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How to RESPOND to Modern Challenges for People Living with HIV (PLWH): A New Cohort Collaboration

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The Consortium:

- RESPOND was established, as a collaboration between HIV cohorts and clinics across Europe and Australia. A total of 26,018 PLWH were enrolled at RESPOND establishment in 2017 (baseline; Table and Figure 1).
- RESPOND collects large scale observational data, with the intent to quickly be able to respond to areas with unmet research needs.
- The core RESPOND data collection contains detailed information on HIV related parameters, antiretroviral drugs (ARVs), coinfections and comorbidities (Table and Figure 1). In addition, RESPOND's modular data collection structure, allows for project specific data capture.
- Collection and central validation of clinical events (Figure 1) is essential for the study.

Criteria for joining RESPOND:

- Contribute data from ≥1000 unselected PLWH.
- Have a designated clinical lead and IT manager.
- Store data on participants in a standardized format.
- Provide ≥ 80 % completeness for all key variables.
- Adequate information on clinical events available.
- Ability to update follow-up on an annual basis.

RESPOND at EACS 2019

Uptake and discontinuation of Integrase Inhibitors in a large cohort setting, **L. Greenberg (PS8/7)**

A simple tool to evaluate the effectiveness of HIV care for settings with gaps in data availability, **D. Raben (PS9/2)**

Virologic, immunologic and clinical outcomes in antiretroviral treatment naïve individuals in the RESPOND cohort collaboration, **A. Mocroft (PE2/40)**

The Scientific Interest Groups:

- The research agenda is generated in designated Scientific Interest Groups.

Outcomes with ARVs Group:

- Aims to investigate long term clinical outcomes and efficacy of ARVs, overall and in key sub-groups.
- Assess impact of HIV on development of non- AIDS comorbidities and mortality.
- Monitors trends in uptake and discontinuation of contemporary ARVs, especially focused on integrase inhibitors.
- Evaluates safety profiles of newer ARV when used in routine clinical practice.

Public Health Group:

- Aims to develop an online tool to assess the HIV continuum of care.
- Estimates ARV-resistance among PrEP users.
- Investigates standard of care for PLWH across Europe.

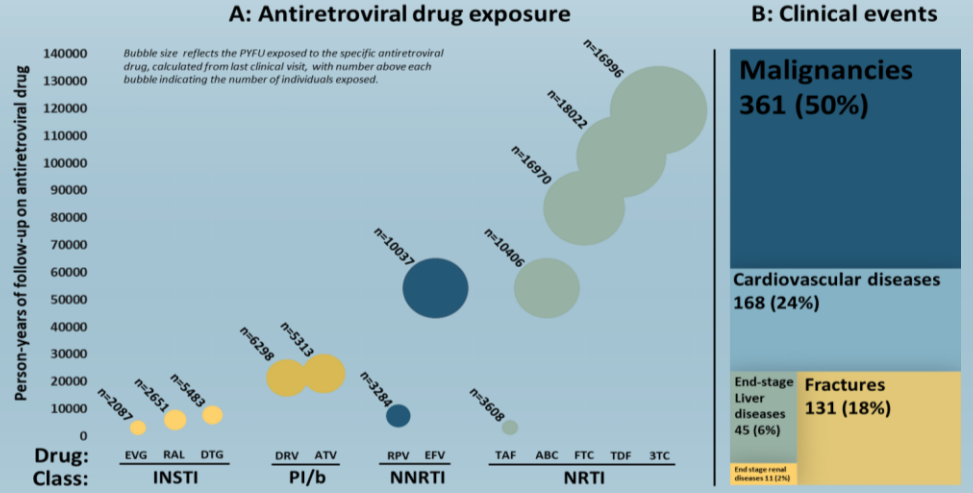
Hepatitis Group:

- Studies use and long-term clinical outcome of treatment for hepatitis B and C, in a diverse real-life setting.
- Investigates risk of hepatic (incl. NASH) and extra-hepatic morbidity and mortality in viral hepatitis coinfected PLWH .
- Assess biomarkers predictive of developing hepatocellular carcinoma.

Table 1: Demographics and clinical characteristics at RESPOND baseline

		n	(%)
Gender	Male	19329	(74.3)
Race	White	18834	(72.4)
	Black	4368	(16.8)
	Other / Unknown	2816	(10.8)
Mode of transmission	Sex between men	11300	(43.4)
	Intraveneous drug use	3883	(14.9)
	Heterosexual	8931	(34.3)
Age group	≤ 50	14397	(55.3)
	51-60	7811	(30.0)
	>60	3810	(14.7)
Date of HIV diagnosis	≤ 2011	20723	(79.6)
Viral suppression (<200 copies/mL)		21028	(91.3)
ART naïve		1384	(5.3)
	Median	**25% Quartile**	**75% Quartile**
Age	48	40	56
CD4 (cells/µL)	622	439	833
CD4 Nadir (cells/µL)	208	91	327
Baseline date (mm/yy)	06/17	12/15	9/17

Figure 1: ARV exposure (A) and validated clinical events (B) at RESPOND baseline:



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