. Zandonà¹, M. Schizzano², M. Drusiani², R. Melzi², N. Gianotti¹, S. Bossolasco¹, V. Spagnuolo^{1,3}, S. Nozza¹, P. Cinque¹, G. Tambussi¹, S. Zanetti¹, M. Cernuschi^{1,2}, A. Lazzarin^{1,3}, A. Castagna¹
¹Infectious Diseases Department, San Raffaele Scientific Institute, Milan, Italy; ²ASA Associazione Solidarietà AIDS Onlus, Milan, Italy; ³Università Vita-Salute San Raffaele, Milan, Italy

OC 89 Anthropological reading of poems written by guests of Lombardy HIV/AIDS Family Homes in the workshops of the project "La dimora del tempo sospeso (The hanging in time home)"
 L. Rancilio, G. Gaiera
Coordinamento Regionale Case Alloggio per persone con infezione da HIV/AIDS (C.R.C.A.) Lombardia

OC 90 HIV stigma and discrimination in a sample of 522 HIV positive people, with a special focus on health services. Results from the project "Positive Practices"
 M. Brevglieri¹, F. Sassoli¹, S. Mattioli², S. Pieralli², G. Prati³
¹Arcigay - Italian LGBT Association; ²PLUS - Persone LGBT Sieropositive; ³Università di Bologna

13:15 - 14:15 lunch

14:15 - 15:15

AUDITORIUM

POSTER DISCUSSION

ANTIRETROVIRAL THERAPY: CLINICAL STUDIES AND PHARMACOLOGYCHAIRMEN: **D. Bartolozzi** (Firenze), **D. Francisci** (Perugia), **C. Torti** (Catanzaro)**PD 17 96-week efficacy and safety of elvitegravir/cobicistat/emtricitabine/tenofovir DF – subgroup analyses by baseline CD4 cells**A. Castagna¹, A. Lazzarin¹, A. Ammassari², A. Antinori², S. Bonora³, G. Di Perri³, A. Zolopa⁴, J.K. Rockstroh⁵, L. Zhang⁶, M. Fordyce⁶, M.S. Rhee⁶, J. Swarcberg⁶, F. Rogatto⁷, D. Thorpe⁷, M. Bosse⁷, C. Zocchetti⁸¹San Raffaele Scientific Institute, Milan, Italy; ²National Institute for Infectious Diseases "L. Spallanzani", Rome, Italy; ³Department of Infectious Diseases, University of Turin, Amedeo di Savoia Hospital, Turin, Italy; ⁴Stanford University, Palo Alto, CA, US; ⁵University of Bonn, Bonn, Germany; ⁶Gilead Sciences, Foster City, California, USA; ⁷Gilead Sciences, Stockley Park, UK; ⁸Gilead Sciences, Milan, Italy**PD 18 Virological outcomes of first line antiretroviral therapy in routine clinical practice**M. Colafigli¹, A. Latini¹, M. Fabbiani², M. G. Donà¹, M. Giuliani¹, P. Grima³, A. Cristaudo¹, R. Cauda², A. De Luca⁴, S. Di Giambenedetto²¹Infectious Dermatology and Allergology IRCCS IFO S Galliciano, Roma; ²Institute of Clinical Infectious Disease, Catholic University of S. Heart, Rome, Italy; ³Clinical Infectious Diseases, AO S. Caterina Novella, Galatina (LE), Italy; ⁴University Division of Infectious Diseases, University hospital of Siena, Siena, Italy**PD 19 Dual therapy with Raltegravir associated to different Protease Inhibitors in HIV+ experienced patients: data of long-term longitudinal follow-up of 192 weeks**

S. Martini, N. Coppola, M. Macera, V. Iodice, A. Cascone, A. D'Avolio, S. Bonora, P. Filippini

UOC Diagnosi e Terapia AIDS e Patologie Infettive Correlate della Seconda Università di Napoli

PD 20 Once daily-one pill regimen is correlated to a better adherence 5-years later

I. Mastrorosa, R. Murri, N. Ciccarelli, S. Lamonica, E. Tamburrini, A. Cingolani

Department of Infectious Diseases, Catholic University of Rome, Italy

PD 21 Efavirenz dose reduction in HIV-infected patients: a long-term follow-upM. Lanzafame¹, E. Lattuada², F. Rigo², E. Concia², S. Vento³¹Unità Semplice organizzativa "Diagnosi e Terapia dell'Infezione da HIV", G.B. Rossi Hospital, University of Verona, Verona, Italy; ²Unità Operativa di Malattie Infettive, G.B. Rossi Hospital, University of Verona, Verona, Italy; ³Department of Internal Medicine, School of Medicine, University of Botswana, Gaborone, Botswana**PD 22 Intracellular Pharmacokinetics of Rilpivirine in HIV-positive Patients Treated with Single-tablet Regimen Fixed-dose Combination**

L. Marinaro, A. Calcagno, M. Simiele, L. Trentini, M.C. Tettoni, C. Alcantarini, S. Raviolo, M. Ferrara, J. Cusato, A. D'Avolio, G. Di Perri and S. Bonora

Unit of Infectious Diseases, Department of Medical Sciences, University of Torino, Torino, Italy

PD 23 Drug concentrations of maraviroc, darunavir and ritonavir as a dual therapy switch in virologically suppressed patients with R5 virus: results from a multicenter randomized study (GUSTA)R. Gagliardini¹, B. Rossetti², L. Lisi³, C. Bianco², P. Navarra³, S. Lamonica¹, S. Belmonti¹, F. Vignale⁴, A. Latini⁵, M. Colafigli⁵, D. Francisci⁶, S. Di Giambenedetto¹, A. De Luca² on behalf of GUSTA study group¹Clinic of Infectious Diseases, Catholic University of Sacred Heart, Roma; ²Infectious Diseases Unit, Azienda Ospedaliera Universitaria Senese, Siena; ³Institute of Pharmacology, Catholic University of Sacred Heart, Roma; ⁴Clinic of Infectious Diseases, University "G. D'Annunzio", Chieti; ⁵Infectious Dermatology and Allergology IRCCS IFO, Roma; ⁶Clinic of Infectious Diseases, University of Perugia, Perugia**PD 24 Relationship between the early Boceprevir-S isomer plasma concentrations and the onset of breakthrough during HCV genotype 1 triple therapy**

L. Boglione, A. De Nicolò, C. S. Cardellino, T. Ruggiero, V. Ghisetti, G. Cariti, G. Di Perri, A. D'Avolio

Department of Infectious Diseases, University of Turin, Amedeo di Savoia Hospital, Turin, Italy

