

Regional Differences in Self-Reported HIV Care and Management in the EuroSIDA Study

K Laut¹, A Mocroft², JV Lazarus¹, P Reiss³, J Rockstroh⁴, I Karpov⁵, A Rakhmanova⁶, B Knysz⁷, S Moreno⁸, P Gargalianos⁹, JD Lundgren¹, O Kirk¹, for EuroSIDA in EuroCoord

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Background

- HIV positive individuals in Eastern Europe (EE) have a poorer clinical outcome compared with individuals in other parts of Europe
 - Increased risk of AIDS-related mortality¹
 - Lower odds of virological response²
 - Regional differences remained even after adjustment for known patient-related factors^{1,2,3}

¹ J Reekie et al, PLoS ONE 2012; ² W Bannister et al, JAIDS 2006, ³ D Podlekareva et al, BMC Infectious Diseases 2012.

Hypothesis

- The observed poorer clinical outcome for HIV-positive individuals in EE may partly be explained by differences in the set-up for HIV management

Objective

- To explore regional variability in self-reported HIV management at individual EuroSIDA clinics


Methods

- Survey conducted in early 2014 in all currently active EuroSIDA clinics
- Questions related to HIV healthcare and clinical management of HIV-positive individuals
- EE clinics were compared to the rest of participating EuroSIDA clinics combined
- Fisher's exact test for association

Participating clinics



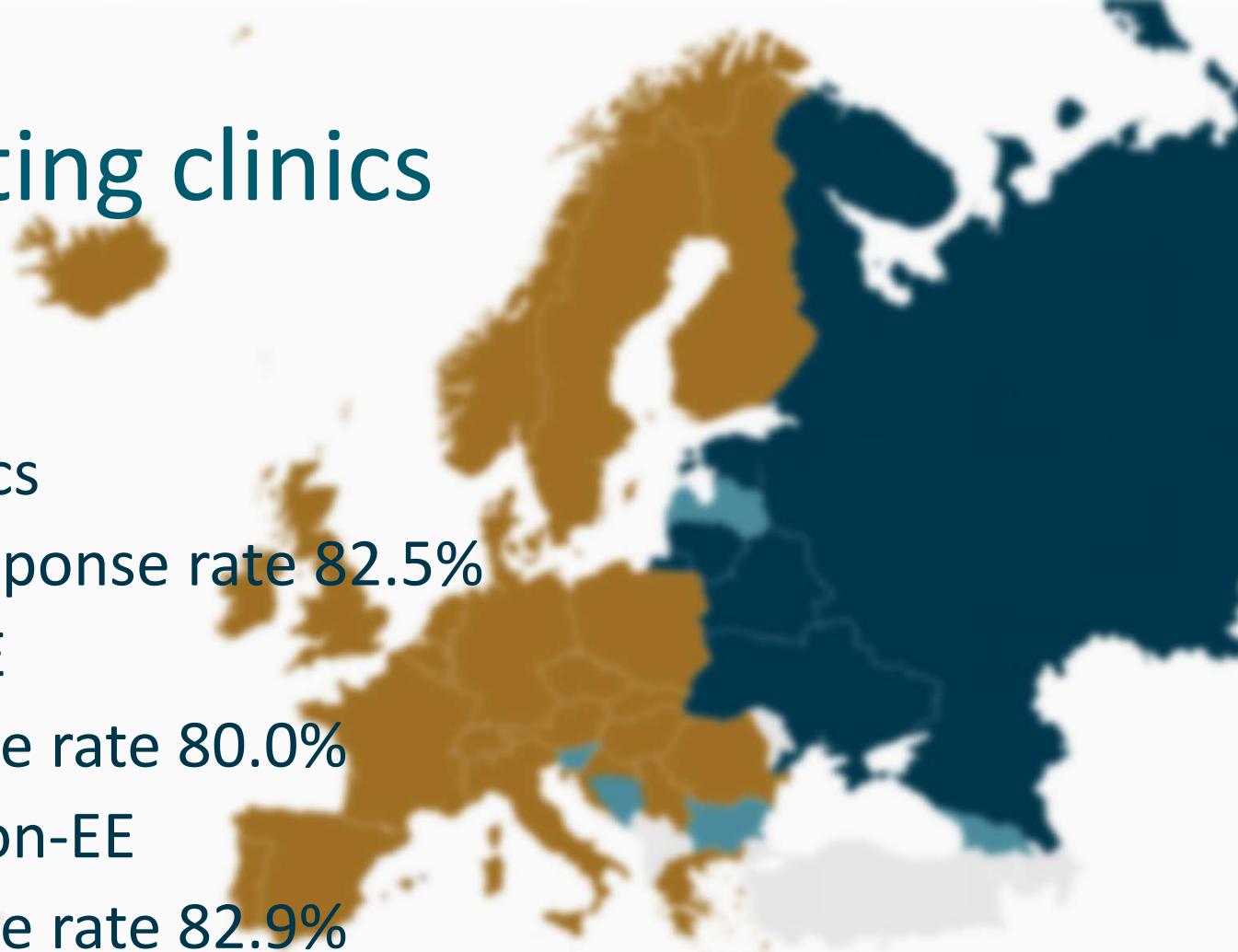
 **Eastern Europe (EE):** Belarus, Estonia, Lithuania, Russian Federation, Ukraine

 **All other European countries (non-EE):** Austria, Belgium, Czech Republic, Croatia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Spain, Sweden, Switzerland, United Kingdom

 **Non-participating EuroSIDA countries**

Participating clinics

- 80/97 clinics
 - Total response rate 82.5%
- 12/15 in EE
 - Response rate 80.0%
- 68/82 in non-EE
 - Response rate 82.9%
- No differences in patient demographics in participating vs non-participating clinics

