ICAR

Italian Conference on AIDS and Retroviruses

VI CONGRESSO NAZIONALE

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ROMA, 25-27 MAGGIO 2014
SHERATON CONFERENCE CENTER

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
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**

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Con il Patrocinio di:

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Ministero della Salute
AIFA, Agenzia Italiana del Farmaco
CNR, Consiglio Nazionale delle Ricerche
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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 comorbosità a lungo termine, ai risultati emergenti nella cura funzionale di HIV, alle prospettive aperte in campo epidemiologico e di diagnosi.

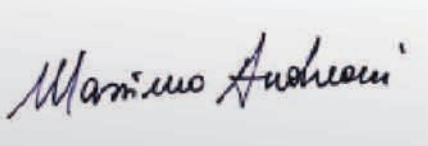
Tra le tematiche più nuove ed affrontate con un taglio fortemente pragmatico, la centralità del rapporto comunicazionale tra paziente e medico, l'esplorazione delle possibilità ad ampio raggio in campo preventivo, la valutazione complessiva del paziente al fine di favorire un monitoraggio d'insieme, 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

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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.**

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

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 CASCATE 2 HALL
POSTER DISCUSSION **ANTIRETROVIRAL THERAPY: ALTERNATIVE OUTCOMES** pag. 26			POSTER DISCUSSION **COMORBIDITIES AND COINFECTIONS** pag. 27	
lunch				
	EXPERT MEETING **NEW PARADIGMS IN HIV TREATMENT: THE VIIV RESEARCH PIPELINE** pag. 28	EXPERT MEETING **FUTURE PERSPECTIVES IN HCV** pag. 29		EXPERT MEETING **EFFICACY AND TOLERABILITY OF ATAZANAVIR, RALTEGRAVIR OR DARUNAVIR WITH FTC/ TENOFOVIR: ACTG 5257** pag. 29
SYMPOSIUM **DIFFICULT CLINICAL CASES: THE JOINT EXPERTISE OF THE VIROLOGIST AND THE HIV SPECIALIST** pag. 34				

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Dep. AIFA in data 08.03.10

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 OFFICIAL PROGRAMME SPONSORED SESSIONS

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 precorso 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 CASCATE 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 immunoricostituzione, 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 precongressuale 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 disordini cognitivi HIV-correlati. Evidenziazione delle criticità ed ottimizzazione del loro utilizzo tramite discussione con esperto in ambito non-HIV.

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 siero-prevalenza 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.

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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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'Ettorre, 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*

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/MM^3: 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	*Nicola Squillace, Monza*
ABCC4 3348 T>C SNP Affects Tenofovir Urinary Output in HIV-positive Patients	*Andrea Calcagno, Torino*
Reliable and Accurate CD4 T Cell Count and Percent of the New Portable Flow Cytometer CyFlow MiniPOC	*Milena Nasi, Modena*
CD8+CD28-CD127CD8+CD28-CD127^{lo}CD39+ T reg: a new biomarker for HIV infection	*Chiara Dentone, Sanremo IM*
Interleukin-32: Expression, Interaction With IFN and Clinical Significance in HIV-1-infection	*Carolina Scagnolari, Roma*
CSF Viral Escape in Patients without Neurological Disorders: Prevalence and Associated Factors	*Carmela Pinnetti, Roma*
New Advanced EEG Technique to Monitor Early Brain Damage in Naïve HIV and its Recovery During ART	*Elisabetta Teti, Roma*
Feasibility and Clinical Utility of HIV-1 Genotype Testing in the Setting of Low Level Viremia	*Maria Santoro, Roma*
HBsAg Genetic Elements Critical for Immune Escape Drives HBV Reactivation Upon Immunosuppression	*Valentina Svicher, Roma*
Incomplete Apobec3G neutralization by Vif mutations facilitates evolution from CCR5 to CXCR4 use	*Claudia Alteri, Roma*
Damage of Gut Junctional Complexes Features HIV-Infected Immunological Non Responders	*Camilla Tincati, Milano*
Mucosal and Systemic Immune Responses in HIV/HPV Coinfected Males	*Camilla Tincati, Milano*
Brisk Walking Improves Inflammatory Markers in cART-Treated Patients	*Valeria Longo, Milano*
Significance of plasma JCV-DNA in HIV progressive multifocal leukoencephalopathy (PML)	*Francesca Ferretti, Milano*
HIV Reservoir Changes in Resting CD4 Subsets in the IL7 plus ART Intensification Eramune 01 Study	*Manuela Pogliaghi, Milano*
Relative genetic contribution to the pharmacokinetics of commonly prescribed antiretrovirals	*Marco Siccardi, Torino*
Quantitative and Phylogenetic Analyses of Persistent HIV in Blood and GALT During Long-Term cART	*Francesco R. Simonetti, Milano*

20:30 - 23:00

ICAR 2014 WELCOME RECEPTION


SCIENTIFIC
PROGRAMME

08:30 - 09:30 **AUDITORIUM**

KEYNOTES LECTURES

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

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 **AUDITORIUM**

ORAL COMMUNICATIONS
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. Croce[1], A. Lazzarin[2], G. Rizzardini[3], N. Gianotti[2], E. Foglia[1], E. Garagiola[1], E. Ricci[3], A. D'Arminio Monforte[4], T. Bini[4], T. Quirino[5], P. Viganò[6], T. Re[6], S. Passerini[3], F. Scolari[1], P. Bonfanti[7]
[1]Centre for Research on Health Economics, Social and Health Care Management (CREMS) - LIUC - Università Cattaneo, Castellanza, Italy; [2]Clinic of Infectious Diseases, Vita-Salute San Raffaele University, Milan, Italy; [3]First Infectious Diseases Department, Luigi Sacco Hospital, Milan, Italy; [4]Unit of Infectious Diseases, San Paolo Hospital, University of Milan, Milan, Italy; [5]Department of Infectious Diseases, Ospedale di Circolo Hospital, Busto Arsizio, Italy; [6]Department of Infectious Diseases, Ospedale Civile Hospital, Legnano, Italy; [7]Department 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. Fabbiani[1], S. Di Giambenedetto[1], A. Antinori[2], E. Quiros-Roldan[3], A. Latini[4], F. Tierno[5], M. Farenga[6], P. Grima[7], G. Madeddu[8], E. Grilli[9], N. Brianese[3], M. Colafigli[4], A. De Luca[10], R. Cauda[1] and ATLAS Group
[1]Institute of Clinical Infectious Diseases, Catholic University of Sacred Heart, Rome, Italy; [2]National Institute for Infectious Diseases "Lazzaro Spallanzani" IRCCS, Rome, Italy; [3]University Division of Infectious and Tropical Diseases, University of Brescia, Brescia, Italy; [4]Infectious Dermatology and Allergology Unit, IFO S. Gallicano Institute (IRCCS), Rome, Italy; [5]Department of Infectious Diseases, "La Sapienza" University, Rome, Italy; [6]Infectious and Tropical Diseases Unit, Amedeo di Savoia Hospital, Torino, Italy; [7]Division of Infectious Diseases, "S. Caterina Novella" Hospital, Galatina, Italy; [8]Department of Clinical and Experimental Medicine, University of Sassari, Italy; [9]Systemic Infections and Immunodeficiency Unit, National Institute for Infectious Diseases "Lazzaro Spallanzani" IRCCS, Rome, Italy; [10]Infectious 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. Galli[1], A. Bigoloni[1], S. Bossolasco[1], M. Guffanti[1], M. Maillard[1], E. Carini[1], S. Salpietro[1], V. Spagnuolo[1,2], N. Gianotti[1], A. Lazzarin[1,2], A. Castagna[1]
[1]Infectious Diseases Department, San Raffaele Scientific Institute, Milan, Italy; [2]University 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. Ammassari[1], C. Pinnetti[1], P. Lorenzini[1], A. Cozzi-Lepri[2], S. Ottou[1], C. Tommasi[1], M. Zaccarelli[1], C.F. Perno[3], M. Capobianchi[1], E. Girardi[1], A. Antinori[1], for the PRIMO Study Group
[1]National Institute for Infectious Diseases "L. Spallanzani," Roma, Italy; [2]University College London, London UK; [3]University 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. Mondi, 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. Madeddu[1], S. Rusconi[2], A. Cozzi-Lepri[3], S. Di Giambenedetto[4], S. Bonora[5], A. Carbone[6], A. De Luca[7], N. Gianotti[6], A. Di Biagio[8], A. Antinori[9] for the Icona Foundation Study Group
[1]University of Sassari, Italy; [2]University of Milan, Italy; [3]University College London, United Kingdom; [4]Catholic University of the Sacred Heart, Rome, Italy; [5]University of Turin, Italy; [6]San Raffaele Scientific Institute, Milan, Italy; [7]University Hospital, Siena, Italy; [8]IRCCS San Martino Hospital, Genoa, Italy; [9]National Institute for Infectious Diseases "Lazzaro Spallanzani", Rome, Italy

OC 8 **Risk of discontinuation of first-line ritonavir-boosted protease inhibitor-based regimens**
G. Lapadula[1], S. Casari[2], S. Di Giambenedetto[3], N. Astuti[4], N. Squillace[1], A. Saracino[5], L. Sighinolfi[6], P. Pierotti[7], A. Pan[8], P. Nasta[2], N. Ladisa[5], E. Di Filippo[4], A. Gori[1], C. Torti[9] for the MASTER Cohort
[1]"San Gerardo" Hospital - University Milano-Bicocca - Monza; [2]Spedali Civili - University of Brescia; [3]Policlinico Gemelli - "Sacro Cuore" Catholic University - Rome; [4]Ospedali Riuniti - Bergamo; [5]Ospedale Policlinico - University of Bari; [6]"Sant'Anna" Hospital - Ferrara; [7]"S. Maria Annunziata" Hospital - Florence; [8]Istituti 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. Antinori[1], F. Maggiolo[2], A. Castagna[3], C. Torti[4], P. Bonfanti[5], G. Parrella[6], R. Scaggiante[7], G. Sterrantino[8], R. Cauda[9], M. Galli[10], A. D'Arminio Monforte[11] and SIMIT 001 Study Team
Mal. Inf. S.M. Annunziata Firenze, [1]INMI L. Spallanzani Roma, [2]Mal. Inf. Bergamo, [3]Mal. Inf San Raffaele Milano, [4]Clin Mal. Inf. Catanzaro, [5]Mal. Inf. Lecco, [6]III Div Osp. Cotugno Napoli, [7]Mal. Inf. Padova, [8]Mal. Inf. Osp. Careggi Firenze, [9]Mal. Inf. Univ. Sacro Cuore Roma, [10]Clin. Mal. Inf. Osp.L. Sacco Milano, [11]Clin. 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. Gentilotti[1], C. Alteri[2], G. Maffongelli[1], M. Viscione[1], D. Leoni[1], N. Cesta[1], S. Gini[1], A. Bertoli[2], M. Santoro[2], P. Sordillo[1], C.F. Perno[2], M. Andreoni[1], L. Sarmati[1]
[1]Clinical Infectious Diseases, Tor Vergata University, Rome; [2]Clinical 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. Ensoli[1], A. Cafaro[2], A. Casabianca[3], A. Tripiciano[1,2], S. Bellino[2], O. Longo[2], V. Francavilla[1,2], O. Picconi[2], C. Sgadari[2], S. Moretti[2], M.R. Pavone Cossut[2], A. Arancio[1,2], C. Orlandi[3], L. Sernicola[2], M.T. Maggiorella[2], G. Paniccia[1,2], C. Mussini[4], A. Lazzarin[5], L. Sighinolfi[6], G. Palamara[7], A. Gori[8], G. Angarano[9], M. Di Pietro[10], M. Galli[11], V. S. Mercurio[12], F. Castelli[13], G. Di Perri[14], P. Monini[2], M. Magnani[3], E. Garaci[15] & B. Ensoli[2]
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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. Cafaro[1], A. Casabianca[3], S. Moretti[1], A. Tripiciano[1,2], M.R. Pavone Cossut[1], S. Bellino[1], C. Orlandi[3], B. Collacchi[1], F. Ferrantelli[1], O. Longo[1], V. Francavilla[1,2], O. Picconi[1], L. Sernicola[1], M.T. Maggiorella[1], G. Paniccia[1,2], C. Sgadari[1], F. Ensoli[2], P. Monini[1], M. Magnani[3], and B. Ensoli[1]
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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. Mangioni[1], A. Muscatello[1], P. Perseghin[2], A. Incontri[2], G. Lapadula[1], A. Gori[1], A. Bandera[1]
[1]Division of Infectious Diseases, Department of Internal Medicine, San Gerardo Hospital, University of Milano-Bicocca, [2]Therapeutic 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. Cimini[1], C. Agrati[1,2], G. D'Offizi[3], C. Vlassi[3], R. Casetti[1], A. Sacchi[1], R. Lionetti[4], V. Bordoni[1], P. Scognamiglio[5], F. Martini[1]
[1]Cellular Immunology Laboratory, [2]Virology Laboratory, [3]Clinical Department, [4]Gastrointestinal Endoscopy Unit, [5]Epidemiology Unit, INMI-IRCCS "L. Spallanzani", Rome, Italy

