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3rd International AIDS Society Conference on **HIV** Pathogenesis and Treatment

Rio de Janeiro - July 24 - 27, 2005

THE CHILEAN AIDS COHORT (CHIAC): IMPACT OF AN EXPANDED ACCESS PROGRAM TO HAART IN SURVIVAL AND RISK FACTORS FOR MORTALITY IN A TREATMENT NAÏVE POPULATION

IAS Conf HIV Pathog Treat 2005 Jul 24-27;3rd: Abstract No. MoOa0201

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INTRODUCTION: Expanded access program (EAP) to AIDS therapy is being implemented worldwide. Chile has such a program since 2001. Since then ~5,000 patients (pts) begun HAART with 100% coverage in the public health system (PHS). A network of health care providers from AIDS care centers from the PHS contributes to homogeneous follow up (f/u) of these pts in an observational prospective cohort (ChiAC), exchanging information through internet. By 7/2004 ChiAC-1 finished enrolling 4,365 pts (98% of all those followed in the PHS) from 29/32 centers.

OBJECTIVE: To assess the survival impact of the EAP to HAART in a treatment naïve (Tx nv) population from a national cohort and to evaluate baseline characteristics as risk factors for mortality.

METHODS: Prospective f/u and review of ChiAC database.

RESULTS: Population: 2,103 Tx nv pts. At baseline: 84.8% men, median age-group 35-39 years, 46.7% in stage C (clinical AIDS); 29.5% B and 23.8% A; 83.8% had CD4 count $< 200 \times \text{mm}^3$. Most (94%) received lamivudine plus zidovudine or stavudine as backbone therapy and efavirenz (43.7%) or nevirapine (29.4%) or indinavir (17.7%) as "third" drug. Median f/u time was 784 days. 143 (6.8%) have died, 61.5% of them during first 6 months of HAART, 179 (8.5%) discontinued therapy and 1,781 (84.7%) continue in therapy (3/4 in same initial regimen). Survival has been 95.8%; 94.2% and 92.8% at 6, 12 and 24 months respectively. Mortality was 2.3%; 2.6% and 10.6% for pts with baseline CD4 >200 , 100-199 and <100 respectively and 1.6%; 2.9% and 11.9% for baseline CDC stage A, B and C respectively.

CONCLUSIONS: EAP to HAART in a middle-income country has been successful in terms of survival in an advanced-disease population. Significant higher mortality was observed only in clinically severe disease (AIDS) or severe immunodepression. A national cohort model may contribute both, to EAP evaluation and its overall success.

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