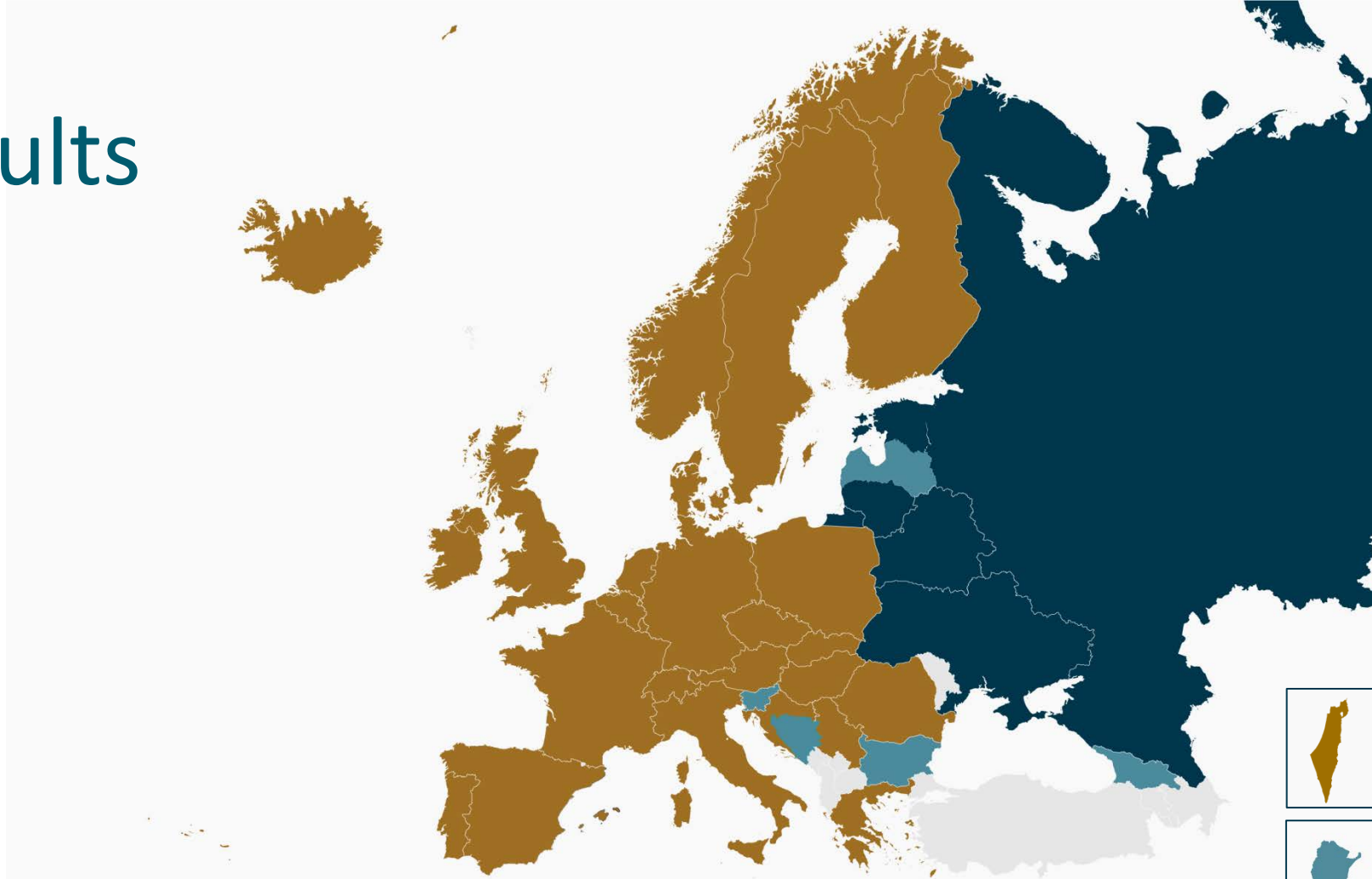


Participating clinics

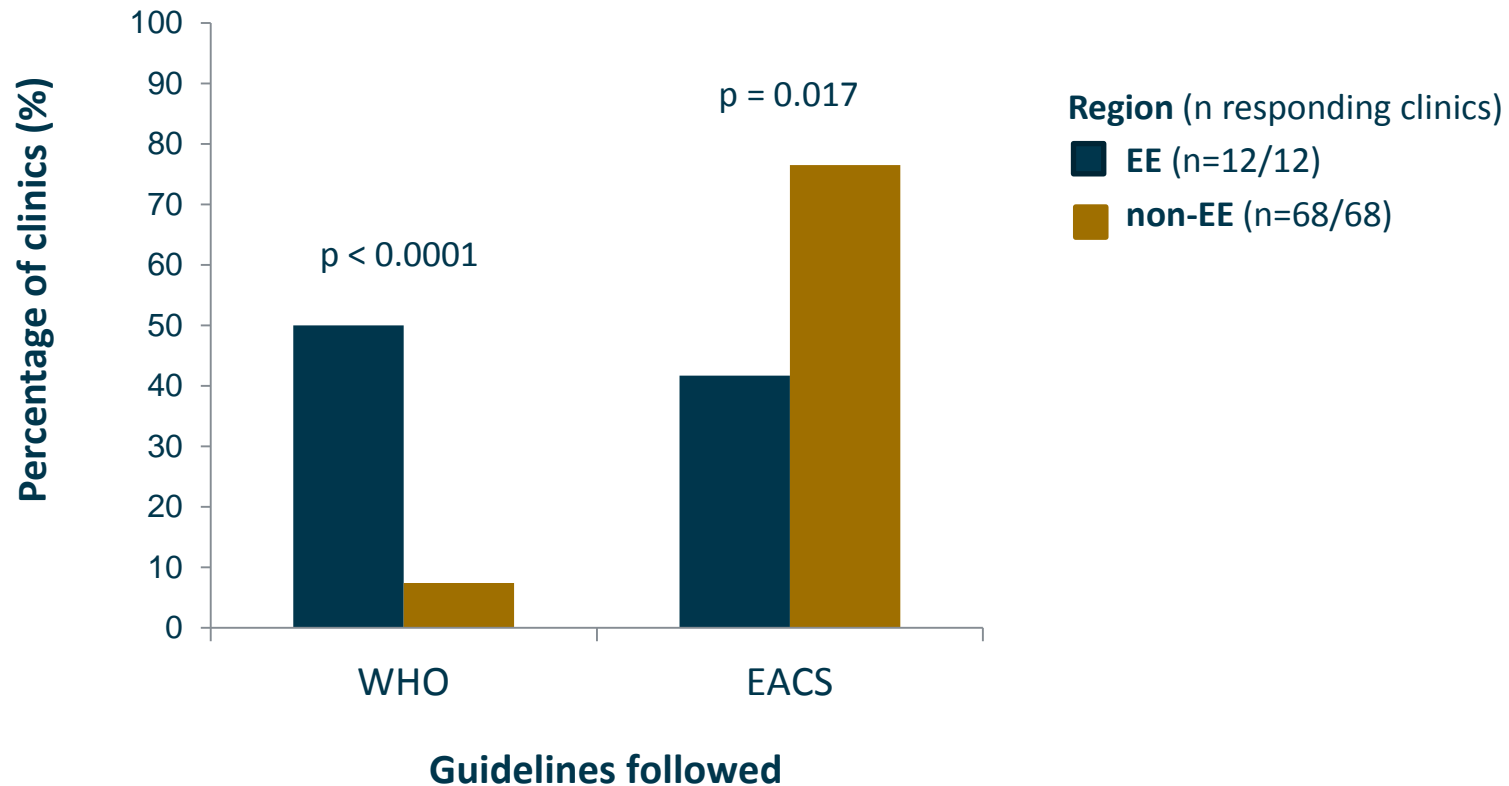
A map of Europe is shown in the background. Countries are colored in two main shades: orange and dark blue. Some countries, particularly in Eastern Europe and the Balkans, are highlighted in a lighter blue shade. The map is partially obscured by the text on the left.

