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EACS | HIV Summer School

HIV Summer School

4-8 September 2023, Lisbon

Evaluation Report

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Evaluation Report

Contents

Introduction and Event Summary

This document gives an overview of the European AIDS Clinical Society (EACS) HIV Summer School 2023, including feedback from participants. The HIV Summer School 2023 was designed for clinicians involved in HIV management wishing to deepen their knowledge about HIV medicine and research methodology.

The event gathered **56 clinicians from 27 countries**, for a five-day training programme on **4-8 September 2023 in Lisbon, Portugal.** Accredited by the European Accreditation Council for Continuing Medical Education (EACCME®), attendees earned 27 European CME Credits (ECMEC®s) for time dedicated to education outside daily clinical practice.

The programme was developed by a Steering Committee, made up of **7 members from across Europe.** The faculty consisted of **21 global experts in HIV clinical care and research.** A full list of the Steering Committee members and expert faculty can be found on page **57.**

Day I

The first day opened with six presentations over four hours, before breaking up into afternoon working groups to discuss Research and Clinical practices. The Day I working groups considered: **Study design; Identifying the research question and study design; Treatment initiation;** and the **Management of unsuppressed viraemia/resistance,** respectively.

The first presentation of this first day, an **Introduction to Pathophysiology of HIV,** by **Professor Brigitte Autran (France)**, ran from the first AIDS cases linked to acquired immune deficiency in young healthy people in the early 1980s to the latest thinking on a cure for HIV. Professor Autran looked at the early discovery of HIV in lymphoid tissues and subsequent understanding of HIV, receptors, target cells and tissue tropism. An overview of the kinetics of early infection dissemination and immune response led to a presentation of mechanisms of AIDS immune deficiencies and the development of an HIV vaccine programme. Early hopes that antiretroviral therapies could mean the end of AIDS were touched upon, alongside obstacles to eradication of HIV Reservoirs, such as the persistence of HIV in heterogeneous immune cells and *"constant reseeding by residual replication induced by activation."* Thoughts on why we do not yet have an HIV vaccine, and how this is linked with the lack of spontaneous recovery from an HIV infection, closed the presentation.

Professor Anna Maria Geretti (United Kingdom) and **Professor Saye Khoo (United Kingdom)** then together gave presentations on the **Value of Measuring Resistance of HIV**. Professor Geretti first discussed **Drug Resistance,** taking as a case study a young man presenting for care who had tested positive for HIV a week earlier. She then looked at the antiviral drug levels and probability of resistance in his case. The emergence and evolution of drug resistance during ART led to comments on genotyping and

a *"simplified"* overview of barriers to resistance, followed by an understanding of the case study and of the multiple factors modulating emergence and impact of HIV drug resistance. Professor Khoo then gave an overview of the **Impact of Clinical Pharmacology in Management of ART**. He reminded the audience that *"drugs and people have changed,"* with a look at the years since 1995 for Drug–Drug Interactions (DDI). As an example of how prescribing *"cascades",* he looked at developments from leg pain to falls. This means that a series of treatments for the original pain would each *"cascade"* through new symptoms and new treatments, all arriving eventually at the falls. For HIV as for other health conditions, several questions have to be considered in order to understand the appropriate treatment and minimise cascading prescriptions. Questions include the clinical need, alternative treatments, prior resistance, and whether the individual is at particular risk of harm. The *"net harm from aggregation of modest liabilities"* can then be assessed through pharmacological considerations, for instance the pharmacology of long-acting injectable (LAI) treatments in vulnerable populations and/or risky situations, as explained by Professor Khoo.

Consideration of treatments then continued with **State of the ART of ARV Therapy,** presented by **Dr Nicola Mackie (United Kingdom).** All major guidelines recommend ART for people living with HIV, but there are many questions about when to start and which treatment strategy to use, she said. These questions are complicated when the patient already has experience with ART or other treatments. *"Rapid ART initiation should be offered to all people living with HIV following a confirmed HIV diagnosis and clinical assessment,"* participants heard. *"Rapid"* is defined as within 7 days and ideally ART initiation should be offered on the same day to people who are ready to start. Challenges in the way of offering successful rapid ART however include virological failure, weight gain and metabolic outcomes, and limited availability of long-acting injectables. Dr Mackie concluded with thoughts on the *"exciting"* pipeline of new drugs and a call for better understanding of the barriers to taking medication.

Professor Caroline Sabin (United Kingdom) and **Professor Anders Boyd (Netherlands)** then gave presentations on **Why is research important?** And **Choosing the right study design,** respectively. **Professor Sabin** reminded participants of three key reasons why research is important, namely: The practice of medicine is continually evolving, The population is continually changing, and diseases continue to evolve. She added that this of course needs to be *"good"* research and not, she joked, *"panic-inducing gobbledegook,"* which can be dangerous. She talked through the research pathway from *"define/*

describe the clinical observation" to *"change/modify practice,"* using HIV treatments as a case study, with a view to deciding what research to do. Whilst stressing the need for clear research questions, Professor Sabin cautioned against being too focused, as this leads to answers that mean less to the wider patient population. **Professor Boyd** then elaborated on considerations in choosing a design and the main types of study design. These include randomised controlled trials, cohort studies and cross-sectional study, each of which he discussed to show pros and cons. Case studies used to illustrate his points included a study of alcohol use in HIV positive persons. Professor Boyd concluded with a warning that all studies involve the selection of a sample, meaning that if the sample is not representative, the results of the study may be biased.

In the evening participants and faculty met for a *"poster walk"* with drinks and dinner. All participants had been asked to prepare a poster illustrating the HIV situation in their country. This created a great opportunity to network and talk about different experiences in participants' countries. It was also a positive opportunity for the faculty to get to know participants better.

Day II

In the mornings of the second and third days, before the plenary sessions of presentations, participants also had an opportunity to meet with faculty members. These members were available to answer questions about problems participants encountered in their daily work, to exchange experiences and to discuss topics addressed at the HIV Summer School.

The morning of Day II heard five presentations and a Guest Lecture. Afternoon working groups then covered: Collecting data; Developing the study protocol; Management of long-term ART and co-morbidities; PrEP & STIs.

A first morning presentation from **Professor Christine Katlama** (France) looked at Optimizing ART in the Suppressed Patient. This opened with a reminder of the basics of ART: a lifelong mandatory treatment over 6-7 decades, followed by an overview of antiretroviral drugs available in 2023. The need to individualise and optimise ART was explained, along with an analysis of some key risk factors. The route towards drug-reduced strategies was considered, including dual therapy and long-acting drugs, and intermittent therapy. Professor Katlama concluded with a call to empower people living with HIV, trusting them with compliance.

Dr Esteban Martínez (Spain) then looked at Management of Co-morbidities. An overview of risk factors for co-morbidities in people with HIV reminded listeners that age is the most important risk factor for HIV patients, and that people living with HIV typically weigh less than non-infected people. He also considered the less widely known fact that smoking, which is involved in many co-morbidities, is twice as common in people with HIV than in the general population. Overall, Dr Martínez found, ART discontinuation not only increases opportunistic disease or death but also major non-AIDS co-morbidities. He recommended, among other points, screening for major co-morbidities in all people living with HIV who are more than 40-50 years old, as well as promoting quitting smoking and a healthy lifestyle.

HIV & Malignancies was the subject of a presentation by **Professor Stéphane De Wit** (Belgium). A general consideration of HIV and cancer saw that, although overall since 2006 there has been a decline in incidences of cancer, trends for non-AIDS-defining malignancies are increasing. People with HIV have a 1.6-1.7 times greater overall risk for cancer development than the general population. Kaposi Sarcoma, for instance, remains a concern for ART-treated HIV patients, while hepatocellular carcinoma rates are seven times higher among people with HIV, and lung cancer rates in this group remain high even years after quitting smoking. Many HIV patients will also receive ART and chemotherapy concurrently, creating a high likelihood of drug interactions and overlapping toxicities.

Professor Caroline Sabin (United Kingdom) turned the Summer School's attention to P-Values and Hypothesis Testing. *"Presentations of data in the medical world are littered with P-values,"* she explained. But what do these P-values really tell us, and is a P-value <0.05 really that important? The theory and practice of randomised group testing were presented, with a focus on baseline imbalance. Chance means that, even if a group of patients is subdivided into two groups, there will usually be an imbalance of characteristics - an imbalance that increases with smaller groups. A viral load case study was used to illustrate the problem. Professor Sabin concluded therefore that although P-values are helpful in telling us which effects are likely to be real, they suffer from limitations.

A final presentation of this second morning heard **Dr Tracy Glass** (Switzerland) follow up on the limitations of P-values with a presentation about Confidence Intervals. These intervals can help overcome some of the limitations of P-values, particularly for small studies. Pressure to find a *"significant result"* leads to P-hacking, also known as data-dredging or significance chasing, she explained. Confidence intervals therefore attempt to give some *"comparative effect"* of a new drug or regime. A confidence interval makes it possible to judge whether the first drug/regime is better or worse than the alternative. Dr Glass explained through data analysis how to obtain a narrow confidence interval, and how this relates to sample size.

