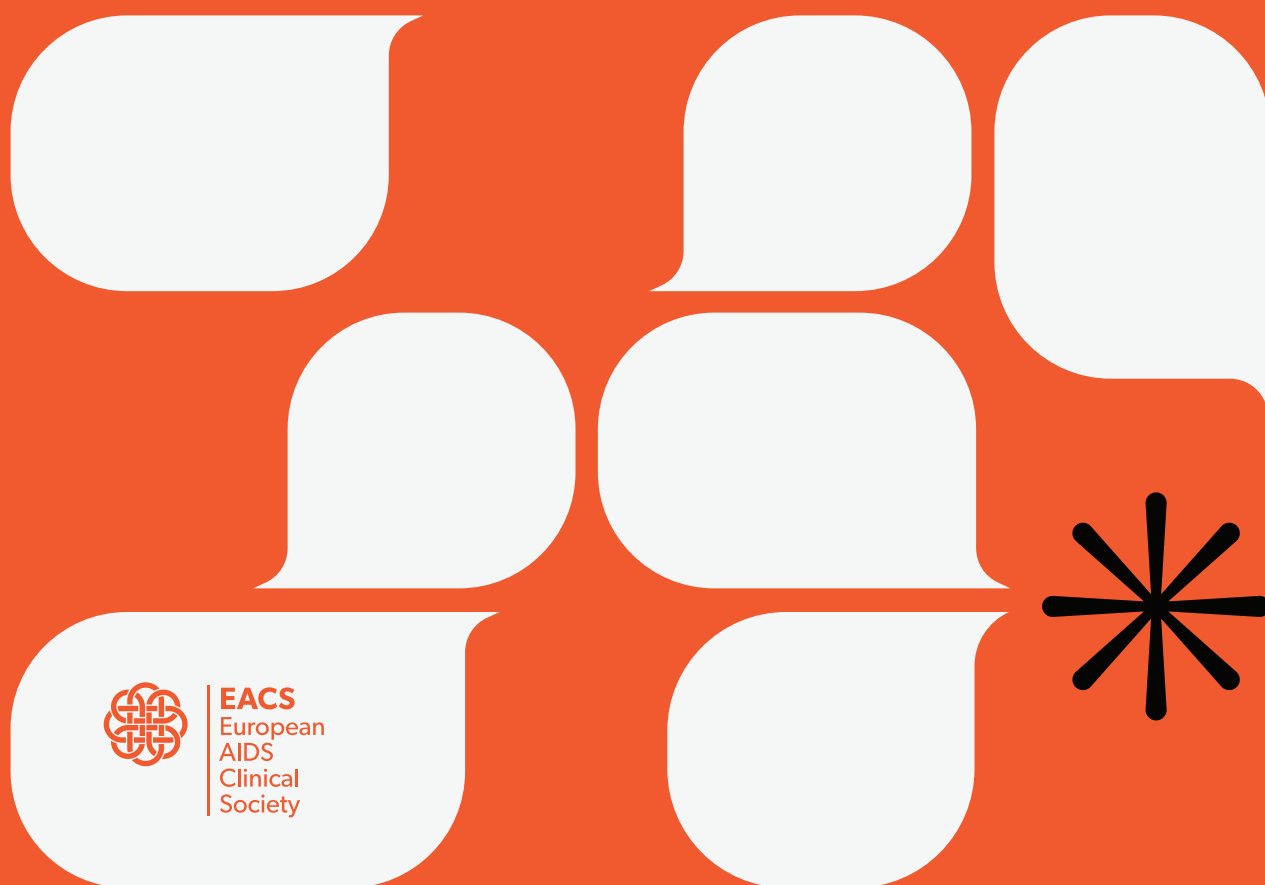


CONFERENCE REPORT





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1. Introduction and Event Summary

EXECUTIVE SUMMARY

The sixth EACS European Young Investigators (YING) conference took place on 5 and 6 June 2026 in Valencia, Spain at the hotel Ilunion Aqua. This two-day event included presentations, plenary sessions and workshops, organised by a scientific committee composed of young experts. The YING educational initiative aims to foster deeper and more frequent exchanges among young HIV experts across Europe, under the oversight of the EACS YING Steering Committee.

During eight plenary sessions, spread over both days, experts shared their latest research and developments in the areas of:

- **Future of HIV Treatment**
- **Broadly neutralising anti-HIV antibodies beyond treatment**
- **Women in migration – WAVE**
- **Driving research forward using a European Network**
- **STI Screening among PrEP users - pro & con discussion**
- **Updates from major conferences**
- **European Clinical Research Alliance on Infectious Diseases**

Participants also had chance on both days to join workshops for more interactive debate on:

- **Cancer screening for people living with HIV**
- **Designing impactful research projects**
- **Career development**
- **Challenging clinical cases**

Attendees heard about emerging and remaining challenges to the successful treatment and management of HIV, with a focus on Europe but also considering the international context. Expert interventions considered vulnerable groups such as women and migrants, as well as differences between diagnoses and treatments in different regions and countries. The value of collaborative work was emphasised throughout, particularly through European alliances.

YING aims to bring a fresh perspective and an innovative approach to HIV across Europe, allowing young HIV experts to share their knowledge and experience. YING also encourages young investigators to come together and establish new professional networks.

The YING 2026 conference has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME[®]) for a maximum of 10 European CME credits (ECMEC[®]s).





PLENARY AND WORKSHOP SUMMARIES

Day 1

The first day of the YING Conference started with opening and introduction of YING steering and Scientific committees.

YING 2026 participants are “early-career professionals” who have participated in educational activities such as YING Conferences, the YING Journal Club, or the HIV Summer School, explained **José Bernardino Spain**.

This year, 56 participants from 25 countries across Europe took part in the programme. They were invited to participate actively in discussions, exchange experiences and share ideas and projects. Bernardino noted the high number of participants from Eastern Europe, saying this was “*good news*” because one of YING’s main objectives is “*to open EACS to Eastern European countries.*”

This conference is particularly important because “*there is a generation gap with people working in the field of HIV,*” he explained. YING brings together the next generation who are taking care of people with HIV in Europe.

There was a reminder that the YING conference, which takes place every two years, helps to drive forward EACS’ goals of creating a core group of highly motivated clinicians. The audience heard a brief overview of YING, including the roles of the YING Faculty and YING Organising Committee. A history of YING over the years looked back to the first conference in 2016, in Brussels. Recent YING activity highlights include the EACS Live! Journal Club, which takes place up to six times a year, covering topics such as Artificial intelligence and quality of life.

The first plenary presentation of YING 2026 looked at the **Future of HIV Treatment**. **David Lawrence, United Kingdom**, gave an overview of where we are, novel therapies to treat or prevent HIV, and current implementation challenges and opportunities. The number of new cases of HIV was shown to have declined steadily since around 2000, with the number of deaths also falling but remaining high in the African region. Lawrence gave a brief history of HIV from the first description of AIDS in 1981.





In Europe, the HIV-related mortality rate is approximately 2.5 deaths per 100,000 people. Major shortcomings for treatments in Europe are: ineligibility for drugs, drug resistance, long-acting drugs not in reality acting for long enough, and some instances of toxicity and drug-drug interactions. While most people diagnosed with HIV can now be treated with a single tablet regime, stigma remains around both the disease and its treatment. The reasons for disengagement from care were described as *"complex and intersecting."* This was followed by a close look at treatments including Lenacapavir and Doravirine/Islatravir. When it comes to long-acting Antiretroviral Therapy (ART), *"we are getting better at identifying those who it won't work for. Now we need to expand the population who access it."* An overview of major research, trials and screening data included a finding that there has been *"disappointing progress in vaccines in recent years."* David Lawrence ended his presentation with an overview of opportunistic infections and novel treatments, before concluding that *"we are at a pivotal time for the HIV response,"* because although the treatment pipeline is exciting, much work remains to be done to keep people engaged with lifelong care and treatment. David Lawrence reminded the audience that *"We need global inclusion, equity and solidarity more than ever"*.

The next plenary presentation, on **Broadly neutralising anti-HIV antibodies (bNAbs) beyond treatment**, focused on moving beyond treatment to cure or remission. Whereas a cure means there is no virus left, **Jesper Damsgaard Gunst, Denmark** explained, remission implies controlling the disease. *"Why do we need a cure/remission?"* he asked, before explaining simply *"thousands are still dying"* and we will not end the pandemic without one. Other key reasons are the unsustainable cost of HIV, the stigma around the disease, and the fact that HIV is a driver of other deadly diseases. Developing bNAbs means going beyond treatment to reach cure or remission. He gave an overview of immunology and bNAbs, considering that every person living with HIV makes *"common autologous neutralising antibodies,"* with varying degrees of a virus's susceptibility. If ART is stopped, antibodies may block growth of the remaining HIV reservoir. However, *"the journey is long"* for bNAb development. He looked at trials of bNAbs for prevention and treatment, as well as at evidence of the bNAb effect on HIV and on the immune system, during and after ART. In both cases, there was evidence of a positive response to bNAbs during ART initiation and when moving from ART to ATI, but no effect from bNAbs during suppressive ART. In conclusion, he reminded participants that information on additional HIV cure-related trials involving bNAbs can be found on the Treatment Action Group (TAG) website for HIV cure-related clinical research.

Turning to **Women in migration and Women Against Viruses in Europe (WAVE)**, speaker **Dagny Krankowska, Poland**, noted that, in 2024, almost half (47.2%) of all new HIV diagnoses reported in the EU and EEA were among migrants. The highest rate of diagnoses per region, at 27.2 per 100,000 population, was recorded in Eastern Europe. Vertical transmission during pregnancy, childbirth, or breastfeeding accounted for 1.1% of diagnoses. In some regions up to 63% of migrants acquired HIV after migration. *"Studies show that social hardships including lack of housing or lack of residence permit increase migrant women's risk of sexual violence and HIV infection,"* she noted, adding that many female migrants were diagnosed late. Since 2018 the European Centre for Disease Prevention and Control (ECDC) has recommended that countries *"offer HIV screening to migrants who have lived in communities with a high prevalence of HIV,"* but in a survey of stakeholders working daily with migrant populations, 70% of respondents said migrants' access to healthcare was worse than that of the resident population. Dagny Krankowska presented the results of SERAY, a WAVE study examining the barriers to accessing HIV prevention and testing services amongst migrant women living in Greece, Italy and Poland.





The study identified gaps in testing, alongside widespread violence against migrant women. In conclusion, recommendations included a call for universal European guidelines on HIV testing for migrants, the creation of services dedicated to migrant women, better access to self-testing – as well as to free healthcare.

Klaske Vliegenthart, Netherlands, opened her presentation with a trailer for *The Mandalorian* and *Grogu*, *"The Silent Hunter,"* leading on to a look at **Driving research forward using a European Network**. Although the film clips stated that *"we need a professional,"* she reminded the audience that expertise alone has a limited impact. Purpose and opportunity are also needed to make a difference. *"In my experience, European research networks often emerge exactly where those three come together."* European networks also often start with a conversation between two people who share a frustration or ambition and are willing to try to make a difference. In the case of HIV, challenges faced by research networks include different healthcare systems and guidelines around European countries, as well as different resources and cultures. She concluded with a warning that, although European networks often look efficient from the outside, the reality within is more complex, involving contracts, delayed meetings, differing incentives, and considerable relationship management. *"I used to think science would be the difficult part. I now think creating enough alignment so science can happen is often harder,"* she said.