OC 15 **Impact of CMV infection on soluble markers of myeloid activation in HIV infected subjects**
S. Vita[1], M. Lichtner[2], G. Marchetti[3], C. Mascia[4], E. Merlini[3], P. Cicconi[3], V. Vullo[4], R. Piolini[5], P. Viale[6], A. Costantini[7], C. Mussini[8], A. d'Arminio Monforte[3] for the Icona Foundation Study
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OC 16 **Impact of anti-Tat immunity on the immunological, virological and clinical outcome: a longitudinal cohort-study in cART-treated individuals**
A. Tripiciano[1,2], O. Picconi[1], S. Bellino[1], V. Francavilla[1,2], O. Longo[1], C. Sgadari[1], G. Paniccia[1,2], A. Arancio[1,2], A. Scoglio[1,2], M.J. Ruiz-Alvarez[1,2], G. Angarano[3], N. Ladisa[3], A. Lazzarin[4], G. Tambussi[4], S. Nozza[4], C. Torti[5], E. Focà[5], G. Palamara[6], A. Latini[6], L. Sighinolfi[7], F. Mazzotta[8], M. Di Pietro[8], G. Di Perri[9], S. Bonora[9], V. S. Mercurio[10], C. Mussini[11], A. Gori[12], M. Galli[13], P. Monini[1], A. Cafaro[1], F. Ensoli[2] and B. Ensoli[1]
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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. Suligoi** (Roma)

OC 17 **HIV-1 transmission networks in Italy: epidemilogical characteristics and trend**
A. Lai[1], M. Franzetti[1], M. Prosperi[2], G. Sterrantino[3], F. Saladini[4], B. Bruzzone[5], M. Zazzi[4], M. Ciccozzi[6], A. De Luca[7], C. Balotta[1]
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OC 18 **Prevalence of undiagnosed HIV in Italy at the end of 2012: an estimate based on surveillance data and disease stage**
A. Mammone[1], A. Navarra[1], V. Regine[2], P. Pezzotti[2], C. Angeletti[1], N. Orchi[1], B. Suligoi[2], G. Ippolito[1], E. Girardi[1]
[1]National Institute for Infectious Disease, IRCSS "L. Spallanzani", Rome, Italy; [2]Istituto Superiore di Sanità, Rome, Italy

OC 19 **HIV rapid testing in community sites: results of a multicenter study in Italy**
P. Scognamiglio[1], M. Oldrini[2], G. Chiaradia[1], E. Albertini[3], A. Camposeragna[4], M. Farinella[5], M. Giovanetti[1], D. Lorenzetti[6], M.R. Parisi[7], M.G. Pompa[8], L. Rancilio[9], A. Lazzarin[7], E. Girardi[1], G. Ippolito[1]
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OC 20 **Acute HIV infections in Rome, 2004-2013**
N. Orchi[1], A. Palummieri[1], A. Navarra[1], I. Abbate[2], V. Puro[1], E. Girardi[1] on behalf of the Sendih Group
[1]Dipartimento di Epidemiologia; [2]Laboratorio 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. Palummieri[1], G. De Carli[1], N. Ladisa[2], V. Borghi[3], F. Maggiolo[4], M. Rizzi[4], I. Mezzaroma[5], M. Zaccarelli[1], E. Schiaroli[6], M.R. Pinzone[7], L. Chessa[8], G. d'Ettorre[5], S. Ambu[9], E. Rosenthal[10], P. Cacoub[11], C. Mussini[3], and V. Puro[1]; the PrEPventHIV Italian Study Group
[1]INMI L. Spallanzani - IRCCS, Roma; [2]AO Policlinico, Bari; [3]AOU Modena; [4]AO Giovanni XXIII, Bergamo; [5]Policlinico Umberto I, Roma; [6]Ospedale Santa Maria della Misericordia, Perugia; [7]AO Garibaldi-Nesima, Catania; [8]AOU Cagliari; [9]AOU Careggi, Firenze; [10]CHU de Nice, France; [11]Université 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 Carli[1], E. Schifano[1], S. Pittalis[1], F.M. Fusco[1], F. Niero[2], A. Franco[3], L. Signorini[4], and V. Puro[1]; the Italian Registry of Antiretroviral Post-Exposure Prophylaxis (IRAPEP) Group
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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. Ammassari[1], I. Abbate[2], N. Orchi[3], C. Pinnetti[1], G. Rozera[2], P. Scognamiglio[3], R. Libertone[1], P. Pierro[1], S. Pittalis[3], F. Martini[4], V. Puro[3], E. Girardi[3], A. Antinori[1], M.R. Capobianchi[2] for the SIREA Study Group
[1]Clinical Department; [2]Laboratory of Virology; [3]Department of Epidemiology; [4]Laboratory 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. Fusco[1], L. Scappaticci[1], A. Navarra[1], M. Sciarrone[2], G. De Carli[1], N. Orchi[1], S. Pittalis[1], P. Scognamiglio[1], R. Bellagamba[3], S. Cicalini[3], A. Ammassari[3], M. Zaccarelli[3], E. Girardi[1], V. Puro[1]
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OC 25 **Increased incidence of Sexually Transmitted Diseases (STD) in the recent years: data from the ICONA cohort**
A. Cingolani[1], S. Zona[2], E. Girardi[3], A. Cozzi-Lepri[4], L. Monno[5], E. Quiros Roldan[6], G. Guaraldi[2], A. Antinori[7], A. d'Arminio Monforte[8], S. Marcotullio[9] for the Community Oriented Study Group of The Icona Foundation Study Group
[1]Dep of Public Health, Infectious Diseases, Catholic University, Roma, Italy; [2]Clinic Infectious Diseases, University of Modena and Reggio Emilia, Modena, Italy; [3]Dep of Epidemiology and [7]Clinical Department, National Institute for Infectious Diseases "L.Spallanzani", Roma, Italy; [4]Department of Infection and Population Health, Division of Population Health, UCL Medical School, Royal Free Campus, London, United Kingdom; [5]Institute of Infectious Diseases, University of Bari, Bari, Italy; [6]Institute of Infectious Diseases, University of Brescia, Brescia, Italy; [8]Clinic of Infectious and Tropical Diseases, Dept. of Medicine, Surgery and Dentistry, San Paolo University Hospital Milan, Milano, Italy; [9]Nadir 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. Vandi, 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. Fabbiani[1], M. Zaccarelli[2], C. Pinnetti[2], P. Lorenzini[2], C. Tommasi[2], G. Sterrantino[3], L. Loiacono[2], M. Colafigli[4], A. Ammassari[2], G. D'Ettorre[4], E. Nicastri[2], A. Latini[4], M. Giuliani[4], E. Boumis[2], M. Plazzi[2], R. Cauda[1], S. Di Giambenedetto[1], A. Antinori[2]
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PD 3 **T-cell Phenotype and Function following DRV/r-based First cART in HIV+ Patients with Low CD4 Counts**
C. Tincati[1], G.M. Bellistri[1], E. Merlini[1], A. Savoldi[1], T. Bini[1], R. Termini[2], G. Marchetti[1], A. d'Arminio Monforte[1]
[1]Dipartimento di Scienze della Salute, Clinica di Malattie Infettive e Tropicali, Ospedale San Paolo, Università degli Studi di Milano; [2]Janssen-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. Petrara[1], A.M. Cattelan[2], L. Sasset[2], K. Gianesin[1], F. Carmona[3], M. Zanchetta[3], A. De Rossi[1,3]
[1]Department of Surgery, Oncology and Gastroenterology, Section of Oncology and Immunology, AIDS Reference Centre, University of Padova, Padova; [2]Division of Infectious Disease, Hospital of Rovigo, Rovigo; [3]Istituto 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. Mondi, R. Gagliardini, R. Cauda, A. De Luca[1], S. Di Giambenedetto
Institute of Clinical Infectious Diseases, Catholic University of Sacred Heart, Rome, Italy; [1]Division 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. Viscione[1], D. Leoni[1], E. Gentilotti[1], V. Malagnino[1], C. Cerva[1], G. Maffongelli[1], A. Ricciardi[1], L. Dori[1], A.R. Buonuomini[1], S. Gini[1], N. Cesta[1], D. Delle Rose[1], P. Sordillo[1], A. Bertoli[2], C.F. Perno[2], E. Teti[3], L. Gianserra[3], C. Babiloni[4], P. Onorati[4], G. Noce[4], A. Pennica[3], M. Andreoni[1], L. Sarmati[1]
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PD 7 **Comparative features of HIV and HCV coinfected migrants vs nationals in the MaSTER cohort**
P. Nasta[1], S. Dal Zoppo[2], M. Giralda[2], F. Castelnuovo[1], F. Maggiolo[3], S. Digiambenedetto[4], N. Ladisa[5], S. Costarelli[6], S. Lorenzotti[7], L. Sighinolfi[8], S. Lo Caputo[9], N. Mazzini[10], G. Carosi[11] and the MaSTER study group
[1]Clinic Infectious and Tropical Diseases Institute, Spedali Civili Hospital, Brescia; [2]Institute of Infectious and Tropical Disease, University of Brescia, Brescia; [3]Clinic of Infectious Diseases, Ospedali Riuniti Bergamo; [4]Institute of Infectious Diseases, Catholic University of Sacred Heart, Rome; [5]Institute of Infectious Diseases Policlinico di Bari; [6]Clinic of Infectious Diseases, Ospedale S. Gerardo Monza; [7]Clinic of Infectious Diseases, Istituti Ospitalieri Cremona; [8]Clinic of Infectious Disease, S. Anna Hospital Ferrara; [9]Clinic of Infectious Diseases, S.M. Annunziata Hospital Florence; [10]Engineering Department University of Brescia; [11]Fondazione MISI