A guest lecture by **Luís Mendão** (Portugal) on Community Role to Reduce Late Presentation, Increase Adherence and Reduce Loss to Follow Up then rounded off the second morning. Community response, he explained, is *"the collective of community-led activities in response to HIV."* These activities are not limited to service delivery and can also include, for instance, advocacy by civil society and community networks, investments in the needs of communities, and work by community systems to address inequalities. Service delivery by community systems itself is likely to mean community-led HIV testing and counselling, peer-to-

peer adherence support, home-based care, harm reduction services, and service delivery by community networks to key populations. Mr Mendão gave an overview of the role of community-led activities at international and European level, with Portuguese case studies. The Portuguese example encouraged engaging with international, national and regional health authorities, as well as with medical devices and pharma industries. Mr Mendão concluded the talk with a call to *"improve access to prevention, harm reduction, early detection and treatment in the health system,"* as well as *"increasing the participation of key groups in decision-making, implementation and monitoring of public services delivery."*

Day III

This third day of the Summer School opened with consideration of Liver Disease in HIV 2023, as **Dr Sanjay Bhagani** (United Kingdom) presented thoughts on Hepatitis B and Hepatitis C. A review of UK mortality in HIV for 2020 showed that just 14% of the deaths were attributed directly to HIV. Non-AIDS infections, cancers and co-morbidities were listed as other causes of death. Liver disease itself was blamed for 2% of HIV mortalities. The global status of Hepatitis B was considered, with a reduction in chronic HBV infection among children attributed to a successful immunisation programme. Dr Bhagani presented the EACS Guidelines for liver disease in 2022, as well as reminding the audience that the WHO has set ambitious global targets to control viral hepatitis by 2030. After an overview of drug resistance during HBV therapy, he concluded that *"elimination"* could be a realistic goal. Overall, he said, liver disease remains an important but diminishing cause of morbidity and mortality in people living with HIV.

Attention then turned to Opportunistic Infections and a presentation from **Professor Sanjay Pujari** (India). He opened with an examination of the problem, including the prevalence of late HIV disease in Europe, marginally more women than men today in Europe fall into this group, and most cases were transmitted between heterosexual men and women. He outlined mycobacterial, fungal, viral, and protozoa/bacterial opportunistic infections (OI), considering possible treatments, including where relevant their relation to income. Tuberculosis (TB), for example, was named as a *"significant OI globally,"* with more people who do not live with HIV than people who do dying of TB. Professor Pujari also considered WHO data on COVID-19 mortality in people with HIV across the several waves of Coronavirus. This was followed by discussion of the response to the Coronavirus vaccine amongst people living with HIV. He concluded that *"OI's are here to stay, [and] continue to demand our attention in foreseeable future."* There have been important advances in screening and diagnosis, as well as a shortening of the duration of treatment with better safety. But moving forward, access to novel tools will be critical, and strategies for preventing late presentation are urgently needed.

Professor Yvonne Gilleece (United Kingdom) presented HIV Prevention Strategies, opening with a summary of the global HIV epidemic in 2022. Some 39 million people last year were living with HIV, she said, of which 37.5 million were over 15 years old. 1.3 million of those acquired HIV in 2022, most in Africa. There were 630,000 HIV-related deaths in the same year. An overview of oral PrEP, with a focus on efficacity and safety, led to an examination of PrEP in women, including on-demand topical PrEP. In the future, longer acting injections, implants, and transdermals are all the focus of research, as of course is a vaccine - although vaccine research has once again stalled, added Professor Gilleece.

Professor Paddy Mallon (Ireland) talked about Developing a Clinical Research Programme. When it comes to establishing research, he said, there are two types of people: those who think we can't, couldn't, or shouldn't do the research, and those with a *"can do"* attitude. He considered the steps to becoming an investigator, from building up a CV and expertise, through funding, fellowships, project and programme grants. Data, approval, samples, collection, and communication were each discussed as stages of research projects, followed by an overview of the power of social media to share findings. Professor Mallon then gave examples of some research programmes and networks, before concluding that *"research is about discovery and training people."*

A lecture on Clinical HIV-2 by **Dr Ana Claudia Miranda** (Portugal) wrapped up this half-day at the Summer School. *"HIV-2 infection still represents today, about four decades after its discovery, a diagnostic challenge, in clinical follow-up and in therapeutic decision,"* the lecturer began. In West Africa, the disease is endemic, while Portugal is the European country with the highest prevalence. Dr Miranda gave an overview of HIV-1 and HIV-2, including their early identification and spread. Disease data and transmission were considered, before comments on immunologic and virologic evolution, diagnosis, and ART treatment for HIV-2. A detailed look at treatments included a reminder that therapeutic failure is an additional challenge given the scarcity of ARV drugs and the greater ease of emergence of resistance mutations.

Day IV

The fourth day of the Summer School hosted two morning presentations, followed by an afternoon of research and clinical workshops. The afternoon sessions on this date considered: Sample size calculations and data analysis; Sample size calculations, data analysis and completion of presentations; Hepatology; and Opportunistic infections.

What to Look for in a Presentation/Paper, was the subject of the first presentation, by Professor Anders Boyd (Netherlands). Authorship is an early consideration in selecting a paper, he said, and one that matters before the study even begins. Journal selection, including considerations of target audience, and

structure are then likely to be the first concerns. He gave the audience a handy list of general tips, including reminders to follow the journal's instructions and leave enough time between revision, as well as to avoid inconsistencies. The method section and results section, introduction, discussion, title and abstract were then each the subject of attention. Finally, Professor Boyd gave listeners advice on incorporating feedback in a review, and on some resources for writing papers.

This was followed by a timely presentation on Identifying Bias, by Professor Caroline Sabin (United Kingdom). *"Many of the limitations of studies, particularly observational studies, are related to the potential for bias to occur,"* she explained. Bias can be defined as a systematic difference between the results from a study and the true state of affairs, which is often but not always introduced at the study design stage. Selection bias and information bias were both considered. The presentation then focused on avoiding bias, for instance by selecting a representative sample and ensuring data are not missing. A look at observer bias explained that this occurs when individuals change their behaviour because they know that they are in a study, while survivorship bias naturally takes place when only people not killed by an intervention can take part in a study. *"Appropriate statistical methods"* may usually be used to minimise the impact of any bias, Professor Sabin concluded.

Day V

On this final day of the 2023 Summer School, participants from both the research and clinical groups were asked to present the projects they had worked on during the event. Morning presentations began with the clinical groups, who were asked to provide arguments for and against statements on various clinical topics. The audience then voted for the side they most agreed with.

Research groups followed this with presentations on their own projects. This meant explaining how they would go about researching the several topics chosen during the week.

Afterwards, participants had chance to take part in a 25-question quiz, led by Dr Sanjay Bhagani, on the course topics.

The first question set the scene, asking audience members to choose the best of four treatments for *"newly diagnosed patients with HIV, low CD4 count and CMV viraemia without end-organ disease."* This was quickly followed by a photo question, in which participants had to say which one of four pictured celebrities did not die of complications associated with HIV infection. A later photo question asked participants to identify which of four famous statesmen had complications from TB.

Most of the quiz however took a classical expert Q&A format, drawing on learnings from the three days of presentations. Several questions concerned treatment and therapy options for a specified individual patient, for instance, *"A 35-year-old African man with a 3-day history of headache and confusion,"* or 37-year-old midwife with HIV *"due to start ART, with type 2 Diabetes Mellitus."* Others looked at data and scan results or asked how best to design a study or understand research findings.

Key Statistics to Highlight from the Report

An evaluation questionnaire sent to participants at the end of the conference showed that the EACS HIV Summer School had been a success. Some **93%** of respondents said the event had fulfilled their educational goals and expected learning outcomes, with even the remaining **7%** saying it had *"somewhat"* met these expectations. Even more impressively, **100%** of participants said the information presented was well-balanced and consistently supported by a valid scientific evidence base. Perhaps best of all, **100%** of participants also said the Summer School would be useful for their professional activity, with **89%** voting *"extremely useful."*

An impressive **97%** said the content of the summer School was useful for their practices, with **80%** strongly agreeing. Moving forward, **76%** said the information learnt would be implemented in their practice *"very much"* or *"somewhat."* Just 1 person voted *"not much."* In a separate question, 7% (4 people) warned however that their office and practice systems could not accommodate these changes. **50%** said patient access to the treatments provided would be a barrier to implementing changes.

Asked for examples of how the event would influence future practice, answers ranged from *"preparing for my final exams"* to *"trying to test more the viral resistance."*

Considering which sessions were of most use per day, presentations on the Value of measuring resistance of HIV and the State of the ART of ARV therapy gained the most votes on day 1, whilst Optimizing ART in the suppressed patient was most popular on day 2 and Opportunistic infections on day 3. On the 2nd day however 8 people (**15%** said the session on Community role to reduce late presentation was not useful). On the 4th day both parallel presentations were voted *"extremely useful"* by around **60%** of participants. On the final day all four sessions were voted at least *"fairly useful"* by over **90%** of those who voted.

Asked to select *"innovative"* elements of the Summer School, answers included *"the presentation at the end of the course of research projects and the creation of clinical discussions in which students can apply what they have learned to real-world situations, as this encourages critical thinking and problem solving."*

Favourite elements highlighted included *"the posters, which I think was the clearest representation of just how different all of our backgrounds were." "Getting to have meals together, as it was a great opportunity to meet new people every day."* And *"the social at the end was perfect, such a good way to celebrate a week of hard work."* Favourite features of the event included: *"Discussing with practitioners from all over the world, with different problems and practices."* The clinical small group sessions were found to be *"absolutely excellent."*

Asked for suggestions for future events, ideas included *"It would be nice if a certain 'meet the expert session' was held to discuss your personal scientific struggles." "Statistics and introduction to analysis and statistical packages." "Qualitative study designs and qualitative data analysis." "Trying to get into research if you're in a clinical position, and particularly if you're not surrounded by other researchers."*

Presentation ideas included: Management of young people transitioning into adult care, and HIV and women throughout their lifespan. One participant hoped that a future Summer School event could be held in Africa.