The plenary session on **Sexually Transmitted Infection (STI) Screening among pre-exposure prophylaxis (PrEP) users** took the form of a "pro and con" debate:

Taking the "pro" angle, **Giovanni Villa, Ireland**, warned that *"bacterial STIs represent a risk factor for HIV acquisition."* There is a need to reduce the risk of onset of symptoms and complications, and to reduce transmission to sexual partners, including women. At a population level, he called for *"continuous monitoring of NG [gonorrhoea] resistance"* and stressed the need to reduce the population burden of STIs. In detail, his presentation showed that reported cases of bacterial STIs in the EU/EEA region increased over the years 2015 to 2019. This includes an increase for all of chlamydia, gonorrhoea, syphilis and lymphogranuloma venereum (LGV), with the largest percentage increase (75%) in cases of LGV. He looked at screening recommendations and benefits, including from the perspective of patients, for whom "testing gives a sense of security."

Turning to arguments against STI screening for PrEP users, **Agnès Libois, Belgium**, cautioned that chlamydia screening may have harmful side effects, including antimicrobial resistance and *"psycho-social"* consequences. Similarly, she pointed to a study showing that screening for chlamydia and gonorrhoea in *"gay, bisexual and other men who have sex with men, drives antimicrobial resistance without reducing incidence and prevalence."* Overall, countries in which men who have sex with men are more intensively screened for these two STIs *"do not have lower incidence and prevalence of asymptomatic or symptomatic chlamydia and gonorrhoea."* Screening has also been linked to an increase in antibiotic consumption, which in turn may drive antimicrobial resistance.



Day 2

Karolina-Anthoula Akinosoglou, Greece, opened the second day of the event by looking at **Updates from Major Conferences**. This meant considering current statistics, as well as *"what's new in HIV?"* In the US, the median age of people living with HIV continues to increase, she said, meaning that the age is now 51 and in 15 years' time is likely to be 62, or even higher for some states. Also in the US, the end of Center for Disease Control and Prevention (CDC) funding for HIV testing is likely to lead to 10% more HIV infections than if testing had continued. In Europe, a first audit of PrEP standards of care found *"generally high"* standards, with some discrepancies, including the percentage of people tested per clinic. She gave an overview of research, including results of the French observational cohort study PREVENIR. Preferred initial treatments for most people living with HIV in the US and Europe have shown *"virologic efficacy, favourable tolerability and toxicity profiles, and ease of use."* This comment was followed by an overview of treatments for people with advanced disease, as well as of switching regimes and of injectable ART. Turning to co-morbidities, she noted that *"HIV infection is strongly associated with acute myocardial infarction [MI], independently of age, gender, and co-morbidities."* This was supported by an in-depth dive into the landmark REPRIEVE trial data. Changes in weight and bone health during treatment and disease progression were also considered.

The goal of the **European Clinical Research Alliance on Infectious Diseases (Ecraid)** is to establish a pan-European *"warm-base academic clinical research network"* for infectious diseases, explained **Miranda Hopman, Ecraid, Netherlands**. This includes directly enrolling patients for generating evidence, conducting a broad range of clinical studies, and functioning as a platform for a rapid research response in the face of serious infectious disease outbreaks. She set out the origins of Ecraid, as well as its development as a *"warm-base,"* meaning for instance a network with decision-making processes, common policies, procedures and protocols, and interoperable systems. Specifically, Ecraid is a not-for-profit foundation under Dutch Law with NGO status since 2023. It is Europe's first warm-base clinical research network on infectious diseases, with over a thousand hospitals and laboratories for 52,000 patients in 42 countries. She presented the Ecraid coordinating committee, chairs, member groups and clinical liaison council, before turning to the site selection process and performance criteria. *"Perpetual observational studies"* for Ecraid in 2026 include on acute respiratory infections and complicated urinary tract infections. Highlights so far this year include Ecraid joining the Global Trials Clinical Forum and being awarded a new project under EU research funding stream Horizon, for communication work around PEPTAMR biomimetic antimicrobial peptides inspired by insects. She concluded with a look at relevant postgraduate courses and a reminder that *"Ecraid is more than an organisation aimed at carrying out clinical trials... It is a place where young talent and experienced experts, from both academia and industry, connect to collaborate and learn."*





1. Cancer screening for people living with HIV

Workshop leaders

Dagny Krankowska, Poland

Jose Bernardino, Spain

The workshop discussion on cancer screening, spread over two days, centred on two presentations. The first one focused on anal cancer, hepatocellular carcinoma, and lung cancer, while the second presentation also addressed cervical cancer. Both days discussed the vaccination of adults against human papillomavirus (HPV), hearing that three countries (Iceland, Portugal and Norway) have reached the ECDC goal of vaccinating 90% of girls by the age of 15. In 2022, according to WHO data, 254 million people in the world were living with a chronic hepatitis B (HBV) infection, with 1.2 million new infections each year. Workshop participants heard that 5-10% of people living with HIV in Europe have HBV. Debates on day one was structured around a series of case studies, including first of all the case of a 54-years old female from Zimbabwe diagnosed with HIV in 2015, after the diagnosis of her husband, who did not start ART for a year due to depression. On day two, the first case study was of 36-year-old single mother with no family support and a history of excess alcohol consumption, who was stigmatised for her HIV status, avoided medical visits, was depressed and smoked five cigarettes a day. Topics for discussion included barriers to screening and the different services available, as well as the question of smoking cessation. Both days heard that prevention of cancers includes earlier diagnosis of HIV and changes in lifestyle, such as smoking cessation and reduction of alcohol consumption. Remaining challenges were said to include a lack of national guidelines and resources for some screening programmes, and low perceived risk.



2. Designing impactful research projects

Workshop leaders

Uwe Koppe, Germany

Evangelia Kostaki, Greece

Jesper Damsgaard Gunst, Denmark

This workshop was built around the question “*What makes a study high impact?*” Workshop leaders took three HIV research examples and asked participants to consider the question and impact of each. They then looked at how to turn an idea into a research question, showing how a weak research subject like “*Study of PrEP for HIV prevention*” could be strengthened by asking the question: “*Among MSM at high risk of HIV acquisition, does daily oral PrEP, compared with prevention without PrEP, reduce HIV incidence over a 12-month follow-up period?*” In this context, the PICO Framework helps structure strong research questions by asking researchers to consider the P (Patient/Population/Problem), I (Intervention/Exposure), C (Comparison/Control) and O (Outcome(s)). FINER, meanwhile, asks if research is F (Feasible), I (Interesting), N (Novel), E (Ethical) and R (Relevant). Workshop members were then given four study designs to choose from, before breaking into smaller groups to discuss the best way to address a selection of research questions and regrouping to explain the choices they had made.



3. Career development

Workshop leaders

Karolina-Anthoula Akinosoglou, Greece

Julia Notter, Switzerland

Klaske Vliegenthart, Netherlands

This workshop was built around a survey asking respondents, for instance, what career stage they were at, as well as their next major career milestones, obstacles to and strategies for career advancement. They were also asked *"is your current/future career path compatible with your personal plans?"* Almost half of respondents were clinician-researchers, with more than half (53%) at an early training stage of their career. 57% said they spent between 70% and all of their time on clinical work, and 60% worked for an academic hospital. Almost half (49%) said their career progression had been as expected, with 34% saying it was slower, 9% *"much slower,"* and 9% faster than expected. The main setbacks experienced were linked to work-life balance, followed by rejected applications for grants or funding. Research time and career guidance were classed as missing resources. The preferred type of mentorship would be for career strategy and planning, while international collaborations would accelerate career development. Notably, 77% of respondents reported family and caregiving responsibilities influencing their career decisions to at least a moderate extent - but 57% said their career was compatible with personal and family plans. Workshop time was then taken to consider personal case studies and for small group discussions. In conclusion, participants were told *"build a portfolio, not a ladder"* and that *"ambition and doubt can coexist."* Overall, *"enjoy the journey: the destination may change."*



4. Challenging clinical cases

Workshop leaders

Agnès Libois, Belgium

Giovanni Villa, Ireland

This workshop was based around 12 case studies, each setting out the situation of an HIV patient in an unusual, complex case. These included, for instance, a woman in Ukraine who had been HIV-positive since the age of 15. Her adherence to ART was poor due to *“psychosocial stress and war-related trauma.”* Following the death of her son, who was killed while fighting to defend Ukraine, she completely stopped taking ART. This led to complications including nephrotoxicity and hepatotoxicity, and antifungal resistance was documented in response to antifungal therapy with fluconazole. Another case was that of a 23-year-old man with no known medical condition who was not taking any medications, who presented to an outpatient clinic with a rash on the palms of his hands and the soles of his feet. He had had multiple sexual partners, reported unprotected sexual intercourse over the past year and was eventually diagnosed with both HIV and secondary syphilis. In these and the other ten cases, workshop participants discussed the complicated cases and potential treatment options, before being presented with the actual case progression. For the Ukrainian woman, Voriconazole was initiated as a *“salvage therapy,”* leading to her clinical improvement and discharge. For the male patient, antiretroviral therapy with TAF/FTC/BIC was initiated and a single intramuscular dose of 2.4 million units of benzathine penicillin G administered. At a six-month follow-up his general condition was good, and the skin lesions had subsided.



CLOSING SESSION AND CONCLUSION

In the **Closing plenary with presentations from participants**, Oana Săndulescu, Romania, congratulated YING participants and organisers on *"a fantastic one and a half days,"* before inviting workshop representatives to give a brief overview of their conclusions.

For **Cancer screening for people living with HIV**, key findings included the need for a more coordinated approach to screening across Europe, and that a *"multidisciplinary assessment"* may offer the best approach to assessing and managing cancer. Workshop representatives also noted that *"the science is not there"* on when to screen after a patient stops smoking.

The **Career development** workshop noted the value of comparing different personal experiences, and of discussing challenges such as work-life balance and the time needed for research. Representatives agreed on the importance of building *"a portfolio not a ladder,"* and said this had been *"a supportive, encouraging group, with people giving each other ideas."*

The **Challenging clinical cases** workshop explored a range of interesting cases and diagnostic dilemmas. It noted that valuable lessons can be learned from looking at *"different countries, hospitals and ways of approaching cases."* As representatives observed "it is interesting to know how we work under different guidelines". They also agreed with the career development group that a career is *"not where you are going, it is what you are doing."*

Finally, representatives from the **Designing impactful research projects** workshop highlighted the value of understanding the different steps needed to formulate a research project. The PICO Framework was considered particularly important, and the comparison of different study designs was found very interesting. There are *"strengths and weaknesses"* to all approaches, and for this workshop YING *"gave us the tools. We ran with it."*

In conclusion, Săndulescu told all YING 2026 participants *"I was here to teach you guys but there was so much that I learned from you."*





2. Programme Agenda

Thursday, 4 June	
Arrival of faculty and participants in Valencia	
Friday, 5 June (9:00 – 17:25)	
9:00 - 9:30	Opening and introduction of YING Steering Committee and Scientific Committee
9:30 - 10:05	Networking moment & coffee
10:10 – 12:45	Plenary Sessions
10:10 – 10:55	Future of HIV Treatment • <i>Chairs: Karolina-Anthoula Akinosoglou, Greece</i> • <i>Speaker: David Lawrence, United Kingdom (30 min + 15 min Q&A)</i>
10:55 – 11:40	Broadly neutralising anti-HIV antibodies (bNAbs) beyond treatment • <i>Chair: Uwe Koppe, Germany</i> • <i>Speaker: Jesper Damsgaard Gunst, Denmark (30 min + 15 min Q&A)</i>
11:40 – 12:25	Women in migration – WAVE • <i>Chair: Jasmini Alagaratnam, United Kingdom</i> • <i>Speaker: Dagny Krankowska, Poland (30 min + 15 min Q&A)</i>
12:25 – 12:45	Driving research forward using a European Network • <i>Chair: Evangelia Kostaki, Greece</i> • <i>Speaker: Klaske Vliegthart, Netherlands (10 min + 10 min Q&A)</i>
12:45 – 13:45	Lunch break
13:45 – 13:55	Move to Breakout sessions





