
EACS
HIV
Summer
School


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EACS HIV
Summer School
REPORT

EACS HIV Summer School

EACS European AIDS Clinical Society

Tuesday-Friday
6-9 September 2022
Bordeaux, France

CONTENTS

1 INTRODUCTION AND EVENT SUMMARY

This document gives an overview of the European AIDS Clinical Society (EACS) HIV Summer School 2022, including feedback from participants. The HIV Summer School 2022 was designed for clinicians involved in HIV management wishing to deepen their knowledge about HIV medicine and research methodology.

The event gathered 59 clinicians from 25 countries, for a four-day training programme on 6-9 September 2022 in Bordeaux, France. Accredited by the European Accreditation Council for Continuing Medical Education (EACCME®), attendees earned 24 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 six 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 30.

Day I

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

A morning of presentations showed that, when it comes to the **Immunopathology of HIV** (Brigitte Autran), some "40 Years of research and successes" can be demonstrated in the field of HIV-AIDS since 1981. Successful research into understanding, for instance, the kinetics of early infection and dissemination, and the mechanisms of immune deficiencies, were presented by Professor Autran. Remaining challenges for developing an HIV vaccine and new therapeutic strategies include HIV variability and the long-term persistence of HIV reservoirs, despite efficient antiretroviral therapies (ART).

Continuing on the subject of **HIV drug resistance** (Annemarie Wensing), participants heard why resistance still matters despite ART leading to a 95% suppression of HIV in many countries. This included an overview of genetic barriers and of the mutation rate of HIV compared with other RNA viruses or DNA viruses. Drug-resistant mutations and the wild-type virus in HIV were discussed. "Genetic barrier is often seen as the number of mutations required for viral escape," Dr Wensing explained. It is not however simply the number, "but also the likelihood with which such mutations are likely to occur" that has to be considered in the context of HIV drug resistance, she added.

This was followed by a presentation on the **Impact of Clinical Pharmacology in Management of ART** (Saye Khoo). Drugs and people have changed over the last 30 years, Professor Khoo said, keeping pharmacology relevant, even in 2022. Ageing, multimorbidity and polypharmacy were touched on as general issues, as was, for instance, the idea that, through physical, psychological and social events, a "reserve of thinking abilities is developed through life" and "may protect against losses from ageing, injury and disease." This led to discussion of pharmacological considerations around issues including an aggregation of modest liabilities, frailty, deprescribing statins, and HIV drug interactions.

The **State of the ART of ARV therapy** (Nicola Mackie) opened with concerns about when, what and which to start, when it comes to therapy, as well as the vital question of "where are we going?" with new HIV treatments. An overview of US, WHO and EACS guidelines for HIV treatment showed that important differences remain between regions. Risks and benefits of the various approaches were presented by Dr Mackie, including the implications for clinical practice. One shared point was that rapid antibody INSTI tests were recommended by all the guidelines examined. The direction of travel also varies by region, with some treatments for instance approved in the US but not in the EU. There is, however, an "exciting" pipeline of new drugs and implications for clinical practice, with questions to be resolved around how these will be used.

The last presentation of the first day asked simply **Why is research important?** (Paddy Mallon). A quotation from Sir William Osler, often called the founder of modern medicine, reminded participants that "The value of experience is not in seeing much but in seeing wisely." This means that there is a constant need to ask why, given that the practice of medicine is continually evolving, the population is continually changing, and diseases are continually evolving - as COVID-19 so recently taught us. Different questions and pathways for good research and clinical discovery were considered. Questions should always be clear, unambiguous, measurable, of clinical/ biological relevance, and realistic - but never so focused as to lose meaning for the wider population. The presentation then turned to **Choosing the right study design** (Caroline Sabin). Here, the main types of study design were considered, starting with different randomised controlled trials, for instance. This was followed by a look at parallel group, crossover, and cluster randomised trials, along with various study types, such as cohort and cross-sectional. The speaker concluded with a warning that "some study designs may offer benefits in terms of cost, time and administrative effort – these are likely to provide weaker evidence."

Day II

The second day of the conference followed the same model as the first, with a morning of expert presentations and afternoon of more interactive working groups. This day's six working groups focused on **Collecting data; Developing the study protocol; Management of long-term ART and co-morbidities; and PrEP & STIs.**

A first presentation opened the morning with an overview of **P-values and hypothesis testing** (Caroline Sabin). This includes looking first at the role of chance, and understating baseline imbalance. Even where patients are randomly subdivided into groups, their characteristics may be imbalanced. Although this imbalance usually gets smaller as the trial increases in size, and statistical methods can be used to deal with imbalance, there can be "cause for concern" if outcomes rather than baseline covariates have to be described, Professor Sabin said. She cautioned against treating P-values as "magic." A case study looking at a percentage viral load of participants was used to demonstrate a 14% difference in outcomes between trials. This was part of an overview of commonly used hypothesis tests and the limitations of P-values.

Focusing on **Confidence Intervals** (Tracy Glass), the second presentation expressed that "Although P-values are helpful in telling us which effects are likely to be real, and which are likely to be chance findings, they suffer from several limitations." This means for instance that if a study is large enough, results can be statistically significant even if not clinically important, while small studies may be ignored. Small changes in data can make the difference between non-significant and significant results. This risks encouraging the manipulation of statistics to achieve significant results, Dr Glass warned. Confidence intervals can be used to give a range of additional plausible values supported by the results of the study and indicate the precision of the estimate by helping overcome some of the limitations of P-values.

Optimising ART in HIV-suppressed patients (Christine Katlama) then considered ART as a lifelong, even mandatory, treatment over six to seven decades. As well as clear objectives such as efficacy, the presentation considered, for instance, why sustained "suppressed viraemia" can be important over long-term treatment. Benefits can include stopping HIV progression, immune deterioration and transmission, inducing immune restoration and decreasing - or even stopping - inflammation, Professor Katlama explained. An overview of antiretroviral drugs available in 2022 led to a description of the route towards drug-reduced strategies, including dual therapy. Closing comments included how to manage ART drug reduction, concluding that "less drugs should be a priority once viral load is durably suppressed."

Turning to **Metabolic problems and obesity in HIV: the role of antiretroviral therapy** (Paddy Mallon), participants heard two case studies of HIV-positive men in their 60s, with different profiles but the same BMI. This was followed by case studies of two HIV-positive women in their 30s, this time with different profiles including different BMIs,

and of one man in his 50s with several profile features of potential concern. Understanding links between HIV or HIV treatments and obesity and weight gain is an "evolving area," cautioned Professor Mallon. Co-morbidities including age and gender also should be considered, as well as lifestyle, behavioural, pharmacological and surgical management options.

HIV & malignancies (Stéphane De Wit) gave a broad overview of HIV and cancer, including several types of cancer as well as chemotherapy and ART for HIV patients. People living with HIV have 1.6-1.7 times greater overall risk of developing cancer than the general population, mainly due to virus-related non-AIDS defining cancers (NADCs). Kaposi Sarcoma, for instance, is still of concern for people with HIV on ART, despite suppressed viral replication, although this mostly affects middle-aged men, Professor De Wit explained. But the incidence of lung cancer matches that of the general population among people with HIV - if they have a restored immune system under ART. He ended with a call to "promote smoking cessation!" given that "smoking increases HPV-induced lesions" common with HIV.

The second day of presentation closed with a guest lecture on **From artificial intelligence with big data to artificial results with big mistakes** (Rodolphe Thiébaut). The "Four Vs of Big Data," he said, are volume, velocity, variety and veracity. This was followed by an overview of data in vaccinology and included a look at some corrections and amendments that have been published when data was inappropriately manipulated. "Mistakes happen quickly," said Professor Thiébaut. "The good news is the power of having access to the data and the code to check what the authors published."

Day III

Research and clinical working groups on this third day discussed **Sample size calculations and data analysis; Sample size calculations, data analysis and completion of presentations; Hepatology;** and **Opportunistic infections.** The day started, however, with five more presentations, on issues ranging from hepatitis to writing abstracts.

Liver Disease in HIV 2022 (Sanjay Bhagani) was a chance to consider, for instance, the global burden of viral hepatitis and its contribution to morbidity or mortality. The global incidence of chronic hepatitis B infection in children under five has been reduced from 4.7% to 1.3% through immunisation, he said. The age of infection however varies widely around the world, with hepatitis B still predominantly a neonatal infection in Asia, a predominantly early childhood infection in Africa, and a predominantly adult infection in western countries. Dr Bhagani then considered drug resistance during HBV therapy, the search for a cure, and a reminder that "The WHO has set ambitious global targets in order to control viral hepatitis by 2030." The presentation concluded that liver disease remains an important, but diminishing, cause of morbidity and mortality in people living with HIV, and that elimination of viral hepatitis could ultimately be a realistic goal.

A presentation on **Opportunistic infections** (Sanjay Pujari) broadened talks to consider topics including the disruption of HIV care during the COVID-19 pandemic. A decline in tuberculosis (TB) notifications, for instance, led to an increase in TB deaths in 2020, regardless of HIV status. This led to talks on when to initiate ART in active HIV-associated TB, and on whether monkeypox should be considered an opportunistic infection. Opportunistic infections "continue to cause preventive morbidity and mortality," Professor Pujari said, with "early HIV diagnosis and linkage to care critical." He concluded that, despite remarkable progress in the optimisation of treatment for some opportunistic infections, research is needed to further refine their treatment, especially for TB.

HIV prevention strategies (Yvonne Gilleece) opened with a look at the number of new HIV infections in 2016, and the change since 2010. Even though 1.8 million people around the world were newly infected in 2016, this was the latest in a percentage decrease in the number of new infections every year since 2010. Looking at HIV diagnosis by region and by gender, the conference heard that young African women are especially at risk, with 59% of new infections among young people aged 15-24 occurring in this group. This led to an analysis of the need for Pre-Exposure Prophylaxis (PrEP), and a look at PrEP in women. Moving forward, there is a need for longer-acting injections, implants and transdermals, Professor Gilleece said. The presentation concluded with a warning that vaccine research has "once again stalled," and a call for clear guidelines on management and follow-up as an essential part of HIV and sexual health care.