No one said the programme or organisation of the event was poor.

Criticisms however included *"There was a lot of research sessions in the plenary and I would have preferred for the clinical group more clinical sessions."* **14%** (3 people) said their working group was *"poor"* when it came to meeting expectations and **43%** (9 people) said they did not have enough time with their working group.

There were concerns that the event may not be affordable for *"non-clinician profiles."*

More typical comments were that participants had an amazing or lovely time, with one suggesting a two-week event next time. Another participant simply responded: *"Great work. Keep it up. God bless!!"*

Scientific Programme

Monday, 4 September 2023

Morning

8:00-8:45			***Welcome & faculty introduction***
8:45- 9:10	*Plenary 1*	*Clinical*	***Introduction to pathophysiology of HIV*** *Prof. Brigitte Autran (France)*
9:10-9:40	*Plenary 2*	*Clinical*	***Value of measuring resistance of HIV*** 9:10-9:25: *Drug resistance: Prof. Anna Maria Geretti (United Kingdom)* 9:25-9:40: *Impact of clinical pharmacology in Management of ART: Prof. Saye Khoo (United Kingdom)*
9:40-10:05	*Plenary 3*	*Clinical*	***State of the ART of ARV therapy*** *Dr Nicola Mackie (United Kingdom)*
10:05-10:30	*Q&A*	*Clinical*	*Prof. Brigitte Autran Dr Nicola Mackie, Prof. Anna Maria Geretti* *Prof. Saye Khoo* *Chair: Prof. Stéphane de Wit (Belgium)*
10:30-11:00			*Break*
11:00-11:30	*Plenary 4*	*Research*	***Why is research important?*** *Prof. Caroline Sabin (United Kingdom)*
11:30-12:00	*Plenary 5*	*Research*	***Choosing the right study design*** *Prof. Anders Boyd (Netherlands*
12:00-12:30	*Practical work*	*Research*	***Choosing a study design***
12:30-13:30			*Lunch*

Afternoon

MODULE A - RESEARCH

13:30- 15:30

Study Design
Dr Anders Boyd (Netherlands)
Prof. Caroline Sabin (United Kingdom)

15:30-16:00

Break

16:00-18:00

Working groups (3 groups)
Identifying the research question and study design
Prof. Stéphane De Wit (Belgium)
Prof. Christine Katlama (France)
Prof. Caroline Sabin (United Kingdom)
Dr Anders Boyd (Netherlands)
Dr Maxime Hentzien (France)
Dr Juan Ambrosioni (Spain)

MODULE B - CLINICAL

13:30- 15:30

Working groups (3 groups)
Treatment initiation
Prof. Stéphane De Wit (Belgium)
Dr Sanjay Bhagani (United Kingdom)
Dr Nicola Mackie (United Kingdom)
Prof. Paddy Mallon (Ireland)
Prof. Anna Maria Geretti (United Kingdom)
Dr Esteban Martinez (Spain)

15:30-16:00

Break

16:00-18:00

Working groups (3 groups)
Management of unsuppressed viraemia/resistance
Dr Sanjay Bhagani (United Kingdom)
Prof. Yvonne Gilleece (United Kingdom)
Prof. Christine Katlama (France)
Prof. Saye Khoo (United Kingdom)
Dr Nicola Mackie (United Kingdom)
Prof Anna Maria Geretti (United Kingdom)
Prof. Sanjay Pujari (India)

19:00-22:00

Poster walk and networking walking dinner

Tuesday, 5 September 2023

Morning

8:30-9:00	Plenary 6	Clinical	***Optimizing ART in the suppressed patient*** *Prof. Christine Katlama (France)*
9:00-9:30	Plenary 7	Clinical	***Management of co-morbidities*** *Dr Esteban Martinez (Spain)*
9:30-10:00	Plenary 8	Clinical	***HIV & malignancies*** *Prof. Stéphane De Wit (Belgium)*
10:00-10:15	Q&A	Clinical	*Prof. Stéphane De Wit, Prof. Christine Katlama* *Dr Esteban Martinez (Spain)* *Chair: Dr Sanjay Bhagani (United Kingdom)*
10:15-10:45			*Break*
10:45-11:10	Plenary 9	Research	***P-values and hypothesis testing*** *Prof. Caroline Sabin (United Kingdom)*
11:10-11:35	Plenary 10	Research	***Confidence intervals*** *Dr Tracy Glass (Switzerland)*
11:35-12:00	Practical work		***Interpreting results from abstracts***
12:00-12:30	Lecture		***Community role to reduce late presentation, increase adherence and reduce loss to follow up*** *Guest lecture by: Luís Mendão (Portugal)*
12:30-13:30			*Lunch*

Afternoon

MODULE A - RESEARCH

13:30- 15:30

Collecting Data
Dr Anders Boyd (Netherlands)
Dr Tracy Glass (Switzerland)
Prof. Caroline Sabin (United Kingdom)

15:30-16:00

Break

16:00-18:00

Working groups (3 groups)
Developing the study protocol
Dr Anders Boyd (Netherlands)
Prof. Stéphane De Wit (Belgium)
Dr Tracy Glass (Switzerland)
Prof. Christine Katlama (France)
Prof. Paddy Mallon (Ireland)
Prof. Caroline Sabin (United Kingdom)
Dr Juan Ambrosioni (Spain)

MODULE B - CLINICAL

13:30- 15:30

Working groups (3 groups)
Management of long-term ART and co-morbidities
Dr Jose Bernardino (Spain)
Prof. Stéphane De Wit (Belgium)
Prof. Yvonne Gilleece (United Kingdom)
Prof. Christine Katlama (France)
Dr Nicola Mackie (United Kingdom
Dr Esteban Martinez (Spain)

15:30-16:00

Break

16:00-18:00

Working groups (3 groups)
PrEP & STIs
Coordinators: Prof. Yvonne Gilleece (United Kingdom)
Dr Agnès Libois (Belgium)
Dr Jose Bernardino (Spain)
Dr Marta Vasylyev (Ukraine)
Dr Maxime Hentzien (France)
Prof. Anna Maria Geretti (United Kingdom)

19:30

Dinner

Wednesday, 6 September 2023

Morning

9:00-9:30	Plenary 11	Clinical	***Hepatitis B / Hepatitis C*** *Dr Sanjay Bhagani (United Kingdom)*
9:30-10:00	Plenary 12	Clinical	***Opportunistic infections*** *Prof. Sanjay Pujari (India)*
10:00-10:30	Plenary 13	Clinical	***HIV prevention strategies*** *Prof. Yvonne Gilleece (United Kingdom)*
10:30-11:00			*Break*
11:00-11:30	Plenary 14	Research	*Developing a clinical research programme* *Prof. Paddy Mallon (Ireland)*
11:30-12:00	Lecture	Clinical	***HIV-2*** *Dr Ana Claudia Miranda (Portugal)*
12:30-			*Lunch and free afternoon*
19:30			*Dinner*

Thursday, 7 September 2023

Morning

9:00-9:30	*Plenary 15 Research*	***What to look for in a presentation/paper*** *Dr Anders Boyd (Netherlands)*
9:30-10:00	*Plenary 16 Research*	***Identifying bias*** *Prof. Caroline Sabin (United Kingdom)*
10:00-10:30		*Break*
10:30-11:00	*Lecture*	***ECDC presentation*** *Teymur Noori (Sweden)*
11:00-12:00		*Working groups*
12:00-13:00		*Lunch*

Afternoon

MODULE A - RESEARCH

13:15- 15:15

Sample size calculations and data analysis
Dr Anders Boyd (Netherlands)
Dr Tracy Glass (Switzerland)
Prof. Caroline Sabin (United Kingdom)

15:15-15:45

Break

15:45-17:45

Working groups (3 groups)
Sample size calculations, data analysis and completion of presentations
Dr Anders Boyd (Netherlands)
Prof. Stéphane De Wit (Belgium)
Dr Tracy Glass (Switzerland)
Prof. Christine Katlama (France)
Prof. Paddy Mallon (Ireland)
Prof. Caroline Sabin (United Kingdom)
Dr Maxime Hentzien (France)

MODULE B - CLINICAL

13:15-15:15

Working groups (3 groups)
Hepatology
Dr Juan Ambrosioni (Spain)
Dr Sanjay Bhagani (United Kingdom)
Dr Jose Bernardino (Spain)
Prof. Yvonne Gilleece (United Kingdom)
Prof. Paddy Mallon (Ireland)
Prof. Sanjay Pujari (India)

15:15-15:45

Break

15:45-17:45

Working groups (3 groups)
Opportunistic infections
Dr Juan Ambrosioni (Spain)
Dr Sanjay Bhagani (United Kingdom)
Prof. Yvonne Gilleece (United Kingdom)
Dr Nicola Mackie (United Kingdom)
Prof. Sanjay Pujari (India)
Prof. Anna Maria Geretti (United Kingdom)

19:30

EACS Dinner

Friday, 8 September 2023

Morning

9:00-10:30	*Debates*	***Clinical groups***
10:30-10:45		*Break*
10:45-12:15	*Presentations*	***Research presentations (6 groups)*** *The participants from the research module present their research study*
12:15-13:15	*Clinical & Research*	***Quiz & take-home messages*** *Dr Sanjay Bhagani (United Kingdom)*
13:15-13:30		*Closing remarks*
13:30-14:30		*Lunch and departure*

Evaluation Methodology

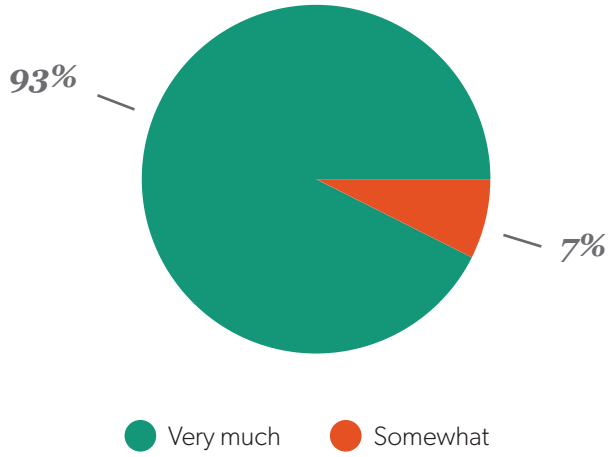
The assessment was made through Jotform and sent to all participants at the end of the event.