13:55 – 15:05	Breakout Session 1: Four workshops running at the same time • Cancer screening for people living with HIV <i>Moderators: Jose Bernardino, Spain & Maria Mazzitelli, Italy & Dagny Krankowska, Poland</i> • Designing impactful research projects <i>Moderators: Uwe Koppe, Germany & Evangelia Kostaki, Greece & Jesper Damsgaard Gunst, Denmark</i> • Career development <i>Moderators: Karolina-Anthoula Akinosoglou, Greece & Julia Notter, Switzerland & Klaske Vliegthart, Netherlands</i> • Challenging clinical cases <i>Moderators: Jasmini Alagaratnam, United Kingdom & Giovanni Villa, Ireland</i>
15:05 – 15:15	Rotation
15:15 – 16:25	Breakout Session 2: Four workshops running at the same time
16:25 – 16:55	Coffee Break
16:55	Back to plenary
16:55- 17:35	STI Screening among PrEP users - pro & con discussion • <i>Chair: Jose Bernardino, Spain</i> • <i>Speakers: Agnès Libois, Belgium & Giovanni Villa, Ireland (30 min + 15 min Q&A)</i>
17:35- 17:45	Closing day 1
19:30 – 00:00	Dinner





Saturday, 6 June (8:30 – 13:35)	
8:30 – 9:45	Plenary sessions
8:30- 09:00	Updates from Major Conferences • <i>Chair: Giovanni Villa, Ireland</i> • <i>Speaker: Karolina-Anthoula Akinosoglou, Greece (20 min + 10 Q&A)</i>
9:00 – 9:45	European Clinical Research Alliance on Infectious Diseases • <i>Chair: Oana Sandulescu, Romania</i> • <i>Speaker: Miranda Hopman, ecraid, Netherlands (30 min + 15 min Q&A)</i>
9:45 – 10:15	Coffee break
10:15 – 11:25	Breakout Session 3: Four workshops running at the same time • Cancer screening for people living with HIV <i>Moderators: Jose Bernardino, Spain & Maria Mazzitelli, Italy & Dagny Krankowska, Poland</i> • Designing impactful research projects <i>Moderators: Uwe Koppe, Germany & Evangelia Kostaki, Greece & Jesper Damsgaard Gunst, Denmark</i> • Career development <i>Moderators: Karolina-Anthoula Akinosoglou, Greece & Julia Notter, Switzerland & Klaske Vliegthart, Netherlands</i> • Challenging clinical cases <i>Moderators: Agnès Libois, Belgium & Giovanni Villa, Ireland</i>
11:25 – 11:35	Rotation
11:35 – 12:45	Breakout Session 4: Four workshops running at the same time
12:45	Back to plenary
12:45 – 13:10	Closing plenary with presentations from participants • <i>Chair: Oana Sandulescu</i>
13:10	Closing remarks by YING Chair Jose Bernardino, Spain
13:20	Take-out lunch and goodbye





3. The Evaluation Methodology

At the end of the YING Conference, participants were invited to complete an evaluation survey containing 34 questions. The evaluation had 77 respondents. The assessment was made through the digital platform Cvent.





4. Evaluation Results

When it came to evaluating the success of YING 2026, an overwhelming 98.4% of attendees said the event had fulfilled their educational goals and expected learning outcomes. 19.4 % said it had met goals and expectations *“very much”*. Only one person, representing 1.6% of the 62 attendees who completed the feedback survey, said *“not much.”* No one said not at all. 90% said the information presented was well-balanced and consistently supported by a valid scientific evidence base.

The plenary sessions rated most relevant were Future of HIV Treatment and STI Screening Among PrEP Users, each with 69.4% of respondents rating them *“extremely useful”* and no one rating either as *“not useful”*; the remaining respondents rated both sessions as either *“useful”* or *“fairly useful.”*

Close behind was the plenary session on Updates from Major Conferences, where 58.1% voted *“extremely useful,”* with the rest saying *“useful”* or *“fairly useful,”* aside from 4.8% who were undecided or did not attend. Women in Migration (WAVE) followed a similar pattern, with all participants rating the session at least *“fairly useful”* and 50% rating it *“extremely useful.”*

Challenging cases was voted most useful workshop, with 87.1% of respondents (54 people) saying this was at least fairly useful. Only one person said the workshop was not useful and four were undecided.

The number of plenaries was voted to be ok by 87.1% of respondents. Just five people said there were too few plenaries and three people too many.

Everyone voted that content was presented clearly. Almost everyone also said the content was useful for their practice, with just 3 people (4.8%) saying they neither agreed nor disagreed about the usefulness. One person said the quality of the formative method used was poor. The other 61 said it was at least fairly good, with most saying it was excellent. One person also found there was only rarely adequate time available for discussions, questions and answers and learner engagement.

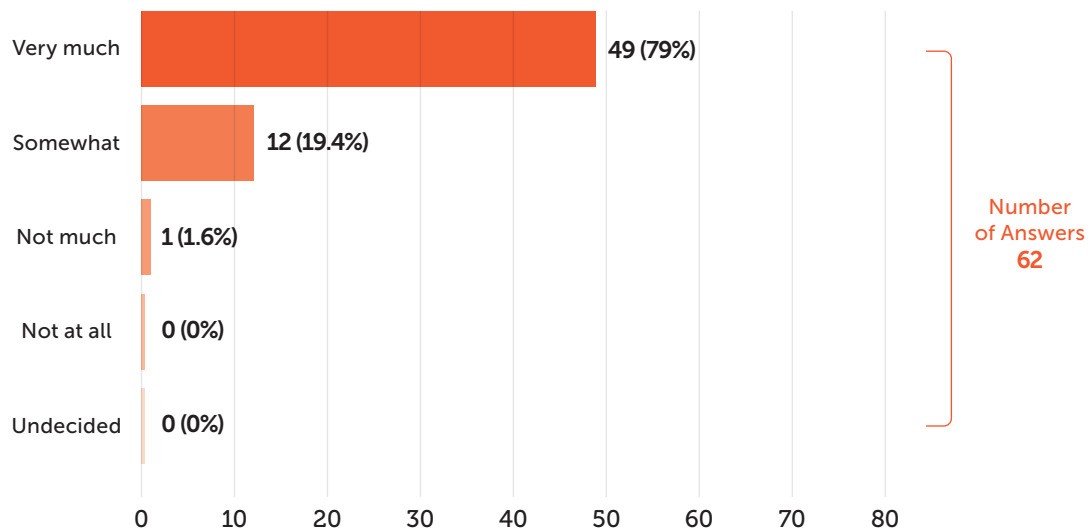
Respondents were then asked to indicate any innovative elements they had noted during the event. Positive responses included that *“the shift away from standard plenary lectures toward highly interactive, peer-led workshops was an innovative approach that made the material much more engaging and immediately applicable to my daily practice,”* as well as *“group work was very welcome and having time to discuss with the wider group during the career development session was also great.”* There was also praise for the Mandalorian and Grogu theme used for the Driving research forward plenary. The small groups were appreciated. *“More interaction”* with both participants and clinical researchers was, however, suggested as an improvement for future events