PD 8 **Cost assessment of HAART: the Ianua clinical trial in Genoa**
M. Ameri[1], G. Cassola[2], G. Cenderello[2], A. Di Biagio[3], M. Giacomini[4], C. Merlano[5], G. Mazzarello[6], M. Montefiori[1], P. Orcamo[5], M. Setti[6], C. Viscoli[6]
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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. Marocco[1], M. Lichtner[1], T. Tieghi[1], V. Belvisi[1], R. Cesareo[3], F. Schiavone[2], E. Caraffa[2], V. Mercurio[3], M.C. Stella[2], C.M. Mastroianni[2]
[1]Sapienza University of Rome, Polo Pontino, Latina, Italy; [2]Sapienza University of Rome; [3]S.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. Magenta[1], M. Peri[1], T. Bini, G. Marchetti and A. d'Arminio Monforte
Department of Health Sciences-University of Milan, Clinic of Infectious Diseases, San Paolo Hospital; [1]Department 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. Calcagno[1], G. Orofino[2], Cannillo[3], L. Marinaro[1], A. Livelli[2], W. Grosso Marra[3], F. Fedele[4], G. d'Ettorre[5], V. Vullo[5], G. Di Perri[1], S. Bonora[1]
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PD 13 **Survival after cardiovascular events in HIV-infected patients. Analysis data from a Brescia cohort**
A. Ferraresi[1], E. Raffelli[3], N. Brianese[1], D. Gotti[1], M.C. Pezzoli[1], S. Casari[1], F. Donato[3], F. Castelli[1], F. Castelnuovo[2], E. Focà[1], E. Quiros-Roldan[1]
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PD 14 **Human papillomavirus anal infection and anal cytology among HIV-infected and HIV-uninfected men who have sex with men**
M.G. Donà[1], A. Latini[1], L. Ronchetti[2], A. Giglio[3], D. Moretto[3], M. Colafigli[1], V. Laquintana[2], M. Frasca[1], M. Zaccarelli[4], A. Antinori[4], A. Cristaudo[1], M. Giuliani[1]
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PD 15 **High frequencies of TNF-α-expressing Invariant Natural Killer T (iNKT) cells feature HIV-HBV co-infected patients**
M. Basilissi[1], C. Tincati[1], E. Merlini[1], E. Sinigaglia[2], J. Sanchez-Martinez[1], G. Carpani[2], A. d'Arminio Monforte[1], L. Milazzo[3], G. Marchetti[1]
[1]Dipartimento di Scienze della Salute, Clinica di Malattie Infettive e Tropicali, Ospedale San Paolo, Università degli Studi di Milano; [2]Servizio Immunoematologia e Trasfusionale, Ospedale San Paolo, Milano; [3]Dipartimento 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. Lichtner[2], C. Mascia[1], R. Rossi[1], T. Tieghi[2], S. Vita[1], R. Marocco[2], E. Caraffa[1], F. Schiavone, F. Mengoni[1], M.C. Stella[1], C.M. Mastroianni[2], V. Vullo
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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?**	*A. Pozniak, London UK*
13.45 - 14.15	**Which strategies in HCV?**	*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 (EVG) 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**	*C.K. Schewe, Hamburg D*
13.45 - 14.15	**The smart style of switch to new generation of NNRTI based regimen**	*J.M. Molina, Paris F*

13:15 - 14:15 **TIVOLI HALL**

Unrestricted educational grant of ViiV Healthcare

NEW PARADIGMS IN HIV TREATMENT: THE VIIV 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 CASCATE 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 **AUDITORIUM**

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 **FARNESE BAGLIONI HALL**

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**	

14:30 - 15:45 **ESTENSI SFORZA HALL**

SYMPOSIUM

THE SILENT EPIDEMIC

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

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 **AUDITORIUM**

ORAL COMMUNICATIONS

COINFECTIONS

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. Cingolani[1], R. Gagliardini[1], B. Rossetti[2], S. Di Giambenedetto[1], A. Saracino[3], M. Milella[3], P.F. Grima[4], D. Tacconi[5], A. Tortora[6], A. Tosti[7], A. Saviano[8], A. Grieco[9], E. Solomoni[10] and A. De Luca[1,2]
[1]Istituto Clinica Malattie Infettive, Università Cattolica, Roma; [2]UOC Malattie Infettive Universitarie, Azienda Ospedaliera Universitaria Senese, Siena; [3]Malattie Infettive, Università di Bari, Bari; [4]Malattie Infettive, Osp Galatina; [5]Malattie Infettive, Ospedale di Arezzo, Arezzo; [6]Unità di Gastroenterologia, Università Cattolica, Roma; [7]Istituto Malattie Infettive, Università di Perugia, Perugia; [8]Dipartimento Scienze Mediche, Università Cattolica, Roma; [9]Unità di Epatologia, Università Cattolica, Roma; [10]SOD 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. Gori[1], S. Babudieri[2], G. Verucchi[3], M. Puoti[4], A. Lazzarin[5], M. Galli[6], R. Maserati[7], S. Ambu[8], A. D'Arminio Monforte[9], A. Hill[10], M.B. Hadacek[11], A. Di Biagio[12]
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OC 29 **Development and Persistence of DAA Resistance Associated Mutations in Patient Failing Treatment**
S. Paolucci[1], L. Fiorina[1], B. Mariani[1], R. Gulminetti[2], S. Novati[2], R. Maserati[2], G. Barbarini[3], A. Perretti[3], F. Baldanti[1]
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OC 30 **Natural Resistance to NS3 Protease Inhibitors in Hepatitis C Genotype 1a clades 1 and 2 in HIV/HCV coinfected individuals**
S. Bagaglio[1], M. Merli[1], AR. Pignataro[2], H. Hasson[1], E. Boeri[2], E. Messina[1], L. Della Torre[1], A. Galli[1], A Lazzarin[1], C. Uberti-Foppa[1], G. Morsica[1]
[1]Infectious Diseases Dept., Scientific Institute Ospedale San Raffaele, Milan, Italy; [2]Laboratory 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. Taramasso[1], B. Menzaghi[2], G.C. Orofino[3], S. Passerini[4], G.V. De Socio[5], G. Madeddu[6], M. Franzetti[4], C. Bellacosa[7], C. Dentone[8], C. Martinelli[9], B.M. Celesia[10], G. Penco[11], R. Libertone[12], E. Ricci[13], T. Quirino[2], P. Bonfanti[14], A. Di Biagio[1], on behalf of the CISAI Study Group
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OC 32 **Liver disease severity and low bone mineral density in HIV-monoinfected and HIV/HCV co-infected patients**
M. Soresi[1], V. Li Vecchi[1], L. Giannitrapani[1], I. Alongi[2], S. Madonia[2], F. Tramuto[2], G. Mazzola[2], P. Colletti[2], M. Mineo[2], G. Montalto[1], G.B. Rini[1], M. Midiri[3], L. Titone[1], P. Di Carlo[1]
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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. Tincati[1], L. Comi[1], G.M. Bellistrì[1], A. Pandolfo[1], J. Sánchez Martínez[1], V. Rainone[2], M. Rovati[3], M. Clerici[4], D. Trabattoni[2], A. d'Arminio Monforte[1], G. Marchetti[1]
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OC 34 **A new predictive model to improve respiratory isolation strategy in HIV patients with pulmonary tuberculosis**
M. Carugati[1], C. Schiroli[1], F. Zanini[1], N. Vanoni[1], M. Galli[1], F. Adorni[2] and F. Franzetti[1]
[1]Department of Clinical Sciences, Division of Infectious Diseases, Luigi Sacco Hospital, University of Milano, Milano (Italy), [2]Institute 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. Bellino[1], A. Tripiciano[1,2], O. Picconi[1], V. Francavilla[1,2], O. Longo[1], C. Sgadari[1], G. Paniccia[1,2], A. Arancio[1,2], C. Ariola[1,2], M. Campagna[1,2], G. Angarano[3], N. Ladisa[3], A. Lazzarin[4], G. Tambussi[4], S. Nozza[4], C. Torti[5], E. Focà[5], G. Palamara[6], A. Latini[6], L. Sighinolfi[7], F. Mazzotta[8], M. Di Pietro[8], G. Di Perri[9], S. Bonora[9], V. S. Mercurio[10], C. Mussini[11], A. Gori[12], M. Galli[13], P. Monini[1], A. Cafaro[1], F. Ensoli[2] and B. Ensoli[1]
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OC 36 **A regulatory polymorphism modulates TIM-3 expression and susceptibility to HIV-1 infection**
M. Garziano[1], S. Lo Caputo[2], M. Sironi[3], I. Saulle[1], F. Gnudi[1], V. Rainone[1], F. Mazzotta[2], D. Trabattoni[1], M. Clerici[1,4], M. Biasin[1]
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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. Marras[3], G. Cenderello[4], C. Dentone[5], A. Di Biagio[6], L.A. Nicolini[6], C. Viscoli[7], G. Bentivoglio[3], F. Antonini[3], C. Cantoni[3], A. Moretta[1,2], L. Moretta, A. De Maria[2,6]
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OC 38 **Myeloid Derived Suppressor cells from HIV+ patients induce CD3ζ down-modulation on T cells by suppressing the transcription factor ELF-1**
N. Tumino[1], F. Turchi[1], S. Meschi[2], E. Lalle[2], A. Rinaldi[1], R. Casetti[1], V. Bordoni[1], C. Agrati[1], E. Cimini[1], F. Martini[1], A. Sacchi[1]
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OC 39 **Markers of microbial translocation and inflammation in HAART responder subjects affected by Inflammatory Bowel Disease**
A. Fantauzzi[1], Z. Michelini[2], S. Baroncelli[2], C. Pasquale[1], C.M. Galluzzo[2], M. Sanchez[2], C. Fimiani[3], G. D'Ettorre[3], V. Vullo[4], M. Merli[1], I. Mezzaroma[1], L. Palmisano[2]
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OC 40 **ERK based pathway as new selective mechanism for long lasting modulation of CCR5 by natural human antibodies**
A. Venuti[1], L. Diomede[1], C. Pastori[1], G. Siracusano[2], A. Riva[3], M.T. Sciortino[2], L. Lopalco[1]
[1]Division of Immunology, Transplantation and Infectious Diseases, San Raffaele Scientific Institute, Milano; [2]Dep. Of Biological Sciences and Enviroment, University of Messina; [3]Ospedale 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. Scagnolari[1], G. Cacciotti[1], K. Monteleone[1], F. Falasca[1], M. Gentile[1], G. D'ettorre[2], I. Mezzaroma[3], O. Turriziani[1], V. Vullo[2], G. Antonelli[1]
[1]Pasteur Institute-Cenci Bolognetti Foundation, Department of Molecular Medicine, Laboratory of Virology, Sapienza University of Rome; [2]Department of Public Health and Infectious Diseases, Sapienza University of Rome; [3]Department of Clinical Medicine, Sapienza University of Rome