- 79/80 clinics urban location
- University-affiliated:
 - 1/12 in EE, 41/68 in non-EE
- HIV positive patients in care in participating clinics:
 - 30,000 in EE, 100,000 in non-EE

Results

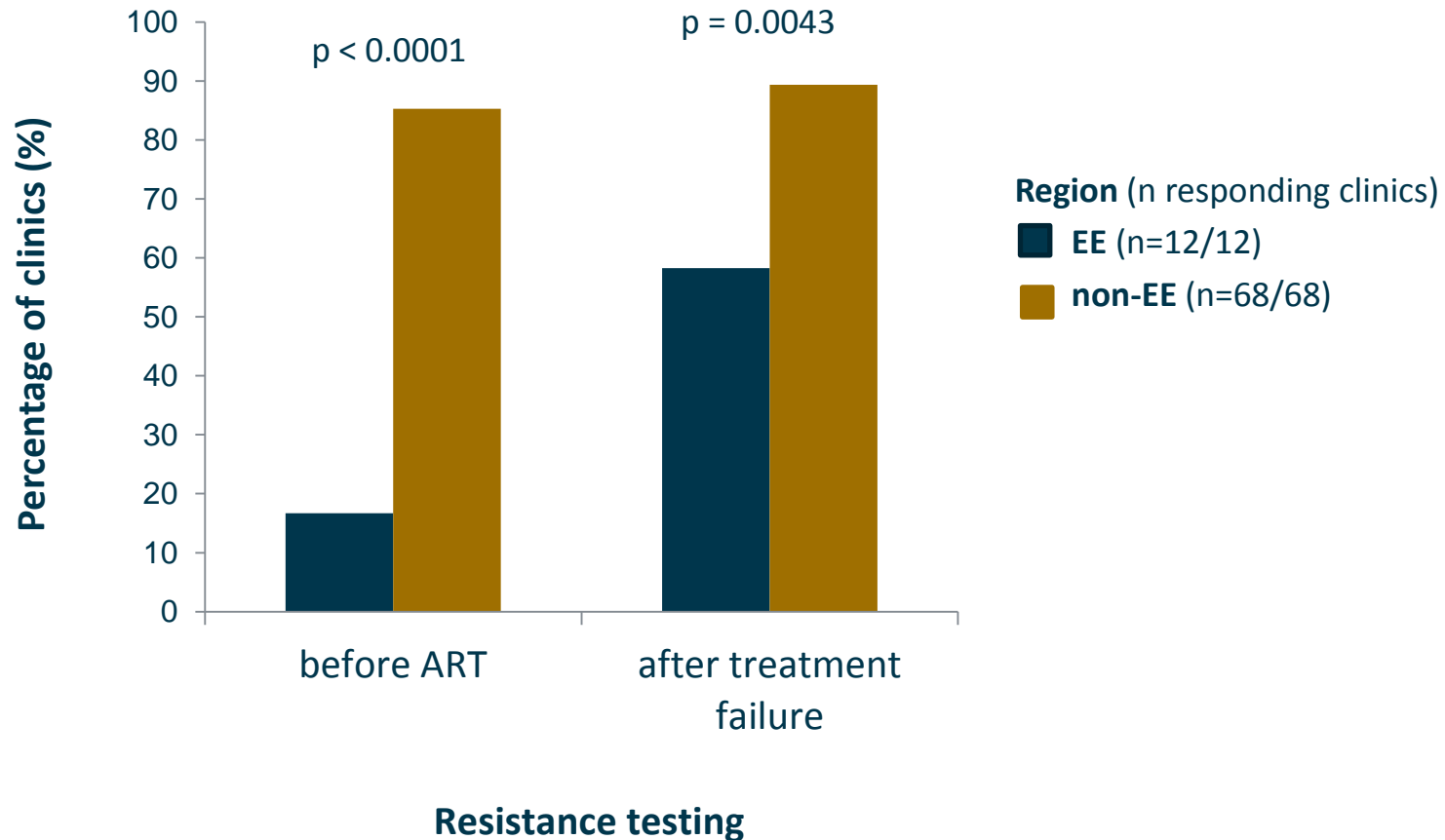


Regional differences in guidelines followed



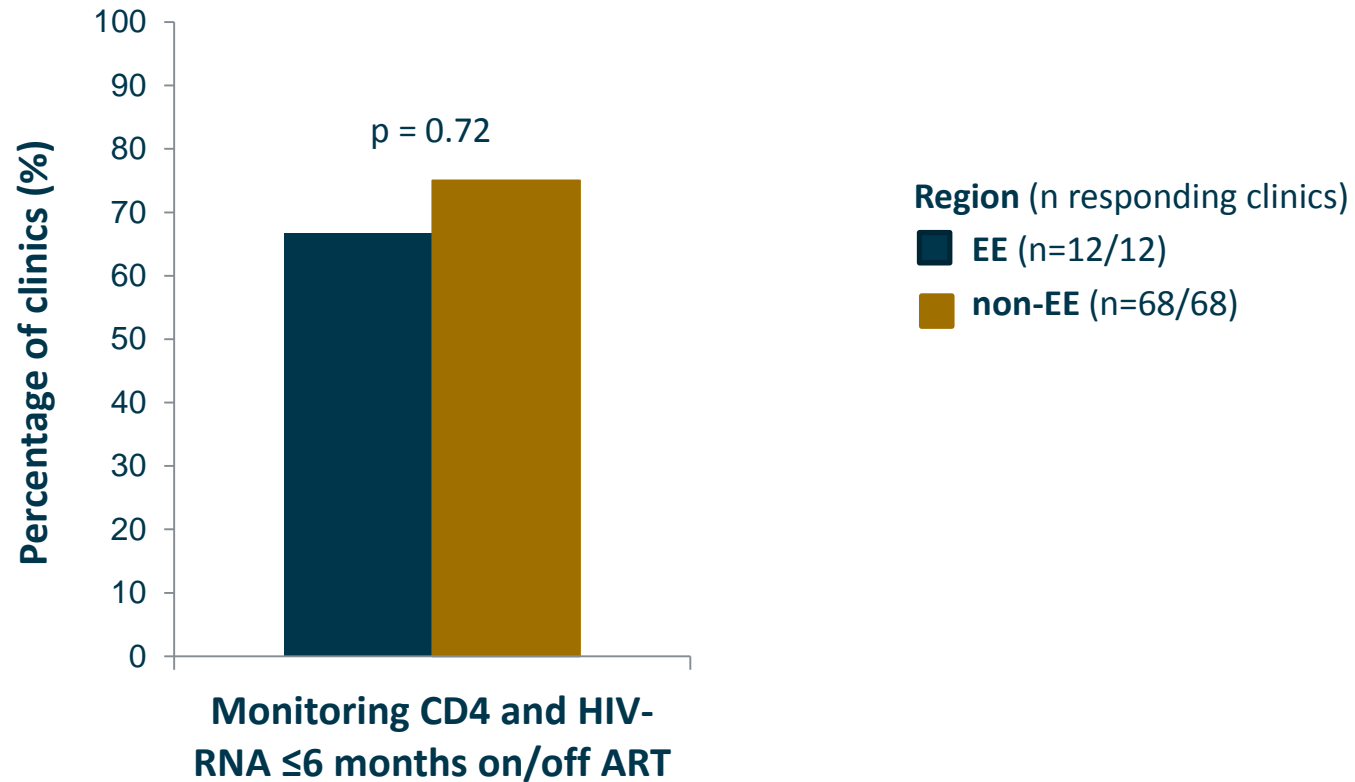
Based on the survey question: Does the clinic follow standard clinical guidelines for the treatment of people with HIV? If yes, which guidelines are used?