14:15 - 15:15

FARNESE BAGLIONI HALL

POSTER DISCUSSION

BASIC AND CLINICAL VIROLOGYCHAIRMEN: **C. Balotta** (Milano), **M.R. Capobianchi** (Roma), **M. Zaccarelli** (Roma)**PD 25 Decreasing trends of drug resistance and increase of non-B subtypes amongst subjects recently diagnosed as HIV infected over the period 2004-2014**S.G. Parisi¹, S. Andreis¹, R. Scaggiante¹, M. Cruciani², R. Ferretto³, V. Manfrin⁴, S. Panese⁵, M.C. Rossi⁶, E. Francavilla⁷, C. Boldrin¹, F. Dal Bello¹, M. Basso¹, C. Mengoli¹, M. Andreoni⁸, G. Palù¹¹Department of Molecular Medicine, University of Padova, Padova, Italy; ²Centre of Community & Medicine and HIV Outpatient Clinic, Verona, Italy; ³Infectious Diseases, Schio Hospital, Schio, Italy; ⁴Infectious Diseases, Vicenza Hospital, Vicenza, Italy; ⁵Infectious Diseases, Venezia Hospital, Venezia, Italy; ⁶Infectious Diseases, Treviso Hospital, Treviso, Italy; ⁷Infectious Diseases, Belluno Hospital, Belluno, Italy; ⁸Infectious Diseases Department, Tor Vergata University, Rome, Italy**PD 26 Transmitted drug resistance and genetic diversity in Treatment-Naïve HIV-Infected Patients (2008-2013)**C. R. Santoro¹, T. Campanella¹, A. Calamo¹, L. Scudeller², P. Caricato¹, A. Lagioia¹, A. Saracino¹, L. Monno¹, G. Angarano¹¹Department of Biomedical Science and Human Oncology, University of Bari, Bari, Italy; ²Clinical Epidemiology Unit, Scientific Direction, IRCCS Policlinico San Matteo Foundation, Pavia, Italy**PD 27 Drug resistance transmission clusters in HIV-1 infected patients in central Italy between 1997-2014**L. Fabeni¹, C. Alteri², M.M. Santoro², C. Gori¹, D. Di Pinto², L. Carioti², F. Forbici¹, A. Bertoli^{2,3}, M.C. Bellocchi², V. Fedele¹, S. Carta¹, G. Bero¹, A. Ricciardi³, M. Zaccarelli¹, A. Ammassari¹, E. Nicastri⁴, A. Latini⁴, G. Liuzzi¹, M. Lichtner⁵, E. Teti⁶, F. Di Sora⁷, R. Bellagamba¹, G. De Carli¹, N. Orchi¹, P. Scognamiglio¹, A. Pennica⁸, M. Giuliani⁴, F. Montella⁷, V. Svicher², C. Mastroianni³



E. Girardi¹, F.M. Fusco¹, M. Andreoni³, A. Antinori¹, F. Ceccherini-Silberstein², C.F. Perno^{1,2,3}

¹National Institute for Infectious Diseases L Spallanzani - IRCCS, Rome, Italy; ²University of Rome Tor Vergata, Rome, Italy; ³University Hospital Tor Vergata, Rome, Italy; ⁴IRCSS San Gallicano, Rome, Italy; ⁵Infectious Diseases Unit, Sapienza University, Polo Pontino, Latina, Italy; ⁶S. Andrea Hospital, Sapienza University of Rome, Italy; ⁷S. Giovanni Addolorata Hospital, Division of Clinical Immunology, Rome, Italy;

PD 28 Impact of the HIV-1 subtype associated polymorphism L89M on virological response in patients starting their first boosted proteaseinhibitor containing regimen

D. Armenia¹, D. Di Carlo¹, C. Gori², F. Forbici², A. Bertoli^{1,3}, V. Borghi⁴, M. Giuliani⁵, V. Fedele², G. Berno², G. Liuzzi², R. Bellagamba², L. Sarmati³, C. Mussini⁴, M. Andreoni^{1,3}, A. Antinori², F. Ceccherini-Silberstein¹, C.F. Perno², M.M. Santoro¹

¹University of Rome Tor Vergata, Rome, Italy; ²L Spallanzani Hospital, Rome, Italy; ³University Hospital Tor Vergata, Rome, Italy; ⁴Modena University Hospital, Modena, Italy; ⁵IRCSS San Gallicano, Rome, Italy

PD 29 Analysis of gp41 variability in subjects naïve for antiretrovirals

M. Franzetti¹, A. Lai¹, G. Bozzi¹, F. Binda¹, F. Saladini², G. Punzi³, B. Bruzzone⁴, A. Di Biagio⁵, A. De Luca⁶, L. Monno³, M. Zazzi², C. Balotta¹

¹Department of Biomedical and Clinical Sciences "L. Sacco", University of Milan, Milan, Italy; ²Department of Medical Biotechnologies, University of Siena, Siena, Italy; ³Department of Biomedical Science and Human Oncology, University of Bari, Bari, Italy; ⁴Laboratory of Hygiene, San Martino Hospital, Genoa, Italy; ⁵Department of Infectious Diseases, San Martino Hospital, University of Genoa, Italy; ⁶Division of Infectious Diseases, Siena University Hospital, Siena, Italy

PD 30 Early clinical response and presence of viral resistant minority variants detected by Next Generation GS Junior System

E. Di Filippo¹, A. Callegaro², N. Astuti¹, A. Acerbis², P.A. Serna Ortega², D. Valenti¹, F. Maggiolo¹

¹USC Infectious Diseases, USS of HIV Related Pathologies and Innovative Therapies; ²Microbiology and Virology Laboratory, AO Papa Giovanni XXIII, Bergamo

PD 31 HIV-1 genotyping in low and very low viral load

B. Bruzzone¹, R. Barresi¹, M. Setti², A. Di Biagio³, G. Cenderello⁴, L. Sticchi^{1,5}, P. Caligiuri⁵, G. Icardi^{1,5} and Ligurian HIV/HCV Collaborative Study Group (A. Alessandrini, V. Bartolacci, S. Boni, P. De Leo, C. Dentone, G. Mazzarello, C. Viscoli)

¹Hygiene Unit, IRCCS AOU San Martino-IST, Genoa, Italy; ²Internal Medicine and Clinical Immunology Unit, IRCCS AOU San Martino-IST, Genoa, Italy; ³Infectious Disease Unit, IRCCS AOU San Martino-IST, Genoa, Italy; ⁴Infectious Disease Unit, Galliera Hospital, Genoa, Italy; ⁵Department of Health Sciences, University of Genoa, Italy

PD 32 Comparison between pseudoviruses and T/F IMCs in the synergy of antibody neutralization

A. Venuti¹, R. Miglietta¹, C. Pastori¹, L. Diomedea^{1,2}, C. Ochsenbauer³, L. Lopalco¹

¹Division of Immunology, Transplantation and Infectious Diseases, San Raffaele Scientific Institute, Milan, Italy; ²Present Address: Istituto Clinico Humanitas (ICH), Rozzano, Milan, Italy; ³Department of Medicine, University of Alabama at Birmingham, Birmingham, Alabama, USA

15:15 - 16:25

WRAP-UP SESSION

HIGHLIGHTS OF THE MAIN TOPICS FROM ICAR 2014

CHAIRMEN: **M. Andreoni** (Roma), **A. Antinori** (Roma), **C.F. Perno** (Roma)

- 15.15 - 15.25 **Epidemiology and prevention**
- 15.25 - 15.35 **Virology**
- 15.35 - 15.45 **Immunopathogenesis**
- 15.45 - 15.55 **Antiretroviral therapy**
- 15.55 - 16.05 **Comorbidities and toxicities**
- 16.05 - 16.15 **Coinfections**
- 16.15 - 16.25 **Women and Community based Studies**

AUDITORIUM

- E. Girardi, Roma
- F. Ceccherini-Silberstein, Roma
- G. d'Ettore, Roma
- E. Nicastri, Roma
- A. Ammassari, Roma
- L. Sarmati, Roma
- S. Marcotullio, Roma

16:25 - 16:40

ICAR 2014 AWARDS

CHAIRMEN: **M. Andreoni** (Roma), **A. Antinori** (Roma), **C.F. Perno** (Roma)

