



Trends in mortality in people living with HIV in an international cohort (RESPOND)

Presented by Erich Tusch on behalf of the RESPOND cohort consortium

Disclosures: none

Background & Methods

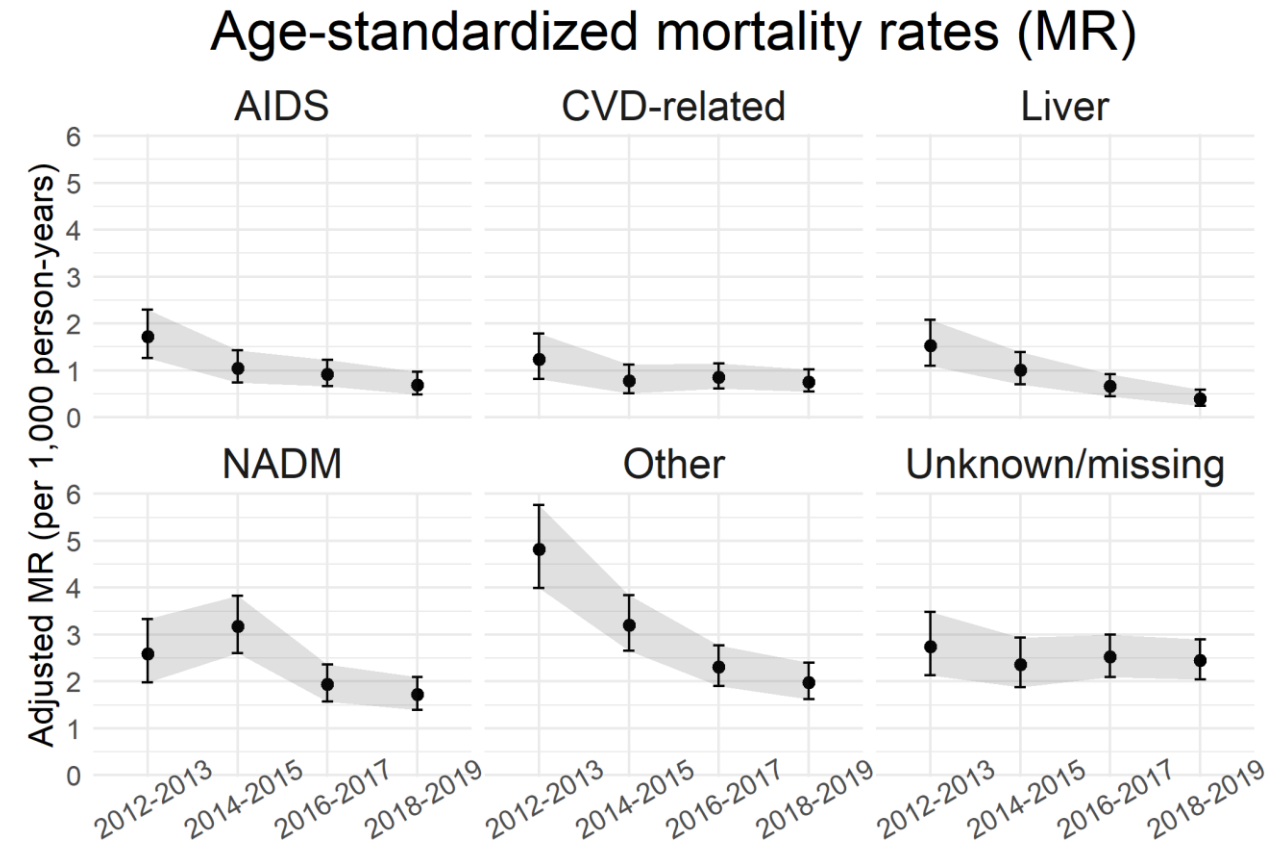
- Mortality rates in people living with HIV have declined due to effective antiretroviral treatment (ART) (1).
- Aging, coinfections, and comorbidities may also drive changes in mortality (2).
- We investigated recent patterns in mortality to **identify opportunities to reduce mortality**.
- The **RESPOND** cohort consortium was initiated in 2017 and includes over 33,000 people living with HIV from 17 cohorts across Europe and Australia.
- Prospective follow up from 2012 to 2019. Participants before 2017 enrolled retrospectively.
- **Age-standardized mortality rates** were compared over time.
- **Risk factors for all-cause mortality** investigated with multivariable Poisson regression.