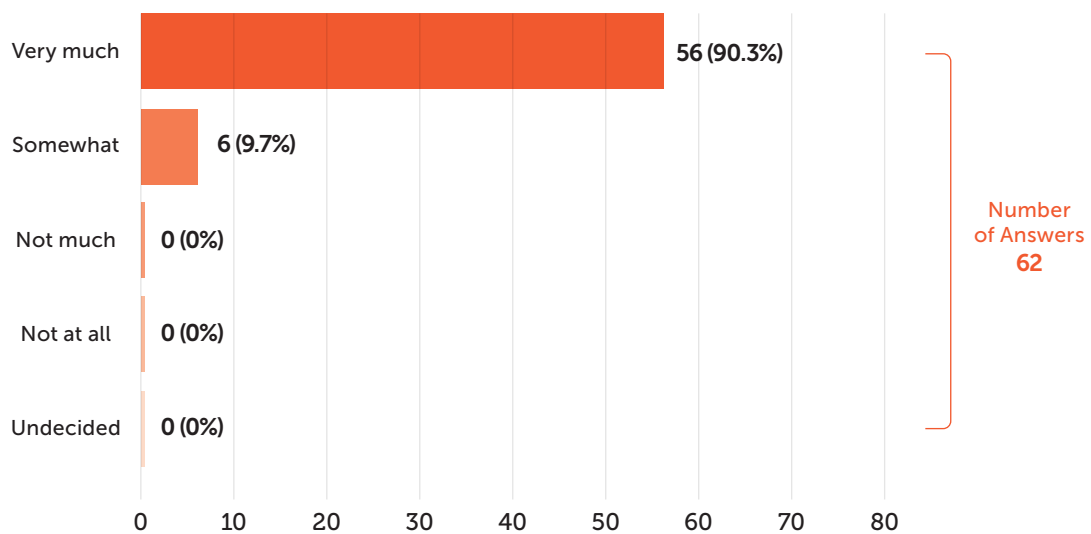


RELEVANCE OF THE EVENT

1. Did the event fulfil your educational goals and expected outcomes?

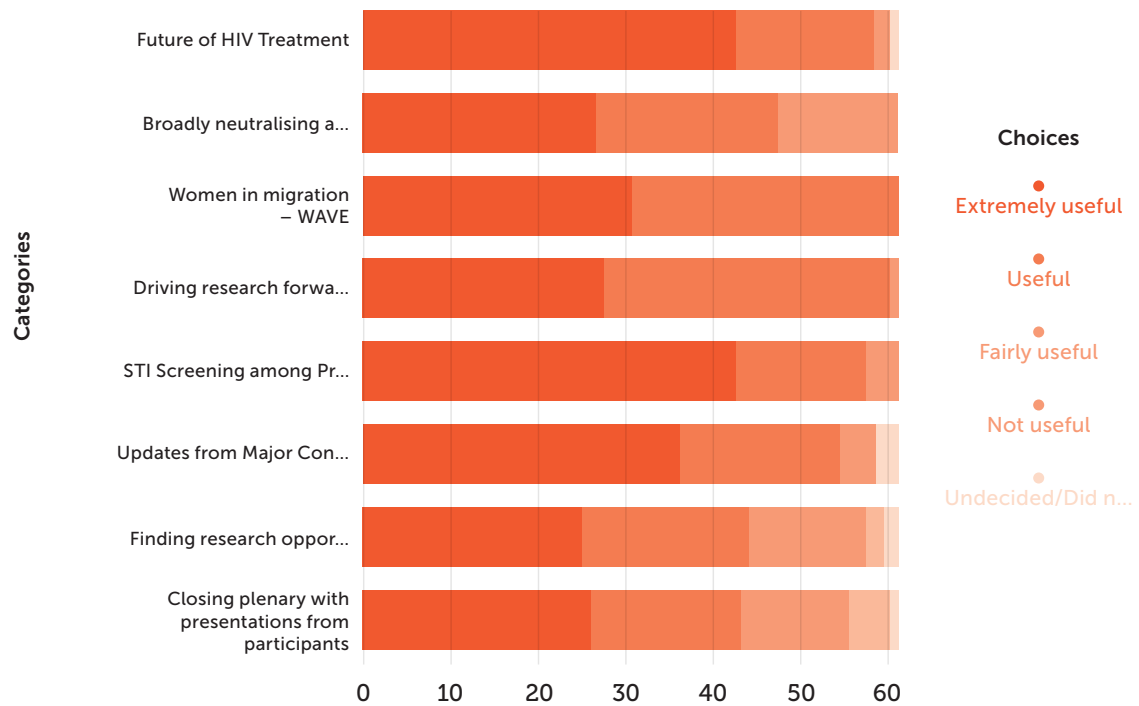


2. Was the presented information well-balanced and consistently supported by a valid scientific evidence base?

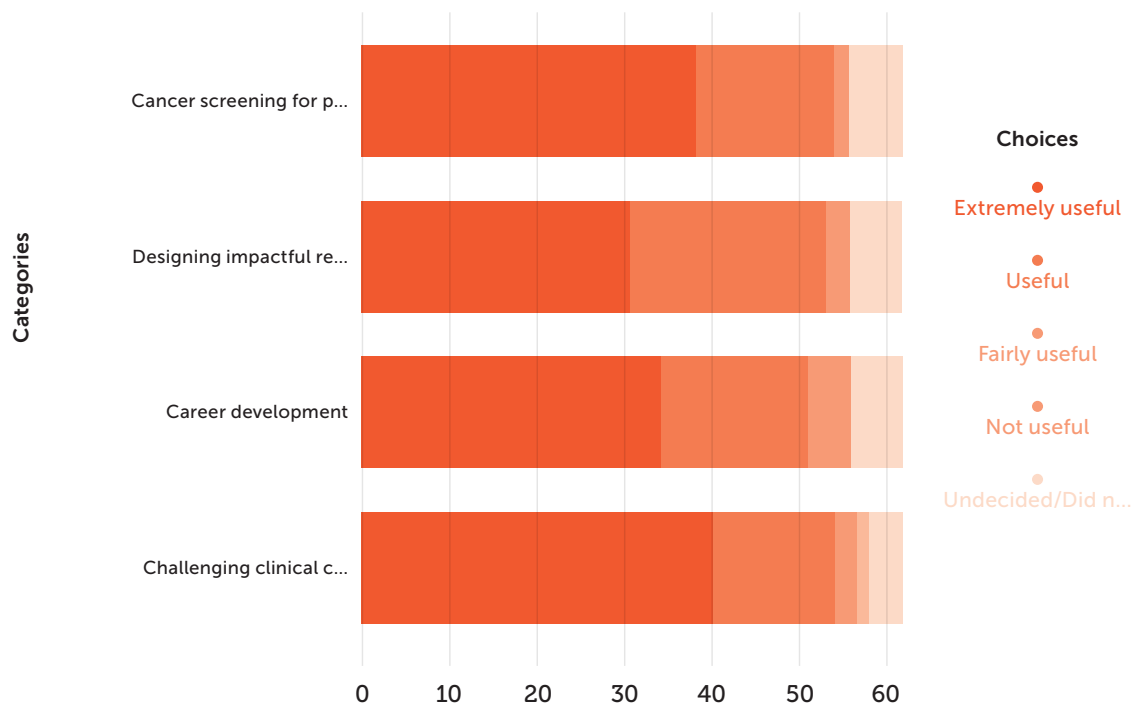




3. How useful to you personally was each plenary session?

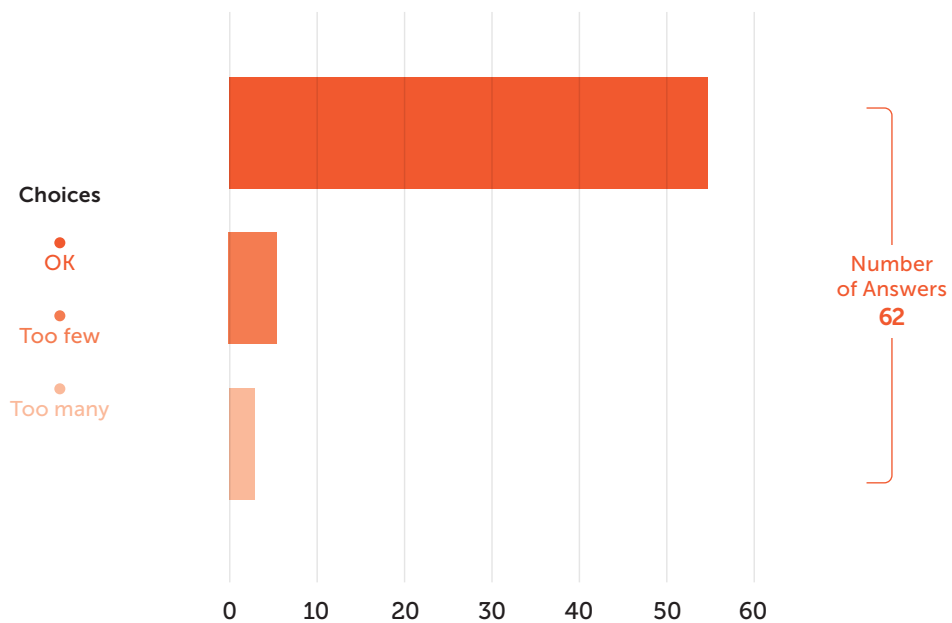


4. How useful to you personally was each workshop?

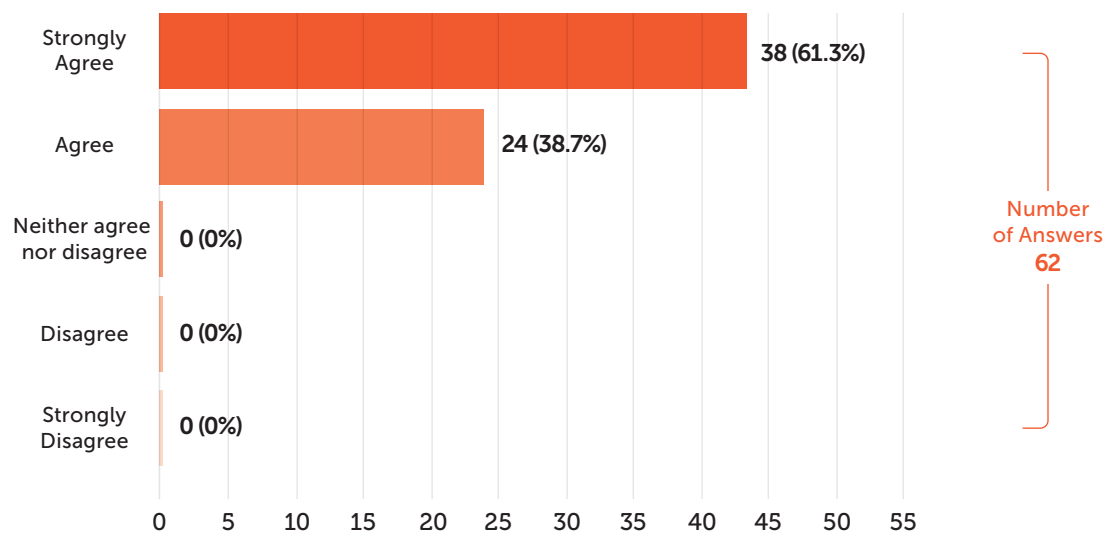




5. How do you evaluate the number of plenaries?

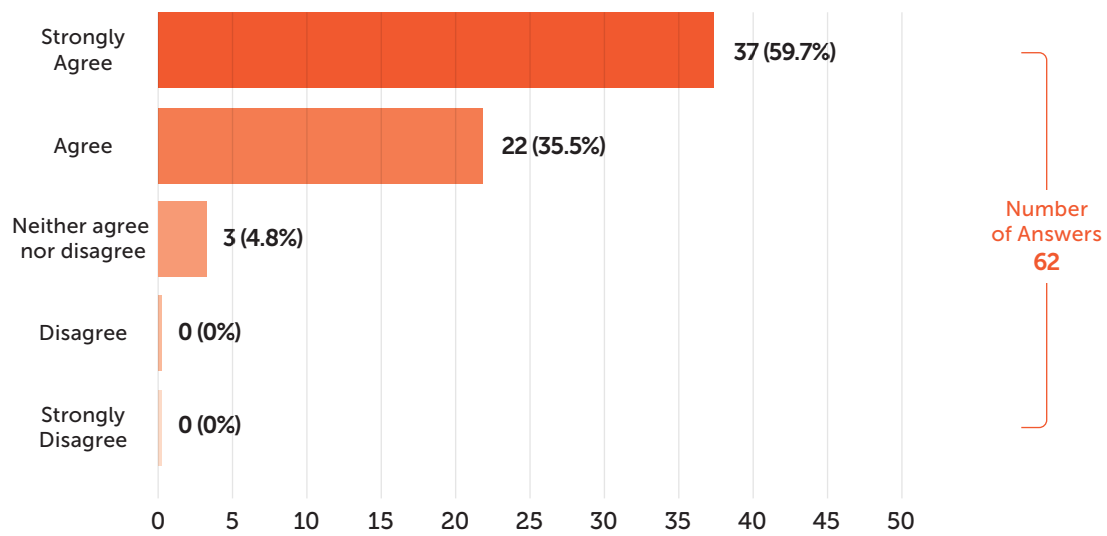


6. Was the content presented clearly?

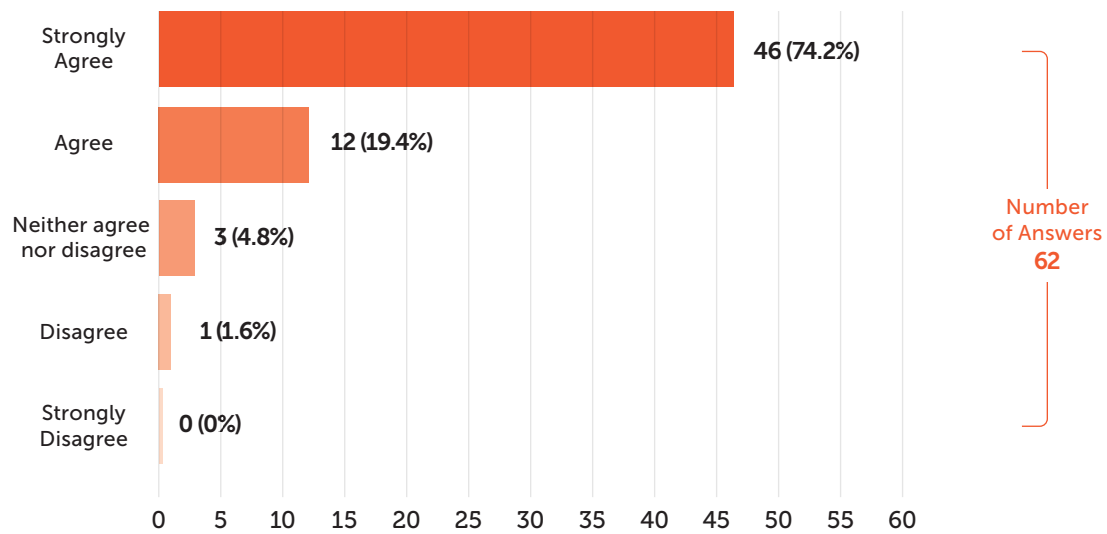




7. Was the content useful for your practice?

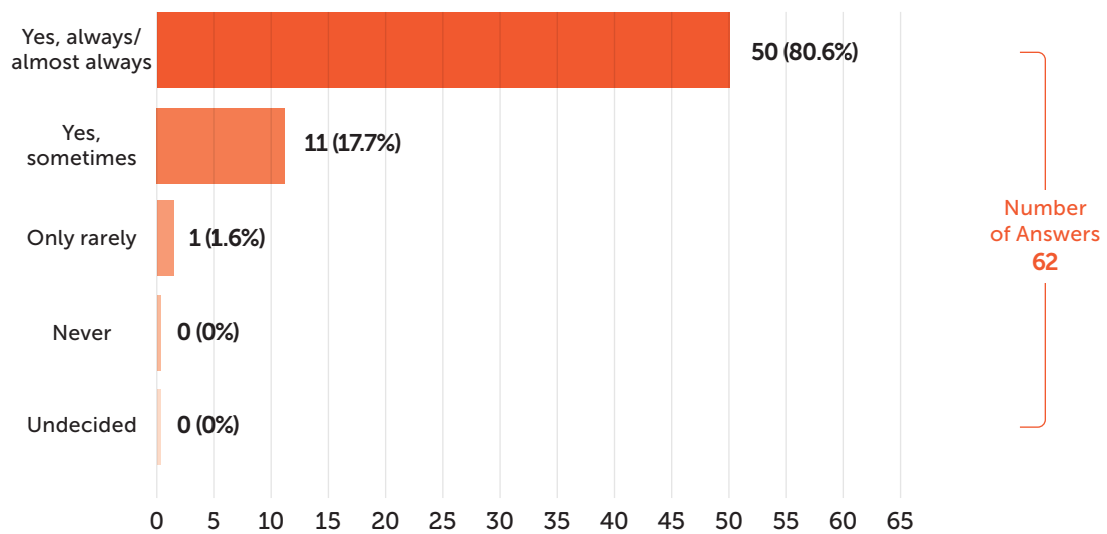


8. How do you evaluate the quality of the formative method used?





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



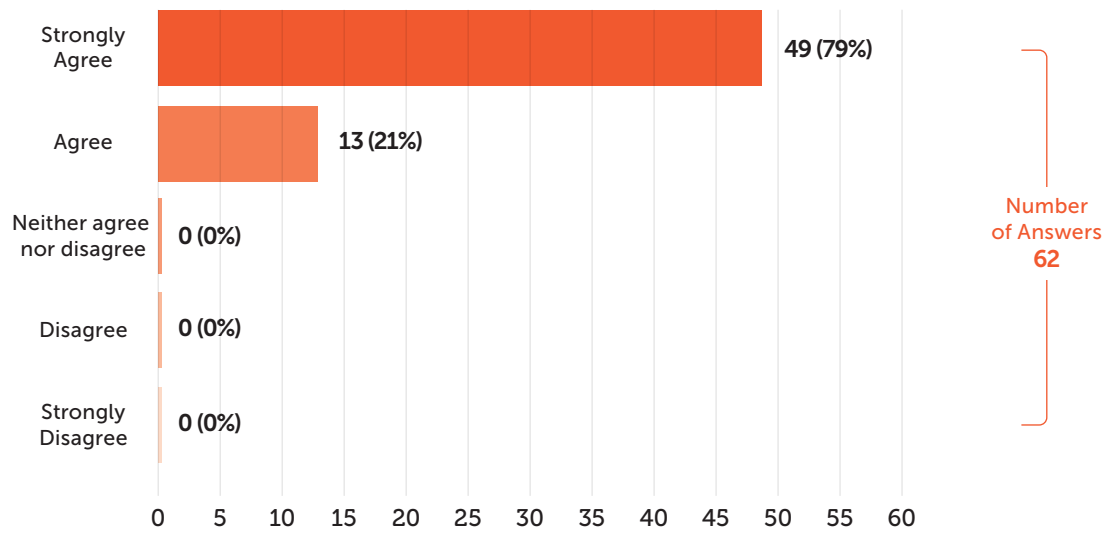


Can you indicate any innovative elements during the activity?





10. Was this educational activity well planned and presented?





IMPACT

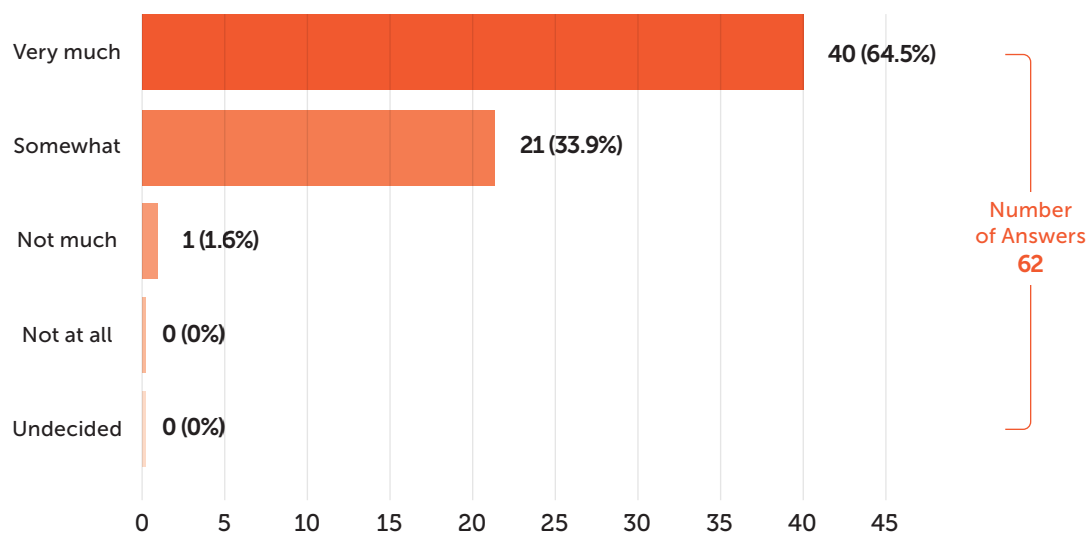
Everyone agreed that the event was well planned and presented. Almost everyone said the information learnt would be implemented in their practice, but here one person (1.6%) voted for *"not much."*

Asked for an example of how the event will influence future practice, responses included *"The practical insights I gained from the peer-led workshops on managing complex co-morbidities will directly change my approach to individualising patient care in my daily clinical practice."* Several participants said they would decrease STI screening of asymptomatic individuals. *"Given that I am involved in national guideline development, I plan to further explore PrEP research and examine specific opportunities for refining standards in this area,"* said another respondent, while another replied *"I have already joined WAVE but am planning on becoming more of an active member with the migrant committee and working with European colleagues."*

No one said they would certainly not modify or change their clinical practice based on the event, although 30.6% of respondents were undecided. 3.2% said their office and practice systems could not accommodate changes and 30.6% were unsure. Patients were thought to be more flexible, with just 22.6% of respondents neither agreeing nor disagreeing that patients would accommodate changes and the rest saying they would. Patient access to treatments would be a barrier to change for 30.7% with 35.7% saying it would not.

Just five respondents did not treat any HIV patients in their department, with the number for others ranging from five to 4,623.

