



D:A:D Newsletter October 2005

To all professionals involved in D:A:D

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D:A:D

Dear Colleagues,

We would like to give an update of the current status of the study:

D:A:D has received funding that will allow the study to continue until January 2008.

The continued success of the study is a consequence of the high quality of the data, and hence the awareness and meticulous work of numerous investigators in the study. The collaborative efforts are unique and setting new standards in the field of HIV research. This has also made it possible for the D:A:D collaboration to engage in new endeavours, such as the CoDe project – a standardized coding of causes of death (www.chip.dk/CoDe).

The first D:A:D Cohort (**D:A:D Cohort I**) was established from December 1999- April 2001, and includes a total of 23,437 patients from the 11 participating cohorts. At present, these patients have contributed almost 95,000 years of prospective follow-up in D:A:D Cohort I, and constitute the core dataset for presented analyses from the D:A:D study.

An additional 10,000+ HIV infected persons have been enrolled in **D:A:D Cohort II** – a cohort of patients established from the same participating cohorts, but who have initiated their follow-up at the clinics more recently. The objective of including more patients, and creating Cohort II, is to allow for the assessment of possible differences in the risk of cardiovascular disease with regimens that are currently standard of care – assessed in a population with limited exposure to older types of ART regimens.

The central research question that the study is currently focusing on is the identification of the drug classes associated with the risk of cardiovascular disease. This will allow for treatment guidelines to assist clinicians in the choice of ART for individual patients, where the issue of increased risk of cardiovascular disease may, in some cases, substantially influence this choice.

Another focus area is the analysis of causes of death in D:A:D. Data from the D:A:D study, presented by Dr Rainer Weber at the 12th CROI, suggested that not only causes of death conventionally coded as HIV related, but also death from causes such as liver failure and non-AIDS malignancies, were strongly associated with immunodeficiency. Further analyses are currently ongoing to explore these associations.

For the continued success of the D:A:D study, it remains paramount that all the incident cases of the study endpoints are reported in a timely and detailed manner. We encourage the sites to continue to closely follow patients involved in D:A:D and to promptly report any case of the following endpoints to the coordinating centre:

- Myocardial infarction
- Stroke
- Invasive cardiovascular procedures (coronary artery stenting or by-pass; endarterectomy of carotid artery)
- Diabetes mellitus
- Death (from all causes – using CoDe)

As always, the reporting of D:A:D endpoints is reimbursed by 200 US \$, provided that sufficient information is included to validate and code these. If you have any questions or doubts concerning completion of the forms, please contact your local study coordinator or the D:A:D coordinating office (<mailto:nfm@cphiv.dk> or <mailto:sww@cphiv.dk>).

Thank you for your continued collaboration!

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