The next presentation, on **Identifying bias** (Caroline Sabin), opened with a warning that "Many of the limitations of studies, particularly observational studies, are related to the potential for bias to occur." Bias here means there is a systematic difference between the results from a study and the true state of affairs. An overview of the reasons for bias was followed by a case study interpreting the results of research into initial viral load suppression during a specified therapy. There was also a look at, for instance, observational bias, when individuals change their behaviour when they know that they are in a study, and survivorship bias, when survival is compared in patients who do or do not receive a particular intervention in the future, as well as lead time bias, publication bias and others. Professor Sabin concluded with advice on minimising bias at the design stage. And she reminded the audience that, as well as designing a study to minimise the opportunities for bias to arise, it is important to keep questioning whether bias may have been introduced at any stage during analysis.

This third day's final presentation was on the key question of **Writing papers** (Dominique Costagliola). This talk included guidance on every stage of writing a paper: from assigning authorship credit before the study, through selecting a journal, to structuring a paper. Key writing tips from Professor Costagliola included: "Try to find a time and place where you can think and write without distractions," and "write quickly in your own voice, without editing," then "put the draft aside before revising it as an independent reader." An overview was then given of how to write method, results, introduction, discussions, title and abstract. Finally, drafting a cover letter and incorporating feedback were outlined, and resources for writing papers were listed.

Day IV

The fourth and final day of the conference took a very different form than the presentations. The participants heard an overview of the research studies carried out by each of the six "Research" modules on the previous three days. This followed a one-hour debate led by participants in the "Clinical" modules. Participants were divided into four groups to give presentations on the different topics.

Participants then had a chance to take part in a 25-question quiz, led by Dr Sanjay Bhagani, on the conference 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 72-year-old man, recently diagnosed HIV positive, with a history of ischaemic heart disease, hypertension and renal impairment," or "37-year-old, HIV-positive midwife 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.

Before being asked to complete a written evaluation after the event (see page 17 for results), the quiz – and conference – ended on a light note, with a photo caption competition.

2 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 2022 was an overwhelming success. When asked how useful the event had been for their professional activities, 100% of respondents agreed that it had been useful. 81% even said "extremely useful." Importantly, at the end of the four days, 99% of participants said they would recommend the HIV summer school to colleagues.

Overall, 91% of respondents said the event very much fulfilled their **educational goals and expected learning outcomes**, with even the remaining 9% voting for "somewhat." At the same time 97% said the information was **well balanced and consistently supported by a valid scientific base**. Meanwhile, 79% strongly agreed that the content was **useful for their practice**, with 21% simply agreeing. At the same time 79% said the information from the conference would "very much" be **implemented at their practice**, with only 3% (just two participants) saying it would be "not much" implemented. More than three quarters of respondents agreed that their **office, practice and patients** could accommodate these changes. However, 26% agreed or strongly agreed that **patient access to treatments** would be a barrier to implementing changes.

Moving forward to think about future HIV Summer Schools, the organisers were advised to consider using a different hotel for participants, with the 2022 **accommodation** said by one respondent to be "poor. It really undermined the event." Participants appreciated being able to take part in both clinical and research workshops, but opinion was divided over which module was better organised. Other suggestions for improvement included allowing more **patient voices** to be heard in the programme, discussing **sex positivity**, relationships and taboos around sex instead of potentially alienating patients through a "clinical" approach to sex, and encouraging **group discussion** in all sessions. Overall, participants would have liked the conference to have lasted longer, with 47 % saying there was **"too little time"** with their working groups "I think the project was too ambitious, according to time," as one respondent put it.

Even despite these constructive criticisms, 84% of respondents said the EACS Secretariat's work was excellent, with even the remainder opting for good or fairly good. When it came to the overall programme, 90% of participants said their overall impression of the event was "excellent." Everyone else said it was good. (See full evaluation report results page 17).

3 PROGRAMME AGENDA

Tuesday, 6 September 2022

Morning

8:30-8:45	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: *Dr Annemarie Wensing (Netherlands)* 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	Panel Discussion	Clinical	*Prof. Brigitte Autran, Dr Nicola Mackie, Prof. Saye Khoo, Dr Annemarie Wensing*
10:30-11:00			Break
11:00-11:30	Plenary 4	Research	**Why is research important?** *Prof. Paddy Mallon (Ireland)*
11:30-12:00	Plenary 5	Research	**Choosing the right study design** *Prof. Caroline Sabin (United Kingdom)*
12:00-12:30	Practical work	Research	**Choosing a study design**
12:30-13:30			Lunch

Afternoon

Module A - Research		Module B - Clinical	
13:30-15:30	**Study design** *Prof. Dominique Costagliola (France)* *Dr Tracy Glass (Switzerland)* *Prof. Caroline Sabin (United Kingdom)*	13:30-15:30	Working groups (3 groups) **Treatment initiation** *Coordinators: Prof. Stéphane De Wit (Belgium)/Dr Nicola Mackie (United Kingdom)* *Dr Sanjay Bhagani (United Kingdom)* *Dr Alain Makinson (France)* *Prof. Paddy Mallon (Ireland)* *Dr Annemarie Wensing (Netherlands)*

15:30-16:00	Break	**15:30-16:00**	Break
16:00-18:00	Working groups (3 groups) **Identifying the research question and study design** *Prof. Dominique Costagliola (France)* *Prof. Stéphane De Wit (Belgium)* *Dr Tracy Glass (Switzerland)* *Prof. Christine Katlama (France)* *Prof. Paddy Mallon (Ireland)* *Prof. Caroline Sabin (United Kingdom)*	**16:00-18:00**	Working groups (3 groups) **Management of unsuppressed viraemia/ resistance** *Coordinators: Prof. Christine Katlama (France)/ Dr Annemarie Wensing (Netherlands)* *Dr Sanjay Bhagani (United Kingdom)* *Prof. Yvonne Gilleece (United Kingdom) Dr Nicola Mackie (United Kingdom)* *Dr Alain Makinson (France)* *Prof. Sanjay Pujari (India)*

Wednesday, 7 September 2022

Morning

8:30-9:00	**Plenary 6**	Research	**P-values and hypothesis testing** *Prof. Caroline Sabin (United Kingdom)*
9:00-9:30	**Plenary 7**	Research	**Confidence intervals** *Dr Tracy Glass (Switzerland)*
9:30-10:00	**Practical work**	Research	**Interpreting results from abstracts**
10:00-10:30			Break
10:30-10:55	**Plenary 8**	Clinical	**Optimizing ART in the suppressed patient** *Prof. Christine Katlama (France)*
10:55-11:20	**Plenary 9**	Clinical	**Management of co-morbidities** *Prof. Paddy Mallon (Ireland)*
11:20-11:45	**Plenary 10**	Clinical	**HIV & malignancies** *Prof. Stéphane De Wit (Belgium)*
11:45-12:00	**Panel discussion**	Clinical	*Prof. Stéphane De Wit, Prof. Christine Katlama, Prof. Paddy Mallon*
12:00-12:30	**Lecture**	Clinical	**From big data and artificial intelligence to artificial results with big mistakes** *Prof. Rodolphe Thiebaut (France)*
12:30-13:30			Lunch

Afternoon

Module A - Research		Module B - Clinical	
13:30-15:30	**Collecting data** *Prof. Dominique Costagliola (France)* *Dr Tracy Glass (Switzerland)* *Prof. Caroline Sabin (United Kingdom)*	13:30-15:30	Working groups (3 groups) **Management of long-term ART and co-morbidities** *Coordinators: Prof. Christine Katlama (France)/ Prof. Paddy Mallon (Ireland)* *Dr Sanjay Bhagani (United Kingdom)* *Dr Jose Bernardino (Spain)* *Prof. Stéphane De Wit (Belgium)* *Prof. Yvonne Gilleece (United Kingdom) Dr Nicola Mackie (United Kingdom)*
15:30-16:00	Break	15:30-16:00	Break
16:00-18:00	Working groups (3 groups) **Developing the study protocol** *Prof. Dominique Costagliola (France)* *Prof. Stéphane De Wit (Belgium)* *Dr Tracy Glass (Switzerland)* *Prof. Christine Katlama (France)* *Prof. Paddy Mallon (Ireland)* *Prof. Caroline Sabin (United Kingdom)*	16:00-18:00	Working groups (3 groups) **PrEP & STIs** *Coordinators: Prof. Yvonne Gilleece (United Kingdom)/ Dr Romain Palich (France)* *Dr Mojgan Hessamfar (France)* *Dr Agnes Libois (Belgium)* *Dr Alain Makinson (France)* *Dr Oana Sandulescu (Romania)*

Thursday, 8 September 2022

Morning

8:30-8.55	**Plenary 11**	Clinical	**Hepatitis B / Hepatitis C** *Dr Sanjay Bhagani (United Kingdom)*
8:55-9:20	**Plenary 12**	Clinical	**Opportunistic infections** *Prof. Sanjay Pujari (India)*
9:20-9:45	**Plenary 13**	Clinical	**HIV prevention strategies** *Prof. Yvonne Gilleece (United Kingdom)*
9:45-10:00	**Panel discussion**	Clinical	*Dr Sanjay Bhagani, Prof. Yvonne Gilleece, Prof Sanjay Pujari*
10:00-10:30			Break

10:30-10:55	**Plenary 14** Research	**Developing a clinical research programme** *Prof. Paddy Mallon (Ireland)*
10:55-11:20	**Plenary 15** Research	**Identifying bias** *Prof. Caroline Sabin (United Kingdom)*
11:20-11:45	**Plenary 16** Research	**Writing papers/abstracts** *Prof. Dominique Costagliola (France)*
11:45-12:15	**Panel Discussion** Research	*Prof. Dominique Costagliola, Prof Paddy Mallon, Prof. Caroline Sabin*
12:15-13:15		Lunch