11. Will the information you learnt be implemented in your practice?





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





I am currently designing my PhD thesis and the workshop about how to design an impactful project was very helpful. The workshop about career development made me think what I really want and the stories of the presentors inspired me. Together with my team we are preparing national PrEP guidelines and we have to decide about the screening for NG and CT - the session about this made my opinion clearer.

Be more restrictive in screening asymptomatic PrEP users for NG/CT

Management of the treatment

It will help me to better structure future research projects

YING will have a lasting impact on my future practice because it enabled me to build meaningful professional connections with experts who shared innovative approaches to HIV prevention, treatment, and research. Through these collaborations, I gained practical ideas on how to advocate for improved access to HIV therapy, support the implementation of PrEP and PEP, and strengthen clinical research activities in my country.

Network and development of new research ideas. Also encouragement.

First and foremost, it was incredibly motivating and practically oriented. Given that I am involved in national guideline development, I plan to further explore PrEP research and examine specific opportunities for refining standards in this area

I won't screen for gonorrhea nor chlamydia asymptomatic people. Cancer screening was very helpful, I was unaware of EACS guidance on lung cancer screening and will be much more vigilant in my management and screening of patients who smoke

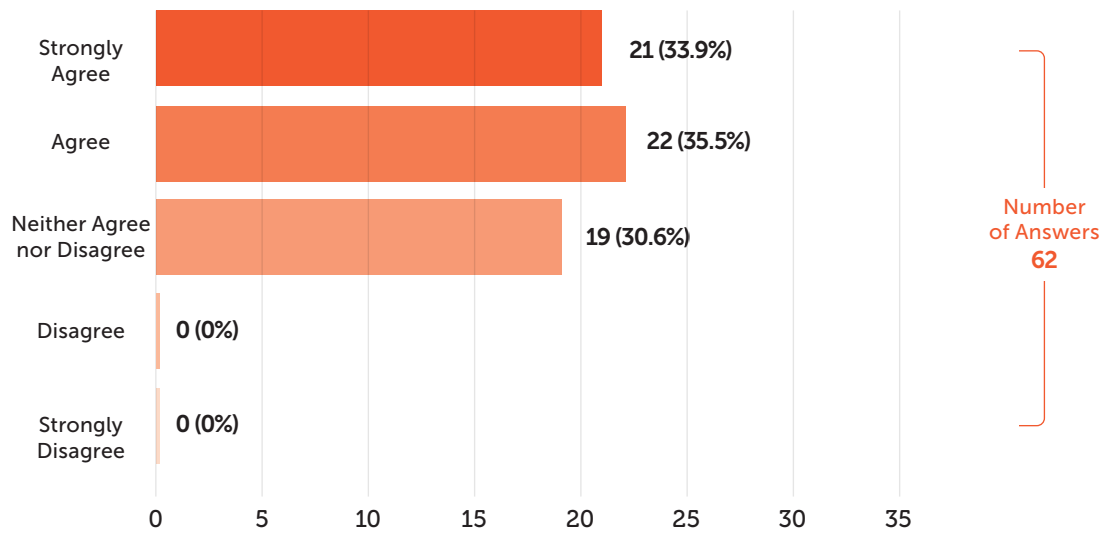
I was extremely impressed by the experience and clinical practice of my colleagues from across Europe. I sincerely hope for close and productive cooperation in the future, as my country continues to face significant challenges. Ukraine has a large number of people living with HIV, and unfortunately, under the current conditions of war, we still diagnose many patients with very low CD4 cell counts. This may indicate that there are still many undiagnosed individuals who remain outside the health care system. I would like to explore effective approaches for supporting and integrating patients who have migrated to Europe into local healthcare services. Strengthening access to care and improving engagement in treatment could help reduce the risks of HIV transmission and ensure better health outcomes for affected individuals. I believe that sharing experience and best practices between our countries will be highly beneficial for both healthcare professionals and patients.