Regional differences in resistance testing



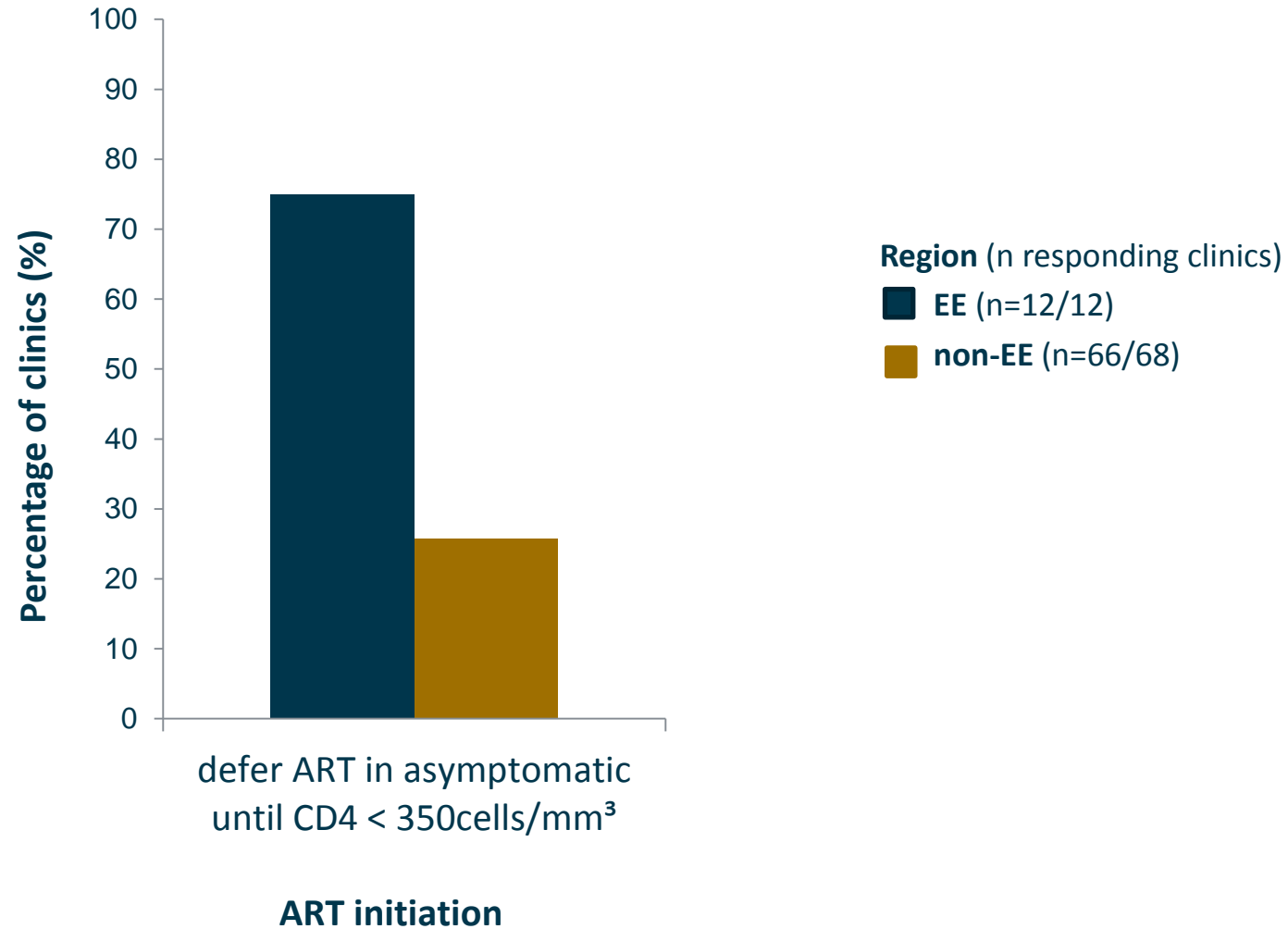
Based on the survey question: Is resistance testing performed before initiating ART? When HIV-positive patients taking ART need to change regimens because of treatment failure, is it currently standard practice to perform resistance testing to guide decision-making about the next regimen?

Frequency of monitoring of CD4 and HIV-RNA



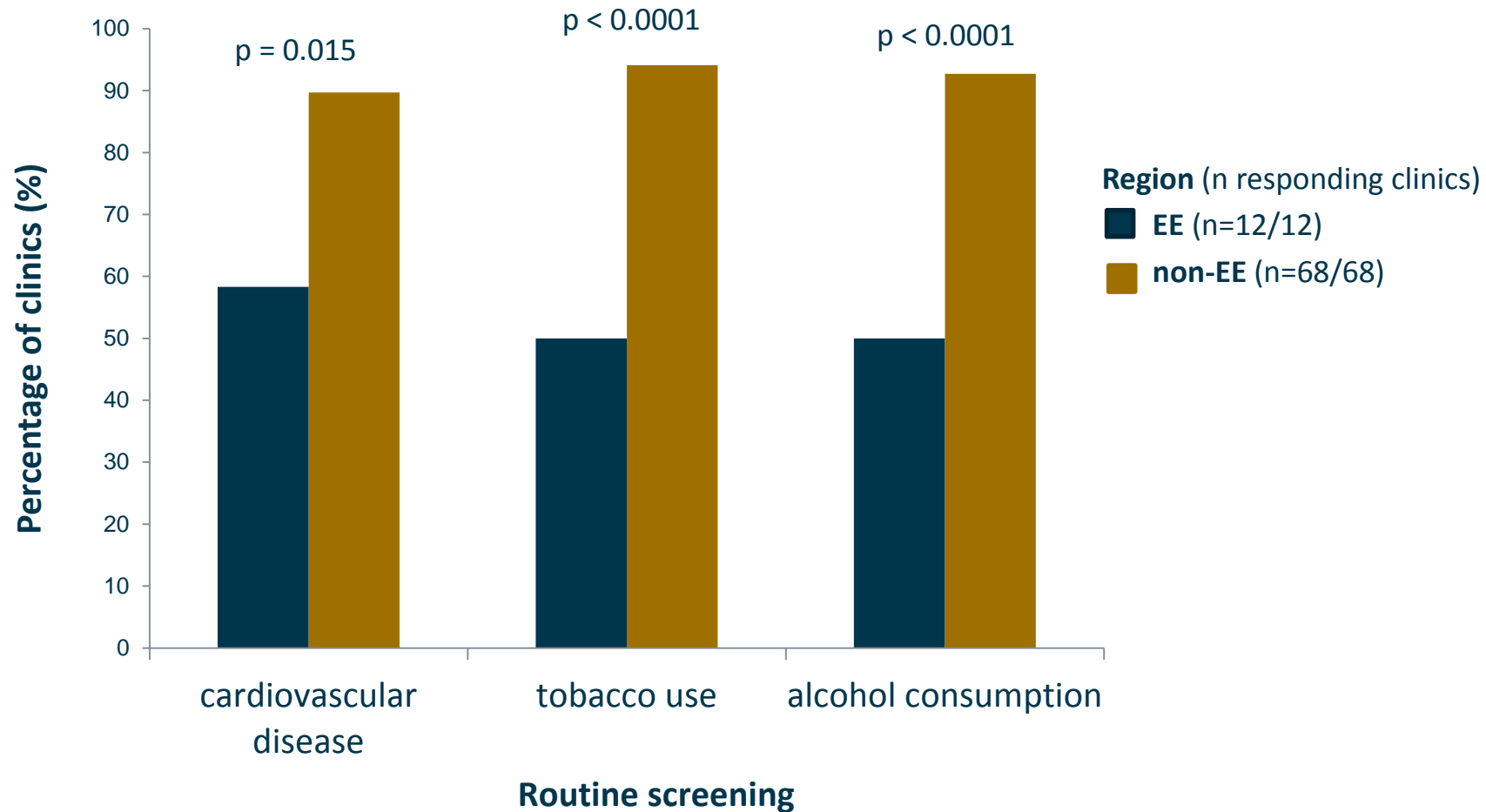
Based on the survey question: How often does the clinic request CD4 cell count/viral load testing for HIV-positive patients who are not clinically eligible for ART? How often does the clinic request CD4 cell count/viral load testing for HIV-positive patients who have initiated ART?