Afternoon

Module A - Research		Module B - Clinical	
13:15-15:15	**Sample size calculations and data analysis** *Prof. Dominique Costagliola (France)* *Dr Tracy Glass (Switzerland)* *Prof. Caroline Sabin (United Kingdom)*	**13:15-15:15**	Working groups (3 groups) **Hepatology** *Coordinators: Dr Sanjay Bhagani (United Kingdom)/ Dr Jose Bernardino (Spain)* *Dr Juan Ambrosioni (Spain)* *Prof. Yvonne Gilleece (United Kingdom)* *Dr Mojgan Hessamfar (France)* *Prof. Sanjay Pujari (India)*
15:15-15:45	Break	**15:15-15:45**	Break
15:45-17:45	Working groups (3 groups) **Sample size calculations, data analysis and completion of presentations** *Prof. Dominique Costagliola (France)* *Prof. Stéphane De Wit (Belgium)* *Dr Tracy Glass (Switzerland)* *Prof. Christine Katlama (France)* *Prof. Paddy Mallon (Ireland)* *Prof. Caroline Sabin (United Kingdom)*	**15:45-17:45**	Working groups (3 groups) **Opportunistic infections** *Coordinators: Prof. Sanjay Pujari (India)/Dr Juan Ambrosioni (Spain)* *Dr Sanjay Bhagani (United Kingdom)* *Prof. Yvonne Gilleece (United Kingdom)* *Dr Mojgan Hessamfar (France)* *Dr Nicola Mackie (United Kingdom)*

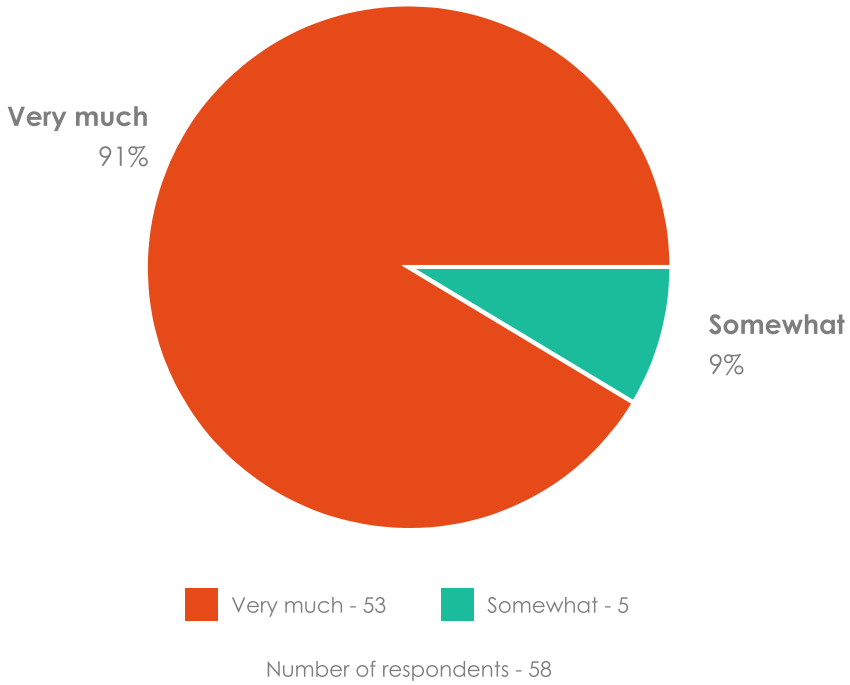
Friday, 9 September 2022		
Morning		
09:00-10:00	Debates	Clinical groups
10:15-10:30		Break
10:30-12:30	Presentations	**Research presentations (6 groups)** *The participants from the research module present their research study*
12:30-13:15	Clinical & Research	**Quiz & take-home messages** *Dr Sanjay Bhagani (United Kingdom)*
13:15-13:30		Closing remarks
13:30-14:30		Lunch and departure

4 THE EVALUATION METHODOLOGY

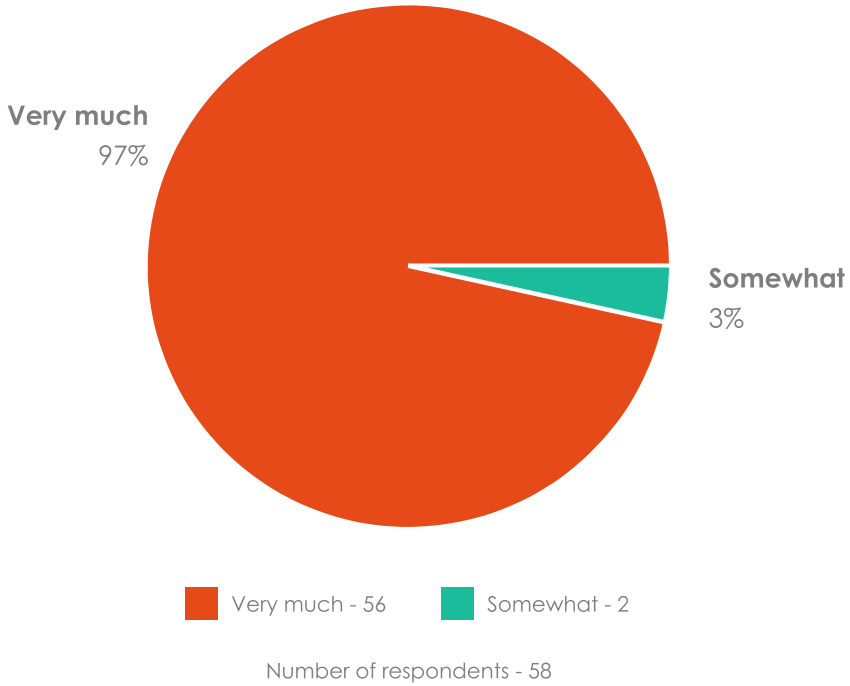
At the end of the conference, participants were invited to complete an evaluation survey containing 44 questions. The evaluation had 58 respondents. 87% of participant-respondents described themselves as physicians.

5 EVALUATION RESULTS

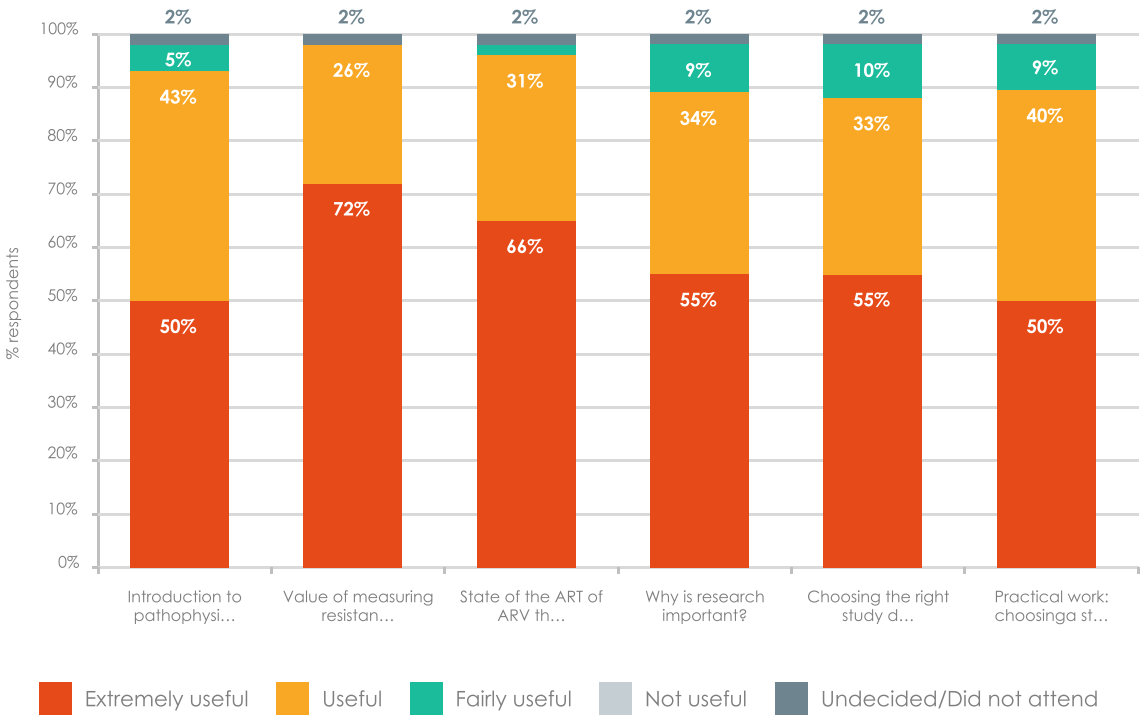
How useful for your professional activity did you find this event?



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

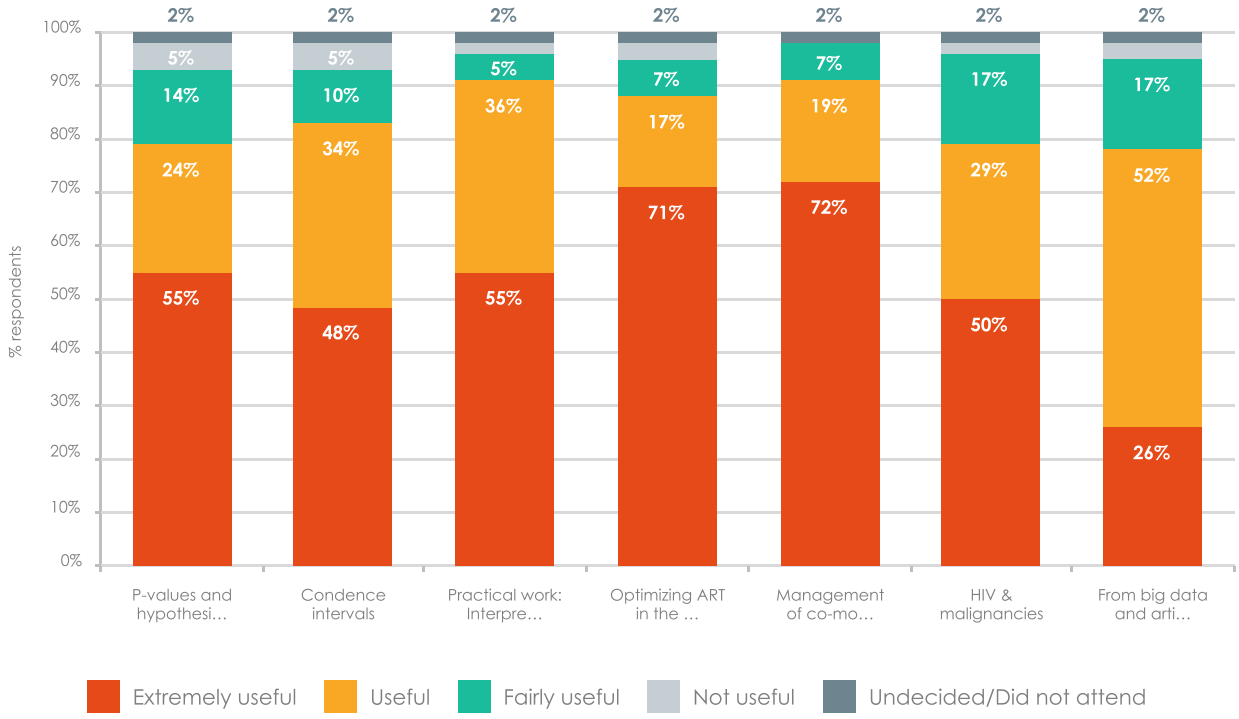


How useful to you personally was each session on Tuesday, 6 September?