OC 42 **HIV-1 gp120 inhibits eyrthroid differentiation of CD34+ haematopoietic progenitor cells (HPCs)**
S. Morini[1], A. Miserocchi[1], G. Musumeci[1], S. Guardiani, I. Bon[1], D. Gibellini[1], M.C. Re[1]
[1]Retrovirus 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. Svicher, Roma*

15:45 - 17:45 ESTENSI SFORZA HALL

ORAL COMMUNICATIONS

★ 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. Pittalis[1], P. Scognamiglio[1], A. Navarra[1], G. De Carli[1], N. Orchi[1], F.M. Fusco[1], A. Palummieri[1], S. Grisetti[1], A.R. Buonomini[2], E. Anzalone[3], V. Mercurio[4], S. Aviani Barbacci[5], S. Schito[6], E. Girardi[1], V. Puro[1], for the SENDIH Study Group
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OC 44 **Featuring HIV/HCV coinfected women in the Icona Cohort: epidemiological and clinical aspects according to gender**
A. Cingolani[1], P. Cicconi[2], G. Taliani[3], G. Marchetti[2], L. Sighinolfi[4], F. Castelli[5], G. Cassola[6], D. Francisci[7], P. Caramello[8], L. Nicolini[9], M. Puoti[10], A. d'Arminio Monforte[2] for Icona Foundation Study Group and Win Study Group
[1]Institute of Infectious Diseases, Catholic University, Roma; [2]Department of Health Sciences, Infectious Diseases, Milano; [3]Institute of Infectious Diseases, La Sapienza University, Roma; [4]Infectious Diseases, Ferrara Hospital, Ferrara; [5]Institute of Infectious Diseases, University of Brescia, Brescia; [6]Infectious Diseases Galliera Hospital, Genova; [7]Institute of Infectious Diseases, University of Perugia, Perugia; [8]Infectious Diseases, Amedeo d'Aosta Hospital, Torino; [9]Institute of Infectious Diseases, University of Genova, Genova; [10]Institute 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. Girometti[1], L. Appolloni[2], L. Scudeller[3], I. Danese[1], E. Vanino[1], L. Calza[1] and P. Viale[1]
[1]Department of Medical Sciences and Surgery, Section of Infectious Diseases, University of Bologna, S.Orsola-Malpighi Hospital, Bologna, Italy; [2]Unit Of Hospital Pharmacy, S. Orsola-Malpighi Hospital, Bologna, Italy; [3]Scientific Direction, IRCCS San Matteo Policlinic, Pavia, Italy

OC 46 **Persistence of HPV cervical infection and related factors in HIV positive women**
L. Comi[1], F. Bai[1], A. Pandolfo[1], A. Barco[1], S. Dalzero[2], B. Cassani[3], T. Bini[1], M. Ravizza[2], G. Marchetti[1], A. d'Arminio Monforte[1]
[1]Dipartimento di Scienze della Salute, Clinica di Malattie Infettive e Tropicali, Ospedale San Paolo, Università degli Studi di Milano; [2]Dipartimento Materno Infantile, Clinica Ostetrica e Ginecologica, Ospedale San Paolo; [3]Dipartimento 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 Nardo[1], F. Vairo[1], B. Nguhuni[2], Z. Chaula[2], E. Nicastri[1], N. Bevilacqua[1], G. Ippolito[1] and the AMANI Study Group
[1]National Institute for Infectious Diseases-IRCCS "L. Spallanzani", Rome, Italy; [2]Dodoma 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. Tempestilli[1], E. Nicastri[1], N. Bevilacqua[1], F. Vairo[1], P. De Nardo[1], A. Amendola[1], A. Giaffreda[1], S. Fazio[1], G. Liuzzi[1], N. Boniface[2], C. Zainab[2], L.P. Pucillo[1], G. Ippolito[1]
[1]National Institute for Infectious Diseases "L.Spallanzani" IRCCS, Rome, Italy; [2]Resource 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. Cicconi[1], A. Ammassari[2], N. Ladisa[3], A.M. Cattelan[4], T. Bini[1], P. Pierro[2], F. Vichi[5], D. Francisci[6], G. d'Ettorre[7], A. Alessandrini[8], A. d'Arminio Monforte[1], for the DIDI Study within the Women Infectivology Network (WIN Group)
[1]San Paolo University Hospital, Milano; [2]INMI "L. Spallanzani", Roma; [3]University of Bari, Bari; [4]Hospital of Rovigo, Rovigo; [5]Hospital SS Annunziata, Florence; [6]University of Perugia, Perugia; [7]Policlinico Umberto I, Rome; [8]Univeristà di Genova, Genova

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

18:00 - 19:15 **AUDITORIUM**

SYMPOSIUM

TasP AND PEP: PREVENTION FROM THEORY TO PRACTICE

CHAIRMEN: **M. Oldrini** (Milano), **V. Puro** (Roma)
DISCUSSANT: **A. Di Biagio** (Genova)

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 realty? 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 **BORGIA HALL**

SYMPOSIUM

DIFFICULT CLINICAL CASES: THE JOINT EXPERTISE OF THE VIROLOGIST AND THE HIV SPECIALIST

CHAIRMEN: **N. Abrescia** (Napoli), **S. Babudieri** (Sassari), **A. Giacometti** (Ancona)
DISCUSSANTS: **F. Ceccherini-Silberstein** (Roma), **E. Nicastri** (Roma), **L. Sarmati** (Roma)

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 **FARNESE BAGLIONI HALL**

SYMPOSIUM

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 **AUDITORIUM**

KEYNOTE LECTURES

CHAIRMEN: **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 coinfected patient**	*M. Puoti, Milano*

09:45 - 11:15 **AUDITORIUM**

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.

11:15 - 13:15 **AUDITORIUM**

ORAL COMMUNICATIONS

ANTIRETROVIRAL THERAPY: OBSERVATIONAL STUDIES

CHAIRMEN: **R. Cauda** (Roma), **R. Maserati** (Pavia), **C. Viscoli** (Genova)

OC 55 **Determinants of the use of the fixed dose combination emtricitabine/rilpivirine/tenofovir (Eviplera) in the Icona Foundation Study**
A. 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 Batteriologia 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. Pinnetti[1], S. Di Giambenedetto[2], P. Lorenzini[1], M. Fabbiani[2], C. Tommasi[1], A. Ammassari[1], A. Latini[3], L. Loiacono[1], G. Sterrantino[4], R. Bellagamba[1], I. Mezzaroma[5], G. Liuzzi[1], A. Cristaudo[3], E. Boumis[1], F. Di Sora[6], R. Cauda[2], A. Antinori[1], M. Zaccarelli[1]
[1]National Institute for the Infectious Disease "L. Spallanzani", Rome; [2]Department of Infectious Diseases, Catholic University of the Sacred Heart, Rome; [3]Division of Dermatology, San Gallicano Dermatological Institute, Rome, Italy; [4]Division of Infectious Diseases, "Careggi" Hospital, Florence; [5]Department 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. Maserati[1], A. Roverato[2], G. Contardi[1], E. Focà[3], N. Astuti[4], F. Castelli[3], S. Benatti[4], A. Muscatello[5], M. Di Pietro[6], N. Gandolfo[7], C. Abeli[8], G. Madeddu[9], M. De Gennaro[10], P. Bonfanti[11], L. Sighinolfi[12], M. Celesia[13], L.I. Bellazzi[1] per Gruppo di Studio "KIVIR" e coorte "MASTER"
[1]Fondazione IRCCS "Policlinico San Matteo", Pavia; [2]Dipartimento di Statistica, Università di Bologna; [3]Spedali Civili, Università di Brescia; [4]Ospedale "Giovanni XXIII", Bergamo; [5]Ospedale "San Gerardo", Monza; [6]Ospedale "Santa Maria Annunziata", Firenze; [7]Clinica Malattie Infettive, Università di Genova; [8]Malattie Infettive, Busto Arsizio; [9]Istituto Malattie Infettive, Università di Cagliari; [10]Malattie Infettive, Lucca; [11]Malattie Infettive, Ospedale "Manzoni", Lecco; [12]Malattie Infettive, Ferrara; [13]Istituto 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. Borghetti[1], M. Fabbiani[1], B. Piccoli[1], A. Mondi[1], A. D'Avino[1], R. Gagliardini[1], S. Lamonica[1], N. Ciccarelli[1], I. Fanti[1], R. Cauda[1], A. De Luca[2], S. Di Giambenedetto[1]
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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. Postorino[1], E. Quiros[2], F. Maggiolo[3], S. Digiambenedetto[4], A. Saracino[5], S. Costarelli[6], S. Lorenzotti[7], L. Sighinolfi[8], M. Di Pietro[9], M. Prosperi[10], C. Torti[1] and the MaSTER study group
[1]Infectious Diseases Unit, University "Magna Graecia" Catanzaro; [2]Infectious and Tropical Diseases Institute, University of Brescia; [3]Ospedali Riuniti Bergamo; [4]Catholic University of Sacred Heart Rome; [5]Policlinico di Bari; [6]Ospedale S. Gerardo Monza; [7]Istituti Ospitalieri Cremona; [8]"S. Anna" Hospital Ferrara; [9]"S. M. Annunziata" Hospital Florence; [10]University of Birmingham

