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

Denver, CO

Thursday, June 11, 2009
9:00 AM to 12:30 PM

Doubletree Hotel Denver Tech Center
Mandarin Room
7801 Orchard Road
Greenwood Village, CO 80111

This program is sponsored by the International AIDS Society-USA and is offered in collaboration with the Colorado AIDS Education and Training Center.

Workshop Faculty

Steven C. Johnson, MD
Professor of Medicine
University of Colorado
Director, University Hospital HIV/AIDS Clinical Program
Colorado Health Sciences Center
Denver, CO

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

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.

Registration
The registration fee is $30. Fax or mail your complete registration form (below) with payment. Registration closes June 4, 2009. Registrations will be accepted on a first-come, first-served basis. Attendance is limited to 30 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

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 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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Participant Case Form

Workshop participant name:_____
(Optional)

CFLS 6.11.09 DNV

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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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CORE FACULTY LECTURE SERIES

COLORADO AIDS EDUCATION AND TRAINING CENTER

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First Name _____ MI _____ Last Name _____

Title/Position _____

Institution/Organization _____

Registration is limited to up to 30 HIV clinical decision makers (physicians, phsycian assistants, nurse practitioners).

Primary Academic Degree:___ MD ___ NP ___ DO __ PA

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: June 4, 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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