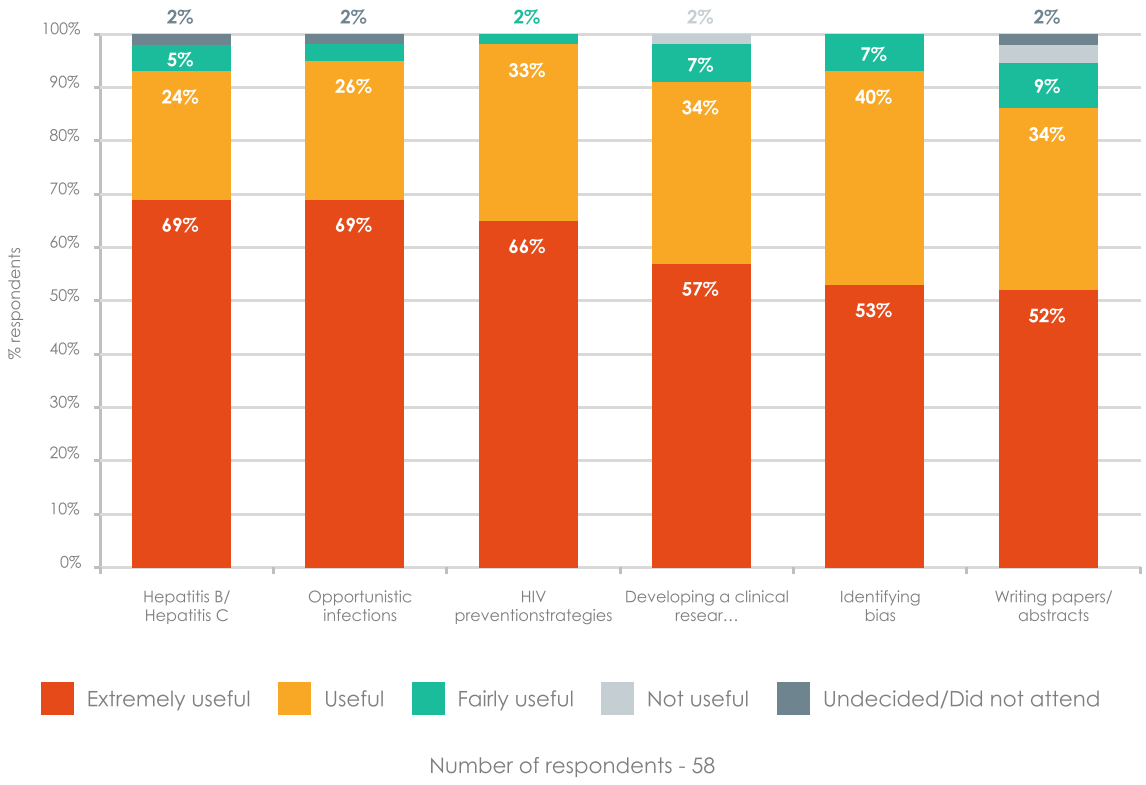
Number of respondents - 58

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



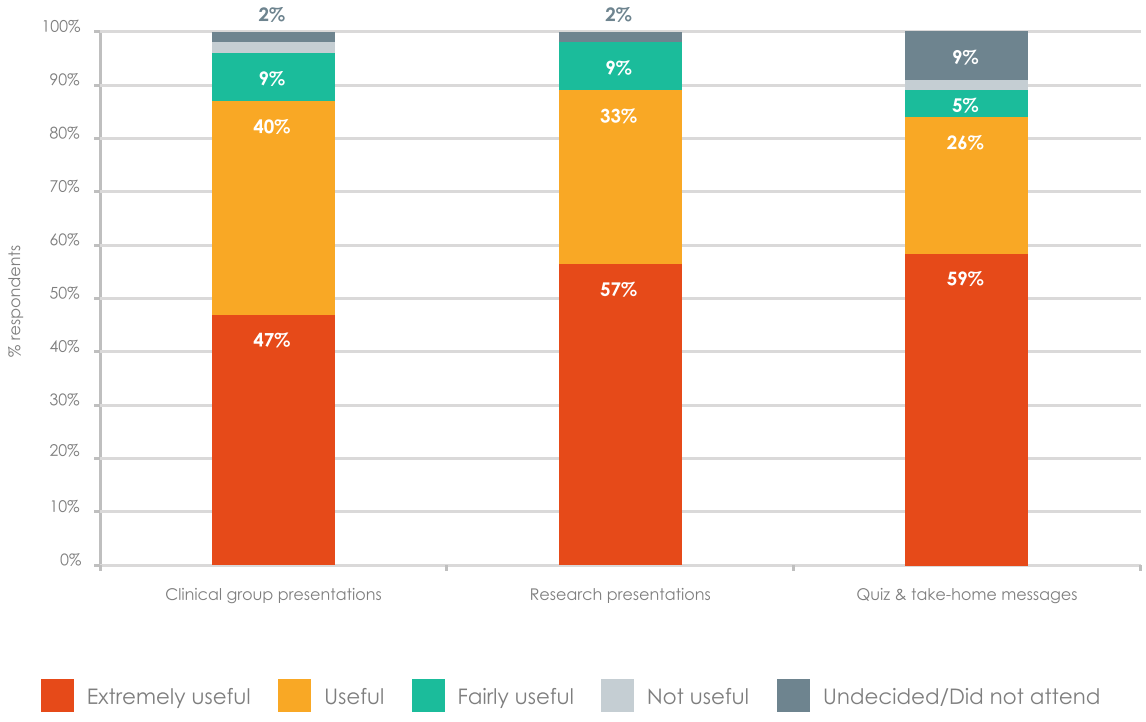
Number of respondents - 58

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



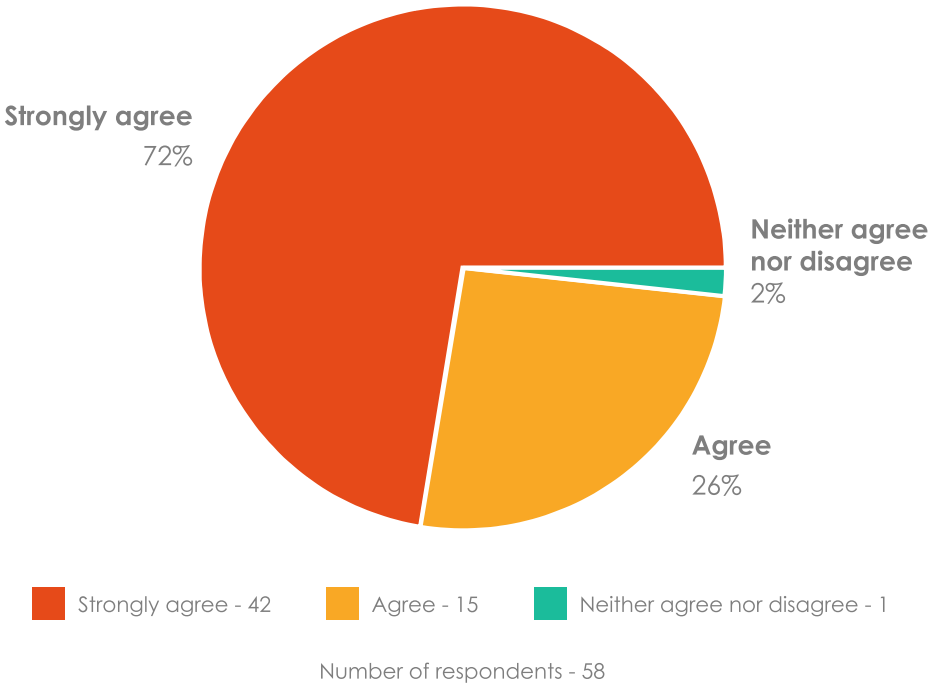
Number of respondents - 58

How useful to you personally was each session on Friday, 9 September?



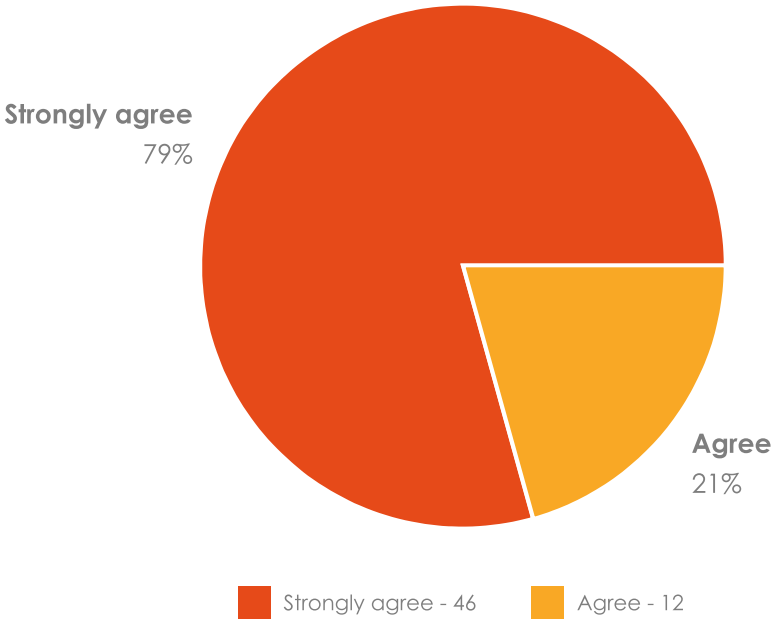
Number of respondents - 58

Was the content presented clearly?