STI Screening

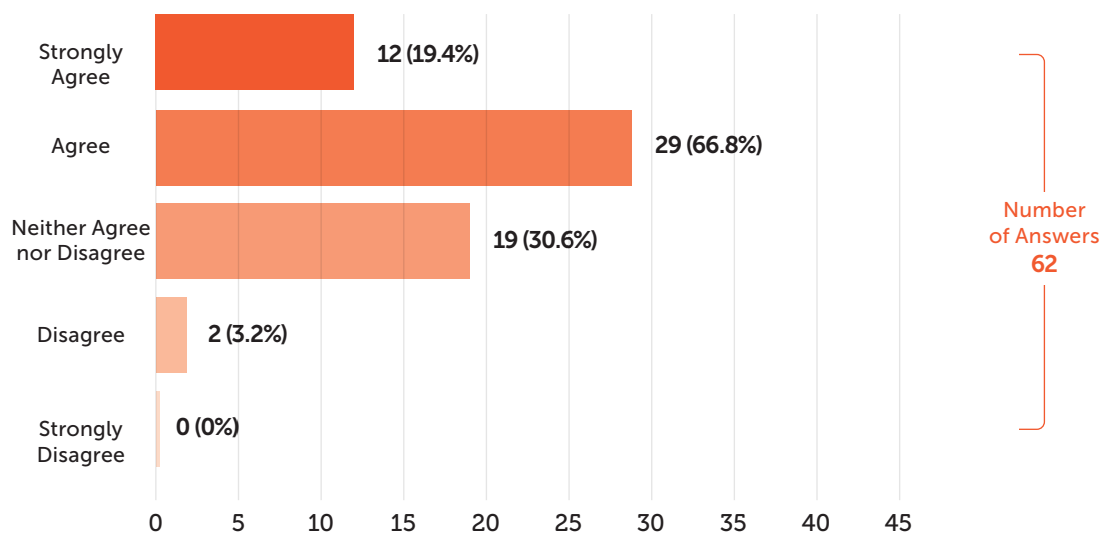




12. Do you intend to modify/change your clinical practice based on this educational activity?

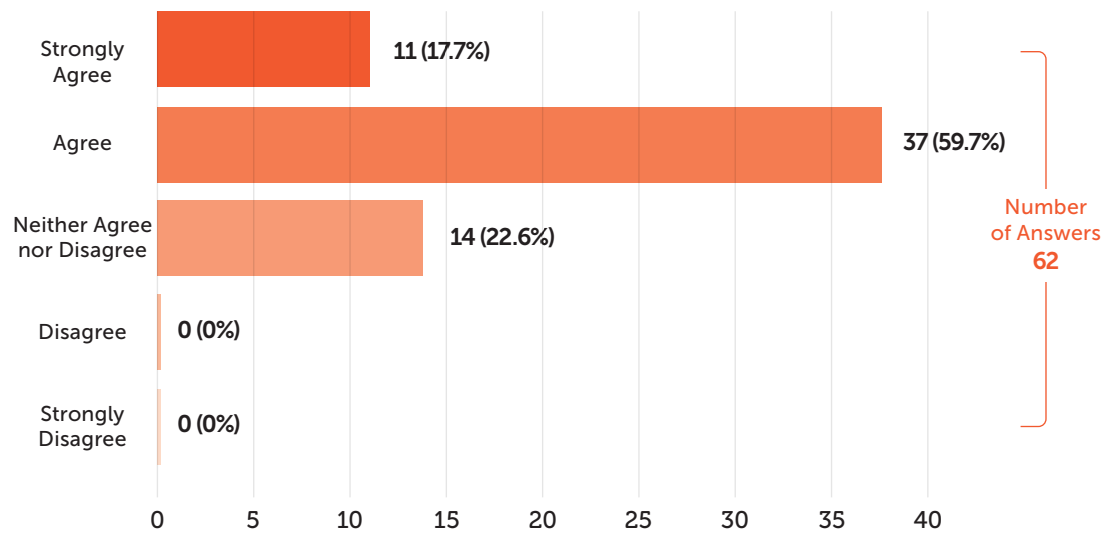


13. Can your office and practice systems accommodate these changes?

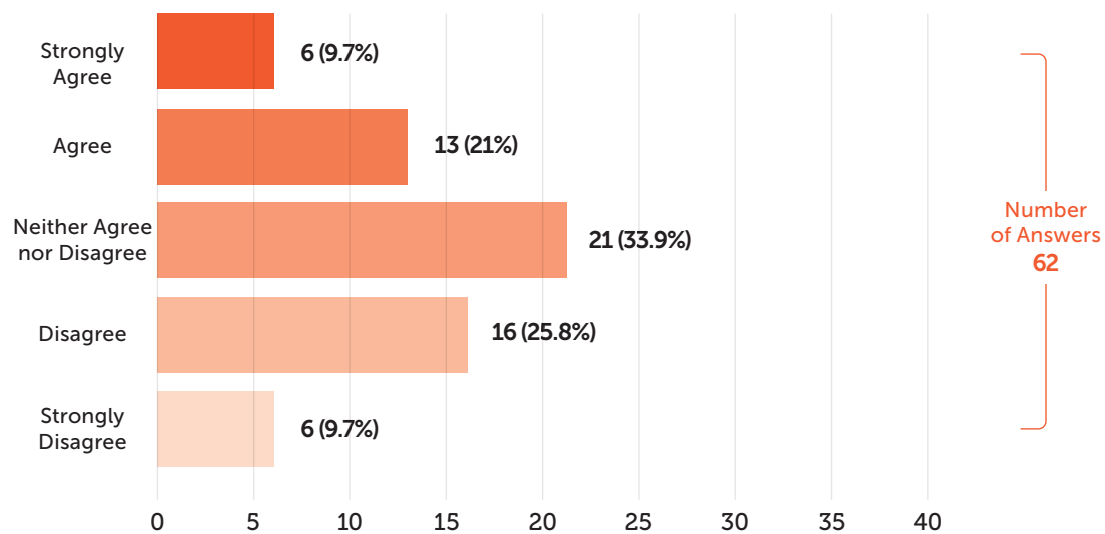




14. Can your patients accommodate these changes?

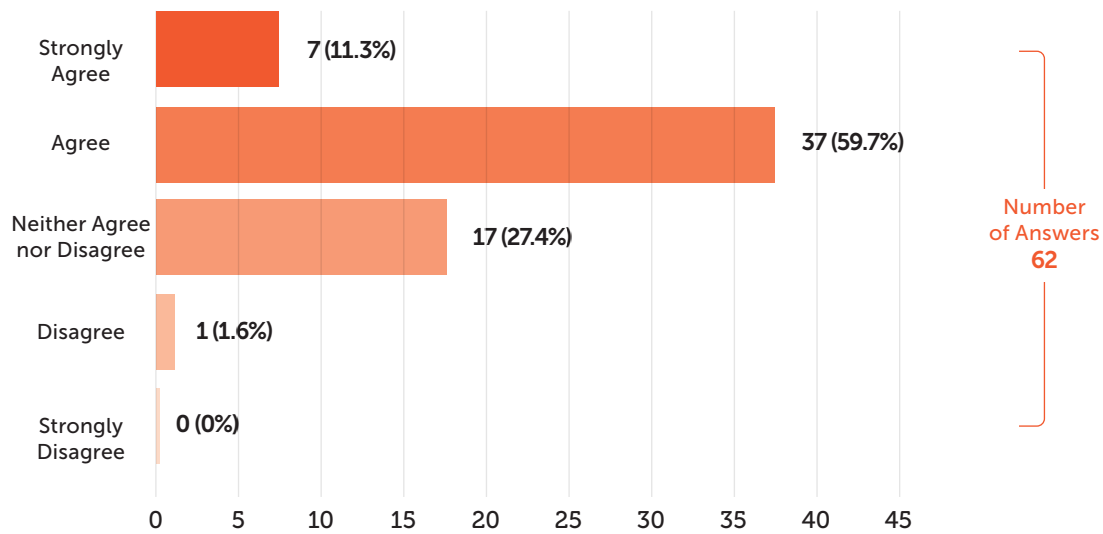


15. Will patient access to the treatments provided be a barrier to implementing these changes?





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



17. What is the average number of HIV patients treated per month in your department?

Among the 61 respondents, the mean number of patients treated per month within their respective departments was 462.



QUALITY OF THE EVENT

About two thirds (66.1%) of respondents said the event had been extremely useful for their professional activity. 32.2% said it had been useful or fairly useful, and just 1.6% (one person) said it was not useful. No one said the programme or organisation had been poor or very poor.

Answers to the question of how the event could in future be more useful included *"I am interested in learning about the experience of diagnosing and treating opportunistic infections in other countries"* and a complaint that *"I have attended the previous YING conference and felt that some of the activities were repeated, like the workshop on designing impactful research. It would've been helpful to do something different this time."*

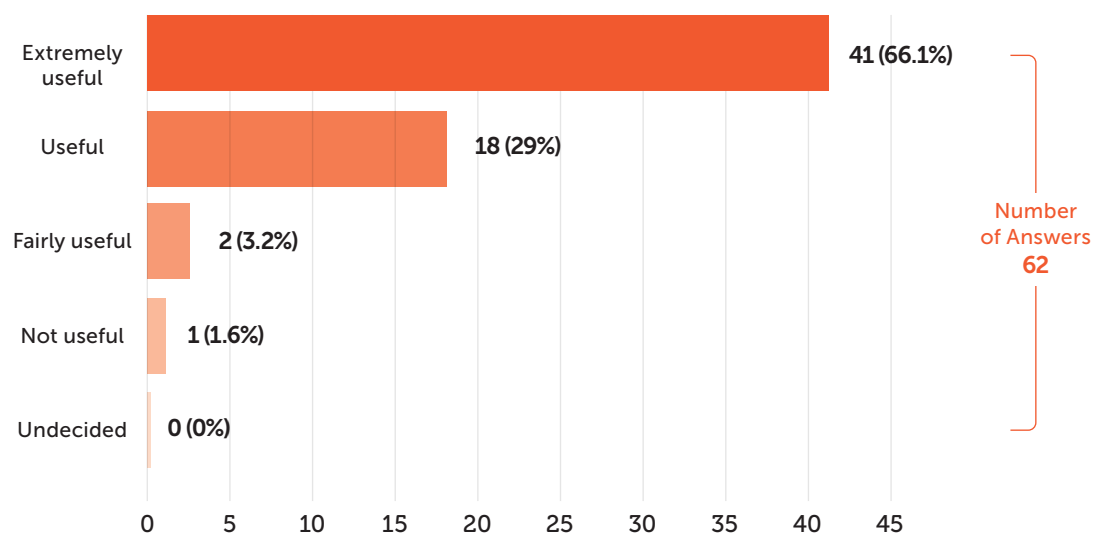
Best aspects of the event included *"networking, meeting and small groups"* - with most respondents mentioning networking in particular. *"The interactive workshops were the most valuable aspect of the event. They encouraged active participation, discussion, and the exchange of practical experiences among participants and faculty,"* said another. The workshop on career development and the presentation on cancer were frequently singled out for praise. More detailed responses included a comment that *"In my opinion, there was a perfect balance between theory and practical workshops. I am incredibly grateful for the workshop on research; I'll be able to apply these skills directly in practice as I prepare for the implementation of lenacapavir in Ukraine."*

Several respondents said the worst aspect of the event was not having enough time. *"It was too short!"* or *"The only downside was simply the lack of time. Because the networking and discussions were so engaging, the schedule occasionally felt a bit rushed. Having slightly longer breaks or dedicated networking blocks would be the only improvement I'd suggest."* Another suggestion was to present science in more detail.