Regional differences in initiation of ART



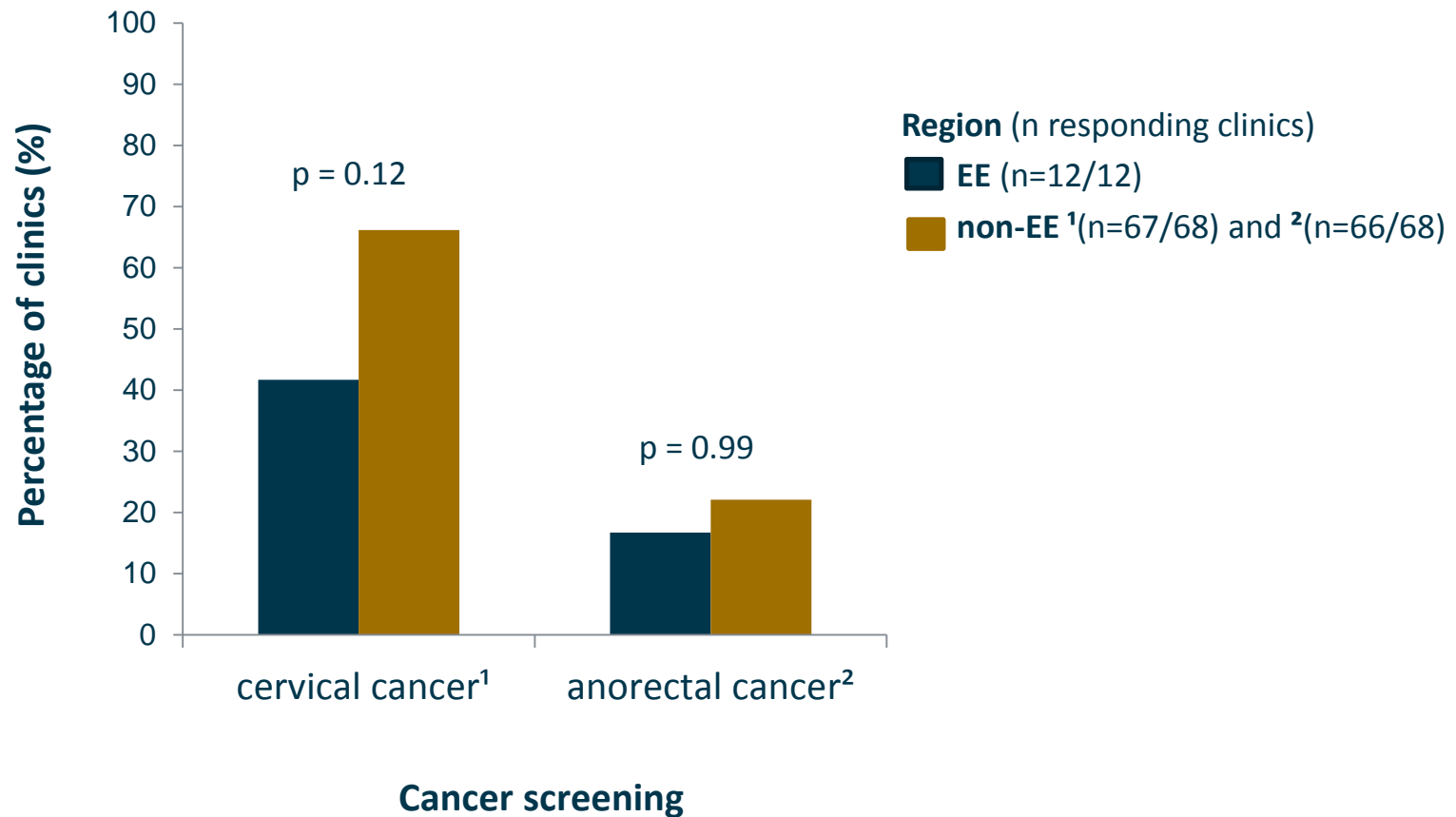
Based on the survey question: When do antiretroviral treatment-naïve patients, who have been followed in the clinic for at least 3 months (i.e. excluding late presenters), generally start ART?

Regional differences in routine screening



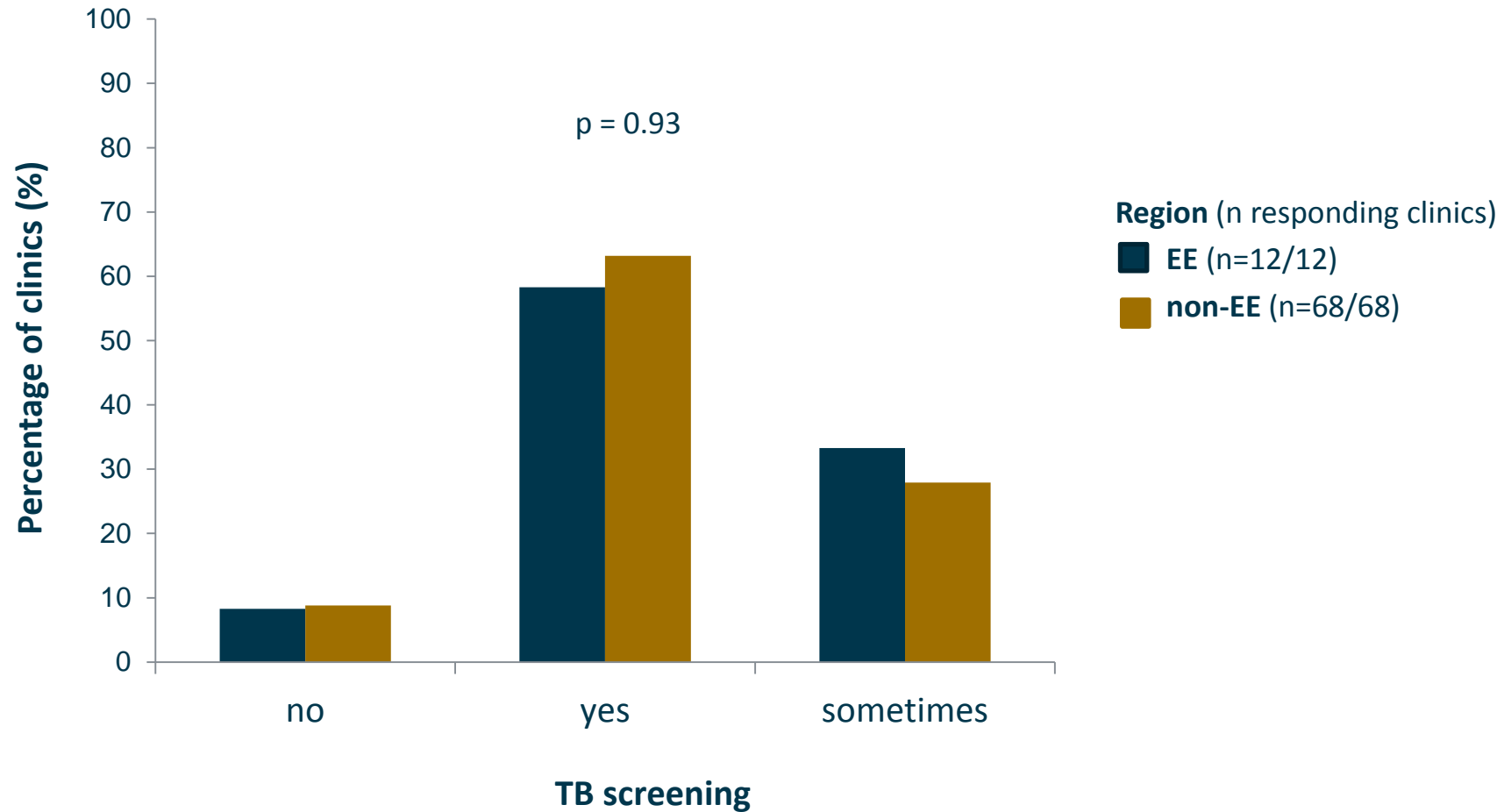
Based on the survey question: Does the clinic routinely perform the following types of screening for HIV-positive patients?