OC 61 **Outstanding outcome: in whom and how**
F. Maggiolo[1], P. Lorenzini[2], A. Cozzi-Lepri[3], G.M. Corbelli[4], A. Cingolani[5], E. Girardi[2], A. Antinori[2], A.Castagna[6], A. D'Arminio Monforte[7], S. Marcotullio[8] for the ICONA Foundation Study group
[1]AO Papa Giovanni XXIII, Bergamo; [2]INMI L Spallanzani, Roma; [3]Royal Free Hospital, London, UK; [4]Plus Onlus, Bologna; [5]Università Cattolica Sacro Cuore, Roma; [6]Ospedale San Raffaele, Milano; [7]Ospedale San Paolo, Università Milano; [8]Nadir 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 Caputo[1], A. Di Biagio[2], D. Francisci[3], A. Tosti[3], C. Saffioti[2], F. Del Puente[2], P. Vitiello[4], G. Cenderello[5], C. Atzori[6], S. Ambu[7], R. Cinelli[8], M. Tontodonati[9], K. Falasca[10], F. Barchiesi[11], F. Mazzotta[1]
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OC 63 **Residual viremia: risk of virological rebound and evaluation of inflammation markers**
F. Falasca[1], A. Fantauzzi[2], E. Palermo[1], P. Maida[1], G. D'Ettorre[3], P. Vittozzi[3], C. Scagnolari[1], M. Bucci[1], V. Vullo[3], G. Antonelli[1], O. Turriziani[1]
[1]Department of Molecular Medicine; [2]Department of Clinical Medicine; [3]Department 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. Maori[1], A. Albecka[1], A. Taherinasab[2], A. Del Grosso[2], G. Antonelli[4], M. Pistello[2], J.L. Heeney[1]
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OC 65 **Autograft HIV-DNA load predicts peripheral HIV-1 reservoir size after autologous stem cell transplantation for AIDS related lymphoma patients**
S. Zanussi[1], M.T. Bortolin[1], C. Pratesi[1], R. Tedeschi[1], G. Basaglia[1], L. Abruzzese[2], M. Mazzucato[2], M. Spina[3], E. Vaccher[3], U. Tirelli[3], M. Rupolo[4], M. Michieli[4], M. Di Mascio[5], P. De Paoli[6]
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OC 66 **HIV DNA integration and replication in primary human macrophages and CD4+ T cells, in presence and absence of integrase inhibitors**
M. Surdo[1], M.F. Cortese[1], C. Orlandi[2], A. Casabianca[2], F. Di Santo[1], M. Pollicita[1], E. Balestra[1], P. Saccomandi[1], C. Di Francesco[1], S. Aquaro[3], M. Magnani[2], C.F. Perno[1,4], F. Ceccherini-Silberstein[1]
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OC 67 **HIV-1 integrase genotyping is reliable and clinically useful also in patients failing at low levels viremia**
M.M. Santoro[1], D. Armenia[1], C. Alteri[1], L. Fabeni[2], D. Di Pinto[1], D. Di Carlo[1], A. Bertoli[1,3], C. Gori[2], S. Carta[2], V. Fedele[2], F. Forbici[2], V. Svicher[1], G. Berno[2], D. Pizzi[2], E. Nicastri[2], L. Sarmati[3], C. Pinnetti[2], A. Ammassari[2], G. D'Offizi[2], A. Latini[4], M. Andreoni[1,3], A. Antinori[2], F. Ceccherini-Silberstein[1], C.F. Perno[2]
[1]University of Rome Tor Vergata, Rome, Italy; [2]L. Spallanzani Hospital, Rome, Italy; [3]University Hospital Tor Vergata, Rome, Italy; [4]San 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. Montagna[1], F. Falasca[1], L. Mazzuti[1], M. Minervino[1], I. Mezzaroma[2], A. Fantauzzi[2], E. Cella[3], G. Antonelli[1], O. Turriziani[1]
[1]Department of Molecular Medicine, Sapienza University, Rome; [2]Department of Clinical Medicine, Sapienza University, Rome; [3]Department 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. Rossetti[1], C. Bianco[1], S. Lamonica[2], F. Lombardi[2], N. Ciccarelli[2], G. Meini[3], F. Vignale[4], A. Latini[5], M. Colafigli[5], P. Grima[6], A. Tosti[7], A. Fantauzzi[8], V. Vullo[9], M. Zazzi[3], S. Rusconi[10], V. Micheli[11], A. Di Biagio[12], B. Bruzzone[13], G. Orofino[14], V. Ghisetti[15], C. Mastroianni[16], M. Trezzi[17], G. Sterrantino[18], V. Colangeli[19], M.C. Re[20], O. Turriziani[21], S. Di Giambenedetto[2], A. De Luca[1], on behalf of GUSTA study group
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Hospital, Galatina; [7]Clinic of Infectious Diseases, University of Perugia, Perugia; [8]Department of Clinical Medicine, Sapienza University of Rome, Rome; [9]Clinic of Infectious Diseases, Sapienza University of Rome, Rome; [10]Infectious and Tropical Diseases Unit, L. Sacco Hospital, University of Milano, Milan; [11]Clinical Microbiology, Virology and Bioemergency Diagnosis, L. Sacco University Hospital, Milan; [12]Infectious Diseases Unit, IRCCS S. Martino-IST, Genova; [13]Hygiene Laboratory, IRCCS AOU San Martino-IST, Genova; [14]Infectious Diseases Unit A, Amedeo di Savoia Hospital, Turin; [15]Microbiology and Virology Laboratory, Amedeo di Savoia Hospital, Turin; [16]Infectious Disease Unit, SM Goretti Hospital, Sapienza University, Latina; [17]Infectious Diseases Unit, San Jacopo Hospital, Pistoia; [18]Clinic of Infectious Diseases, Azienda Ospedaliera Universitaria Careggi, Florence; [19]Clinic of Infectious Diseases, Azienda Ospedaliera Universitaria S.Orsola Malpighi, Bologna; [20]Microbiology, Azienda Ospedaliera Universitaria S.Orsola Malpighi, Bologna; [21]Department 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. Ceresola[1], M. Sampaolo[2], A.R. Pignataro[1], D. Saita[1], R. Ferrarese[2], E. Boeri[2], S. Nozza[3], G. Tambussi[3], M. Clementi[1,2] and F. Canducci[2,4]
[1]Università Vita-Salute San Raffaele, Milano; [2]Laboratorio Microbiologia, Ospedale San Raffaele, Milano; [3]Dipartimento Malattie Infettive, Ospedale San Raffaele, Milano; [4]Università degli Studi dell'Insubria, Varese

OC 71 **Molecular characterization of HIV-1 subtype C gp-120 regions potentially involved in virus adaptive mechanisms**
A. Cenci[1], G. D'Avenio[2], L. Tavoschi[1], M. Chiappi[1], S. Becattini[1], M.P. Narino[1], O. Picconi[1], D. Bernasconi[1], E. Fanales-Belasio[1], E. Vardas[3], H. Sukati[4], A. Lo Presti[5], M. Ciccozzi[5], P. Monini[1], B. Ensoli[1], M. Grigioni[2] and S. Buttò[1]
[1]National AIDS Center, Istituto Superiore di Sanità, Rome, Italy; [2]Department of Technology and Health, Istituto Superiore di Sanità, Rome, Italy; [3]Division of Medical Virology, Stellenbosch University, Stellenbosch, South Africa and Lancet Laboratories, Johannesburg, South Africa; [4]National Center Public Health Laboratory, Manzini, Swaziland; [5]Department 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 Carlo[1], D. Armenia[1], G. Maffongelli[2], C. Alteri[1], F. Forbici[3], S. Carta[3], F. Continenza[3], V. Borghi[4], M. Giuliani[5], A. Latini[5], E. Nicastri[3], M. Zaccarelli[3], C. Pinnetti[3], N. Petrosillo[3], G. D'Offizi[3], F. Ceccherini-Silberstein[1], C. Mussini[4], A. Antinori[3], M. Andreoni[1,2], C.F. Perno[3], and M.M. Santoro[1]
[1]University of Rome Tor Vergata, Rome, Italy; [2]University Hospital Tor Vergata, Rome, Italy; [3]L. Spallanzani Hospital, Rome, Italy; [4]Modena University Hospital, Modena, Italy; [5]IRCSS 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. Chirianni** (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. Guaraldi[1], A. Roverato[3], A. Malagoli[2], S. Zona[1], A. Dominguez da Silva[1], M. Menozzi[1], C. Stentarelli[1], F. Carli[1], C. Mussini[1], P. Raggi[4]
[1]Department of Medical and Surgical Sciences for Children & Adults, UNIMORE, Italy; [2]Department of Life Science, UNIMORE, Italy; [3]Department of Statistic University of Bologna; [4]Mazankowski 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. Marinaro[1], A. Calcagno[1], M. Simiele[1], G. Mengozzi[2], M. Mussa[1], L. Trentini[1], M.C. Tettoni[1], C. Alcantarini[1], M. Lucchiari[2], J. Cusato[1], A. D'Avolio[1], G. Di Perri[1] and S. Bonora[1]
[1]Unit of Infectious Diseases, Department of Medical Sciences; [2]Department 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. Lupi[1], P. Lorenzini[1], D. Chiappetta[2], R. Bellagamba[1], L. Loiacono[1], C. Pinnetti[1], U. Visco-Comandini[1], M. Zaccarelli[1], E. Nicastri[1], C. Tommasi[1], L. Liuzzi[1], S. Cicalini[1], R. Libertone[1], A. Giannetti[1], S. Mosti[1], E. Busi Rizzi[2], A. Antinori[1], A. Ammassari[1]
[1]Clinical Department; [2]Department 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 Bartoli, F. Tierno, G. Ceccarelli, E. Nelson Cavallari, L. Bianchi, V. Bellelli, I. Mezzaroma, A. Fantauzzi, G. d'Ettorre, V. Vullo
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. Orlando[1], M. Fasolo[1], F. Mazza[1], E. Casolati[2], G. Tisi[3], F. Gargiulo[4], G. Libutti[5], E. Omodeo Zorini[6], V. Montinaro[7], G. Rizzardini[8], E. Tanzi[9]
[1]STD Unit, Infectious Diseases 1, L Sacco University Hospital, Milan; [2]Gynaecology Unit, L Sacco University Hospital, Milan; [3]Gynaecology Unit, Spedali Civili di Brescia, Brescia; [4]Microbiology Unit Spedali Civili di Brescia, Brescia; [5]Gynaecology Unit, University of Milan, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milan; [6]Pathology Unit, L Sacco University Hospital, Milan; [7]Pediatric Clinic 1, Department of Pathophysiology and Transplantation, University of Milan, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milan; [8]Infectious Diseases 1, L Sacco University Hospital, Milan; [9]Department 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. Iannuzzi, F. Bai, E. Merlini, M. Trunfio, J. Sanchez-Martinez, T. Bini, A. d'Arminio Monforte and G. Marchetti
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 Multimordbidity in Early Vs Late presenters HIV patients**
S. Zona[1], A. Santoro[1], C. Stentarelli[1], G. Orlando[1], F. Carli[1], B. Beghetto[1], M. Menozzi[1], J. Falutz[2], C. Mussini[1], G. Guaraldi[1]
[1]Azienda Ospedaliera Universitaria Policlinico di Modena, Modena, Italy; [2]McGill 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. Lelleri[1], E. Albertini[3], F. Campisi[4], A. Cerioli[5], M. Farinella[6], N. Gasbarrini[7], M. Lichtner[8], M. Oldrini[9], N. Orchi[10], S. Patrucco[11], M. Poli[12], C. Sfara[13]
[1]Plus onlus; [2]European AIDS Treatment Group; [3]Omphalos Arcigay Arcilesbica Perugia; [4]LILA Catania; [5]LILA Nazionale; [6]Circolo di Cultura Omosessuale Mario Mieli; [7]Fondazione Villa Maraini onlus; [8]Università Sapienza/Ospedale SM Goretti; [9]LILA Milano; [10]Istituto Nazionale Malattie Infettive "L. Spallanzani" - Roma; [11]Arcobaleno Aids; [12]LILA Trentino; [13]Anlaids onlus

OC 83 **Sex work and HIV risk perception: Clients' stories on LilaChat**
P. Perone[1], C. Perone[1], L. Cosmaro[2], D. Scudiero[3], A. Cerioli[1]
[1]Lila Nazionale; [2]Fondazione Lila Milano; [3]Lila Bologna