There were: **56** actual participants and **54** respondents.

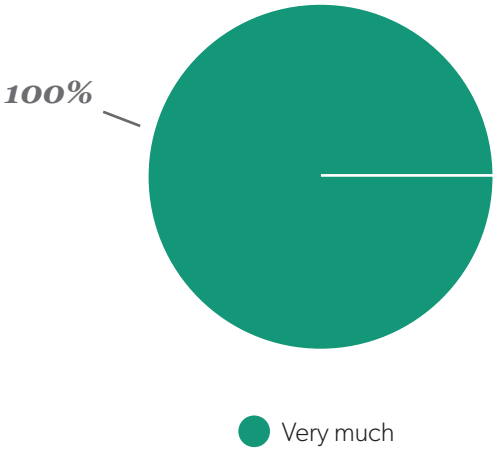
Evaluation Results

Relevance of the event

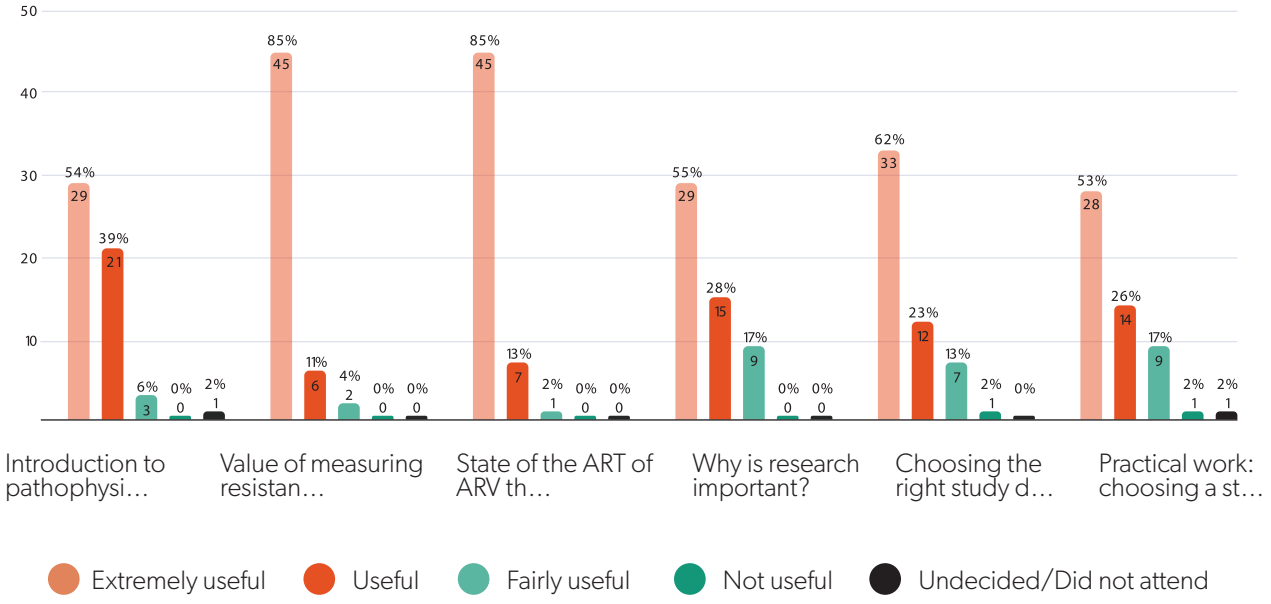
Did the event fulfil your educational goals and expected outcomes?



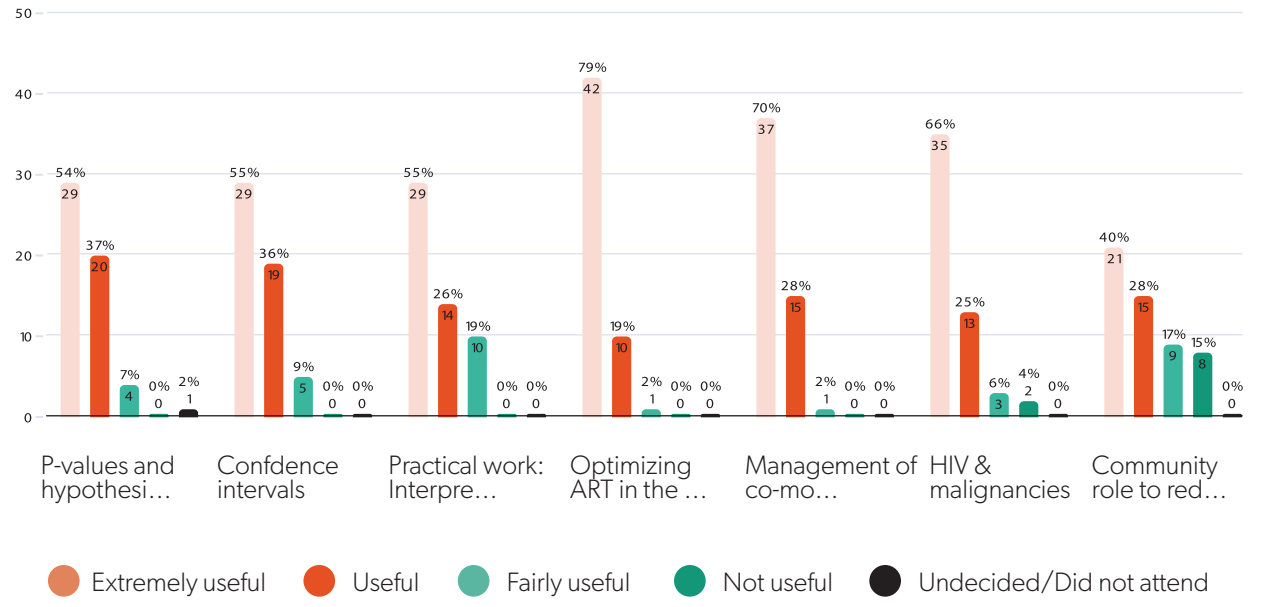
Was the presented information well-balanced and consistently supported by a valid scientific evidence base?



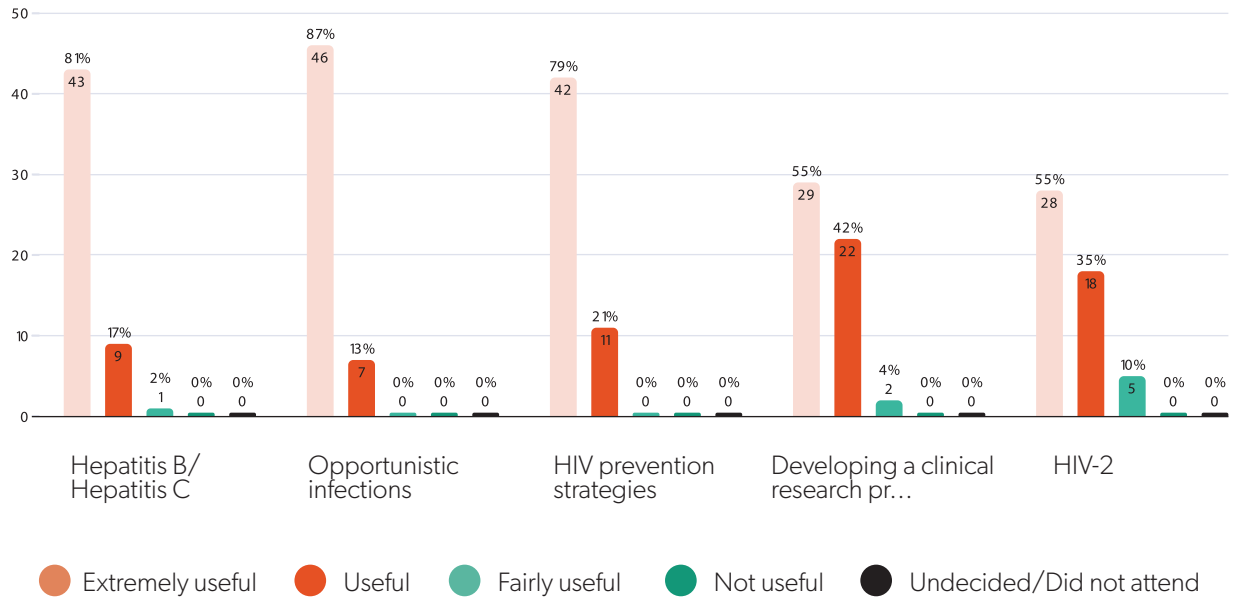
How useful to you personally was each session on Monday, 4 September?