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



If this activity was not useful, please explain why:

few new information

I am interested in learning about the experience of diagnosing and treating opportunistic infections in other countries

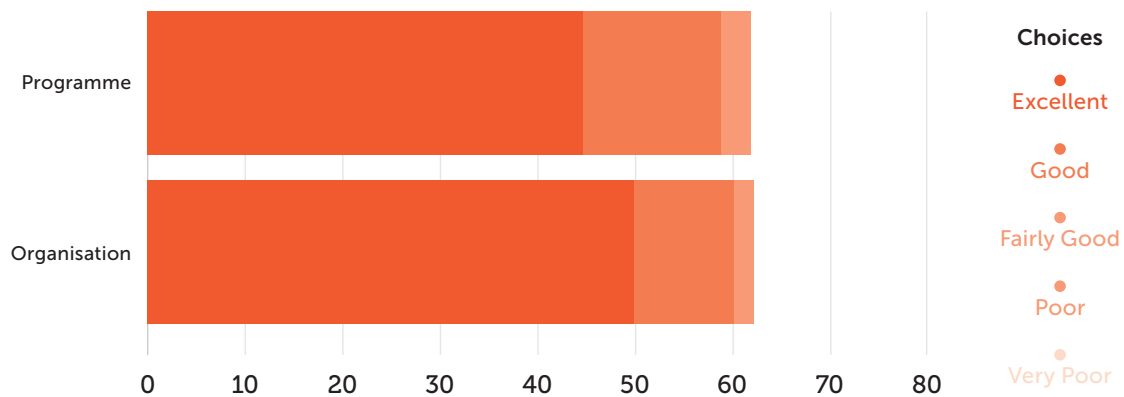
I have attended the previous YING conference and felt that some of the activities were repeated, like the workshop on designing impactful research, it would've been helpful to do something different this time. Perhaps other talks - how to perform a systematic review, what academic resources are helpful, how can AI be used in research, how to critique a paper, how to set up a trial, challenges with getting ethical approval - there are many topics that would be helpful for an early career researcher

Everything was incredibly useful and practically oriented

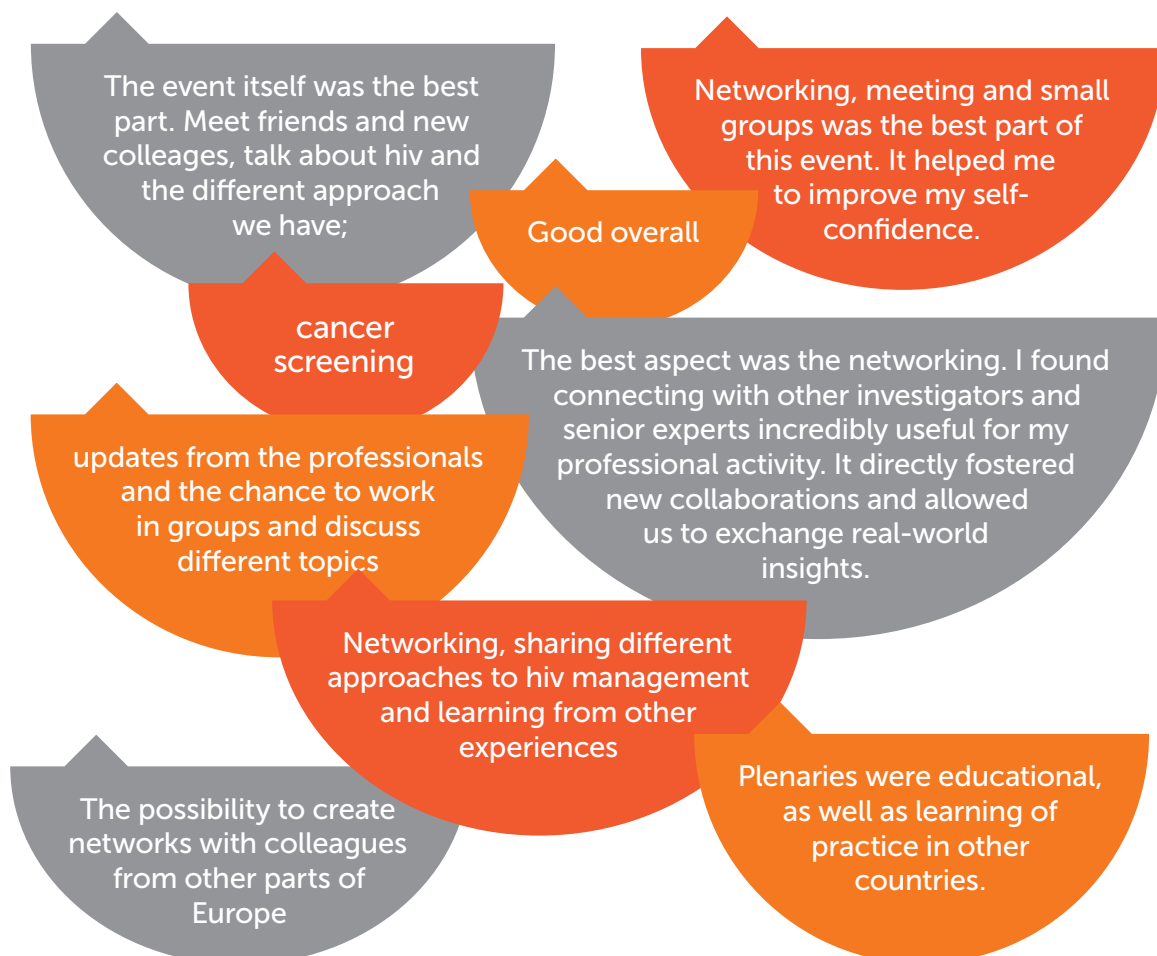




19. What was your overall impression of this event?



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









The best aspect of this event was the combination of high-quality educational content and the exceptionally friendly and supportive atmosphere. All four workshops were excellent, but I found the sessions on Career Development and Designing an Impactful Research Programme particularly valuable because they provided practical guidance that I can directly apply in my professional work. What was most useful for my professional activity was the opportunity to exchange experiences with colleagues from different countries and learn from their successes and challenges. The openness and accessibility of all faculty members and participants encouraged meaningful discussions and networking. Through these interactions, I gained valuable advice and new ideas on how to strengthen HIV care in Bosnia and Herzegovina, Republic of Srpska, including improving access to prevention strategies, developing research initiatives, and advocating for better services for people living with HIV. The connections established during the event will help me continue learning, collaborating, and working toward improving the national HIV programme and the quality of care for people living with HIV.

case discussions and differing European practices.

Career development - able to hear from individuals in group and give advice/support. More personal and individual humanised us all. The other talks although excellent can ultimately be gained at other conferences/educational events. I also think the cancer screening and research development workshops were excellent. Really enjoyed Agnès talk on NOT doing routine STI testing at PrEP appointment was exceptional and I am hoping to ask her to present the data at my local hospital!

The interaction with experts and peers, the stimulating discussions, the networking opportunities, and the exchange of ideas and knowledge.

Discussion of late HIV diagnosis, approaches to the development and implementation of research projects, and opportunities for the future use of long-acting antiretroviral therapy (ART) and long-acting pre-exposure prophylaxis (PrEP).

Loved the professional networking, and the real feeling of a collaborative environment and chance to meet HIV clinicians from all over Europe

The workshops which help develop insight into how HIV management is performed in various settings and the major updates from recent conferences were the most useful, in my opinion.





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

It was too short!

funding clinical research

The least useful for my professional activity was screening for cancer as i am a medical virologist but it was still interesting to exhcnage with other healthcare professionals mainly on the question of HPV related cancer

The only downside was simply the lack of time. Because the networking and discussions were so engaging, the schedule occasionally felt a bit rushed. Having slightly longer breaks ordedicated networking blocks would be the only improvement I'd suggest

that I attended right after my 24h in the hospital (:

The dinner

bNABs session was quite detailed but very interesting

The last session with participantspresenting the different sessions

While interesting to hear other people's experiences, the career development workshop did not yield a lot personally

I did not find any aspect of the event particularly poor. Some sessions were less relevant to my current professional focus, so lwas able to apply fewer takeaways from them in my daily practice. However, they still contributed to a broader understanding of the field and ongoing developments.

the presentations from participants







Worst is a strong word. The feedback from other conferences has a LOT of information in it and it was hard to keep up especially at 8.30 am. I think it may have been more beneficial to have picked less studies and spoken more in depth about them. Likewise i personally doing the BnAB talk difficult to follow given soo much scientific information invoked - this is all in the context of someone who is not a researcher or acadmic so I appreciate that others may have found it useful

Lack of warm dinner ;)

some of the speakers/senior members who were speaking at the plenary had a condescending way of speaking about patients, and i wouldn't want early career stage clinicians adopting this same approach

all excellent lectures but perhaps too many all in one go. I found the group sessions much more interactive and useful.

Discussion of late HIV diagnosis, approaches to the development and implementation of research projects, and opportunities for the future use of long-acting antiretroviral therapy (ART) and long-acting pre-exposure prophylaxis (PrEP).

The feedback session at the end felt unnecessary and not really helpful for anyone

I have found every activity to be useful for both clinical and research practice. I think that maybe even more workshops with a similar design should be conducted as they are very interactive, and they challenge you to think outside the usual day-to-day perspective.

room !

The food at the hotel was quite bad and the food at the dinner was too small

early bird

Not good enough sessions

The final plenary is messy and useless.it could replaced by something else, like commitments and proposals for the next year, awards or whatever that is not just hearing back the same things again and again

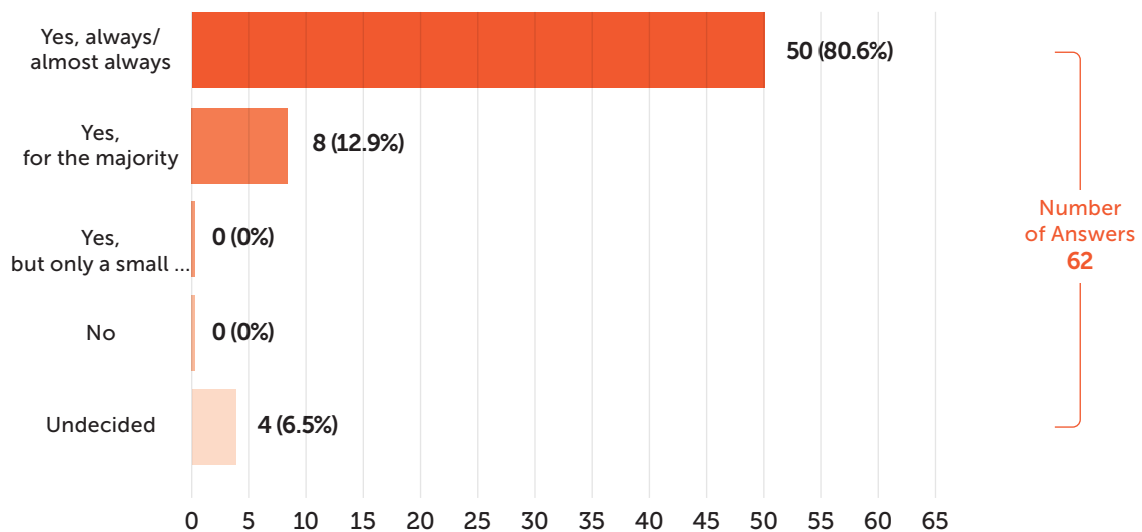




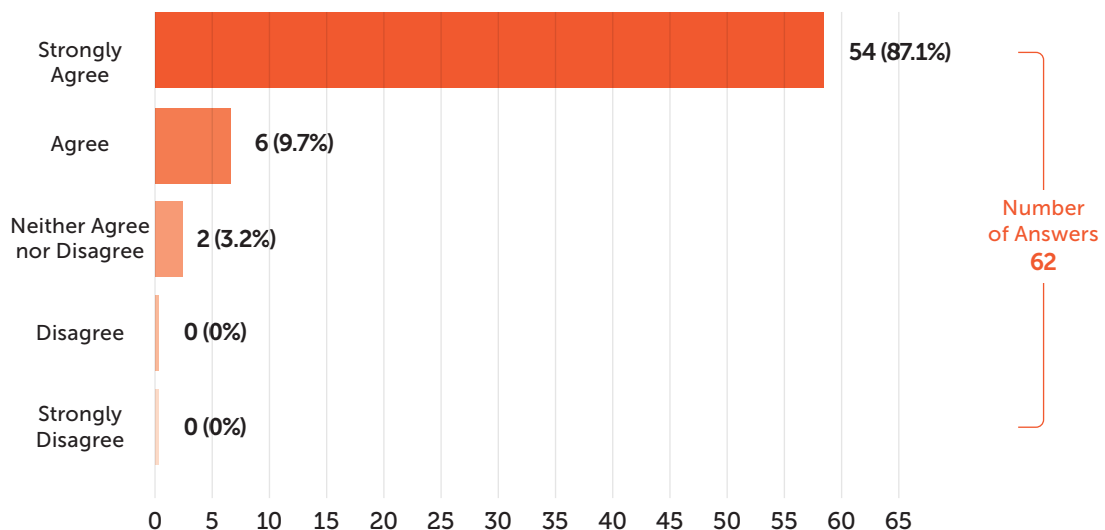
COMMERCIAL BIAS

Of the 62 respondents, 50 agreed that all the faculty members provided their potential conflict of interest declaration as a second slide of their presentation, 8 said the majority did and 4 didn't know. Similar, 54 strongly agreed that the event was free of commercial bias for or against any product, 6 agreed and 2 neither agreed nor disagreed. No examples were given.