OC 84 **HCV/HIV testing and counselling during HIV testing week: low awareness and risk perception**
P. Zuccalà[1], M. Lichtner[1], R. Marocco[1], T. Tieghi[1], V. Belvisi[1], L. Tacconi, C. Mascia[2], E. Iacoboni[3], V. Mercurio[3], C. Del Borgo[3], R. Citton[3], C.M. Mastroianni[1]
[1]Sapienza University of Rome, Polo Pontino, Latina, Italy; [2]Sapienza University of Rome; [3]S.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. Segala[1], F. Camisotti[2], V. Guardigni[1], M. Calacoci[2], L. Sighinolfi[1]
[1]Infectious Diseases Dept. S. Anna Hospital - Ferrara; [2]Camelot social service - Ferrara

OC 86 **HIV test: which is your best? A National survey on testing preferences**
G.M. Corbelli[1,2], S. Mattioli[1], S. Pieralli[1], M. Degli Esposti[1], R. Cascioli[1], V. Taccarelli[1]
[1]Plus onlus; [2]European 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. Bianchi[2], A. Poli[1], G. Ardenghi[2], V. Meneghin[2], L. Galli[1], D. Zandonà[1], M. Schizzano[2], M. Drusiani[2], R. Melzi[2], N. Gianotti[1], S. Bossolasco[1], V. Spagnuolo[1,3], S. Nozza[1], P. Cinque[1], G. Tambussi[1], S. Zanetti[1], M. Cernuschi[1,2], A. Lazzarin[1,3], A. Castagna[1]
[1]Infectious Diseases Department, San Raffaele Scientific Institute, Milan, Italy; [2]ASA Associazione Solidarietà AIDS Onlus, Milan, Italy; [3]Università 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. Breveglieri[1], F. Sassoli[1], S. Mattioli[2], S. Pieralli[2], G. Prati[3]
[1]Arcigay - Italian LGBT Association; [2]PLUS - Persone LGBT Sieropositive; [3]Università di Bologna

13:15 - 14:15 ***lunch***

14:15 - 15:15 AUDITORIUM

POSTER DISCUSSION

ANTIRETROVIRAL THERAPY: CLINICAL STUDIES AND PHARMACOLOGY

CHAIRMEN: **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. Castagna[1], A. Lazzarin[1], A. Ammassari[2], A. Antinori[2], S. Bonora[3], G. Di Perri[3], A. Zolopa[4], J.K. Rockstroh[5], L. Zhong[6], M. Fordyce[6], M.S. Rhee[6], J. Swarcberg[6], F. Rogatto[7], D. Thorpe[7], M. Bosse[7], C. Zocchetti[8]
[1]San Raffaele Scientific Institute, Milan, Italy; [2]National Institute for Infectious Diseases "L. Spallanzani", Rome, Italy; [3]Department of Infectious Diseases, University of Turin, Amedeo di Savoia Hospital, Turin, Italy; [4]Stanford University, Palo Alto, CA, US; [5]University of Bonn, Bonn, Germany; [6]Gilead Sciences, Foster City, California, USA; [7]Gilead Sciences, Stockley Park, UK; [8]Gilead Sciences, Milan, Italy

PD 18 **Virological outcomes of first line antiretroviral therapy in routine clinical practice**
M. Colafigli[1], A. Latini[1], M. Fabbiani[2], M. G. Donà[1], M. Giuliani[1], P. Grima[3], A. Cristaudo[1], R. Cauda[2], A. De Luca[4], S. Di Giambenedetto[2]
[1]Infectious Dermatology and Allergology IRCCS IFO S Gallicano, Roma; [2]Institute of Clinical Infectious Disease, Catholic University of S. Heart, Rome, Italy; [3]Clinical Infectious Diseases, AO S. Caterina Novella, Galatina (LE), Italy; [4]University 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-up**
M. Lanzafame[1], E. Lattuada[2], F. Rigo[2], E. Concia[2], S. Vento[3]
[1]Unità Semplice organizzativa "Diagnosi e Terapia dell'Infezione da HIV", G.B. Rossi Hospital, University of Verona, Verona, Italy; [2]Unità Operativa di Malattie Infettive, G.B. Rossi Hospital, University of Verona, Verona, Italy; [3]Department 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. Gagliardini[1], B. Rossetti[2], L. Lisi[3], C. Bianco[2], P. Navarra[3], S. Lamonica[1], S. Belmonti[1], F. Vignale[4], A. Latini[5], M. Colafigli[5], D. Francisci[6], S. Di Giambenedetto[1], A. De Luca[2] on behalf of GUSTA study group
[1]Clinic of Infectious Diseases, Catholic University of Sacred Heart, Roma; [2]Infectious Diseases Unit, Azienda Ospedaliera Universitaria Senese, Siena; [3]Institute of Pharmacology, Catholic University of Sacred Heart, Roma; [4]Clinic of Infectious Diseases, University "G. D'Annunzio", Chieti; [5]Infectious Dermatology and Allergology IRCCS IFO, Roma; [6]Clinic 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 VIROLOGY

CHAIRMEN: **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. Parisi[1], S. Andreis[1], R. Scaggiante[1], M. Cruciani[2], R. Ferretto[3], V. Manfrin[4], S. Panese[5], M.C. Rossi[6], E. Francavilla[7], C. Boldrin[1], F. Dal Bello[1], M. Basso[1], C. Mengoli[1], M. Andreoni[8], G. Palù[1]
[1]Department of Molecular Medicine, University of Padova, Padova, Italy; [2]Centre of Community & Medicine and HIV Outpatient Clinic, Verona, Italy; [3]Infectious Diseases, Schio Hospital, Schio, Italy; [4]Infectious Diseases, Vicenza Hospital, Vicenza, Italy; [5]Infectious Diseases, Venezia Hospital, Venezia, Italy; [6]Infectious Diseases, Treviso Hospital, Treviso, Italy; [7]Infectious Diseases, Belluno Hospital, Belluno, Italy; [8]Infectious 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. Santoro[1], T. Campanella[1], A. Calamo[1], L. Scudeller[2], P. Caricato[1], A. Lagioia[1], A. Saracino[1], L. Monno[1], G. Angarano[1]
[1]Department of Biomedical Science and Human Oncology, University of Bari, Bari, Italy; [2]Clinical 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. Fabeni[1], C. Alteri[2], M.M. Santoro[2], C. Gori[1], D. Di Pinto[2], L. Carioti[2], F. Forbici[1], A. Bertoli[2,3], M.C. Bellocchi[2], V. Fedele[1], S. Carta[1], G. Berno[1], A. Ricciardi[3], M. Zaccarelli[1], A. Ammassari[1], E. Nicastri[1], A. Latini[4], G. Liuzzi[1], M. Lichtner[5], E. Teti[6], F. Di Sora[7], R. Bellagamba[1], G. De Carli[1], N. Orchi[1], P. Scognamiglio[1], A. Pennica[6], M. Giuliani[4], F. Montella[7], V. Svicher[2], C. Mastroianni[5],

E. Girardi[1], F.M. Fusco[1], M. Andreoni[3], A. Antinori[1], F. Ceccherini-Silberstein[2], C.F. Perno[1,2,3]
[1]National Institute for Infectious Diseases L Spallanzani - IRCCS, Rome, Italy; [2]University of Rome Tor Vergata, Rome, Italy; [3]University Hospital Tor Vergata, Rome, Italy; [4]IRCSS San Gallicano, Rome, Italy; [5]Infectious Diseases Unit, Sapienza University, Polo Pontino, Latina, Italy; [6]S.Andrea Hospital, Sapienza University of Rome, Italy; [7]S. 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. Armenia[1], D. Di Carlo[1], C. Gori[2], F. Forbici[2], A. Bertoli[1,3], V. Borghi[4], M. Giuliani[5], V. Fedele[2], G. Berno[2], G. Liuzzi[2], R. Bellagamba[2], L. Sarmati[3], C. Mussini[4], M. Andreoni[1,3], A. Antinori[2], F. Ceccherini-Silberstein[1], C.F. Perno[2], M.M. Santoro[1]
[1]University of Rome Tor Vergata, Rome, Italy; [2]L Spallanzani Hospital, Rome, Italy; [3]University Hospital Tor Vergata, Rome, Italy; [4]Modena University Hospital, Modena, Italy; [5]IRCSS San Gallicano, Rome, Italy

PD 29 **Analysis of gp41 variability in subjects naïve for antiretrovirals**
M. Franzetti[1], A. Lai[1], G. Bozzi[1], F. Binda[1], F. Saladini[2], G. Punzi[3], B. Bruzzone[4], A. Di Biagio[5], A. De Luca[6], L. Monno[3], M. Zazzi[2], C. Balotta[1]
[1]Department of Biomedical and Clinical Sciences "L. Sacco", University of Milan, Milan, Italy; [2]Department of Medical Biotechnologies, University of Siena, Siena, Italy; [3]Department of Biomedical Science and Human Oncology, University of Bari, Bari, Italy; [4]Laboratory of Hygiene, San Martino Hospital, Genoa, Italy; [5]Department of Infectious Diseases, San Martino Hospital, University of Genoa, Italy; [6]Division 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 Filippo[1], A. Callegaro[2], N. Astuti[1], A. Acerbis[2], P.A. Serna Ortega[2], D. Valenti[1], F. Maggiolo[1]
[1]USC Infectious Diseases, USS of HIV Related Pathologies and Innovative Therapies; [2]Microbiology and Virology Laboratory, AO Papa Giovanni XXIII, Bergamo

PD 31 **HIV-1 genotyping in low and very low viral load**
B. Bruzzone[1], R. Barresi[1], M. Setti[2], A. Di Biagio[3], G. Cenderello[4], L. Sticchi[1,5], P. Caligiuri[5], 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)
[1]Hygiene Unit, IRCCS AOU San Martino-IST, Genoa, Italy; [2]Internal Medicine and Clinical Immunology Unit, IRCCS AOU San Martino-IST, Genoa, Italy; [3]Infectious Disease Unit, IRCCS AOU San Martino-IST, Genoa, Italy; [4]Infectious Disease Unit, Galliera Hospital, Genoa, Italy; [5]Department of Health Sciences, University of Genoa, Italy

PD 32 **Comparison between pseudoviruses ands T/F IMCs in the synergy of antibody neutralization**
A. Venuti[1], R. Miglietta[1], C. Pastori[1], L. Diomede[1,2], C. Ochsembauer[3], L. Lopalco[1]
[1]Division of Immunology, Transplantation and Infectious Diseases, San Raffaele Scientific Institute, Milan, Italy; [2]Present Address: Istituto Clinico Humanitas (ICH), Rozzano, Milan, Italy; [3]Department of Medicine, University of Alabama at Birmingham, Birmingham, Alabama, USA

15:15 - 16:25 **AUDITORIUM**

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**	*E. Girardi, Roma*
15.25 - 15.35	**Virology**	*F. Ceccherini-Silberstein, Roma*
15.35 - 15.45	**Immunopathogenesis**	*G. d'Ettorre, Roma*
15.45 - 15.55	**Antiretroviral therapy**	*E. Nicastri, Roma*
15.55 - 16.05	**Comorbidities and toxicities**	*A. Ammassari, Roma*
16.05 - 16.15	**Coinfections**	*L. Sarmati, Roma*
16.15 - 16.25	**Women and Community based Studies**	*S. Marcotullio, Roma*

