

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

**Chicago, IL**

Tuesday, May 8, 2007

8:30 AM to 12:00 PM

Marriott Chicago Downtown, 540 North Michigan Avenue, Chicago, IL 60611

**Workshop Faculty**

Eric S. Daar, MD  
Professor of Medicine  
David Geffen School of Medicine at  
University of California Los Angeles  
Chief, Division of HIV Medicine  
Harbor-UCLA Medical Center  
Los Angeles, California

Jeffrey L. Lennox, MD  
Professor of Medicine  
Emory University School of Medicine  
Medical Director  
Infectious Disease Program  
Grady Health System  
Atlanta, Georgia

**Who Should Attend**

Experienced HIV clinical decision makers (MDs, DOs, NPs, PAs) 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 patient experiencing virologic failure that consider current data on new drugs, new classes, and new assays
- Identify the elements that make up 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 will fit into the management of HIV-infected patients
- Examine the risk and activity and the resistance profiles of new and emerging antiretroviral drugs
- Design appropriate treatment strategies for the subset of HIV-infected patients experiencing immunologic failure

**Registration**

The registration fee is \$65. Fax or mail your complete registration form (below) with payment. Registration closes on April 30. Attendance is limited to 40 participants.

**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*. <sup>TM</sup> 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.

**Funding**

This activity is funded by the International AIDS Society–USA. No commercial support will be provided.

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## Antiretroviral Failure and Resistance Test Interpretation: Advanced Workshop

Tuesday, May 8, 2007  
Marriott Chicago Downtown  
541 N Michigan Ave  
Chicago, IL 60611

\_\_\_\_\_  
IASUSA number (if known)

\_\_\_\_\_  
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

Will you be attending the CME course on May 7?  Yes  No

### REGISTRATION FEES

Full payment must accompany this form. For additional registrants, please photocopy this form.

\$65    \$ \_\_\_\_\_

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.

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Charge to my credit card:  VISA     Mastercard     American Express

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

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Authorized Signature on Card

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Name on Card

Please mail or fax this registration form and payment to:  
International AIDS Society-USA  
Course Workshop Registration - CHICAGO  
425 California Street, Suite 1450  
San Francisco, CA 94104-2120  
Phone (415) 544-9400; Fax (415) 544-9402

Workshop participant name: \_\_\_\_\_

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Chicago workshop registrants are encouraged to submit their own difficult clinical cases by April 20 for potential inclusion in the workshop discussion, using the form below. Please complete the form below, include resistance test results, and submit via email ([bwilson@iasusa.org](mailto:bwilson@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: \_\_\_\_\_

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

Exposure to: (circle all that apply)

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

**NNRTIs:** delavirdine, efavirenz, nevirapine

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

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

**Fusion Inhibitor:** enfuvirtide

**Investigational/Expanded access drugs:** \_\_\_\_\_

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: \_\_\_\_\_