- ICAR - SIMIT
- ICAR - SIVIM
- ICAR - Fondazione AVIRALIA

AUDITORIUM

16:40 - 17:00

CLOSING REMARKS

M. Andreoni (Roma), **A. Antinori** (Roma), **C.F. Perno** (Roma)

AUDITORIUM

Poster Exhibition

ANTIRETROVIRAL STUDIES

- P 1 Efficacy and safety of Raltegravir during routine clinical practice: a single-centre descriptive study**
E. Schiaroli, S. Cipriani, F. Baldelli, D. Francisci
Clinica di Malattie Infettive, Università degli Studi di Perugia
- P 2 Three-years follow up of raltegravir and/or maraviroc-based regimens in patients experienced to PI, NRTI, NNRTI. Update from the ISS-NIA cohort**
L.E. Weimer¹, M. Florida¹, R. Bucciardini¹, S. Baroncelli¹, C.M. Galluzzo¹, M.F. Pirillo¹, V. Fragola¹, S. Donnini¹, M. Mirra¹, M. Di Gregorio¹, S. Lucattini¹, L. Fucili¹, F. Baldelli², D. Francisci², E. Schiaroli², S. Bastianelli², G. Angarano³, N. Ladisa³, A. Volpe³, V. Vullo⁴, G. D'Ettore⁴, G. Ceccarelli⁴, M. Andreoni⁵, L. Sarmati⁵, D. Delle Rose⁵, V. Tozzi⁶, R. Libertone⁶, L. Pucillo⁶, R. Bellagamba⁶, N. Petrosillo⁶, S. Cicalini⁶, L. Sighinolfi⁷, D. Segala⁷, O. Armignacco⁸, R. Preziosi⁸, C. Ferrari⁹, A. Degli Antoni⁹, A. Cavalli⁹, G. Parruti¹⁰, F. Sozio¹⁰, L. Cosentino¹⁰, A. Vivarelli¹¹, P.E. Manconi¹², F. Ort¹², L. Di Martino¹², P. Viale¹³, G. Verucchi¹³, S. Tedeschi¹³, M. Tavio¹⁴, R. Del Gobbo¹⁴, A. Mataloni Paggi¹⁴, A. Giacometti¹⁵, O. Cirioni¹⁵, E. Marchionni¹⁵, F. Barchiesi¹⁵, L. Brescini¹⁵, P. Morone¹⁵, M. Mazzocato¹⁵, M.S. Mura¹⁶, M. Mannazzu¹⁶, G. Guaraldi¹⁷, B. Beghetto¹⁷, G. Nardini¹⁷
¹Istituto Superiore di Sanità, Roma; ²Università di Perugia; ³Università di Bari; ⁴Università La Sapienza, Roma; ⁵Università Tor Vergata, Roma; ⁶INMI L. Spallanzani, Roma; ⁷Arcispedale S. Anna, Ferrara; ⁸Ospedale Belcolle, Viterbo; ⁹Azienda Ospedaliera di Parma; ¹⁰Presidio Ospedaliero S. Spirito, Pescara; ¹¹Ospedale Civile, Pistoia; ¹²Policlinico Universitario, Cagliari; ¹³Università degli Studi "Alma Mater Studiorum" e Ospedale Policlinico S. Orsola, Bologna; ¹⁴Ospedali Riuniti, Ancona; ¹⁵Università di Ancona; ¹⁶Università di Sassari; ¹⁷Università degli Studi di Modena e Reggio Emilia, Modena
- P 3 Post Authorization Non-interventional Study including HIV1-infected patients starting or already in treatment with darunavir/ritonavir**
A. Antinori¹, A. d'Arminio Monforte², N. Gianotti³, G. Meraviglia⁴, C. Mussini⁵, P. Nasta⁶, G. Airoldi⁷, S. Cazzaniga⁸, D. Mancusi⁹, R. Termini⁹
¹Clinical Department, National Institute for Infectious Diseases "L. Spallanzani", Roma, Italy; ²Department of Medicine, Surgery and Dentistry - University of Milan, Clinic of Infectious Diseases, "San Paolo" Hospital, Milan, Italy; ³Clinic of Infectious Diseases, "San Raffaele" Hospital, Milan, Italy; ⁴Department of Infectious Disease, "L. Sacco" University Hospital, Milan, Italy; ⁵Institute of Infectious Diseases, University of Modena and Reggio Emilia, Modena, Italy; ⁶Infectious Disease Clinic, Spedali Civili di Brescia, Brescia, Italy; ⁷Studio Associato Airoldi, Cicogna, Ghirri - Milan, Italy; ⁸Janssen Italy, Global Clinical Operations, Cologno Monzese - Milan, Italy; ⁹Janssen Italy, Medical Affairs, Cologno Monzese - Milan, Italy
- P 4 The use of rilpivirine-based HAART in clinical practice: results from the SCOLTA Project**
P. Bagella¹, C. Bellacosa², C.B. Menzaghi³, G.C. Orofino⁴, G. Penco⁵, F. Vichi⁶, C. Martinelli⁷, G.V.L. De Socio⁸, S. Di Giambenedetto⁹, G. Madeddu¹, G. Parruti¹⁰, A. Di Biagio¹¹, B.M. Celesia¹², L. Valsecchi¹³, R. Libertone¹⁴, C. Dentone¹⁵, S. Passerini¹³, E. Ricci¹⁶, P. Bonfanti¹⁷, T. Quirino³, on behalf of the CISA Study Group
¹Department of Clinical and Experimental Medicine, University of Sassari, Italy; ²Infectious Disease Clinic, University of Bari, Italy; ³Unit of Infectious Diseases, Busto Arsizio Hospital, Busto Arsizio, Italy; ⁴Department of Infectious Diseases, Amedeo di Savoia Hospital, Turin, Italy; ⁵Unit of Infectious Diseases, Galliera Hospital, Genoa, Italy; ⁶Unit of Infectious Diseases, Santa Maria Annunziata Hospital, Firenze, Italy; ⁷Unit of Infectious Diseases, Careggi Hospital, Firenze, Italy; ⁸Unit of Infectious Diseases, Santa Maria Hospital, Perugia, Italy; ⁹Clinic of Infectious Diseases, Catholic University of the Sacred Heart, Rome, Italy; ¹⁰Department of Infectious Diseases, Pescara Hospital, Italy; ¹¹Infectious Diseases, San Martino Hospital, University of Genoa, Italy; ¹²Unit of Infectious Diseases, Garibaldi Hospital, Catania, Italy; ¹³Department of Infectious Diseases, L. Sacco Hospital, Milan, Italy; ¹⁴National Institute for Infectious Diseases "Lazzaro Spallanzani", Rome, Italy; ¹⁵Department of Infectious Diseases, San Remo Hospital, Italy; ¹⁶EPI2004 Milano, Italy; ¹⁷Unit of Infectious Diseases, A. Manzoni Hospital, Lecco, Italy
- P 5 Darunavir Based Dual Therapy in HIV Experienced Patients**
G. Sterrantino¹, M. Zaccarelli², A. Di Biagio³, B. Bruzzone³, A. Rosi⁴, P. Cicconi⁵, T. Carli⁶, M. Biondi⁷, A. Antinori⁸, D. Bartolozzi¹, G. Penco⁹
¹Malattie Infettive e Tropicali, Azienda Ospedaliera Universitaria Careggi, Florence, Italy; ²Unità Operativa Immunodeficienze Virali, I.N.M.I. "L. Spallanzani" I.R.C.C.S., Rome, Italy; ³Malattie Infettive e Tropicali, Azienda Ospedaliera Universitaria San Martino, Genoa, Italy; ⁴Dipartimento di biotecnologie mediche, Università di Siena, Siena, Italy; ⁵Malattie Infettive e Tropicali, Azienda Ospedaliera San Paolo, Milan, Italy; ⁶Malattie Infettive e Tropicali, Ospedale Misericordia, Grosseto, Italy; ⁷Diagnostica Molecolare Infettivologica, Azienda Ospedaliera San Paolo, Milan, Italy; ⁸Dipartimento Clinico, INMI L. Spallanzani IRCCS, Rome, Italy; ⁹Malattie Infettive, Ente Ospedaliero Ospedali Galliera, Genoa, Italy
- P 6 Dual antiretroviral therapy simplification strategy in a cohort of pluri-experienced, virologically suppressed, HIV-1 infected patients**
A. Fantauzzi¹, F. Pulvirenti¹, M. Florida², G. d'Ettore³, G. Ceccarelli³, L. Bianchi³, V. Vullo³, I. Mezzaroma¹
¹Department of Clinical Medicine University of Rome; ²Department of Therapeutic Research and Medicines Evaluation, National Institute of Health, Rome; ³Department of Public Health and Infectious Diseases, Sapienza - University of Rome, Italy