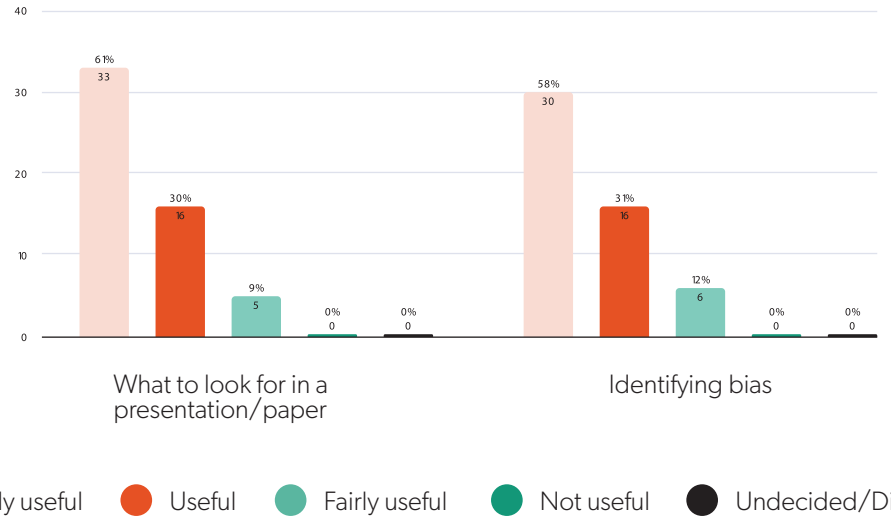
How useful to you personally was each session on Tuesday, 5 September?



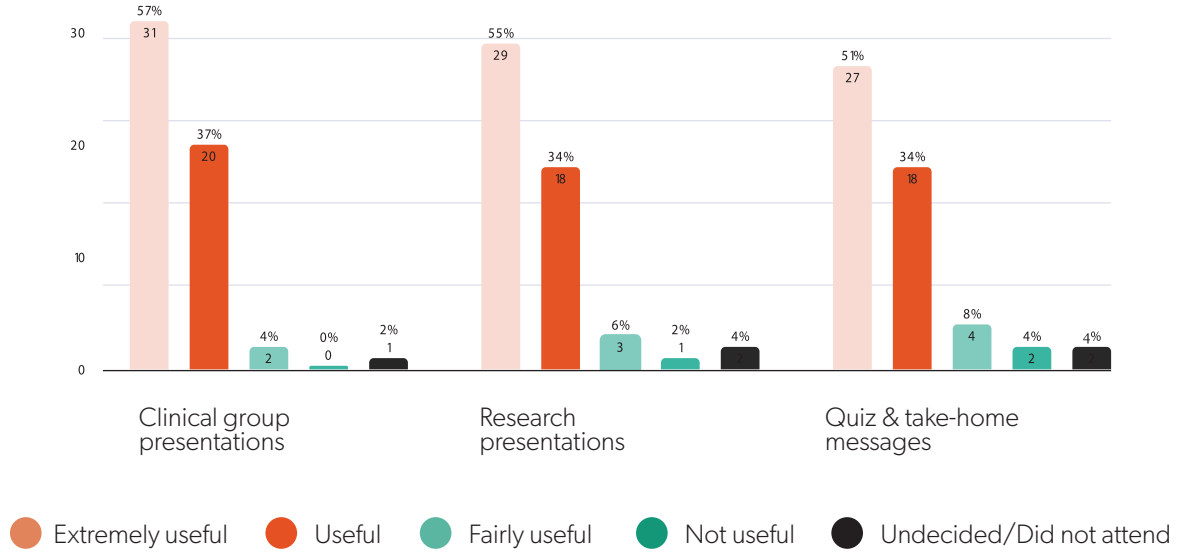
How useful to you personally was each session on Wednesday, 6 September?



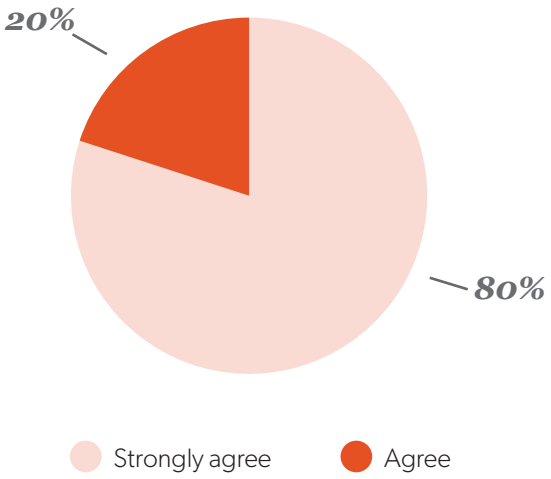
How useful to you personally was each session on Thursday, 7 September?



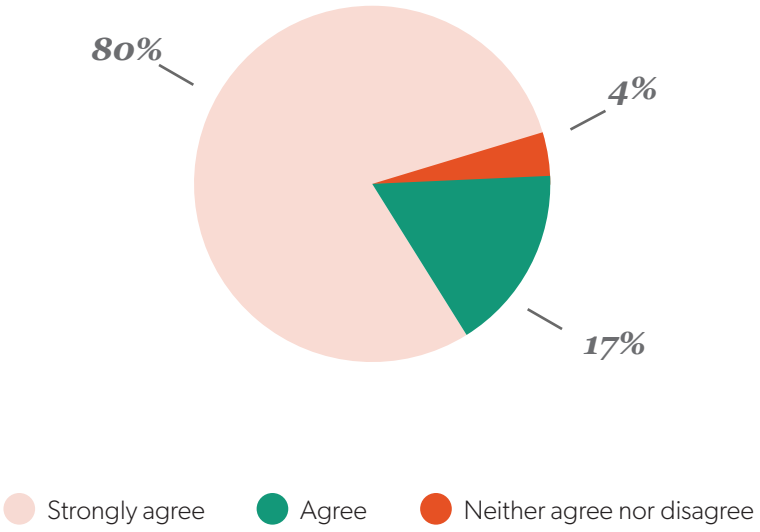
How useful to you personally was each session on Friday, 8 September?



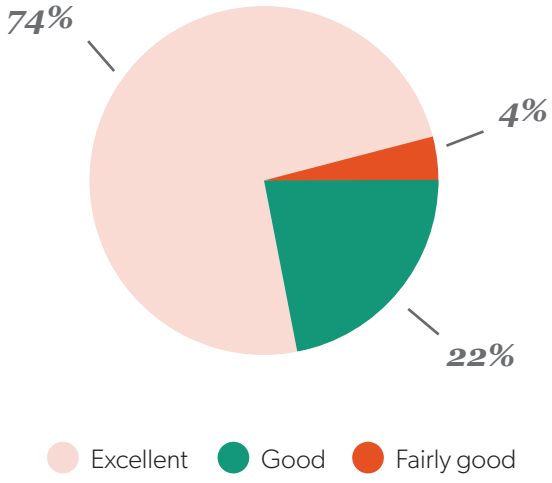
Was the content presented clearly?



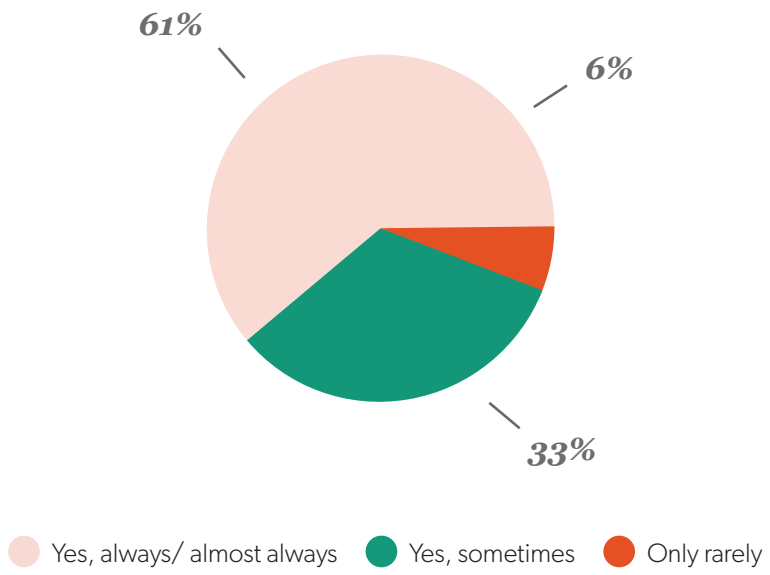
Was the content useful for your practice?



How do you evaluate the quality of the formative method used?



Was there adequate time available for discussions, questions & answers, and learner engagement?



Can you indicate any innovative elements during the activity?

The study design exercises in the research component were an innovative element. It enabled us to apply the knowledge gained to a real research area and develop an output.

I consider an innovative element the presentation at the end of the course of research projects and the creation of clinical discussions in which students can apply what they have learned to real-world situations, as this encourages critical thinking and problem solving.