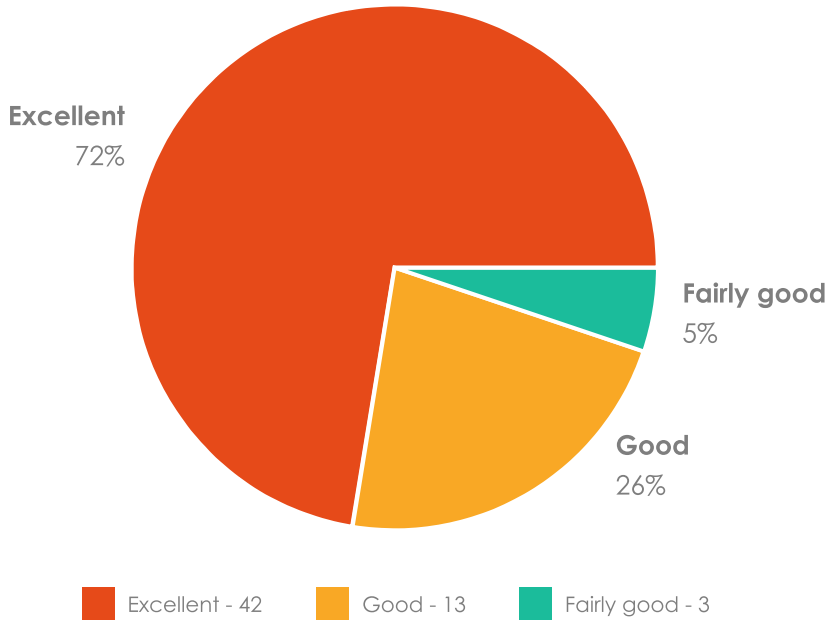
Number of respondents - 58

Was the content useful for your practice?



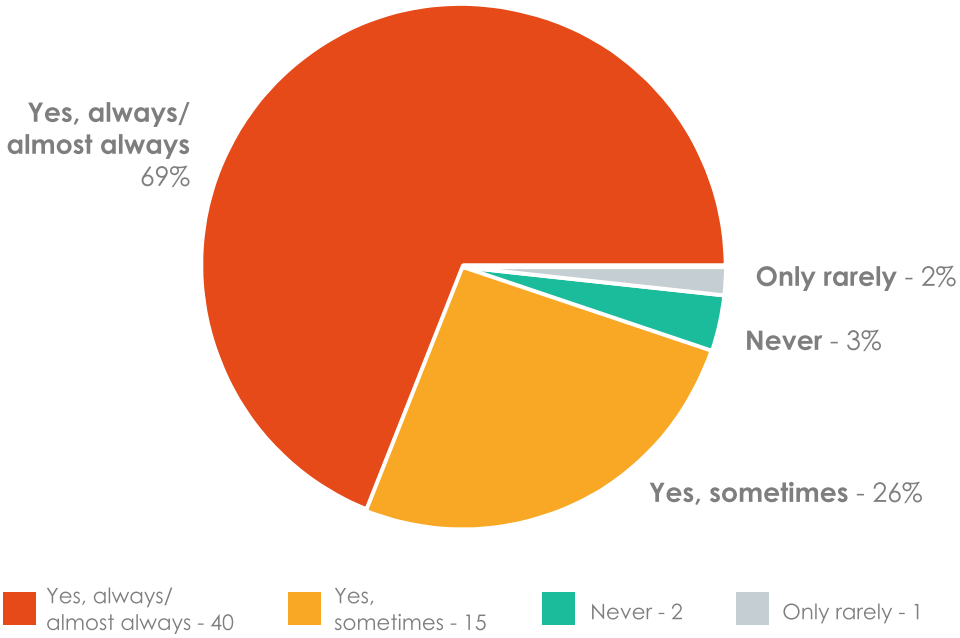
Number of respondents - 58

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



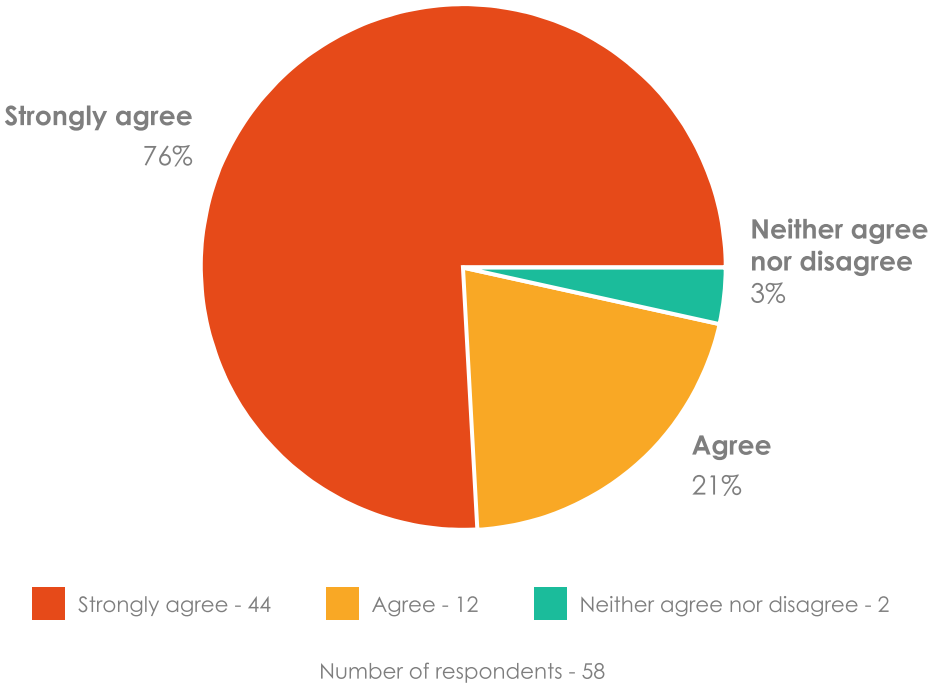
Number of respondents - 58

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

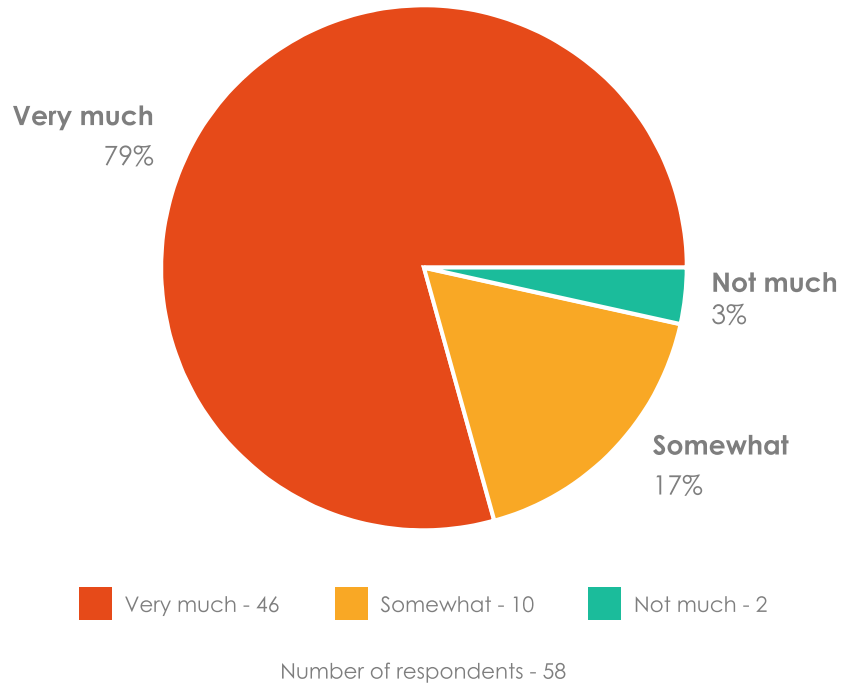


Number of respondents - 58

Was this educational activity well planned and presented?



Will the information you learnt be implemented in your practice?

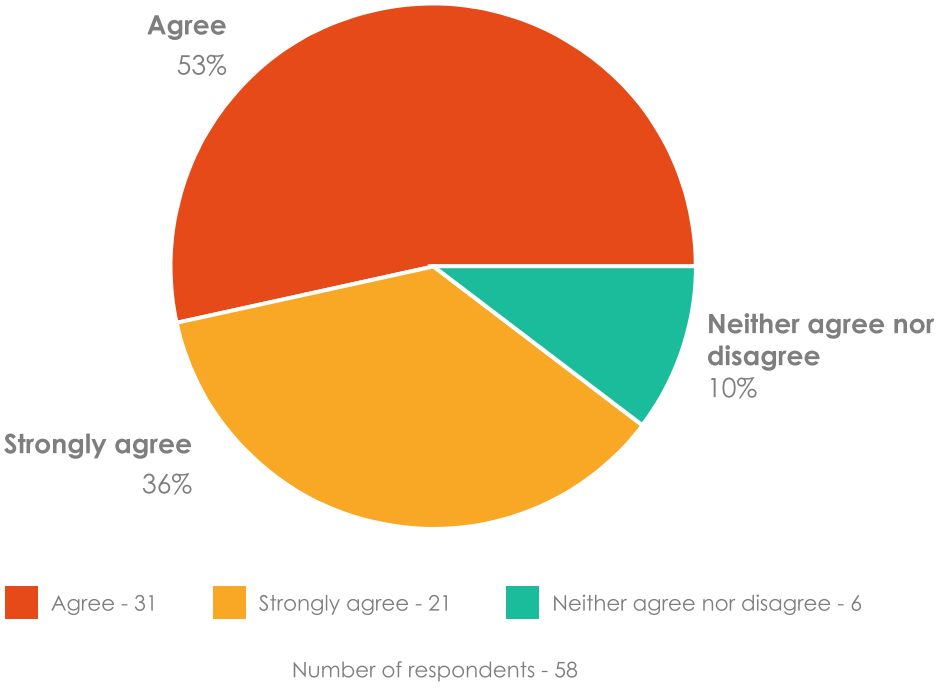


Can you provide one example how this event will influence your future practice?