- P 7 Absence of inflammatory marker modifications after switching to abacavir/lamivudine fixed-dose: implications for antiretroviral therapy optimization**
A. Fantauzzi¹, F. Falasca², M. Florida³, F. Di Campli⁴, R. Pascone⁵, O. Turriziani², V. Vullo⁶, I. Mezzaroma¹
¹Dpt. of Clinical Medicine, Sapienza - University of Rome; ²Dpt. of Molecular Medicine, Sapienza - University of Rome; ³Dpt. of Therapeutic Research and Medicines Evaluation, National Institute of Health (ISS), Rome; ⁴VitV Healthcare; ⁵Dpt. of Cellular Biotechnologies and Hematology, Sapienza - University of Rome; ⁶Dpt. of Public Health and Infectious Diseases, Sapienza - University of Rome, Rome, Italy
- P 8 Dual antiretroviral therapy simplification strategy improves adherence and metabolic profiles in a cohort of HIV-1 infected patients**
F. Pulvirenti¹, A. Fantauzzi¹, M. Florida², G. d'Ettore³, G. Ceccarelli³, T. Ascoli Bartoli³, F. Di Sora⁴, W. Leti⁴, F. Montella⁴, V. Vullo³, I. Mezzaroma¹
¹Department of Clinical Medicine University of Rome, Italy; ²Department of Therapeutic Research and Medicines Evaluation, National Institute of Health (ISS), Rome, Italy; ³Department of Public Health and Infectious Diseases, Sapienza - University of Rome, Italy; ⁴Division of Clinical Immunology, San Giovanni-Addolorata Hospital, Rome, Italy
- P 9 HAART in the intensive care unit: retrospective analysis of the integrase-inhibitor impact**
M. Antonini, M. Maritti, G. Stazi, L. Marchioni, C. Dantimi, A. Ammassari¹
UOC Rianimazione - POIT Department - ¹Clinical Department - INMI "L. Spallanzani" IRCCS - Rome - Italy
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- P 56 Strongyloidiasis in HIV population**
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- P 60 Human Papillomavirus (HPV) prevalence in HIV positive and HIV negative men having sex with men (MSM)**
 C. Ucciferri¹, M. Tamburro¹, K. Falasca², Z. Di Rosa¹, I. Fanelli¹, G. Ripabelli¹, J. Vecchiet², M.L. Sammarco¹
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 C. Ucciferri¹, K. Falasca², F. Vignale², P. Sabatini³, A. Prozzo³, J. Di Biase², G.P. Sabusco¹, E. Tartaglia¹, J. Vecchiet²
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- P 63 HIV-1 Tat protein vaccination in mice infected with Mycobacterium tuberculosis (Mtb) is safe and reduces Mtb lung pathology**
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- P 64 Evaluation of the prevalence of tuberculosis infection in a HIV-infected population enrolled before and after antiretroviral therapy using the QuantiFERON TB-Gold In tube**
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- P 65 Pneumocystis jiroveci pneumonia in late presenter HIV-infected patients: high rate of immune reconstitution inflammatory syndrome and mortality**
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- P 66 Dysregulation of MMPs and TIMPs in HCV monoinfected and HCV/HIV coinfecting patients. Positive effect of HCV protease inhibitor treatment**
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- P 67 HCC Survival Outcome in HIV+ Patients of an Italian Centre between Years 1998-2013**
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- P 68 The impact of HAART on liver fibrosis: predictors of disease progression and mortality in a cohort of HIV-HCV co-infected patients with detectable HCV-RNA**
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- P 69 CCR5 inhibitor based antiretroviral therapy slows liver fibrosis progression in HIV/hepatitis C co-infected patients**
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- P 70 The epidemiology of HBV, HCV, and HIV in an urban cohort in Tuscany (Italy)**
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- P 71 ITPA and SLC29A1 genotyping before triple anti-HCV therapy with pegylated interferon, ribavirin and telaprevir predict severity of ribavirin-induced anemia**
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- P 72 Switch To Atazanavir/rtv Based antiretroviral Regimen Reduces glucose abnormalities and liver fibrosis in HIV/HCV Coinfected Patients (COAT Study)**
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- P 73 Interferon-gamma (IFN- γ)-inducible protein-10 (IP-10) and sCD163 as immune biomarkers for monitoring patients with HIV/HCV coinfection and HCV mono-infection**
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- P 74 Early HCV-RNA decay and levels of inflammatory biomarkers after initiation of a triple therapy with Telaprevir, PEG-IFN and Ribavirin in HIV/HCV co-infected patients**
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- P 75 Preliminary application of electromagnetic tomography technique (LORETA) to HCV chronic infected patients: evidence for a Central Nervous System impairment**
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- P 76 Monitoring renal function during combination therapy with Telaprevir in HIV/HCV co-infected patients with advanced fibrosis/cirrhosis**
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- P 77 Reasons and predictors of not starting anti-HCV treatment in patients with HIV/HCV coinfection**
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- P 78 HIV does not affect the sustained virological response in patients with HCV (genotype 2 and 3) infection treated with peginterferon and ribavirin**
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- P 79 Clinical significance of platelets count in HIV HCV co-infected patients treated with pegylated interferon alpha-2a and ribavirin**
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- P 80 Origin and circulation of Hepatitis C Virus subtype 2c in Southern Italy**
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- P 81 Resistance genotyping testing for the detection of resistance-associated variants in treatment failure under Telaprevir or Boceprevir based therapy for chronic hepatitis C infection**
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- P 82 IFNL4 and IFNL3 associated polymorphisms strongly influence the spontaneous IFN-alpha receptor -1 expression in PBMC from HCVinfected patients**
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P 84 HIV-1 molecular epidemiology studies in migrant populations living in Italy