Regional differences in cancer screening



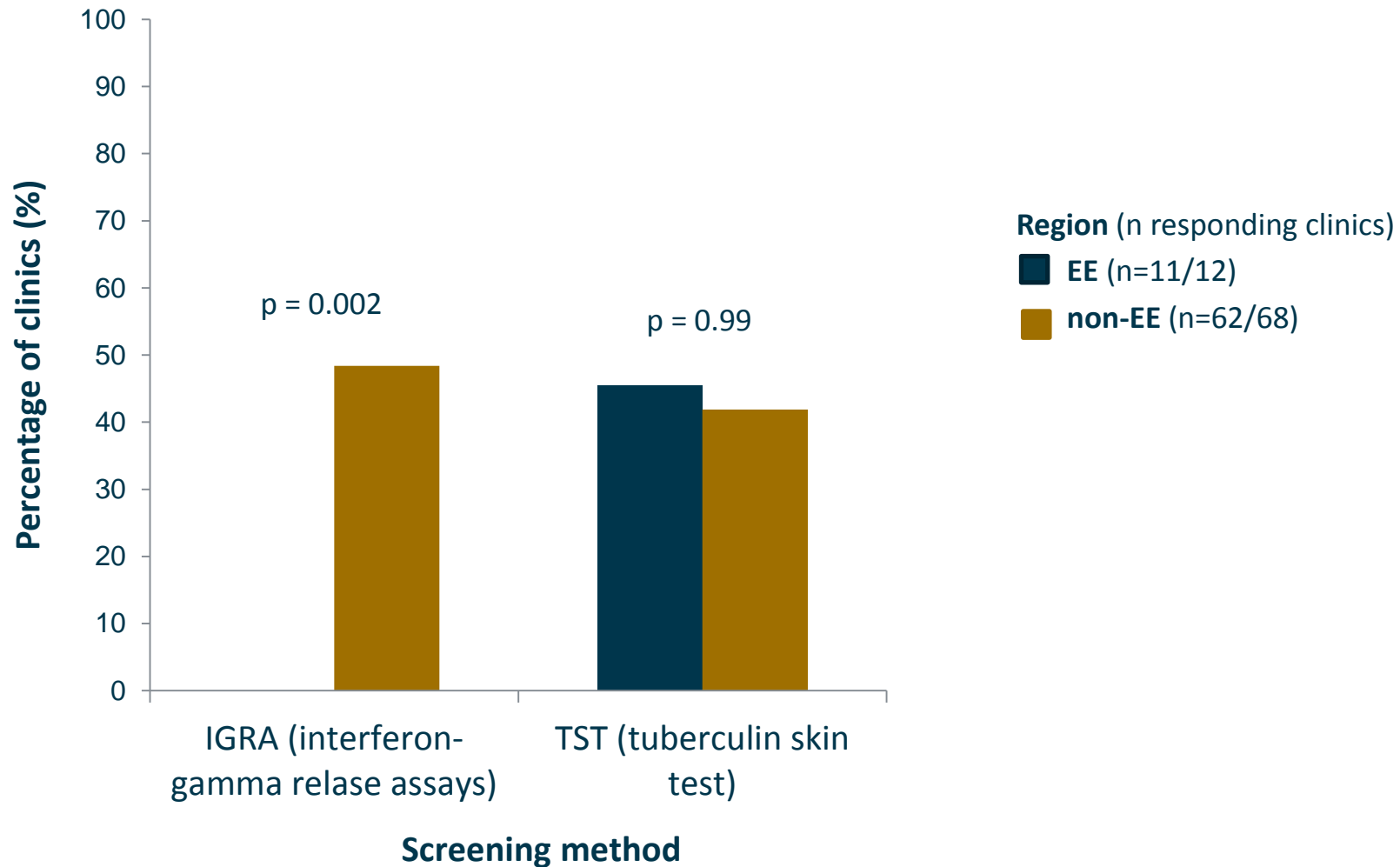
Based on the survey questions: Does the clinic routinely perform: ¹Screening for cervical cancer: cervical smear *and* gynaecological exam. ²Screening for anorectal cancer: anal pap *and* anorectal exam.

