

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

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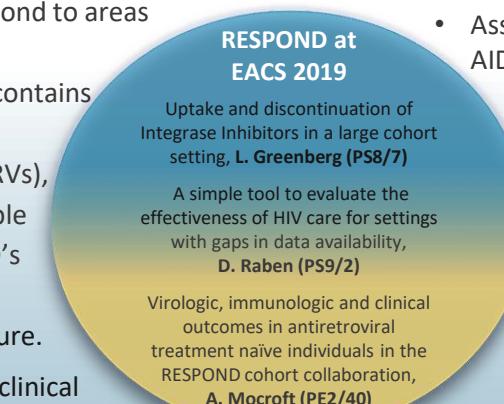
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## The Consortium:

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



## 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.
  - Assessing impact of HIV on development of non-AIDS comorbidities and mortality.
  - Monitor trends in uptake and discontinuation of contemporary ARVs, especially focused on integrase inhibitors.
  - Evaluating safety profiles of newer ARV when used in routine clinical practice.

### Public Health Group:

- Developing an online tool to assess the of the HIV continuum of care.
- Estimating ARV-resistance among PrEP users.
- Investigating standard of care for PLWH across Europe.

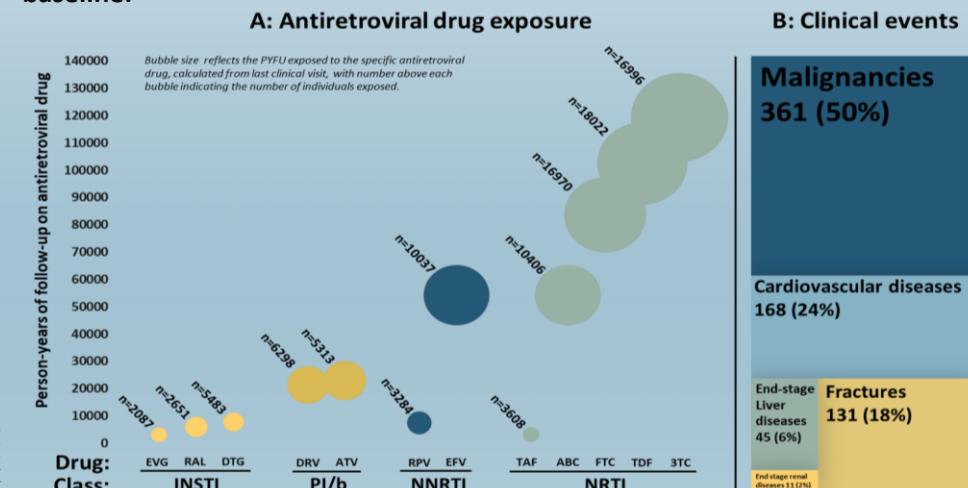
### Hepatitis Group:

- 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
- Assesses biomarkers predictive of developing hepatocellular carcinoma.

**Table1: Demographics and clinical characteristics at RESPOND baseline**

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

**Figure1: ARV exposure (A) and validated clinical events (B) at RESPOND baseline:**



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