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P 85 HIV-1 subtypes dynamics in populations of migrants in Italy

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P 86 An Italian outbreak of a novel CRF01_AE variant among young MSM

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P 87 Standardized HIV incidence among migrants in Italy

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P 88 Changing HIV epidemiology in Naples area: newly detected HIV women are mostly from foreign countries

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★ P 89 HIV and gender differences in Tuscany

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IMMUNOLOGY

P 90 MHC haplotype influences innate immune response in SHIV infected monkeys

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P 91 Role of individual's T-cell immunome in controlling HIV-1 progression

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P 92 Supplementation with Lactobacillus Casei shirota and immune function in HIV subjects

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P 93 Antiretroviral therapy restores NKG2D expression on NK and CD8+ T cells in HIV-1-infected individuals: a comparison between different therapeutic regimens

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- P 94 Successful treatment of HIV increases the expression of IL-18 receptor α -chain short transcript**
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- P 95 MX2 haplotypes associated with natural resistance to HIV-1 infection**
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- P 96 HIV infection specifically modulates polyfunctional Vgamma9Vdelta2 T cell responses, heavily depending on CD4 T cell count**
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- P 97 HIV infection of monocytes-derived dendritic cells inhibits Vgamma9Vdelta2 T cells functions**
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- P 98 Immunomodulatory effects of HIV-1 gp120 on human dendritic cells: role of STAT3/IL-6 axis**
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- P 99 Lower IL-18 urine levels characterize Darunavir plus Raltegravir therapy schedule compared with Efavirenz/Emtricitabine/Tenofovir STR**
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- P 100 Distinct NK cell regulation in Virologically Discordant non Progressor patients, additional to EC/LTNP**
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- P 101 Extracellular HIV-1 Tat Protein promotes HIV-1 Infection and Modifies Virus Susceptibility to Neutralization**
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- P 102 Cell activation and HIV replication in resting CD4+ T lymphocytes ingesting exosomes from cells expressing defective HIV-1**
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- P 103 Cell membrane-associated HIV-1 Tat protein inhibits antigen-specific CD8+ T cell activation in an integrin-dependent manner**
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- P 104 sEPCR as predictor of immuno-virological response to antiretroviral therapy in HIV-naïve patients with chronic infection**
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- P 105 MicroRNA-29 family: expression, interaction with antiviral immune response and clinical significance in HIV-1-infected patients**
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- P 161 Pure red cell aplasia due to Parvovirus B19 in an HIV-infected patient with diffuse large B-cell lymphoma treated with high dose chemotherapy and Rituximab**
A. Cascavilla, I. Danese, P. Viale
Infectious Disease Unit, S.Orsola-Malpighi Hospital, University of Bologna

- P 162 Maraviroc intensification in HIV-2 infection with incomplete CD4+ T-cell recovery**
A. Cascavilla, I. Danese, L. Calza, V. Colangeli, I. Bon¹, M.C. Re¹, P. Viale
Infectious Disease Unit and ¹Operative Unit of Microbiology, S.Orsola-Malpighi Hospital, University of Bologna
- P 163 Outpatient parenteral treatment of spondylodiscitis in a HIV positive patient – a case report**
M.P. Sciotti, P. Mancino, P. Roselli, S. Antonelli
Infectious Diseases Department, “San Pio da Pietrelcina” Hospital, Vasto (CH) Italy
- P 164 Clearance of HCV with HAART in an HIV-1/HCV coinfecting patient**
M.A. Carleo, O. Tambaro, A. Marocco, G. Palmiero, N. Schiavone, G. Bonadies, R. Orlando, G. Borgia
Dipartimento ad Assistenza Integrata di Medicina Clinica - U.O.C. di Malattie Virali incluso AIDS DH - Azienda Ospedaliera Universitaria “Federico II” di Napoli
- P 165 Impact of maraviroc based-therapy on liver fibrosis in HIV/HCV coinfecting patient: a case report**
S. Ferrara¹, A. Tartaglia¹, S. Sica¹, B. Grisorio¹
¹*Emergent Infectious Disease Unit, Azienda Ospedaliero-Universitaria OORR Foggia*
- P 166 Feasibility of telaprevir-based triple therapy in an hemophilic P/R relapser coinfecting with HCV 1a and HIV**
T. Prestileo¹, F. Di Lorenzo¹, E.R. Dalle Nogare¹, A. Ficalora¹, A. Sanfilippo¹, S. Amato¹, A. Craxi²
¹*UOC di Malattie Infettive, ARNAS, Ospedale Civico-Benfratelli, Palermo, Italy;* ²*Sezione di Gastroenterologia, DIBIMIS, Università di Palermo, Italy*
- P 167 Nucleo(t)side analogues (NAs) may result in the regression of fibrosis, prevent end stage liver diseases but fail to prevent HCC. Case Report**
T. Prestileo¹, E.R. Dalle Nogare¹, F. Di Lorenzo¹, L. Cuccia², Z. Borsellino², S. Amato¹
¹*National Bureau for Health and High Specialization (ARNAS), Hospital Civico-Benfratelli. Division of Infectious Diseases. Palermo, Italy;* ²*National Bureau for Health and High Specialization (ARNAS), Hospital Civico-Benfratelli. Division of Hematology and Thalassemia. Palermo, Italy*
- P 168 A medical mystery: cirrhosis or not cirrhosis (an atypical case of HIV-HCV coinfection)?**
M.C. Cerri, A. Regazzetti, M.I. Arcidiacono, E. Maffezzini, M. Piazza, M. Tinelli
USC di Malattie Infettive e Tropicali - Azienda Ospedaliera della Provincia di Lodi
- P 169 A case of reactivation of occult HBV infection in a multi-experienced HIV-patient during NUCs-sparing ARV therapy**
A. Regazzetti, M.I. Arcidiacono, M.C. Cerri, E. Maffezzini, M. Piazza, M. Tinelli
USC di Malattie Infettive e Tropicali - Azienda Ospedaliera della Provincia di Lodi
- P 170 Severe acute hepatitis caused by darunavir/ritonavir: a case report**
C. Campoli, L. Badia, G. Vandi, P.L. Viale, G. Verucchi
Infectious Diseases Unit - Department of Medical and Surgical Sciences - Alma Mater Studiorum University of Bologna, Italy
- P 171 Rilpivirine switch to improve diabetes in an HIV-positive old patient**
C. Ucciferri¹, K. Falasca², F. Vignale², J. Di Biase², Z. Di Rosa¹, G.P. Sabusco¹, J. Vecchiet²
¹*Department of Medicine and Health Science, University of Molise, Campobasso, Italy;* ²*Clinic of Infectious Diseases, Department of Medicine and of Aging, University “G. d’Annunzio” Chieti, Italy*
- P 172 Symptomatic intestinal spirochaetosis in an HIV MSM patient**
M. Fison¹, I. Zagni², R. Baiocco³, M. Malena¹
¹*Centre of Preventive Medicine, ULSS 20, Verona;* ²*Gastrointestinal Endoscopy, General Medicine Unit, Desenzano del Garda General Hospital (BS);* ³*Department of Pathology, Desenzano del Garda General Hospital (BS)*
- P 173 Primary NNRTI resistance among newly HIV-1 diagnosed subjects: case report**
D.C. Cibelli, G. Brindicci, R. Losappio, G. Vitrani, G. Infante, A. Giannelli, A. Pappalettera, T. Fontana
Department of Infectious Diseases - Hospital “Vittorio Emanuele II” of Bisceglie, Italy
- ★ **P 174 Severe consequences of omitted PEP (post exposure prophylaxis) after sexual violence: a young woman hiv-1 positive with recurrent genital condylomata**
A. Migliucci¹, R. Saviano¹, C. Vassallo¹, A. Vallefuoco¹, A. Capone¹, P. Rosario², P. Martinelli¹, M. Sansone¹
¹*Department of Obstetrics, Gynecology, Urology. Complex Operative Unit of Obstetrics and Gynecological Emergencies, ²Cotugno Hospital, 5th Division*
- P 175 Acute myopericarditis as unusual presentation of primary HIV-1 infection**
G. Vandi, L. Calza, V. Colangeli, I. Bon¹, C. Campoli, G. Verucchi, M.C. Re¹, P. Viale
Infectious Disease Unit and ¹Microbiology Unit, S.Orsola-Malpighi Hospital, University of Bologna
- P 176 Peripheral facial paralysis: first clinical sign of acute HIV infection**
E. Vanino, N. Girometti, L. Calza, G. Verucchi, P. Viale
Infectious Disease Unit, Bologna
- P 177 About Immune Restoration Syndrome (IRIS): a case of atypical focal MAC infection and a case of HCV reactivation in a coinfecting patient**
M. D’Abbraccio, A. Busto, M. De Marco, M. Ficoni, G. Guida, A. Maddaloni and N. Abrescia
U.O.C. IV Department, Infectious Diseases Hospital “D. Cotugno” - AO Dei Colli - Naples
- P 178 Tuberculosis-Associated Immune Reconstruction Inflammatory Syndrome (TB-IRIS) in HIV-1 Infected Patients: case report**
D.C. Cibelli¹, R. Losappio¹, G. Infante¹, G. Vitrani¹, G. Brindicci¹, A. Pappalettera¹, A. Giannelli¹, C. Venitucci², G. De Candia², A.R. Doronzo², T. Fontana¹
¹*Department of Infectious Diseases - Hospital “Vittorio Emanuele II” of Bisceglie, Italy;* ²*Division of Clinical Pathology and Microbiology - Hospital “Vittorio Emanuele II” of Bisceglie, Italy*
- P 179 HIV-1 viral encephalitis caused by an antiretroviral-resistant strain as a consequence of a cerebrospinal fluid (CSF) viral escape**
F. Vignale¹, C. Ucciferri², K. Falasca¹, F. Ricci¹, M. Di Carlo¹, A. Di Girolamo¹, J. Vecchiet¹
¹*Clinic of Infectious Diseases, Department of Medicine and Science of Aging, University “G. d’Annunzio” Chieti-Pescara, Chieti, Italy;* ²*Department of Medicine and of Health Sciences, University of Molise, Campobasso, Italy*