40 Responses, 18 Empty

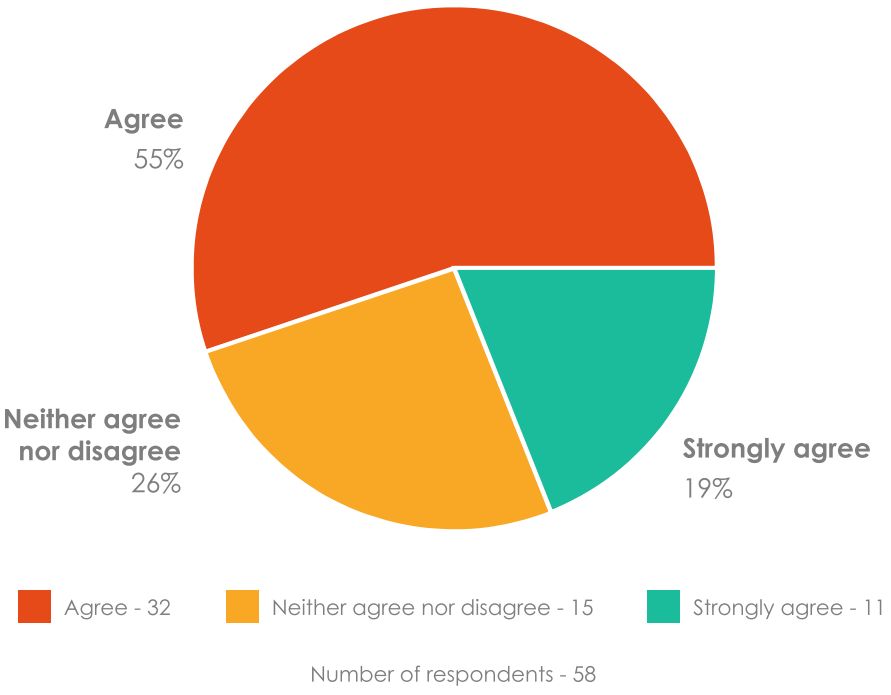
Update on screening for anal cancer in PWH
I'm more aware of strategies for managment of comorbidities
Research methods
Thanks to clinal discussions, I have learned dierent diagnostic and therapeutical approaches
Small groups were very hepful
I have more condence to write better research questions and the necessary steps to follow in order to have better success in publication..
To see how others operate about HIV care, I can implement the better change into our clinic setting in Thailand
Guide my writing of research protocols
Help with everyday practice including ArV choice, OI management and chronic co morbidity

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

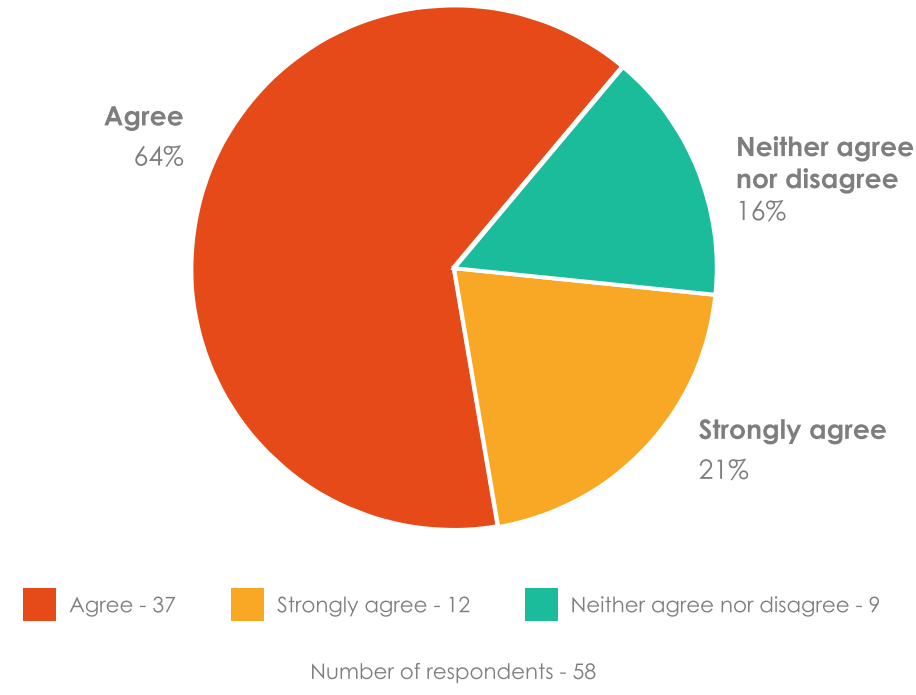


Number of respondents - 58

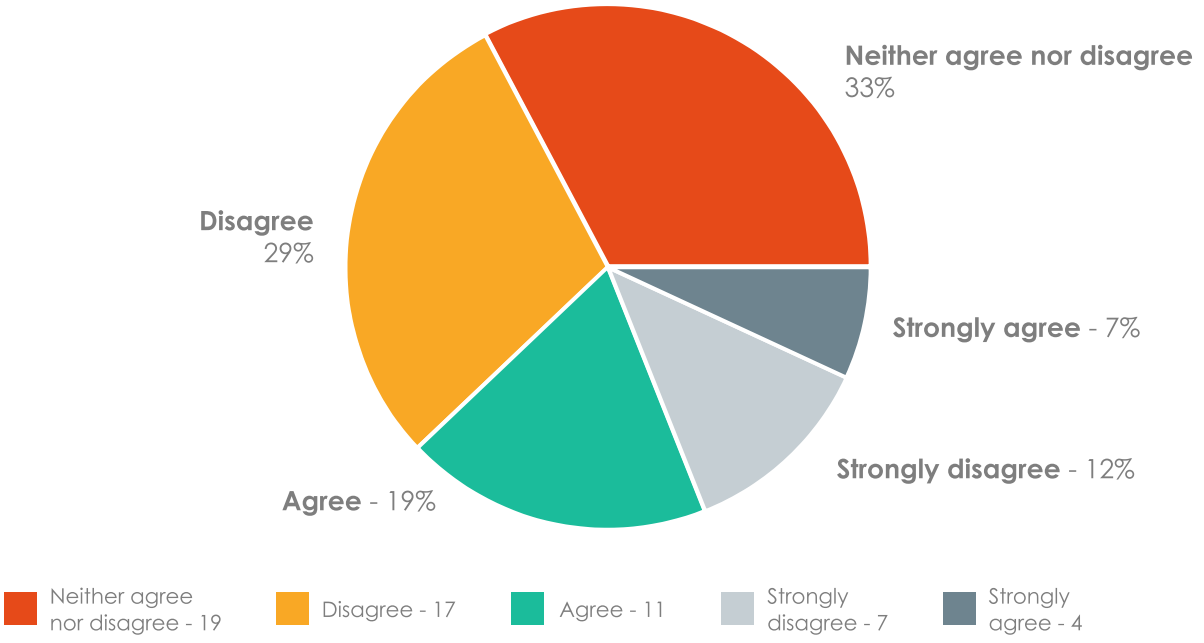
Can your office and practice systems accommodate these changes?



Can your patients accommodate these changes?

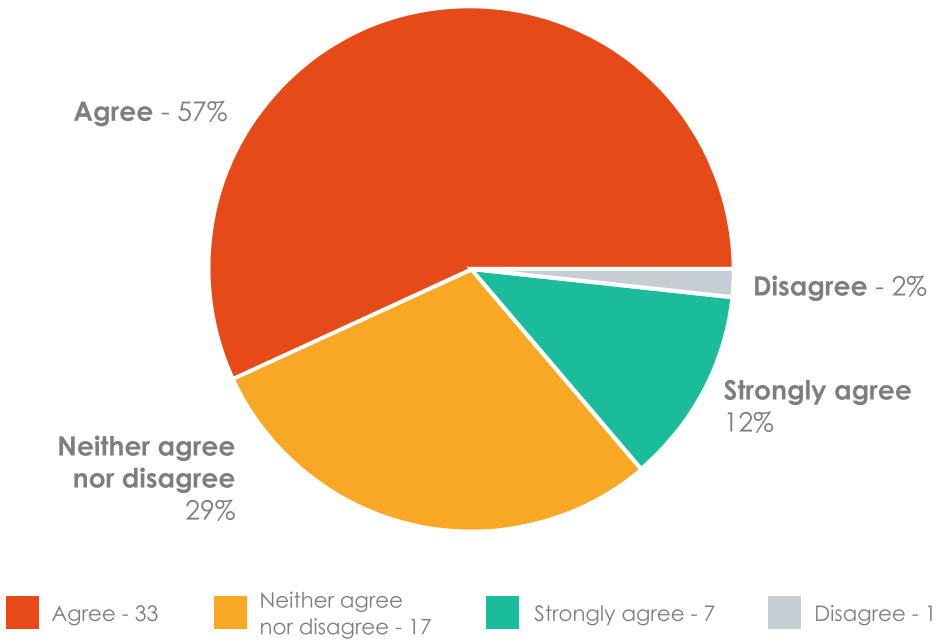


Will patient access to the treatments provided be a barrier to implementing these changes?