16:25 - 16:40 **AUDITORIUM**

ICAR 2014 AWARDS

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

ICAR - SIMIT
ICAR - SIVIM
ICAR - Fondazione AVIRALIA

16:40 - 17:00 **AUDITORIUM**

CLOSING REMARKS

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

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**
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P 3 **Post Authorization Non-interventional Study including HIV1-infected patients starting or already in treatment with darunavir/ritonavir**
A. Antinori[1], A. d'Arminio Monforte[2], N. Gianotti[3], G. Meraviglia[4], C. Mussini[5], P. Nasta[6], G. Airoldi[7], S. Cazzaniga[8], D. Mancusi[9], R. Termini[9]
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P 4 **The use of rilpivirine-based HAART in clinical practice: results from the SCOLTA Project**
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P 5 **Darunavir Based Dual Therapy in HIV Experienced Patients**
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P 6 **Dual antiretroviral therapy simplification strategy in a cohort of pluri-experienced, virologically suppressed, HIV-1 infected patients**
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P 7 **Absence of inflammatory marker modifications after switching to abacavir/lamivudine fixed-dose: implications for antiretroviral therapy optimization**
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P 8 **Dual antiretroviral therapy simplification strategy improves adherence and metabolic profiles in a cohort of HIV-1 infected patients**
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P 9 **HAART in the intensive care unit: retrospective analysis of the integrase-inhibitor impact**
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P 10 **Efficacy of dual raltegravir/etravirine in virologically suppressed HIV-1-infected patients on antiretroviral therapy**
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G. Sterrantino, M. Mazzetti, M. Meli, P.G. Rogasi, M. Trotta
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P 12 **Effects of PI-based cART strengthened with integrase inhibitor and CCR5 coreceptor antagonist during primary HIV-1 infection**
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P 14 **Evaluation of atazanavir plasma concentration in HIV infected patients with cirrhosis**
S. Amadasi[1], S. Odolini[1], E. Focà[1], A. Panzali[2], C. Cerini[1], L. Lonati[1], M.C. Pezzoli[1], P. Nasta[1], S. Casari[1], F. Castelli[1,3], E. Quiros-Roldan Eugenia[1]
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P 15 **Protease inhibitor monotherapy as simplification strategy in a cohort of selected HIV-1 infected patients**
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P 16 **STaR Study: Single Tablet Regimen Rilpivirine/Emtricitabine/Tenofovir DF Maintains Non-Inferiority to Efavirenz/Emtricitabine/Tenofovir DF in ART-Naïve Adults through Week 96**
C. Pinnetti[1], A. Antinori[1], A. Lazzarin[2], R. Libertone[1], V. Spagnuolo[2], A. Carbone[2], C. Cohen[3], W. Garner[4], D. Porter[4], C. Le Grazie[5], C. Vlassi[5], S. De-Oertel[4], C. Zocchetti[5]
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P 17 **144-week efficacy and safety of elvitegravir/cobicistat/emtricitabine/tenofovir DF**
A.Calcagno[1], G. Di Perri[1], A. Antinori[2], A. Lazzarin[3], D.A. Wohl[4], N. Clumeck[5], H.C. Liu[6], K. White[6], A. Plummer[6], A. Cheng[6], M. Rhee[6], J. Szwarcberg[6], F. Rogatto[7], D. Thorpe[7], M. Bosse[7], S. Schellberg[8], C. Zocchetti[9]
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A. Franco, L. Aprea, C. Dell'Isola, E. Manzillo, A. Marocco, T. Pizzella, F. Simioli, C.M. Izzo
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L. Bernini, E. Cavazzoni[1], C. Sfara, V. di Biase, A. Mercuri, F. Baldelli, D. Francisci
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P 20 **Monoclonal gammopathy associated with HIV infection: evolution with highly active antiretroviral therapy**
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E. Mazzotta[1], M. Tontodonati[1], C. Gabrielli[2], S. Mazzocato[3], M. Mazzetti[4], K. Falasca[5], G. Cenderello[6], J. Vecchiet[5], F. Barchiesi[3], D. Francisci[2], G. Parruti[1]
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P 22 **PICC neoplastic HIV patients are associated to lowest rates of infection than LT CVC groshong**
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P 23 **Creatine kinase elevation among hiv-infected patients treated with a raltegravir containing antiretroviral regimen**
L. Calza, I. Danese, V. Colangeli, G. Vandi, R. Manfredi, N. Girometti, M. Borderi, L. Appolloni[1], C. Puggioli[1], P. Viale
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P 24 **Identification of monocytes subsets expressing TREM-1 and VEGFR1 in treated HIV+ patients who experienced a myocardial infarction**
M. Nasi[1], G. Guaraldi[2], S. De Biasi[1], E. Bianchini[1], L. Gibellini[1], M. Pinti[3], G. Orlando[4], C. Mussini[1,4], A. Cossarizza[1]
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P 25 **Asymptomatic carotid atherosclerosis prevalence in HIV+ patients: preliminary data from CRHIV study (Cardiovascular Risk Assessment in HIV+ patients)**
M. Franzetti[2], A. Sattin[2], R. Micaglio[1], F. Brocadello[1], L. Ventura[3], R. Martini[1], D. Sgarabotto[2]
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P 26 **Asymptomatic lower limb peripheral arterial disease prevalence in HIV+ patients: preliminary results data from CRHIV study (Cardiovascular Risk Assessment in HIV+ patients)**
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P 27 **Maraviroc Reduces Arterial Stiffness in PI-Treated HIV-infected Patients**
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P 28 **Maraviroc counterregulates the ritonavir-induced dysfunction as well as the premature senescence in cultured human endothelial cells**
S. Cipriani[1], D. Francisci[1], E. Schiaroli[1], B. Renga[2], C. D'Amore[2], S. Fiorucci[2], F. Baldelli[1]
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P 29 **Safety and efficacy of raltegravir in experienced and naive cirrhotic HIV-HCV coinfected with one o more episodes of decompensation**
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Istituto di Malattie Infettive Emergenti

P 30 **Evaluation of renal impairment and lipid-profile in patients switched to abacavir/lamivudine (ABC/3TC) plus atazanavir/ritonavir (ATV/r)**
M.C. Postorino[1], E. Quiros[2], F. Maggiolo[3], S. Digiambenedetto[4], N. Ladisa[5], G. Lapadula[6], S. Lorenzotti[7], L. Sighinolfi[8], F. Castelnuovo[9], S. Lo Caputo[10], N. Mazzini[11], C. Torti[1] and the MaSTER study group
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P 31 **In vivo platelet activation may be induced by HIV-1 through an enhanced platelet NOX2 activity**
D. Pastori[1], A. Esposito[2], A. Fantauzzi[2], R. Carnevale[1], F. Di Campli[3], P. Pignatelli[1], V. Bellelli[4], F. Violi[1], V. Vullo[4], I. Mezzaroma[2]
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P 32 **Quantitative ultrasound of the heel to assess bone mineral density in HIV-infected patients**
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P 33 **Two different triggering clinical events leading to rhabdomyolysis in HIV-patients during Raltegravir-containing antiretroviral therapy**
L. Gianserra, E. Teti, L. Ciullini, D. Novarini, F. Policastro, A. Pennica
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P 34 **Interaction between Ritonavir and Low Density Lipoprotein could explain drug failure and increase of atherosclerosis risk**
M. Tempestilli[1], F. Elisei[1], E. Cimini[1], A. D'Avolio[2], E. Nicastri[1], F. Martini[1], T. Alonzi[1], L.P. Pucillo[1]
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P 35 **HBV vaccination among HIV-infected adults: immunogenicity and predictors of response**
L. Nicolini[1], C. Vino[1], A. Di Biagio[1], F. Magné[1], C. Saffioti[1], L. Sticchi[2], I. Barberis[2], R. Iudici[2], P. Durando[2], C. Viscoli[1]
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G. Lapadula, A. Bandera, S. Costarelli, S. Leone, A. Muscatello, F. Sabbatini, A. Soria, N. Squillace, A. Gori
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P 37 **6 months - result from nutritional intervention in HIV-positive subjects treated with HAART**
G. Orofino, D. Penoncelli, M. Farenga, M. Guastavigna, A. Livelli, D. Demarie, S. Carosella, P. Caramello
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P 38 **Carotid Intima Media Thickness Changes, Brachial Artery Flow Mediated Dilation, Endothelial Activation and Inflammatory Markers in Advanced Naïve HIV-Infected Patients Starting Antiretroviral Therapy: PREVALEAT II Study**
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P 39 **Analysis of dietary intake among patients with a recent diagnosis of HIV infection, and comparison with recommended nutrition levels and with dietary in healthy subjects**
N. Brianese[1], A. Ferraresi[1], R. Bosio[2], A. Arrighi[2], B. Zanini[3], A. Lanzini[3], E. Focà[1], M.C. Pezzoli[1], S. Casari[1], F. Castelli[1], E. Quiros-Roldan[1]
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P 40 **Mono-infected HIV positive patients: fracture risk and hepatic fibrosis**
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A.R. Garbuglia[1], M. Gentile[2], F. Del Nonno[3], P. Lorenzini[2], D. Lapa[1], F. Lupi[2], C. Pinnetti[2], A. Baiocchini[3], A. Antinori[2], M.R. Capobianchi[1], A. Ammassari[2]
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P 43 **Recent HIV infection among patients with Sexually Transmission Infections in Italy, 2010-2012**
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P 44 **Significance of prognostic value of Anemia in predicting opportunistic infections in HIV-Infected Late Presenter Patients starting antiretroviral therapy**
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★ **P 45** **Poor access to HIV, HBV and syphilis screening in pregnant Chinese women**
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P 46 **Delay in diagnosis among AIDS-presenters in two hospitals in the north east of Italy**
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P 47 **Darunavir/ritonavir, NRTI spearing regimen do not impair long term BMD change in HIV infected patients**
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P 48 **Survival in HIV patients after a cancer diagnosis: a comparison with the Italian population**
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P 49 **Trend viro-immunological and neurocognitive testing in subjects HIV+ living in a community housing "Madonna delle Lacrime" in Syracusa**
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P 50 **HIV escape: evaluation of the effects of antiretroviral terapy**
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P 51 **Better recovery of EEG LORETA abnormalities in naive asymptomatic HIV correlates with immune recovery**
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P 52 **HIV associated neurocognitive disorders (HAND) assessment: the sensitivity and specificity of verbal memory span and frontal assessment battery (FAB)**
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P 53 **Aging well with HIV infection: beyond the absence of comorbidities**
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P 54 **Analysis of the neurocognitive profile of a large cohort of HIV-positive patients on stable EFV/FTC/TDF regimen: relationship with pharmacokinetics of EFV**
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P 55 **Screening for HIV-associated neurocognitive disorders (HAND) in individuals at the first contact after the HIV diagnosis: the experience of Brescia from 2008 to 2012**
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P 56 Strongyloidiasis in HIV population
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P 57 Blood and Serum validation of two types of Syphilis rapid tests among Men who have Sex with Men (MSM): evaluation of results reading consistency
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P 58 Blood and Serum validation of two Syphilis rapid tests among Men who have Sex with Men (MSM)
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P 59 Epidemiological and molecular characterization of low-risk HPV in anal brushing from HIV-positive and negative men
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P 60 Human Papillomavirus (HPV) prevelence in HIV positive and HIV negative men having sex with men (MSM)
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P 61 Prevalence of Human Papillomavirus infection in HIV positive women in rural area in center of Italy: preliminary results of a cross-sectional study
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P 62 Functional and phenotypical characterization of M. Tuberculosis specific t-cells in HIV patients naive to antiretroviral treatment
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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 coinfected 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 ribavirininduced 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 monoinfection
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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 83 Circulation of HIV-1 CRF02_AG among MSM Population in Central Italy: A Molecular Epidemiology-Based Study
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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
A. Maddaloni, A. Busto, M. D'Abbraccio, M. De Marco, M. Figoni, M.G. Guida, A. Menna, A. Chirianni, R. Gnarini, C.M. Izzo, R. Pempinello and N. Abrescia
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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 Supplemetation 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, addictional 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 106 Phenotypic characterization of CD38+ -expressing CD4+ and CD8+ T cells in HIV-infected patients with and without HAART
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P 108 Antiretroviral drugs affect adipogenic differentiation in stem cells of different origin
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P 110 Therapeutic Drug Monitoring of Boosted Protease Inhibitors and 48-week Risk of Virological Failure
N. Pagani, A. Calcagno, M. Simiele, G. Arduino, A. D'Avolio, L. Marinaro, M. Tettoni, L. Trentini, G. Di Perri and S. Bonora
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P 111 Comparative evaluation of cerebrospinal fluid (CSF) penetration of Immediate Release and Extented Release formulations of nevirapine
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P 113 Associations between high atazanavir concentrations, clinical covariates, and drug-related side effects in HIV infected patients
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P 115 Effect of CYP3A4, CYP3A5 and MDR-1 genetic variants on the efficacy of Lopinavir/Ritonavir (LPV/r) monotherapy in HIV-1 patients
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P. Altini, C. Di Chio, S. Patrucco, K. Greganti
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P 124 AIDS e stigma. Analisi qualitativa
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★ **P 129 Gender differences in the doctor-patient relationship and in the prevalence of depressive symptoms: a pilot study**
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P 133 HLA-B*5701 typing with the new commercial COBAS CAP/CTM HLA-B*5701 test: comparison with real-time PCR and sequence based typing assays
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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.makevent.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/