- P 180 Oral miltefosine for the treatment of HIV-related chronic visceral Leishmaniasis**
E. Pontali, G. Cenderello, M. Feasi, N. Bobbio, M.P. Crisalli, A. Torresin, G. Penco, R. Piscopo, G. Cassola
Department of Infectious Diseases - Galliera Hospital - Genoa
- P 181 Non HIV related mediastinal lymphadenopathy in HIV patients**
M. De Marco, A. Busto, M. D'Abbraccio, M. Ficoni, M.G. Guida, A. Maddaloni and N. Abrescia
U.O.C. IV Department, Infectious Diseases Hospital "D. Cotugno" - AO Dei Colli - Naples
- P 182 An unusual case of atypical mycobacteriosis in an HIV-infected patient**
P. Vitiello, C. Zeroli, M.G. Pravettoni, T. Quirino
U.O Malattie Infettive, Ospedale di Busto Arsizio
- P 183 Kidney biopsy findings in a case of reversible renal damage after the initiation of antiretroviral therapy (ART)**
V. Belvisi
"Sapienza" University / S.M. Goretti Hospital-Latina
- P 184 Central nervous system tuberculosis-associated immune reconstitution inflammatory syndrome in an HIV-positive patient: an unusual biopsy-proven case**
M.L. Giancola¹, F. Baldini¹, C.M. Carapella², E. Busi Rizzi³, R. Maddaluno¹, L. Alba¹, A. Antinori¹
¹Clinical Department, National Institute for Infectious Diseases "Lazzaro Spallanzani", IRCCS, Rome, Italy; ²Division of Neurosurgery, Department Neuroscience, Regina Elena National Cancer Institute, Rome, Italy; ³Diagnostic Department, Radiology, National Institute for Infectious Diseases "Lazzaro Spallanzani", Rome, Italy
- P 185 Challenges in the management of an HIV-HBV co-infected patient**
G. Tonziello
Azienda Ospedaliero-Universitaria Ospedali riuniti di Trieste
- P 186 Persistence of low-level viremia in an HIV-1 infected patient with primary drug resistance mutations: a case report**
A. D'Avino
Istituto di Clinica delle Malattie Infettive - Università Cattolica del Sacro Cuore, Policlinico Agostino Gemelli, Roma
- P 187 HBsAg and HBeAg clearance after raltegravir introduction in an HIV/HBV co-infected advanced naive patient**
E.N. Cavallari
"Sapienza" Università di Roma, Policlinico Umberto I, Roma
- P 188 Maraviroc in patient with HIV infection and PML-IRIS. A case report**
A. Patacca
Ospedale S. Maria della Misericordia, Perugia
- P 189 Failure of HAART therapy in a congenital HIV patient: an attempt of rescue with dolutegravir**
G.M.F. Moscato, A. Ricciardi, A.R. Buonomini, C. Cerva, V. Malagnino, L. Dori, M. Andreoni
Department of Medicine - Infectious Diseases Unit - Tor Vergata Teaching Hospital, Rome, Italy
- P 190 Persistent low level viremia in a compliant HIV-positive patient with wild type HIV strain and immunological response: which options?**
M. Bracchi
Clinica Universitaria, Malattie Infettive, Amedeo di Savoia, Torino
- P 191 A case of multiple abscesses and femoral head necrosis in a 60-year old HIV-infected patient with severe osteoarticular pain**
R. Gagliardini
Policlinico Gemelli, Università Cattolica del Sacro Cuore, Roma
- P 192 Difficult management of a high viremia rebound in a long-term suppressed patient: HIV enteropathy or Celiac Disease, that is the question**
E. Teti, L. Gianserra, L. Ciullini, D. Novarini, F. Policastro, A. Pennica
Clinical Infectious Diseases, Sant'Andrea Hospital, Sapienza University of Rome, Italy

ViiV Healthcare

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Informazioni generali

Sede Congressuale

Sheraton Conference Center

Via del Pattinaggio, 100 - 00144 Roma - www.sheratonrome.com

Come raggiungere la sede congressuale



STAZIONE FERROVIARIA ROMA TERMINI
10 km dalla stazione - 15 minuti in auto



AEROPORTO ROMA FIUMICINO
20 km dall'aeroporto - 30 minuti in auto



AUTO
Ampio parcheggio gratuito all'interno del Centro Congressi



METROPOLITANA
A pochi minuti dal Centro Congressi: dalla Stazione EUR Magliana (collegata alla stazione ferroviaria Termini), è consigliabile prendere il sottopassaggio davanti all'ingresso della stazione della metropolitana per raggiungere una fermata dell'autobus. Prendere l'autobus numero 31, 771 o 780 (una sola fermata).