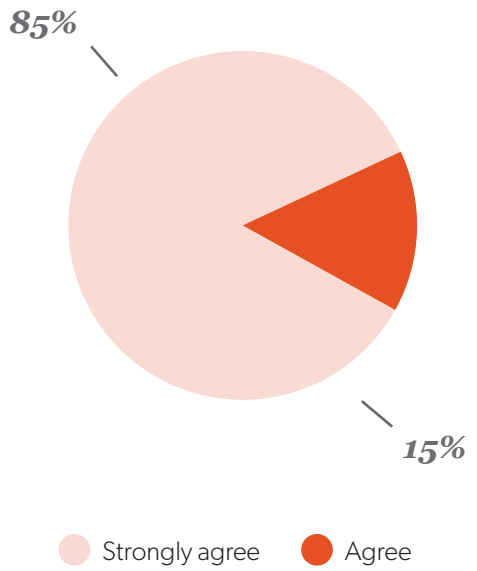
Sharing the case to the participant before presentation

For starters having two different modules I thought one will not be able to attend the other, but each module was able to grasp some knowledge from the other module and with restricted and tight schedule I found it extremely innovative and effective

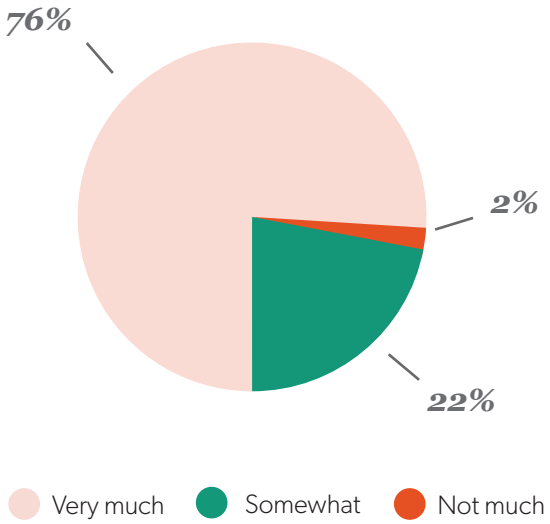
This is a first time for me to have attended a conference which covered both research and clinical modules in one setting and for me this is what makes it unique. I have chosen to be in a research module since am a pediatrician and I just figured out early that the course would likely be dealing more on adults' cases. But it's quite amazing how you have managed to join us altogether during the plenary lectures and made sure everybody learns at least some bits and pieces of both modules.

I really like the debates, very useful to review an item and discuss very different points of view.

Was this educational activity well planned and presented?



Will the information you learnt be implemented in your practice?



Can you provide one example how this event will influence your future practice?

Improve my knowledge to treat patients with HIV

The research lectures will be using in writing my future papers

I think this course was so important for me preparing for my final exams before CCTing

Prescribing regimens in complex patients

More focused work on comorbidities due to the aging and opportunistic infections due to the fact that most of the cases are late presenters. Would like to explore more the resistance testing.

Safety of dolutegravir in early pregnancy

This course has influenced specially in the optimization of ARV treatment in suppressed patients and in monitoring adverse effects

Preparing study protocols and scientific communications

Trying to test more the viral resistance

I will feel much more comfortable with the choosing/switching of ARTs.

I will take the risk of weight gain associated with INSTIs and TAF when prescribing them to patients.

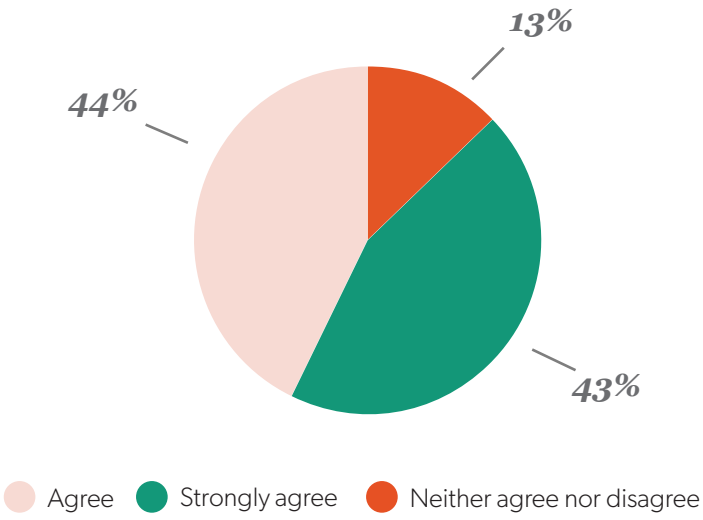
I want to promote more research activities in my ID service and more publication of papers between my colleagues. The knowledge acquired in this event help me developing these activities.

Combining clinical practice and research to be able to document findings which will improve HIV management in the future

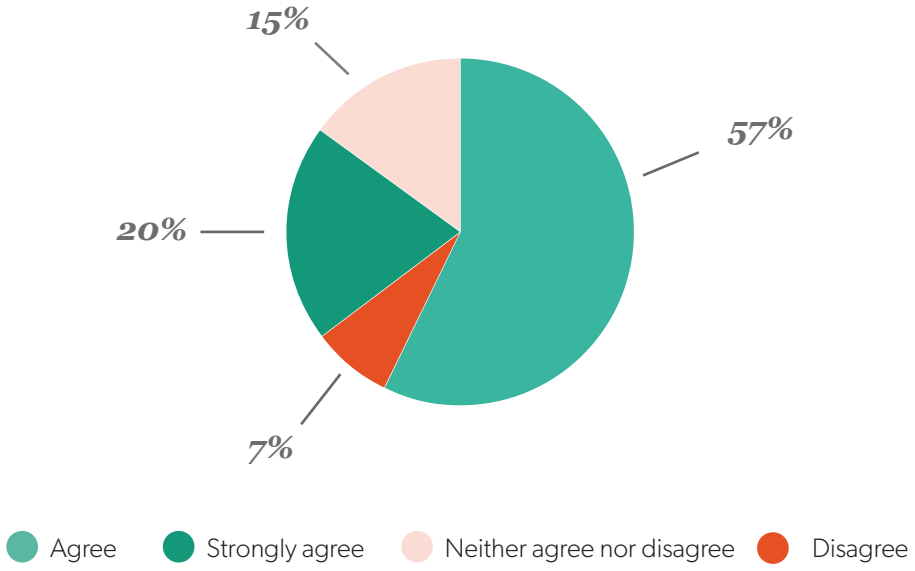
I have updated many items that i have never time to and the comparison between the practice in different countries will help me to appreciate much more my resources.

Applying structured research in general and trying to build an organization with a network of researchers

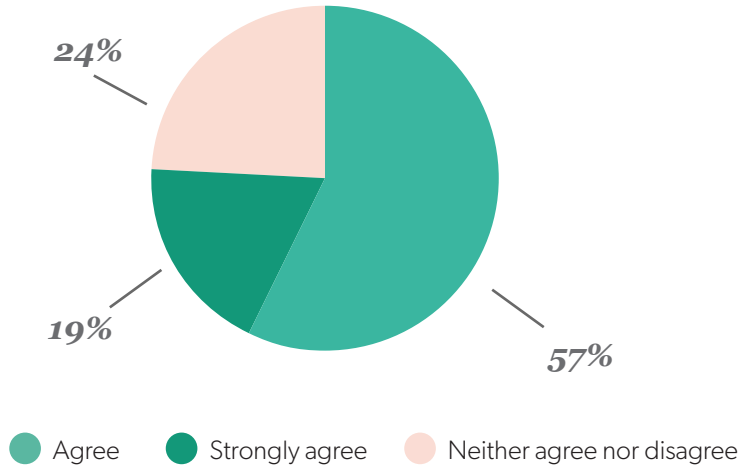
Do you intend to modify/change your clinical practice based on this educational activity?



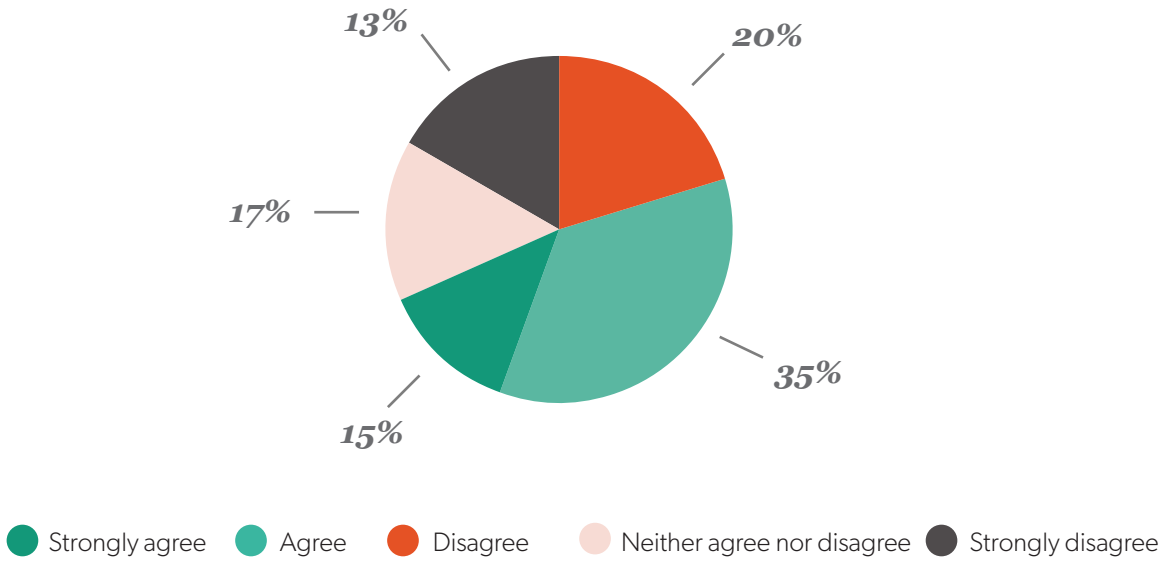
Can your office and practice systems accommodate these changes?