Regional differences in TB screening



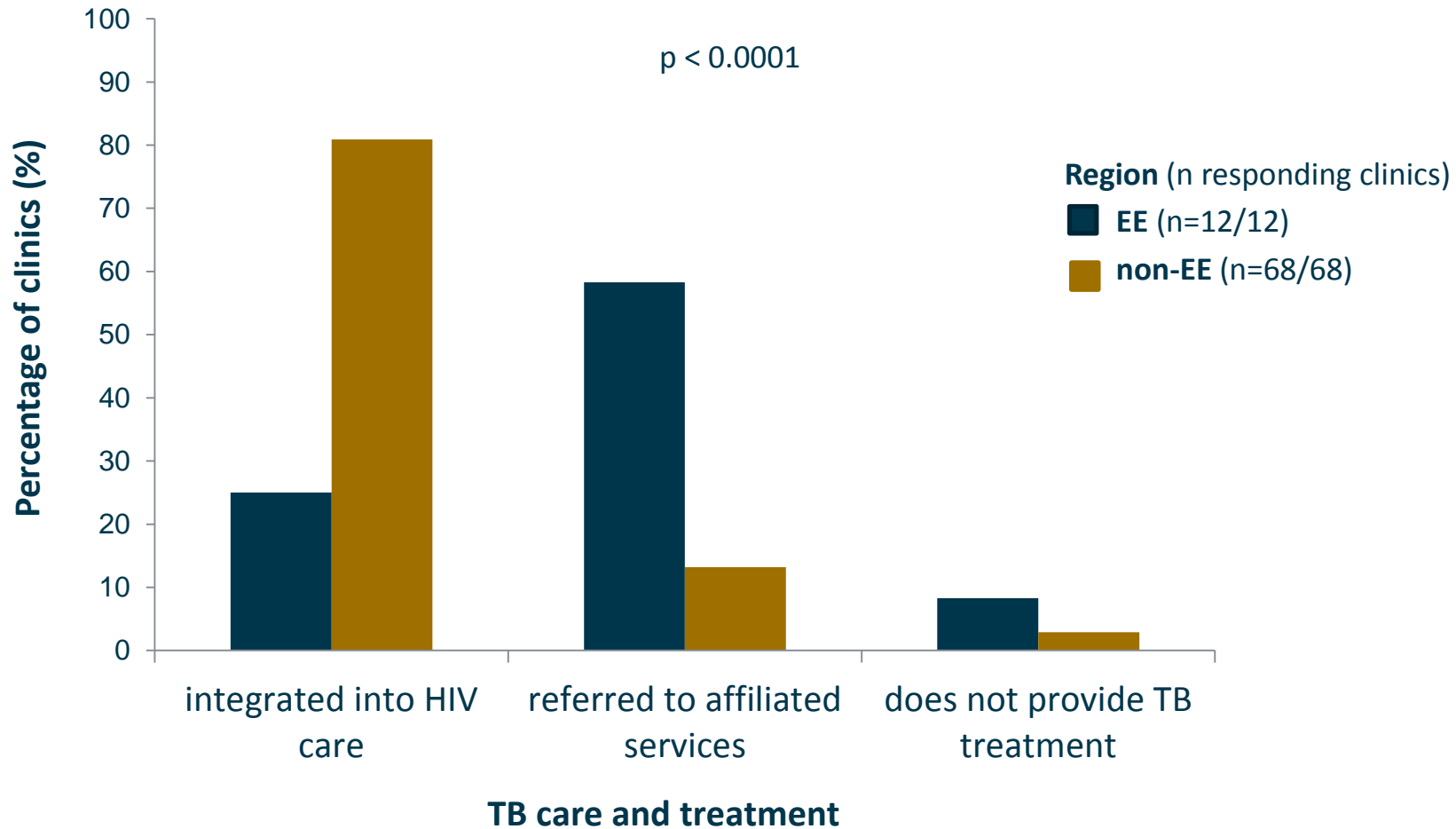
Based on the survey questions: Does the clinic screen HIV-positive individuals for tuberculosis?

Regional differences in TB screening method



Based on the survey questions: If the clinic screens HIV-positive individuals for tuberculosis, please indicate which method

Regional differences in integrated TB and HIV care



Based on the survey question: Does the clinic provide TB treatment for HIV patients diagnosed with TB?

Limitations

- Self-reported questionnaire
- English language
 - Interpretation of questions
- Limited number of clinics, especially in EE
- EuroSIDA clinics not necessarily representative of HIV management in all of Europe
- Possible bias: alter responses in a direction perceived to be more correct/adherent to guidelines

Summary

- Compared with non-EE clinics, clinics in EE reported:
 - Deferral of ART initiation until CD4 < 350 cells/mm³
 - Significantly less resistance testing before ART initiation and after treatment failure
 - Significantly less screening for cardiovascular disease
 - Significantly less screening for tobacco use and alcohol use

Summary

- Compared with non-EE clinics, clinics in EE reported:
 - Similar proportion of clinics performing TB screening, in spite of higher TB prevalence in EE
 - Poor integration of HIV and TB care

Summary

- Other findings:
 - Regional differences in guidelines followed
 - Poor over-all screening for cervical cancer, no significant regional differences
 - Poor over-all screening for anorectal cancer, no significant regional differences
 - Data about hepatitis screening previously reported¹

Conclusion

- Marked regional differences in self-reported HIV management across Europe

Future directions

- Investigate clinical implications of regional differences in HIV management
- Identify opportunities to reduce apparent regional disparities