Date dei Corsi e del Congresso

Corsi pre-Congressuali: domenica 25 maggio dalle ore 14:00 alle ore 16:00

Congresso: da domenica 25 maggio dalle ore 16:00 a martedì 27 maggio alle ore 17:00

Eventi ICAR

Sessione Inaugurale: domenica 25 maggio dalle ore 17:00 in Auditorium

Premiazione ICAR-CROI: domenica 25 maggio dalle ore 20:00 in Auditorium

ICAR 2014 Welcome Reception: domenica 25 maggio dalle ore 20.30 in sede congressuale

Premiazioni ICAR-SIMIT, SIVIM, Aviralia: martedì 27 maggio dalle ore 16:25 in Auditorium

Lingue ufficiali/Congress languages

Italiano e Inglese. Non è prevista traduzione simultanea/*No simultaneous translation provided*

Apertura Segreteria Congressuale

Domenica 25 maggio dalle ore 10:00 alle ore 20:00

Lunedì 26 maggio dalle ore 08:00 alle ore 19:00

Martedì 27 maggio dalle ore 08:00 alle ore 17:00

Apertura Area Espositiva

Domenica 25 maggio dalle ore 13:00 alle ore 19:00

Lunedì 26 maggio dalle ore 08:30 alle ore 20:30

Martedì 27 maggio dalle ore 08:30 alle ore 17:00

Segreteria Organizzativa

Effetti Srl

Via Gallarate 106 - 20151 Milano - Tel. 02 3343281 - Fax 02 38002105

www.effetti.it - www.makeevent.it

Quick link

Segreteria Organizzativa: icar2014@effetti.it

Segreteria Abstract: abstract.icar2014@effetti.it

ICAR website: www.icar2014.it



Quote d'iscrizione

Quote di iscrizione al Congresso (IVA 22% ESCLUSA)

Medico	€ 600,00
Medico < 35 anni, Biologo, Biotecnologo, Farmacista	€ 250,00
Medico in formazione specialistica	€ 50,00
Studenti	gratuito
Esponenti della HIV/AIDS Community	gratuito

Iscrizione giornaliera al Congresso (IVA 22% ESCLUSA)

Medico	€ 300,00
Medico < 35 anni, Biologo, Biotecnologo, Farmacista	€ 100,00
Medico in formazione specialistica	€ 25,00

Corsi pre-Congressuali

(a completamento dei posti disponibili)

gratuito

Iscrizione al Congresso e ai Corsi pre-Congressuali

La quota di iscrizione comprende: kit congressuale (borsa, badge, attestato), coffee break, colazioni di lavoro in sede congressuale nei giorni 26 e 27 maggio, iscrizione ECM e documentazione, CD-abstract congressuale, Cerimonia Inaugurale e Welcome Cocktail la sera del 25 maggio.

Iscrizione giornaliera al Congresso - La quota di iscrizione comprende: partecipazione alle sessioni scientifiche della giornata, kit congressuale, CD-abstract congressuale, coffee break e lunch della giornata, attestato di partecipazione della giornata.

Iscrizione ai Corsi pre-Congressuali: Kit congressuale (borsa, badge, attestato), iscrizione ECM e documentazione, colazione di lavoro e coffee break nella giornata di svolgimento del Corso.

Istruzioni per i Relatori/*Instruction for Speakers*

Non sarà possibile collegare il proprio PC per la presentazione. Tutte le aule congressuali saranno attrezzate per proiezione in power-point e dotate di computer e videoproiettore. I Relatori dovranno consegnare la propria presentazione con almeno 2 ore di anticipo presso il Centro Slide del Congresso dove personale tecnico dedicato li assisterà per:

- Rivedere la presentazione in power-point
- Apportare eventuali modifiche dell'ultimo minuto
- Caricare la presentazione direttamente nella sala della sessione dedicata

It is not possible to bring your presentation directly to the lecture hall. All presentations have to be delivered at the Slide Center Room at least 2 hours before the session. The facilities in the Slide Center Room will provide the possibility of:

- *Reviewing your power-point presentation*
- *Last minute changes of your power-point presentation*
- *Support by technical staff*
- *Uploading your power-point presentation for the dedicated session conference room*

All Speakers are requested to start their presentations with a Disclosure of Potential Conflicts of Interest slide. For more information:
www.icmje.org/conflicts-of-interest/



Poster, Poster Discussion, Oral Communication

Presentazione Poster/Poster Exhibition

Gli Autori potranno affiggere il proprio poster in formato 70x100 cm, previa registrazione, presso l'Area poster all'interno del Centro Congressi. La Segreteria provvederà a comunicare il numero del poster assegnato che dovrà essere montato nell'apposito spazio numerato il 25 maggio dalle ore 10.00 alle ore 16.00 e rimosso il 27 maggio al termine dei lavori.

ICAR Poster exhibition will take place within a dedicated area of the Congress Center. Dimensions should not exceed 70x100 cm. Authors can set up their posters according to the number received from the Organizing Secretariat on May 25, 2014 from h. 10.00 to 16.00 and remove them on May 27, 2014 at the end of the Congress.

Sessioni Orali Poster Discussion/Poster Discussion Oral Sessions

Gli abstract selezionati saranno presentati in sessioni dedicate nell'ambito del programma scientifico. Agli Autori è richiesta la partecipazione durante queste sessioni e la preparazione di 5 slide in power-point che riassumano l'abstract. Il tempo a disposizione per ogni presentazione è di 5 minuti + 2 di discussione. I poster dovranno essere affissi all'interno delle sale secondo il seguente timing:

- Lunedì 26 maggio 2014: set-up dalle ore 09:00 alle ore 10:00 - rimozione h. 19:15
- Martedì 27 maggio 2014: set-up dalle ore 13:15 alle ore 14:00 (oppure la sera precedente dalle ore 19:30) - rimozione h. 16:45

Selected abstract will be presented in Poster Discussion Sessions. The Authors of the selected abstract are requested to attend those sessions and provide 5 (power-point) slides resuming their poster. Time allowed for presentation: 5 minutes followed by 2 minutes for discussion. These posters will be exhibited in the congress room in which they will be presented, according to the following time schedule:

- Monday, May 26, 2014: set-up from h. 09:00 to 10:00 - removal h. 19:15
- Tuesday, May 27, 2014: set-up from h. 13:15 to 14:00 (or on May 26, 2014 from h. 19:15) - removal h. 16:45

Sessioni Comunicazioni Orali /Oral Communication Sessions

Gli abstract selezionati saranno presentati in sessioni dedicate di Comunicazioni Orali nell'ambito del programma scientifico. Agli Autori è richiesta la partecipazione durante queste sessioni e la preparazione di 9 slide in power-point che riassumano l'abstract. Il tempo a disposizione per ogni presentazione orale è di 9 minuti + 2 di discussione.

Selected abstract will be presented in Oral Communication Sessions. The Authors of the selected abstract are requested to attend those sessions and provide 10 (power-point) slides resuming their poster. Time allowed for presentation: 9 minutes followed by 2 minutes for discussion.

All Speakers are requested to start their presentations with a Disclosure of Potential Conflicts of Interest slide. For more information: www.icmje.org/conflicts-of-interest/



CONGRESSO

Il 6° Congresso ICAR è stato accreditato al Ministero della Salute per singola giornata e per le seguenti figure professionali:

NUMERO ID ECM	CREDITI FORMATIVI	FIGURE PROFESSIONALI
DOMENICA 25 MAGGIO 2014		MEDICO CHIRURGO Allergologia ed immunologia clinica Igiene, epidemiologia e sanità pubblica Gastroenterologia Malattie infettive Medicina interna Microbiologia e virologia Patologia clinica BIOLOGO FARMACISTA INFERMIERE TECNICO SANITARIO DI LABORATORIO BIOMEDICO PSICOLOGO
150-91355	2	
LUNEDÌ 26 MAGGIO 2014		
150-91366	5	
MARTEDÌ 27 MAGGIO 2014		
150-91385	3	

Ottenimento dei crediti del Congresso

Partecipanti

Per l'ottenimento dei crediti formativi, i discenti, regolarmente iscritti sono tenuti a:

- indossare il badge nominativo durante i lavori scientifici
- validare la presenza apponendo la firma autografa e l'orario di entrata e uscita, prima dell'inizio dei lavori scientifici e la sera, al termine dei lavori scientifici
- compilare i questionari di valutazione e gradimento per ogni singola giornata.