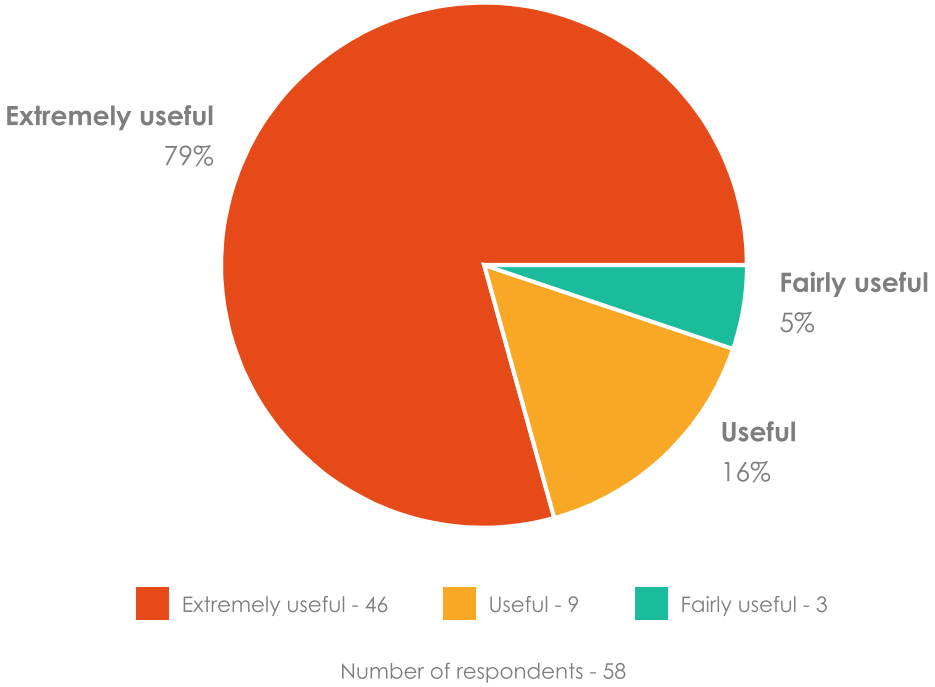
Number of respondents - 58

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

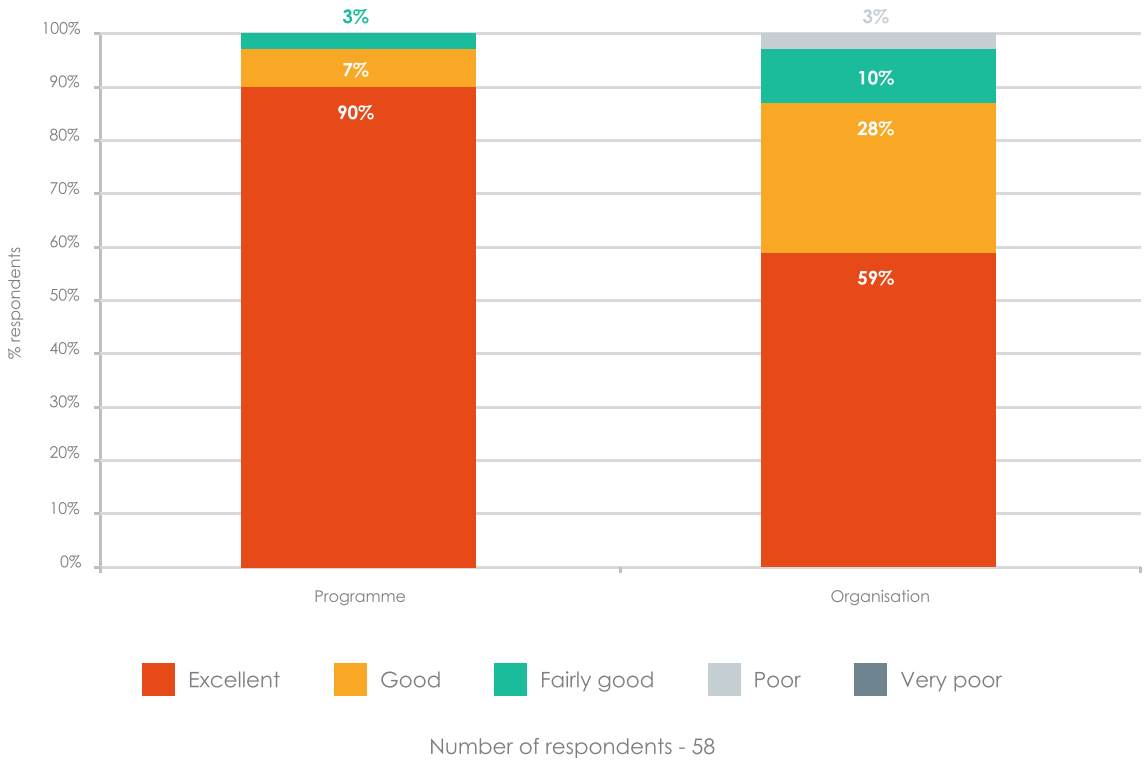


Number of respondents - 58

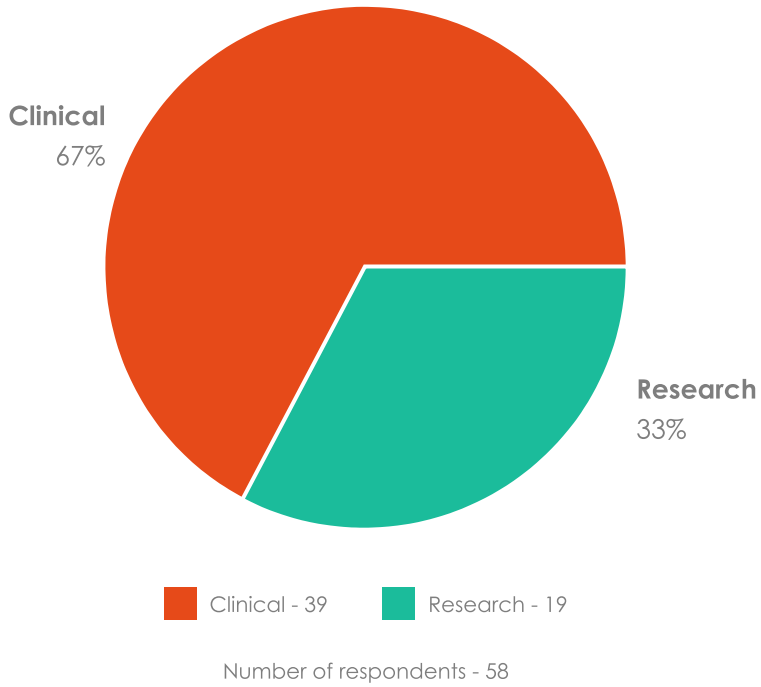
How useful for your professional activity did you find this event?



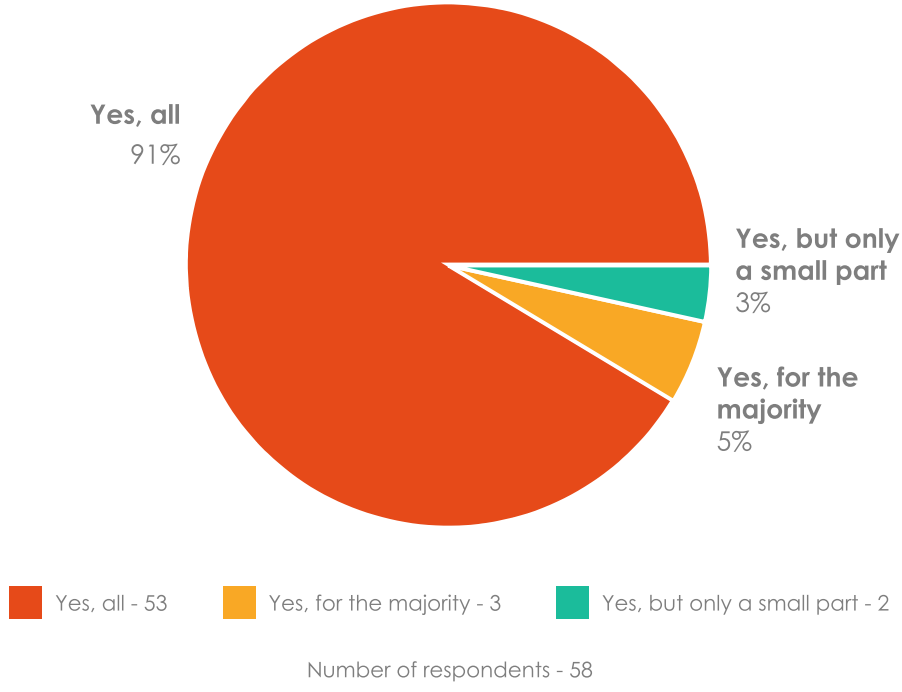
What was your overall impression of this event?



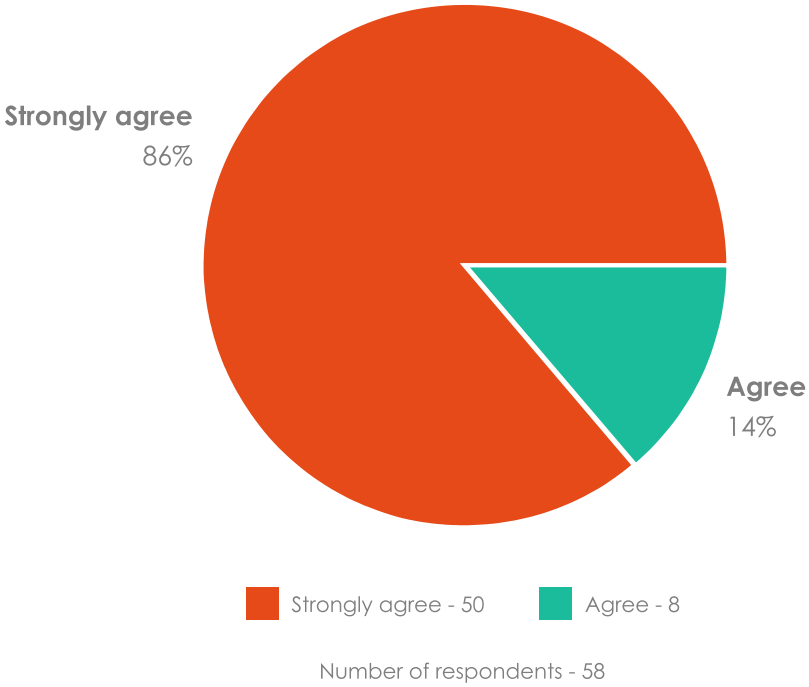
Which module did you follow?