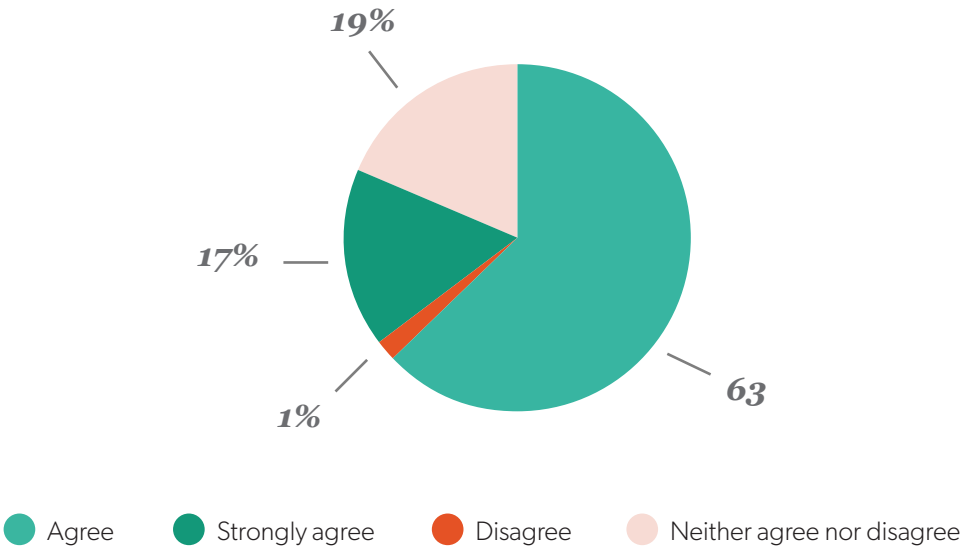
Can your patients accommodate these changes?



Will patient access to the treatments provided be a barrier to implementing these changes?

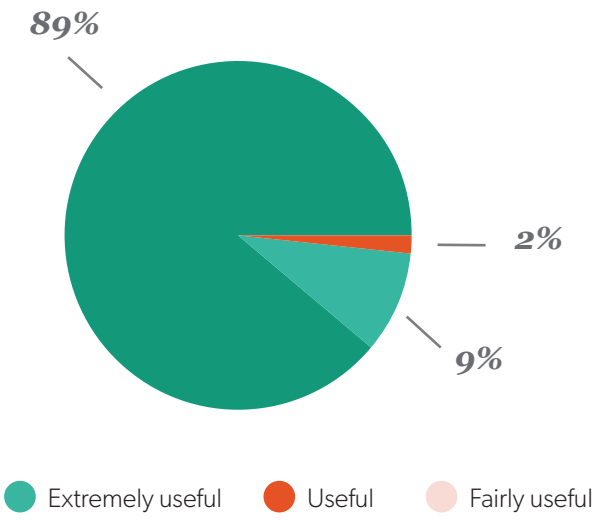


On average, how did you utilise the patient treatment strategies described in this educational activity prior to your participation?

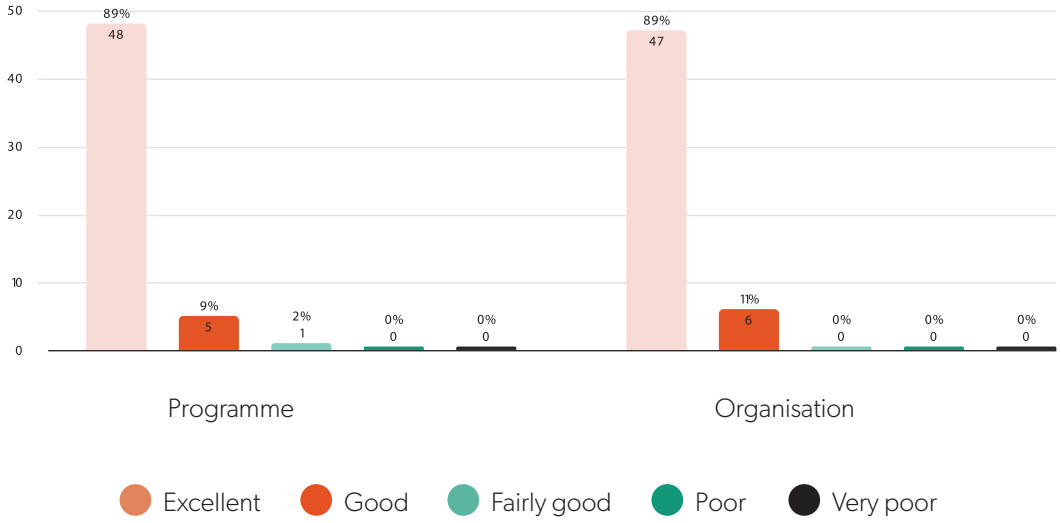


Quality of the event

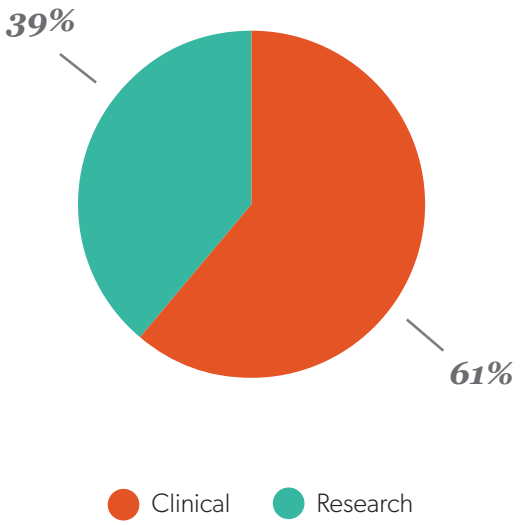
How useful for your professional activity did you find this event?



What was your overall impression of this event?



Which module did you follow?



What was the best aspect of this event? What did you find most useful for your professional activity? Why?

The different debates and the research program, learn to write a protocol to use in my work

Discussing with practitioners from all over the world, with different problems and practices, was really interesting.

The clinical small group sessions were absolutely excellent and a great way to learn from colleagues who work elsewhere too

Able to meet and network with experts and peers

It was a truly unique opportunity to meet colleagues from all over the world. It was eye-opening to see how different settings we treat our patients and how different resources we have. it was wonderful to meet new wonderful people. I became a fan of EACS=)

The content in general from clinical to research subjects to personal experiences in research field from the faculty. We are always taught how to run research to publication but the personal experiences and views from the auditor was extremely important in shaping my interest in research.

The best aspect is gathering young clinicians and researchers globally which enabled networking, learning together and build relationships which could last a lifetime of mentorship.

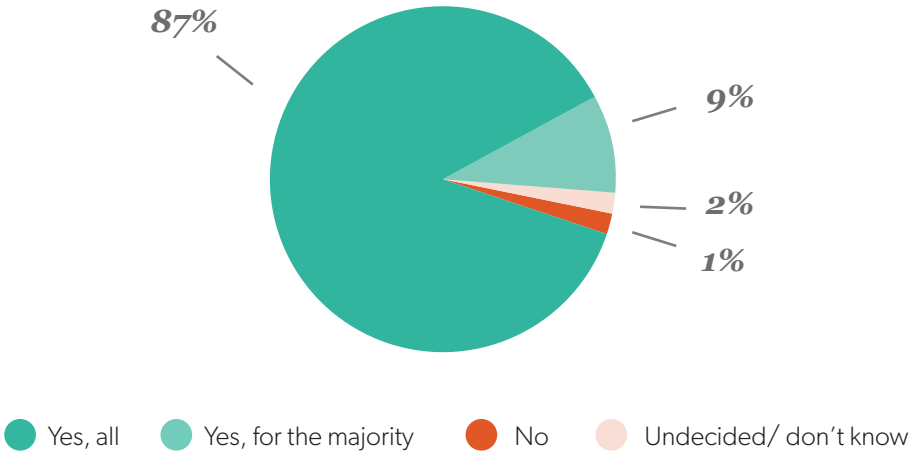
Be able to discuss clinical cases and understand different approaches.

Evidence based - Clear presentations by the speakers, who were very helpful and inspiring - Meeting the European key opinion leaders in the field of clinical HIV - Meeting people from all over the world

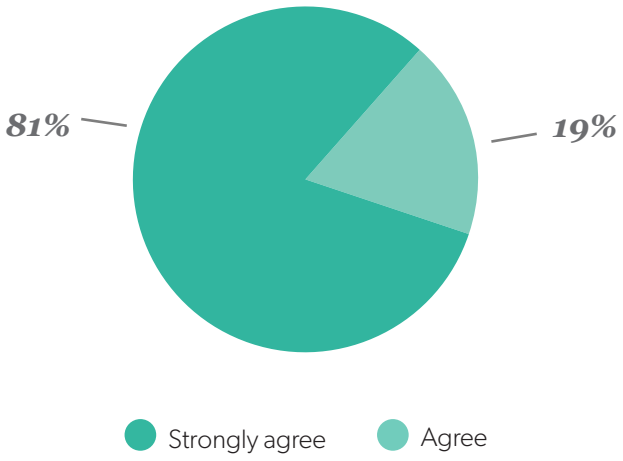
The best aspect of this event are the multiple experiences provided to young HIV health workers. The opportunity to learn from experts, from you companions, and to share opinions or ideas with people from different countries is a unique and gratifying way to learn. I think the most valuable part of this course is not just the program, it's the relationships and networking that you gain by being here.

Commercial Bias

Did all the faculty members provide their potential conflict of interest declaration with the sponsor(s) as a second slide of their presentation?



Was this activity free of commercial bias for or against any product?



Do you have any anecdotes or stories you would like to share about your time at the HIV Summer School?

I really enjoyed the posters, which I think was the clearest representation of just how different all of our backgrounds were. I enjoyed getting to make new friends. I think getting to have meals together was really important, as it was a great opportunity to meet new people every day. I think the social at the end was perfect, such a good way to celebrate a week of hard work.

The face expressions of the security control people on the airports when bringing the poster presentation (:

It was a great experience, an opportunity to learn so many things and also meet new colleagues from all over the world! Totally recommend!