Accreditamento ECM

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
- 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.

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.

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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 portare ViroVip.

SPAZI CONGRESSO ICAR

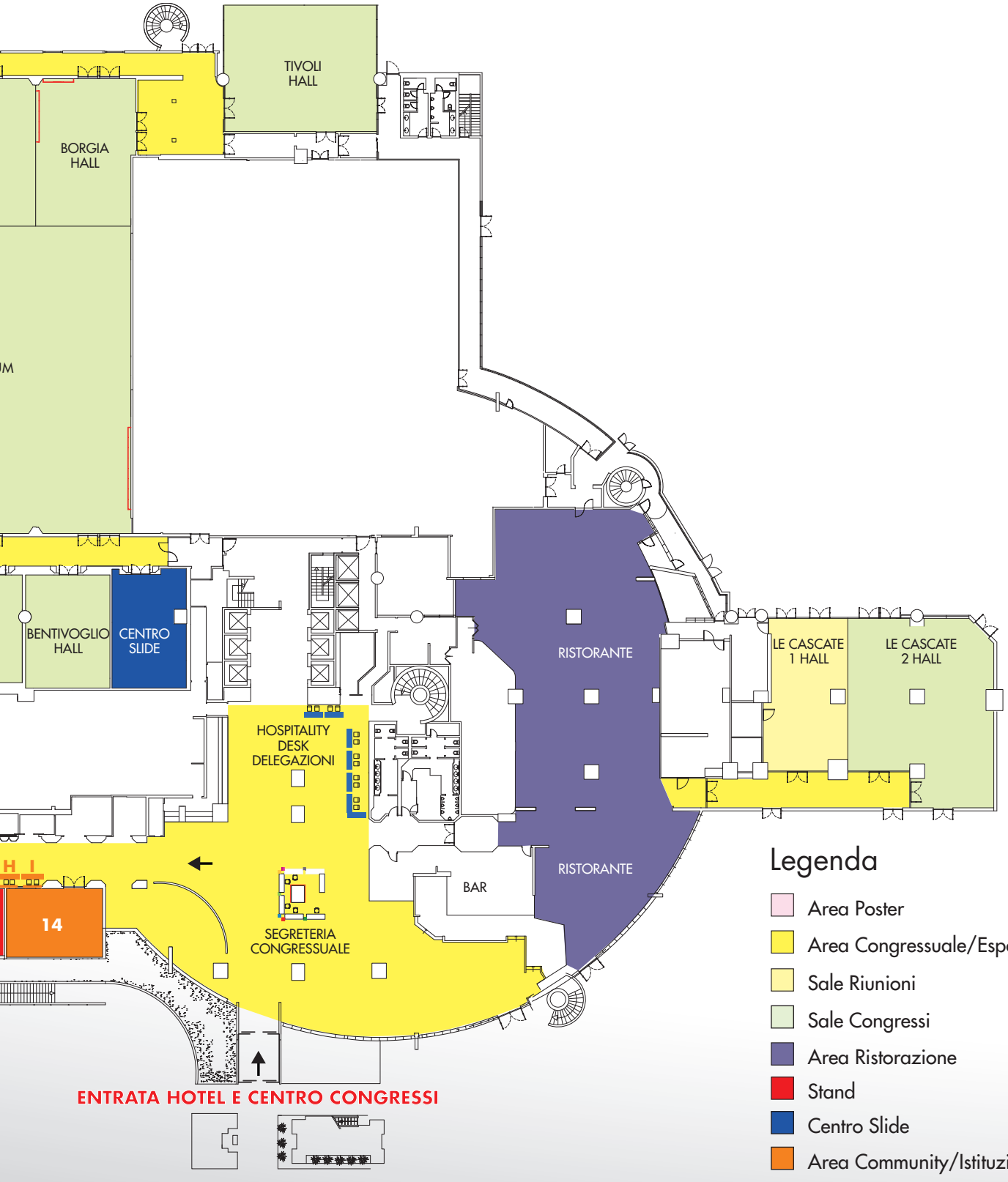
Area espositiva

1 AbbVie
2 ViiV Healthcare
3 Bristol Myers Squibb
4 BMS
5 GILEAD Sciences
6 GILEAD Sciences
7 GILEAD Sciences
8 JANSSEN-CILAG
9 JANSSEN-CILAG
10 READ FILES/Fondazione Icona
11 READ FILES/Fondazione Icona
12 Hospitality suite Fondazione ICONA
13 Hospitality suite MSD
14 Hospitality suite Community

Area Community/ 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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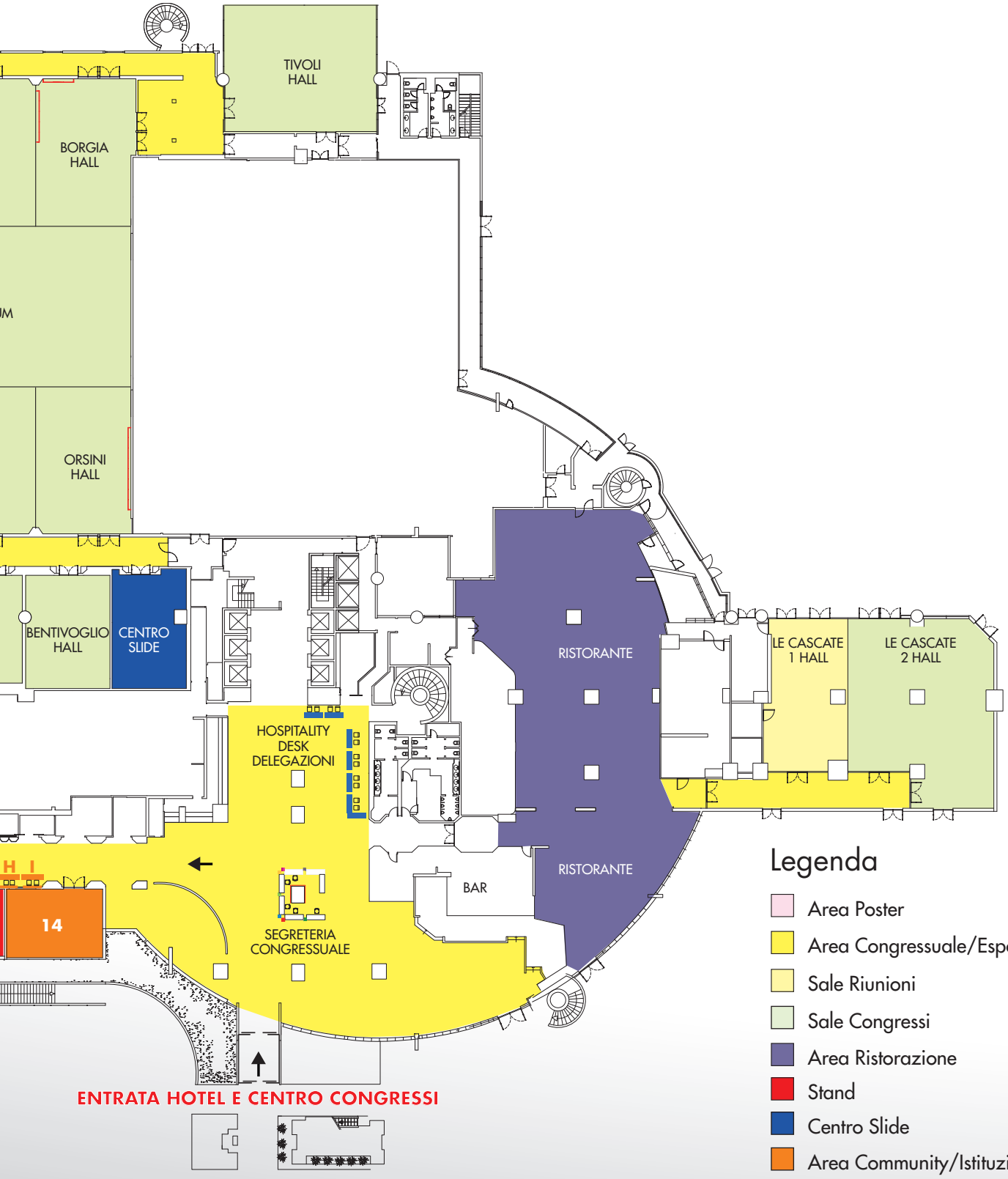
I NADIR

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:

SIMIT Società Italiana di Malattie Infettive e Tropicali

Premio SIMIT
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

SIVIM Società Italiana di Virologia Medica

Premio SIVIM
1 Premio di € 1.000,00 per il miglior abstract di Virologia di base e Clinica

AVIRALIA Fondazione

Premio AVIRALIA
2 Premi di € 1.000,00 l'uno per i migliori abstract in ambito Virologico

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.

Ringraziamento agli Sponsor

Il Comitato di Presidenza, la Segreteria Scientifica e la Segreteria Organizzativa della 6° Conferenza ICAR desiderano ringraziare le Aziende che hanno contribuito alla realizzazione dell'evento:

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