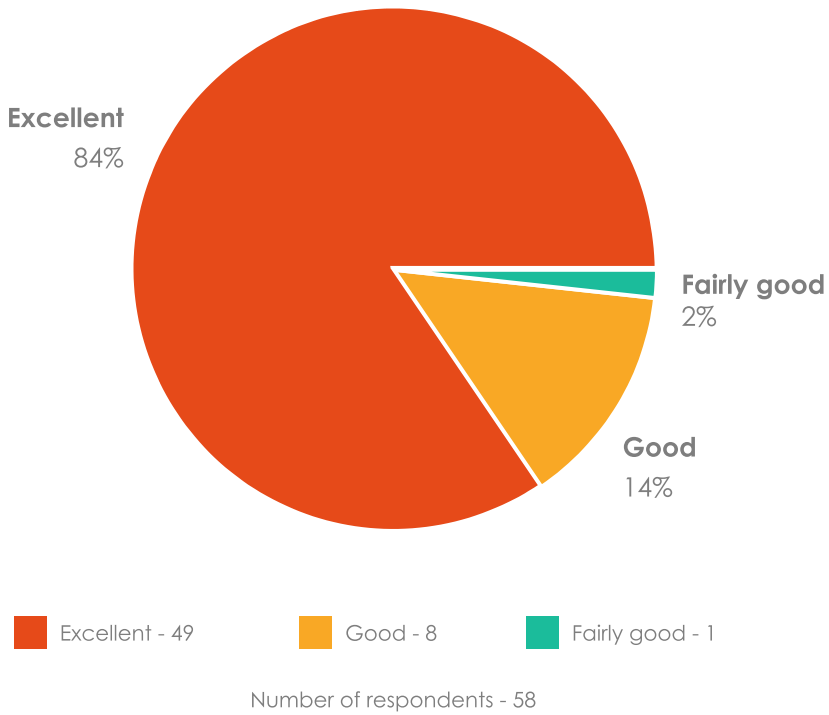
Did all the faculty members provide their potential conflict of interest declaration with the sponsor(s) as a second slide of their presentation?



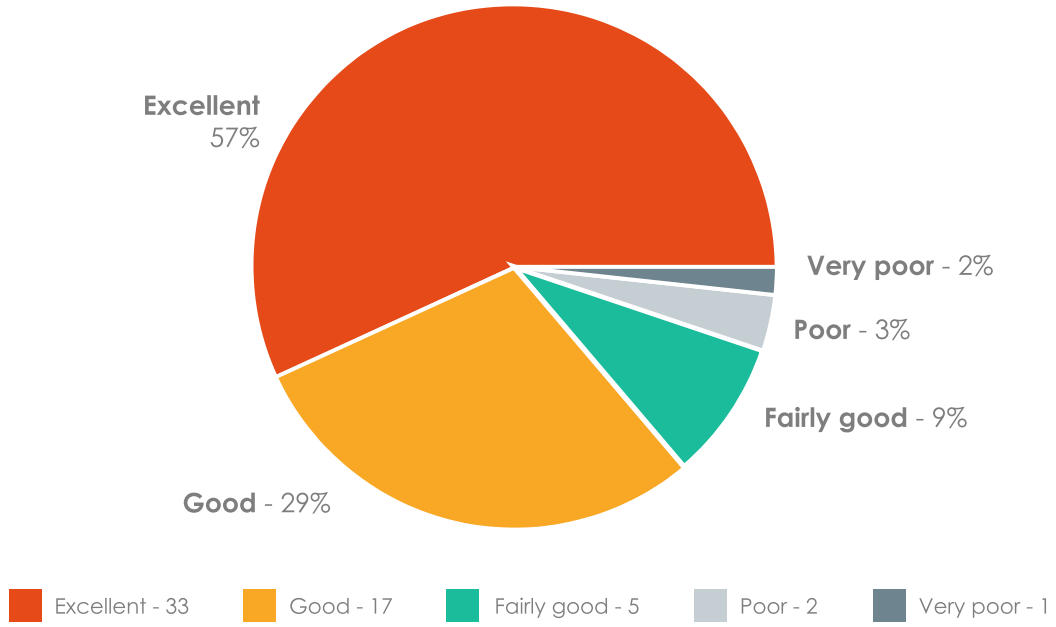
Was this activity free of commercial bias for or against any product?



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

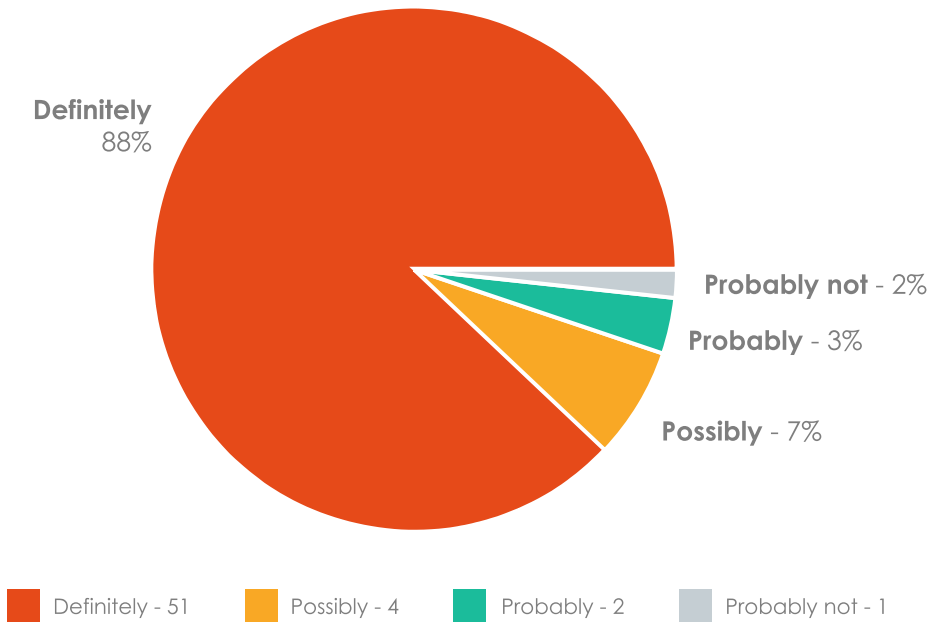


How do you evaluate information provided about your travel and accommodation?



Number of respondents - 58

Would you recommend the HIV Summer School to your colleagues?

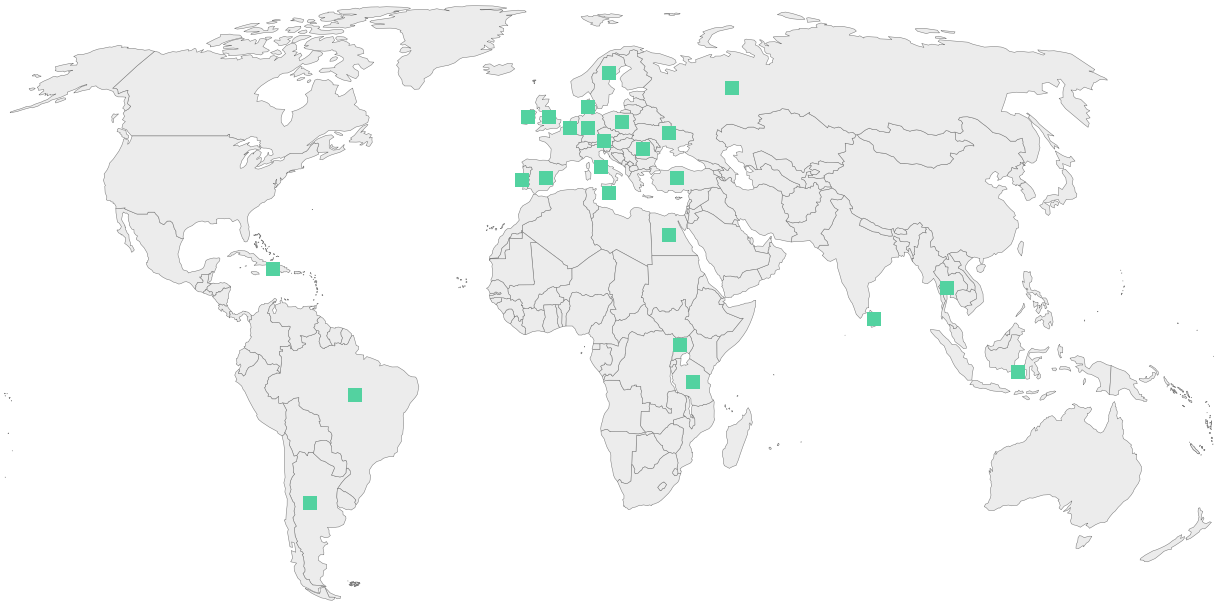


Number of respondents - 58

6 STEERING COMMITTEE MEMBERS AND THE EXPERT FACULTY

- **Juan Ambrosioni**, Spain
- **Autran Brigitte**, France
- **José Bernardino**, Spain
- **Sanjay Bhagani**, United Kingdom
- **Dominique Costagliola**, France
- **Stéphane De Wit**, Belgium
- **Yvonne Gilleece**, United Kingdom
- **Tracy Glass**, Switzerland
- **Mojgan Hessamfar**, France
- **Christine Katlama**, France
- **Saye Khoo**, United Kingdom
- **Agnès Libois**, Belgium
- **Nicola Mackie**, United Kingdom
- **Alain Makinson**, France
- **Patrick Mallon**, Ireland
- **Romain Palich**, France
- **Pujari Sanjay**, India
- **Sabin Caroline**, United Kingdom
- **Oana Sandulescu**, Romania
- **Rodolphe Thiebaut**, France
- **Annemarie Wensing**, Netherlands

7 GLOBAL SPREAD OF ATTENDEES



- Argentina
- Austria
- Belgium
- Brazil
- Denmark
- Egypt
- Germany
- Haiti
- Indonesia
- Ireland
- Italy
- Malta
- Poland
- Portugal
- Romania
- Russian Federation
- Spain
- Sri Lanka
- Sweden
- Tanzania
- Thailand
- Turkey
- Uganda
- Ukraine
- United Kingdom

8 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 of the Faculty are listed below:

- **Juan Ambrosioni**, Spain
- **Autran Brigitte**, France
- **José Bernardino**, Spain
- **Sanjay Bhagani**, United Kingdom
- **Dominique Costagliola**, France
- **Stéphane De Wit**, Belgium
- **Yvonne Gilleece**, United Kingdom
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- **Sabin Caroline**, United Kingdom
- **Oana Sandulescu**, Romania
- **Rodolphe Thiebaut**, France
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