

## **An Intensive Workshop on Antiretroviral Strategies: New Drugs, Antiretroviral Failure, and Resistance Testing**

### **Atlanta, GA**

Thursday, April 2, 2009  
1:00 PM – 4:30 PM

Hyatt Regency Atlanta  
265 Peachtree Street NE  
Atlanta, GA 30303

### **Workshop Leaders**

To be confirmed

### **Who Should Attend**

Experienced HIV clinical decision makers (physicians, nurse practitioners, physician assistants) caring for HIV patients with a working knowledge of HIV disease management.

### **Overview and Assessment of Needs**

Expert faculty will speak in a small-group interactive setting on timely and clinically relevant issues in HIV disease management such as:

- Management strategies for antiretroviral failure
- Role of resistance testing to determine treatment options for patients with multiple drug resistance mutations
- Role of new drugs in failure regimens

Rapid advances in these areas require the ongoing attention of practitioners involved in HIV medicine. The course will address the implications of this information on strategies for antiretroviral therapy.

### **Learning Objectives**

Upon completion of the workshop, participants will be able to:

- Design appropriate treatment strategies for patients experiencing antiretroviral failure that consider current data on new drugs, new classes, and new assays
- Identify the elements of an effective salvage regimen
- Compare and contrast the benefits and limitations of genotypes and phenotypes
- Explain the effective use of tropism assays and how they may fit into the management of HIV-infected patients
- Examine the risk and activity and the resistance profiles of new and emerging antiretroviral drugs

### **CME Accreditation Statement**

The International AIDS Society–USA is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

### **Credit Designation Statement**

The International AIDS Society–USA designates this educational activity for a maximum of 3.25 *AMA PRA Category 1 Credits*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **Conflicts of Interest**

Information regarding conflicts of interest is obtained from all parties with control over the activity content (ie, Board of Directors, workshop development committee, workshop leaders, and IAS-USA staff), and any conflicts of interest of those parties are resolved prior to the activity being delivered.

**Registration**

The registration fee is \$30. Fax or mail your complete registration form (below) with payment. Registration closes March 26, 2009. Registrations will be accepted on a first-come, first-served basis. Attendance is limited to 40 participants. Forms should be mailed or faxed to:

International AIDS Society-USA  
425 California Street, Suite 1450  
San Francisco, CA 94104-2120  
Tel: 415-544-9400  
Fax: 415-544-9402

**Funding**

This activity is made possible by educational grants from several commercial companies that are committed to supporting independent CME in the field of HIV/AIDS. Major grant support has been provided by: Bristol-Myers Squibb, Pfizer Global Pharmaceuticals, and Merck & Co., Inc.

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Workshop participant name: \_\_\_\_\_  
 CFLS ATL 4.2.09

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Workshop registrants are encouraged to submit their own difficult clinical cases for potential inclusion in the workshop discussion, using the form below. Please complete the form below, include resistance test results, and submit via email (tnichol@iasusa.org) or fax (415-544-9401).

Date of patient review: \_\_\_\_\_

Resistance test: genotype, phenotype, pheno GT Date of Test: \_\_\_\_\_

ARV treatment when tested: \_\_\_\_\_

Adherence assessment: Score: \_\_\_\_\_ Excellent, Good, Fair, Poor Date: \_\_\_\_\_

Most recent viral load: \_\_\_\_\_ Date: \_\_\_\_\_ Most recent CD4+: \_\_\_\_\_ Date: \_\_\_\_\_

Viral load before ARV: \_\_\_\_\_ Date: \_\_\_\_\_ Highest viral load recorded: \_\_\_\_\_ Date: \_\_\_\_\_

Lowest CD4+: \_\_\_\_\_ Date: \_\_\_\_\_ ARV history: high confidence, low confidence

Past Resistance Tests: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Past Detected Mutations: NRTI: \_\_\_\_\_

NNRTI: \_\_\_\_\_ PI: \_\_\_\_\_

ARV past history	Date started...ended	Reason discontinued
Regimen 1: _____	_____	_____
Regimen 2: _____	_____	_____
Regimen 3: _____	_____	_____
Regimen 4: _____	_____	_____
Regimen 5: _____	_____	_____
Regimen 6: _____	_____	_____
Regimen 7: _____	_____	_____
Regimen 8: _____	_____	_____

Exposure to: (circle all that apply)

**NRTIs:** abacavir, didanosine, emtricitabine, lamivudine, stavudine, tenofovir, zalcitabine, zidovudine

**NNRTIs:** delavirdine, efavirenz, nevirapine, etravirine

**PIs:** amprenavir, atazanavir, indinavir, fosamprenavir, lopinavir/ritonavir, nelfinavir, ritonavir, saquinavir, tipranavir

**Fixed-dose combinations:** abacavir/lamivudine, emtricitabine/tenofovir, lamivudine/zidovudine, lamivudine/zidovudine/abacavir, tenofovir/emtricitabine/efovirenz

**Fusion inhibitor:** enfuvirtide

**CCR5 inhibitor:** maraviroc

**Integrase inhibitor:** raltegravir

Confounders (circle): neuropathy, pancreatitis, dyslipidemia, elevated lft's, lipoatrophy, CNS symptoms, hyperlactatemia, lactate acidosis, depression, anemia, neutropenia, TB, HBV, HCV

Other: \_\_\_\_\_

Allergy history: \_\_\_\_\_

ARV drug intolerance: \_\_\_\_\_

Patient refuses: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Next clinic visit: \_\_\_\_\_ Next retro visit: \_\_\_\_\_

Based on AETC (UCSD Owen Clinic) Antiretroviral Therapy Recommendation form, provided by Dr Richard H. Haubrich



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Registration opens: 12:30 PM

\_\_\_\_\_  
First Name                      MI                      Last Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Institution/Organization

Primary Academic Degree:     MD                       DO  
    Other : \_\_\_\_\_

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Mailing Address     Work     Home

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone     Work     Home                      Fax     Work     Home

\_\_\_\_\_  
E-Mail Address (for registration confirmation only)

Do you work for a commercial company?     Yes     No

If Yes, Name of Company: \_\_\_\_\_

Currently, how many HIV-infected patients do you have? \_\_\_\_\_

How many years have you been involved in HIV Care? \_\_\_\_\_

**REGISTRATION FEES**

Full payment must accompany this form. For additional registrants, please photocopy this form. Cancellations will be accepted until the Registration Deadline, however a processing fee will apply.

\$30                                      \$ \_\_\_\_\_

If you wish to include a donation please indicate here\*                      \$ \_\_\_\_\_

Total:                      \$ \_\_\_\_\_

\*IAS-USA is exempt from tax under section 501(c)(3) of the Internal Revenue Code. Your tax-deductible donation will be used to distribute *Topics in HIV Medicine*® internationally.

Special Assistance Needs (please specify): \_\_\_\_\_

**Registration Deadline: March 26, 2009**

Make checks or money orders payable to: **International AIDS Society-USA.**

Charge to my credit card:     VISA     Mastercard     American Express

\_\_\_\_\_  
Card Number (VISA, Mastercard, or AMEX)                      Exp Date

\_\_\_\_\_  
Authorized Signature on Card

\_\_\_\_\_  
Name on Card

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