Through discussions with colleagues, I learned that some of the ART regimen which were not available in my setting were also not available in some European countries

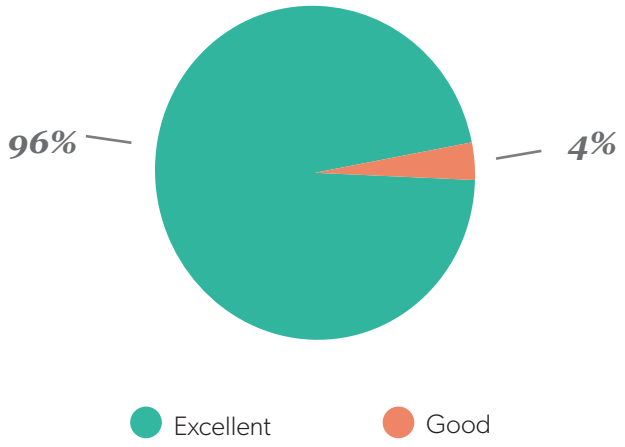
I have met amazing people and this Summer School make me realize my intention to work abroad for some time.

I have always been fond of the Turkish tea, and who would have known that for the rest of my week I will be having Turkish tea. My roommate who happened to be Turkish and a tea lover just like me she came with the famous tea, and we have had tea and cookies session every night during my stay. We have made a long-lasting bond.

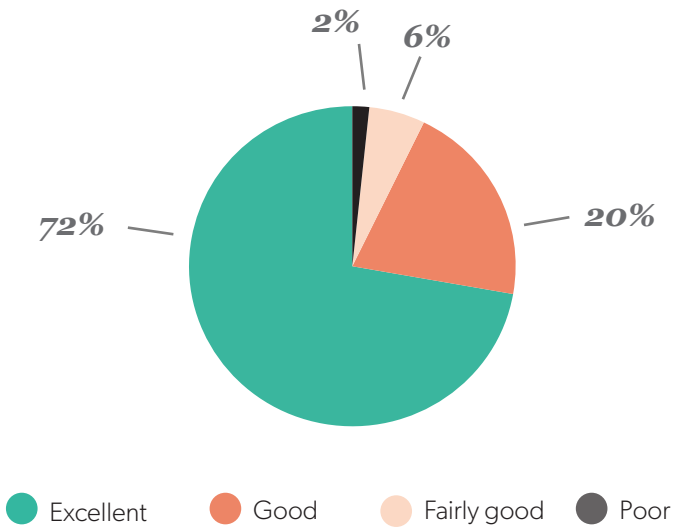
My experience at summer school was absolutely wonderful. I particularly appreciated my room, which offered a lovely view. The schedule was packed, but it provided me with numerous learning opportunities. The facilitators I worked with were incredibly cooperative and open-minded, valuing and incorporating all our ideas without any bias. Overall, it was a truly enriching experience for me, as I had the chance to collaborate with diverse groups of individuals from various backgrounds and settings. I have also learned about the interventions that could also work in my setting and what more I could do for my community living with HIV despite limited resources.

Additional Questions

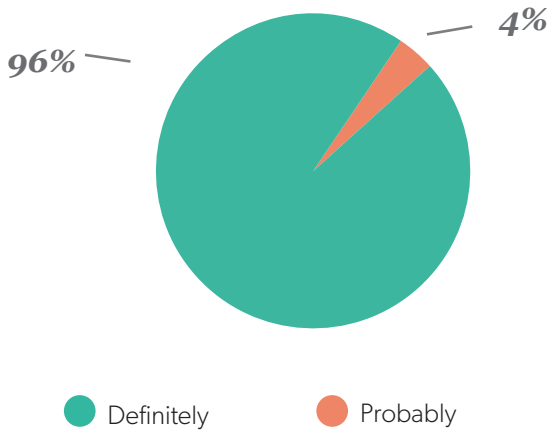
How do you evaluate the work of the EACS Secretariat in charge of your participation in the course?



How do you evaluate information provided about your travel and accommodation?

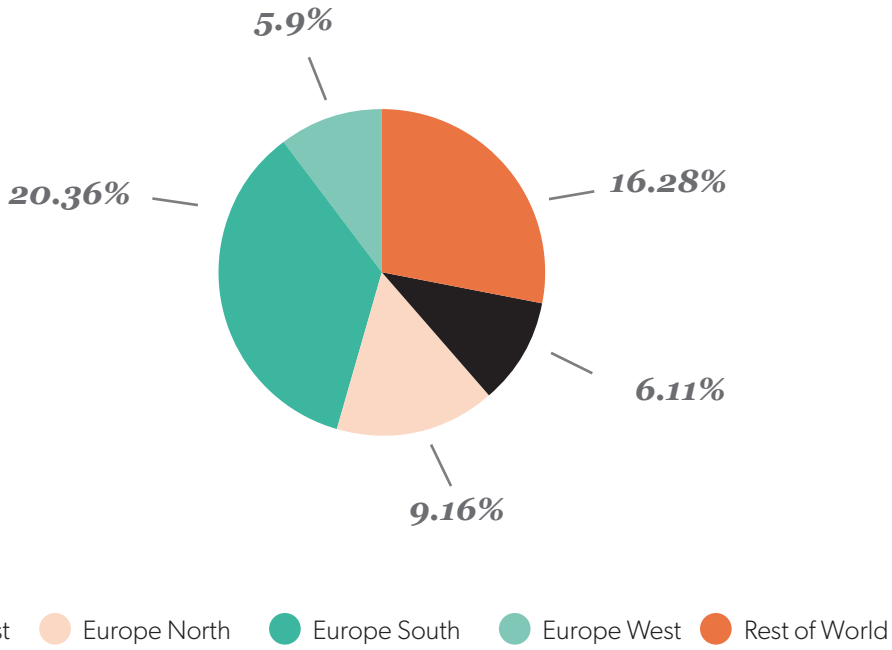


Would you recommend the HIV Summer School to your colleagues?

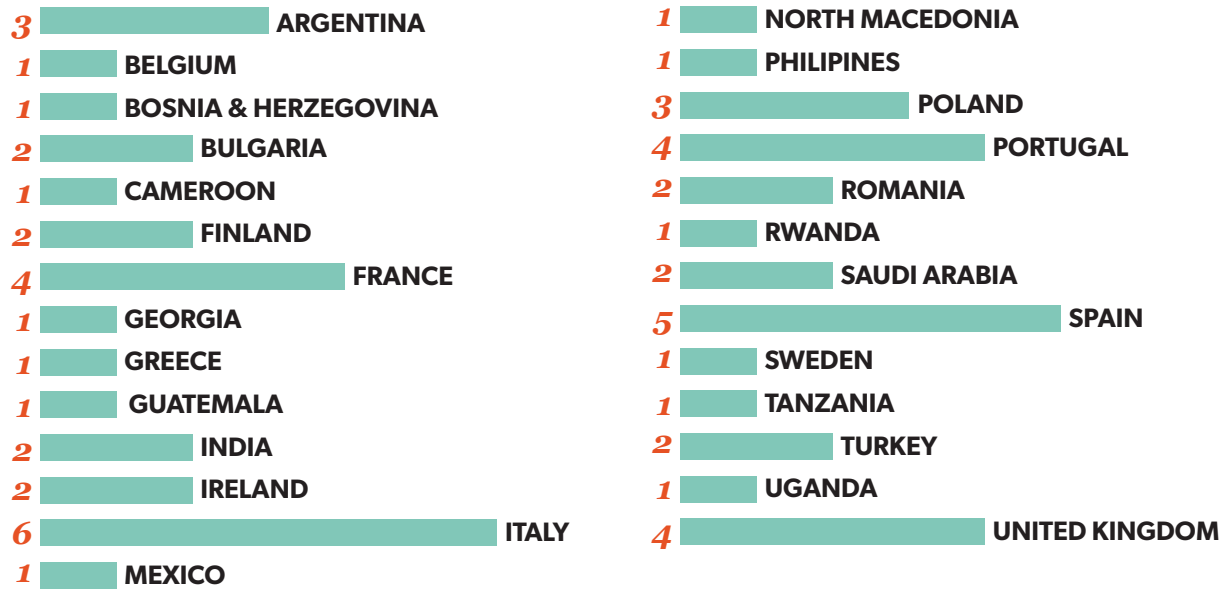


Global Spread of Attendees

Participation by Region



Participation by Country



Steering Committee Members

Sanjay Bhagani

Stéphane De Wit

Tracy Glass

Christine Katlama

Nicola Mackie

Caroline Sabin

Expert Faculty Members and Acknowledgements

On behalf of the EACS HIV Summer School Steering Committee, we would like to thank the expert faculty members who were involved as it would not have been possible to create such a programme without them. We are truly grateful for their investment. We would also like to thank the EACS Secretariat for the organisation of the course. The names and countries are listed below:

Juan Ambrosioni, Spain

Brigitte Autran, France

Jose Bernardino, Spain

Anders Boyd, Netherlands

Anna Maria Geretti, United Kingdom

Yvonne Gilleece, United Kingdom

Maxime Hentzien, France

Saye Khoo, United Kingdom

Agnès Libois, France

Patrick Mallon, Ireland

Esteban Martinez, Spain

Luís Mendão, Portugal

Sanjay Pujari, India

Ana Claudia Miranda, Portugal

Marta Vasylyev, Ukraine

The European AIDS Clinical Society would like to thank **Gilead Europe**, **MSD**, and **ViiV Healthcare** for their support in part by an unrestricted educational grant. They have no influence on the programme and the organisation of the HIV Summer School.

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