The EuroSIDA Study Group

Argentina: (M Losso), M Kundro, Hospital JM Ramos Mejia, Buenos Aires. **Austria:** (N Vetter), Pulmologisches Zentrum der Stadt Wien, Vienna; R Zangerle, Medical University Innsbruck, Innsbruck. **Belarus:** (I Karpov), A Vassilenko, Belarus State Medical University, Minsk, VM Mitsura, Gomel State Medical University, Gomel; D Paduto, Regional AIDS Centre, Svetlogorsk. **Belgium:** (N Clumeck), S De Wit, M Delforge, Saint-Pierre Hospital, Brussels; E Florence, Institute of Tropical Medicine, Antwerp; L Vandekerckhove, University Ziekenhuis Gent, Gent. **Bosnia-Herzegovina:** (V Hadziosmanovic), Klinicki Centar Univerziteta Sarajevo, Sarajevo. **Bulgaria:** (K Kostov), Infectious Diseases Hospital, Sofia. **Croatia:** (J Begovac), University Hospital of Infectious Diseases, Zagreb. **Czech Republic:** (L Machala), D Jilich, Faculty Hospital Bulovka, Prague; D Sedlacek, Charles University Hospital, Plzen. **Denmark:** (J Nielsen), G Kronborg, T Benfield, M Larsen, Hvidovre Hospital, Copenhagen; J Gerstoft, T Katzenstein, A-B E Hansen, P Skinshøj, Rigshospitalet, Copenhagen; C Pedersen, Odense University Hospital, Odense; L Ostergaard, Skejby Hospital, Aarhus, U B Dragsted, Roskilde Hospital, Roskilde; L N Nielsen, Hillerød Hospital, Hillerød. **Estonia:** (K Zilmer), West-Tallinn Central Hospital, Tallinn; Jelena Smidt, Nakkusosakond Sisekliinik, Kohtla-Järve. **Finland:** (M Ristola), Helsinki University Central Hospital, Helsinki. **France:** (C Katlama), Hôpital de la Pitié-Salpêtrière, Paris; J-P Viard, Hôtel-Dieu, Paris; P-M Girard, Hospital Saint-Antoine, Paris; P Vanhems, University Claude Bernard, Lyon; C Pradier, Hôpital de l'Archet, Nice; F Dabis, D Neau, Unité INSERM, Bordeaux, C Duvivier, Hôpital Necker-Enfants Malades, Paris. **Germany:** (J Rockstroh), Universitäts Klinik Bonn; R Schmidt, Medizinische Hochschule Hannover; J van Lunzen, O Degen, University Medical Center Hamburg-Eppendorf, Infectious Diseases Unit, Hamburg; HJ Stellbrink, IPM Study Center, Hamburg; C Stefan, JW Goethe University Hospital, Frankfurt; J Bogner, Medizinische Poliklinik, Munich; G. Fätkenheuer, Universität Köln, Cologne. **Georgia:** (N Chkhartishvili) Infectious Diseases, AIDS & Clinical Immunology Research Center, Tbilisi. **Greece:** (J Kosmidis), P Gargalianos, G Xylomenos, J Perdios, Athens General Hospital; H Sambatakou, Ippokraton General Hospital, Athens. **Hungary:** (D Banhegyi), Szent László Hospital, Budapest. **Iceland:** (M Gottfredsson), Landspítali University Hospital, Reykjavík. **Ireland:** (F Mulcahy), St. James's Hospital, Dublin. **Israel:** (I Yust), D Turner, M Burke, Ichilov Hospital, Tel Aviv; E Shahar, G Hassoun, Rambam Medical Center, Haifa; H Elinav, M Haouzi, Hadassah University Hospital, Jerusalem; ZM StHoeger, AIDS Center (Neve Or), Jerusalem. **Italy:** (A D'Arminio Monforte), Istituto Di Clinica Malattie Infettive e Tropicale, Milan; R Esposito, I Mazeu, C Mussini, Università Modena, Modena; R Pristera, Ospedale Generale Regionale, Bolzano; F Mazzotta, A Gabbuti, Ospedale S Maria Annunziata, Firenze; V Vullo, M Lichtner, University di Roma la Sapienza, Rome; M Zaccarelli, A Antinori, R Acinapura, G D'Offizi, Istituto Nazionale Malattie Infettive Lazzaro Spallanzani, Rome; A Lazzarin, A Castagna, N Gianotti, Ospedale San Raffaele, Milan; M Galli, A Ridolfo, Osp. L. Sacco, Milan. **Latvia:** (B Rozentale), Infectology Centre of Latvia, Riga. **Lithuania:** V Uzdavinienė, Lithuanian AIDS Centre, Vilnius. **Luxembourg:** (T Staub), R Hemmer, Centre Hospitalier, Luxembourg. **Netherlands:** (P Reiss), Academisch Medisch Centrum bij de Universiteit van Amsterdam, Amsterdam. **Norway:** (V Ormaasen), A Maeland, J Bruun, Ullevål Hospital, Oslo. **Poland:** (B Knysz), J Gasiorowski, M Ingłot, Medical University, Wrocław; A Horban, E Bakowska, Centrum Diagnostyki i Terapii AIDS, Warsaw; A Grzeszczuk, R Flisiak, Medical University, Białystok; M Parczewski, M Pynka, K Maciejewska, Medical University, Szczecin; M Beniowski, E Mularska, Ośrodek Diagnostyki i Terapii AIDS, Chorzów; T Smiatacz, Medical University, Gdansk; E Jablonowska, E Malolepsza, K Wojcik, Wojewódzki Szpital Specjalistyczny, Łódź; I Mozer-Lisewska, Poznań University of Medical Sciences, Poznań. **Portugal:** (M Doroana), L Caldeira, Hospital Santa Maria, Lisbon; K Mansinho, Hospital de Egas Moniz, Lisbon; F Maltez, Hospital Curry Cabral, Lisbon. **Romania:** (R Radoi), C Oprea, Spitalul de Boli Infectioase si Tropicale: Dr. Victor Babes, Bucurest. **Russia:** (A Rakhmanova), Medical Academy Botkin Hospital, St Petersburg; A Rakhmanova, St Petersburg AIDS Centre, St Peterburg; T Trofimova, Novgorod Centre for AIDS, Novgorod, I Khromova, Centre for HIV/AIDS & and Infectious Diseases, Kaliningrad; E Kuzovatova, Nizhny Novgorod Scientific and Research Institute, Nizhny Novgorod. **Serbia:** (D Jevtic), The Institute for Infectious and Tropical Diseases, Belgrade. **Slovakia:** A Shunnar, D Staneková, Dérer Hospital, Bratislava. **Slovenia:** (J Tomazic), University Clinical Centre Ljubljana, Ljubljana. **Spain:** (J González-Lahoz) S Moreno, J. M. Rodriguez, Hospital Ramon y Cajal, Madrid; B Clotet, A Jou, R Paredes, C Tural, J Puig, I Bravo, Hospital Germans Trias i Pujol, Badalona; JM Gatell, JM Miró, Hospital Clinic Universitari de Barcelona, Barcelona; P Domingo, M Gutierrez, G Mateo, MA Sambeat, Hospital Sant Pau, Barcelona; JM Laporte, Hospital Universitario de Alava, Vitoria-Gasteiz. **Sweden:** (A Blaxhult), Venhaelsan-Sodersjukhuset, Stockholm; L Flamholz, Malmö University Hospital, Malmö, A Thalme, A Sonnerborg, Karolinska University Hospital, Stockholm. **Switzerland:** (B Ledergerber), R Weber, University Hospital, Zürich; M Cavassini, Centre Hospitalier Universitaire Vaudois, Lausanne; A Calmy, Hospital Cantonal Universitaire de Geneve, Geneve; H Furrer, Inselspital Bern, Bern; M Battegay, L Elzi, University Hospital Basel; P Schmid, Kantonsspital, St. Gallen. **Ukraine:** (E Kravchenko), N Chentsova, Kiev Centre for AIDS, Kiev; V Frolov, G Kutsyna, I Baskakov, Luhansk State Medical University, Luhansk; S Servitskiy, Odessa Region AIDS Center, Odessa; A Kuznetsova, Kharkov State Medical University, Kharkov; G Kyselyova, Crimean Republican AIDS centre, Simferopol. **United Kingdom:** (B Gazzard), St. Stephen's Clinic, Chelsea and Westminster Hospital, London; AM Johnson, E Simons, S Edwards, Mortimer Market Centre, London; A Phillips, MA Johnson, A Mocroft, Royal Free and University College Medical School, London (Royal Free Campus); C Orkin, Royal London Hospital, London; J Weber, G Scullard, Imperial College School of Medicine at St. Mary's, London; M Fisher, Royal Sussex County Hospital, Brighton; C Leen, Western General Hospital, Edinburgh. **The following centers have previously contributed data to EuroSIDA:** Bernhard Nocht Institut für Tropenmedizin, Hamburg, Germany; 1st I.K.A Hospital of Athens, Athens, Greece; Ospedale Riuniti, Divisione Malattie Infettive, Bergamo, Italy; Ospedale Cotugno, III Divisione Malattie Infettive, Napoli, Italy; Hospital Carlos III, Departamento de Enfermedades Infecciosas, Madrid, Spain;

EuroSIDASteering Committee: J Gatell, B Gazzard, A Horban, I Karpov, B Ledergerber, M Losso, A d'Arminio Monforte, C Pedersen, A Rakhmanova, M Ristola, A Phillips, P Reiss, J Lundgren, J Rockstroh, S De Wit. **Chair:** J Rockstroh. **Vice-chair:** S De Wit. **Study Co-leads:** A Mocroft, O Kirk

EuroSIDA Representatives to EuroCoord: O Kirk, A Mocroft, J Grarup, P Reiss, A Cozzi-Lepri, R Thiebaut, J Rockstroh, D Burger, R Paredes, L Peters, EuroSIDA staff

Coordinating Centre Staff: D Podlekareva, L Peters, JE Nielsen, C Matthews, AH Fischer, A Bojesen, D Raben, D Kristensen, K Grønberg Laut, JF Larsen. **Statistical Staff:** A Mocroft, A Phillips, A Cozzi-Lepri, D Grint, L Shepherd, A Schultze

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