Relatori

I relatori avranno diritto a n. 1 credito formativo per ogni mezzora di docenza consecutiva. I relatori e i moderatori non possono conseguire i crediti formativi in qualità di discenti nelle giornate in cui risultano accreditati come docenti.

Rilevamento presenze

La rilevazione della presenza dei singoli partecipanti avverrà attraverso la firma a inizio e fine lavori scientifici di ogni giornata e la compilazione del questionario di valutazione e gradimento.

Attestati ECM

L'assegnazione dei crediti è subordinata alla presenza al 100% dell'evento formativo nonché alla corretta compilazione di almeno il 75% delle domande proposte all'interno del questionario di valutazione finale. Sarà inoltre obbligatoria la rilevazione della presenza e la compilazione del questionario di gradimento dell'evento formativo. L'attestazione dei crediti formativi da parte del Provider avverrà attraverso l'invio dei certificati ECM.



CORSI PRE-CONGRESSUALI

I Corsi pre-congressuali del 6° Congresso ICAR sono stati accreditati al Ministero della Salute per singolo corso e con le seguenti modalità:

NUMERO ID ECM	CREDITI FORMATIVI	FIGURE PROFESSIONALI
VIROLOGIA E DIAGNOSTICA DI LABORATORIO AVANZATA		
150-95832	2	MEDICO CHIRURGO Allergologia ed immunologia clinica - Igiene, epidemiologia e sanità pubblica Gastroenterologia - Malattie infettive Medicina interna - Microbiologia e virologia Patologia clinica BIOLOGO TECNICO SANITARIO DI LABORATORIO BIOMEDICO
GESTIONE INFERMIERISTICA DEL PAZIENTE IN TERAPIA ANTIRETROVIRALE		
150-95846	2	INFERMIERE
DISTURBI NEUROCOGNITIVI NELLA PRATICA CLINICA: METODI E STRUMENTI DIAGNOSTICI E ALGORITMI CLINICO-TERAPEUTICI		
150-95855	2	MEDICO CHIRURGO Allergologia ed immunologia clinica - Igiene, epidemiologia e sanità pubblica Gastroenterologia - Malattie infettive Medicina interna - Microbiologia e virologia Neurologia - Patologia clinica - Psichiatria BIOLOGO TECNICO SANITARIO DI LABORATORIO BIOMEDICO PSICOLOGO
PECULIARITA' CLINICHE E DI MANAGEMENT DELL'INFEZIONE DA HIV NELLA POPOLAZIONE MIGRANTE		
150-95884	2	MEDICO CHIRURGO Allergologia ed immunologia clinica - Igiene, epidemiologia e sanità pubblica Gastroenterologia - Malattie infettive Medicina interna - Microbiologia e virologia - Patologia clinica BIOLOGO TECNICO SANITARIO DI LABORATORIO BIOMEDICO

Ottenimento dei crediti dei Corsi

Partecipanti

Per l'ottenimento dei crediti formativi, i discenti, regolarmente iscritti sono tenuti a:

- indossare il badge nominativo durante i lavori scientifici
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- compilare i questionari di valutazione e gradimento per ogni singola giornata.

Relatori

I relatori avranno diritto a n. 1 credito formativo per ogni mezzora di docenza consecutiva.

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La rilevazione della presenza dei singoli partecipanti avverrà attraverso la firma a inizio e fine lavori scientifici di ogni giornata e la compilazione del questionario di valutazione e gradimento.

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Servizi ICAR per i Congressisti

ICAR 2014 mette a disposizione una serie di servizi esclusivi, riservati ai Congressisti:



E' stato messo a disposizione degli Autori dei poster selezionati il servizio "Poster-for-you" che ha consentito di richiedere alla Segreteria Organizzativa la stampa del proprio poster e di ritirarlo direttamente in sede congressuale presso l'Area Poster.

Tutti i poster realizzati tramite tale servizio saranno disponibili anche in versione digitale all'interno del Poster CD-Rom ICAR, distribuito in sede congressuale presso lo stand Bristol-Myers Squibb.

CD-Abstract

Tutti i partecipanti iscritti al Congresso potranno ritirare il CD-Rom ICAR 2014 contenente le presentazioni ufficiali e gli abstract accettati come poster o comunicazioni orali presso lo stand ViiV Healthcare, dietro presentazione del voucher che troveranno all'interno della borsa congressuale.

Cyber Point

Un Cyber Point è a disposizione dei Congressisti presso lo stand AbbVie all'interno dell'area espositiva.

Web Repository

A conclusione del Congresso, il sito ufficiale (www.icar2014.it) pubblicherà il web repository ICAR 2014 contenente gli abstract e le presentazioni dei singoli relatori che avranno acconsentito alla loro divulgazione.



Webcast dei momenti salienti del Congresso e videointerviste ai protagonisti saranno accessibili attraverso il sito ICAR e il portale ViroVip.

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- 3** Bristol-Myers Squibb
- 4** Bristol-Myers Squibb
- 5** GILEAD Sciences
- 6** GILEAD Sciences
- 7** GILEAD Sciences
- 8** JANSSEN-CILAG
- 9** JANSSEN-CILAG
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- 11** READ FILES/Fondazione Icona
- 12** Hospitality suite Fondazione ICONA
- 13** Hospitality suite MSD
- 14** Hospitality suite Community

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Istituzioni**

- A** OSA
- B** ISS-Telefono verde AIDS
- C** VILLA MARAINI
- D** ARCIGAY
- E** ANLAIDS
- F** LILA
- G** NPS
- H** PLUS
- I** NADIR





ALLESTIMENTO 25 MAGGIO 2014



SPAZI CONGRESSO ICAR

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ALLESTIMENTO 26-27 MAGGIO 2014



Legenda

- Area Poster
- Area Congressuale/Espositiva
- Sale Riunioni
- Sale Congressi
- Area Ristorazione
- Stand
- Centro Slide
- Area Community/Istituzioni

Ringraziamenti per i Premi ICAR 2014

ICAR dedica particolare attenzione ai Giovani Ricercatori Italiani ai quali sono state riservate numerose Scholarship.

Il Comitato di Presidenza, la Segreteria Scientifica e la Segreteria Organizzativa della 6° Conferenza ICAR desiderano inoltre ringraziare particolarmente le Società Scientifiche SIMIT, SIVIM e Fondazione AVIRALIA per i premi speciali messi a disposizione dei Giovani Ricercatori:



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3 Borse di Studio da € 3.000,00 l'una, per i migliori abstract presentati nell'ambito delle seguenti aree tematiche: **Clinica, Ricerca di base e Sociale-Epidemiologico**



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Gli abstract verranno selezionati in Sede Congressuale da Commissioni dedicate e i vincitori saranno comunicati in occasione della sessione ICAR 2014 Awards prevista il giorno **27 maggio 2014, nell'ambito della Cerimonia di Chiusura del Congresso, in Auditorium dalle ore 16:25 alle ore 16:40.**



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