(1) Smith CJ, et al. The Lancet. 2014

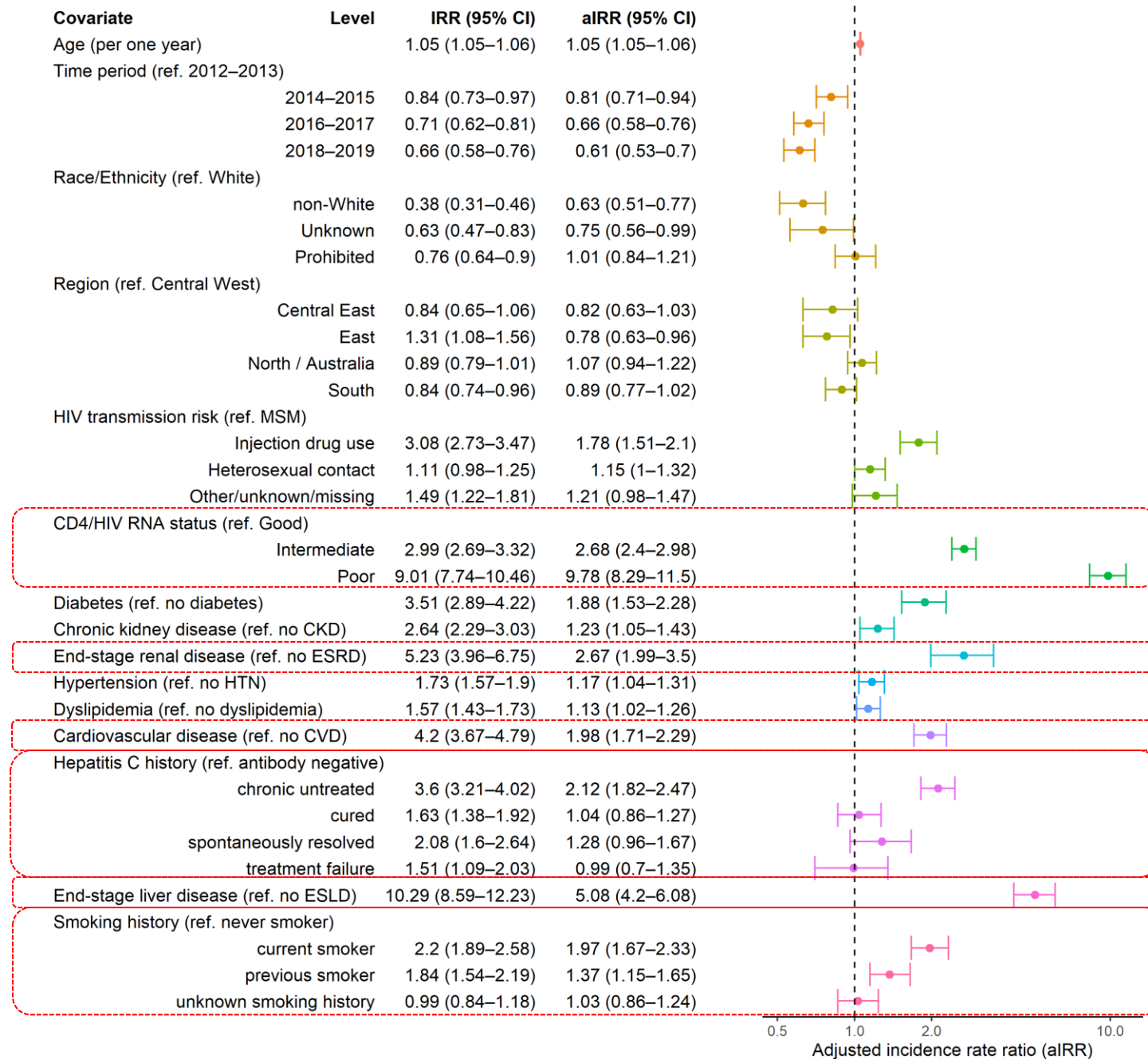
(2) Pelchen-Matthews A, et al. AIDS. 2018

Results

- 33,598 participants
- 167,930 PYFU
(median 4.8; IQR 3.1–8.0)
- 1,700 (5.1%) died
- Age-adjusted cause-specific mortality **decreased** for all causes except unknown/missing



All-cause mortality univariable and multivariable time-updated Poisson regressions



Multivariable analysis also adjusted by Gender, Hepatitis B; aIRR n.s.

Conclusions

- **Cause-specific age-adjusted mortality** (AIDS, CVD, liver, NADM, and other) **declined from 2012–13 to 2018–19**
- Mortality due to **NADM** was greater than **AIDS-, CVD-, or liver-related**.
- **All-cause mortality** was strongly associated with **modifiable risk factors**, especially **immunologic/virologic status** and **chronic conditions**, indicating areas for improvement.
- Limitations:
 - Many unknown/missing causes of death.
 - Retrospective enrollment may lead to selection bias.

ACKNOWLEDGEMENTS

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Funding:

The International Cohort Consortium of Infectious Disease (RESPOND) has received funding from ViiV Healthcare LLC, Gilead Sciences and Merck Sharp & Dohme. Additional support has been provided by participating cohorts contributing data in-kind and/or statistical support: Austrian HIV Cohort Study (AHIVCOS), The Australian HIV Observational Database (AHOD), CHU Saint-Pierre, University Hospital Cologne, EuroSIDA, Frankfurt HIV Cohort Study, Georgian National AIDS Health Information System (AIDS HIS), Modena HIV Cohort, San Raffaele Scientific Institute, Swiss HIV Cohort Study (SHCS), AIDS Therapy Evaluation in the Netherlands Cohort (ATHENA), Royal Free HIV Cohort Study. AHOD is further supported by grant No. U01-AI069907 from the U.S. National Institutes of Health, and GNT1050874 of the National Health and Medical Research Council, Australia.