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

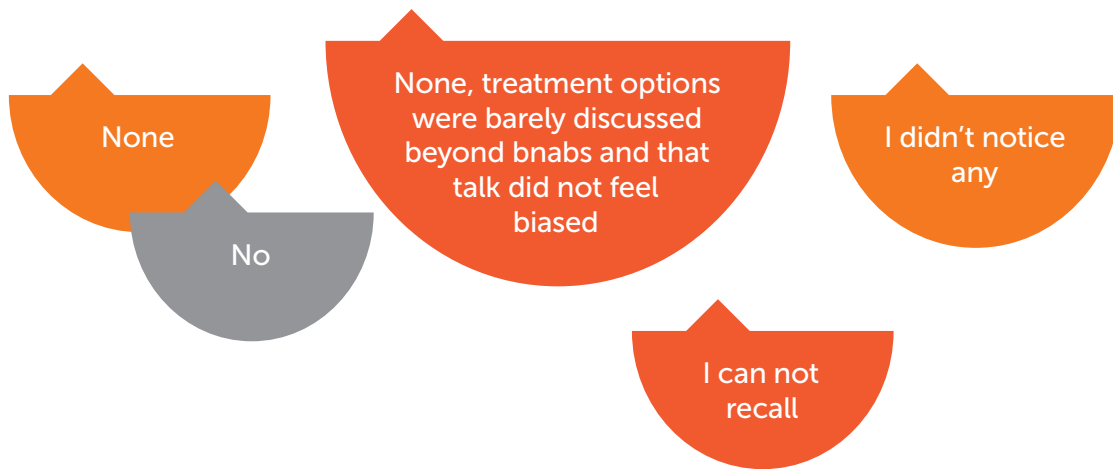


21. Was this activity free of commercial bias for or against any product?

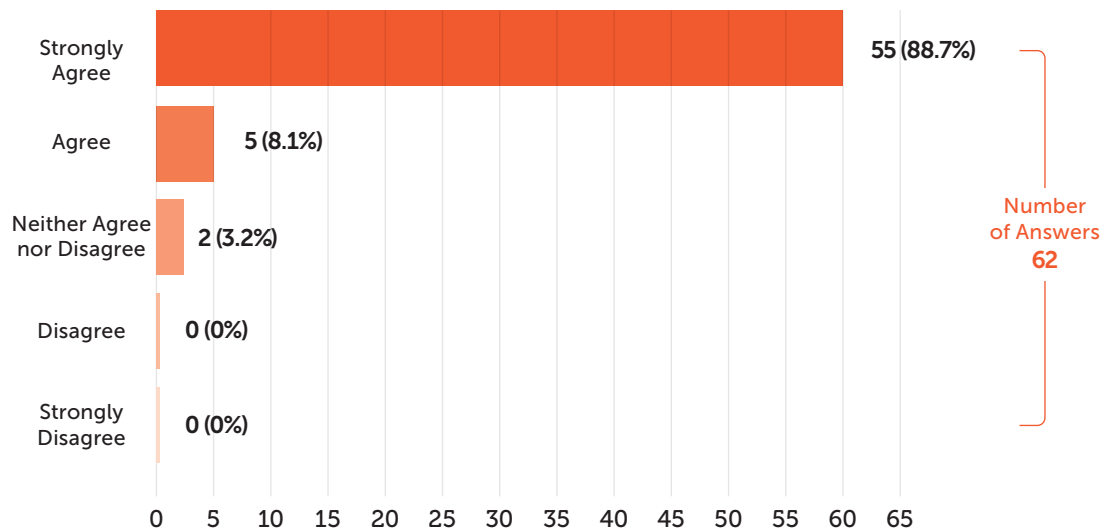




22. Can you provide an example of biased (commercially influenced) presentation in this activity?



23. Do you agree that the information was overall free of commercial and other bias (free of commercial influence)?





ADDITIONAL QUESTIONS

The feedback survey closed with a space for anecdotes and stories about time spent at the YING Conference. Respondents were full of praise. As one participant put it, *"I would just like to sincerely thank EACS for organising and supporting events like this."* One of the most valuable aspects of the conference was how *"approachable, open, and relaxed"* the Steering Committee members were. Another said *"I feel privileged to have been accepted to an EACS conference. I came during my child's second birthday which was a difficult decision to make but an example of me trying to make work/life balance work."* Another recalled that *"during the session on Women in Migration, I decided to stand up and share the situation in Bosnia and Herzegovina regarding HIV care and prevention. I was quite nervous, but the audience was incredibly respectful and supportive. Many participants and faculty members offered valuable advice and encouragement, which gave me greater confidence in my work and future goals."* One participant simply summarised the advice from the talk on career development: *"Ambition and doubt can coexist. Enjoy the journey, the destination may change."*

EACS Secretariat work was evaluated as excellent by almost everyone (95.1%), with the remaining 4.9% saying it was good. The application process was also rated good, as was information about travel and accommodation. 60 respondents said their stay in Valencia was good or excellent. One said it was fairly good.

Finally, participants were asked to suggest improvements for future conferences. Ideas for future presentations included where to apply for funding, maintaining access to HIV services during emergencies, exploring barriers to PrEP in women, disparities in HIV care across different European regions, and an annual HIV updates session. One participant reminded others that *"emphasis should be placed, in addition to Ukraine, on other countries that are in a difficult position due to a lack of personnel and financial resources, [and] on the importance of generic drugs for these countries instead of talking about bNABs and long-acting drugs for the promotion of which fabulous money is persistently spent."*



Do you have any anecdotes or stories you would like to share about your time at the YING Conference?

While I don't have one specific anecdote, the highlight for me was the overall atmosphere. I was really struck by how easy it was to approach senior experts and peers alike. The conversations outside the formal sessions were just as valuable as the presentations themselves.

I discovered that in Italy surgeons are taking PrEP before performing a surgery in an HIV+ patients that are undetectable.

No anecdotes, but I really met a lot of great people I would love to stay in touch with and work together in the future!

Just the overall experience of connecting with peers and creating new relationships and opportunities for international collaboration

Ambition and doubt can coexist. Enjoy the journey, the destination may change.

It was a wonderful time spent with amazing people who are true professionals in their field

It was surprising and impressive to meet international friends from other scientific research groups. At the same time, it was truly inspiring to see some of the friends who were participants at the previous YING meeting return as mentors at this new meeting.

I would just like to sincerely thank EACS for organizing and supporting events like this. One of the most valuable aspects of the conference was how approachable, open, and relaxed the Steering Committee members were. Their willingness to share their experiences and personal career journeys created a welcoming atmosphere and made the event both inspiring and engaging. Thank you for fostering such a supportive and inclusive community.

a great place to meet HIV clinicians at a similar stage of career to me.





One of my most memorable experiences at the YING Conference was during the session on Women in Migration. I decided to stand up and share the situation in Bosnia and Herzegovina regarding HIV care and prevention. I was quite nervous, but the audience was incredibly respectful and supportive. Many participants and faculty members offered valuable advice and encouragement, which gave me greater confidence in my work and future goals. Another highlight was the Career Development workshop, where I received practical guidance on professional growth. What impressed me even more was that the discussions continued during the social events, where many people approached me, showed genuine interest in my work, and offered support and ideas on how to further improve HIV care and research in my country. And of course, there was a lighter side to the conference as well. As participants from the Balkans, we shared a few jokes about the food and the fact that there was no burek available. Those moments of laughter helped create friendships and made the conference feel even more welcoming and memorable.

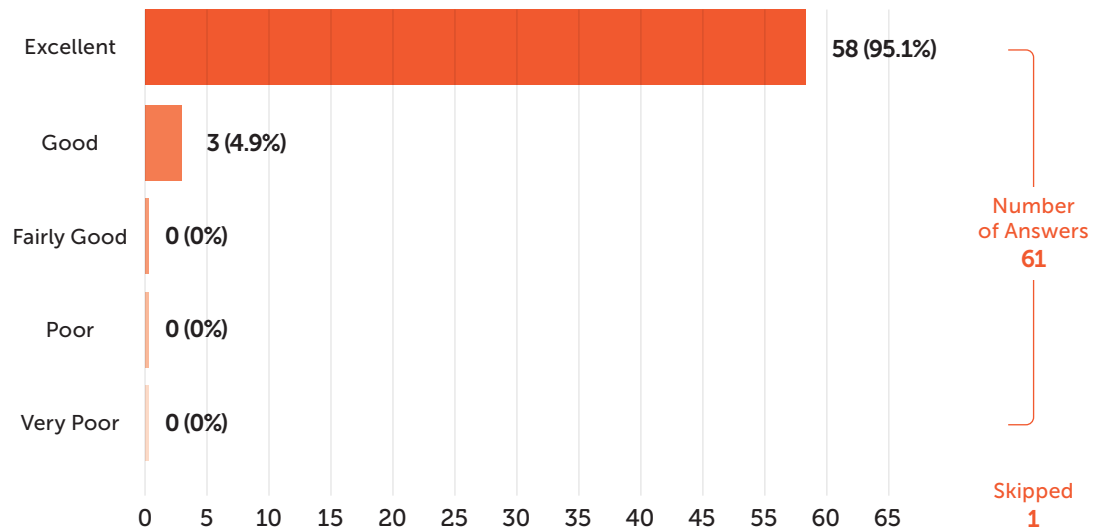
I feel privileged to have been accepted to EACS conference. I came during my child's 2nd birthday which was a difficult decision to make but an example of me trying to make work / life balance work. I have met and made some new friends, been given the opportunity to present some a complex case / had interesting conversations and I am inspired to do some good, collaborative work, in WAVE On my return. I have some contacts I plan to get hold of when I get back to UK

I really enjoyed the people I met— friendly, open, and with an excellent sense of humor. One of the things I liked most was that everyone could laugh at themselves as well as with each other. My colleague unintentionally became the star of many jokes. After each flight, her ears stay blocked for quite awhile, and by the time her hearing finally gets back to normal, it is usually time to board another plane. Most of our trip jokes came from this situation. Unfortunately, I cannot reveal the best ones yet because they would require her approval — and since we are still on our way home and she is sleeping, the approval process has been delayed!

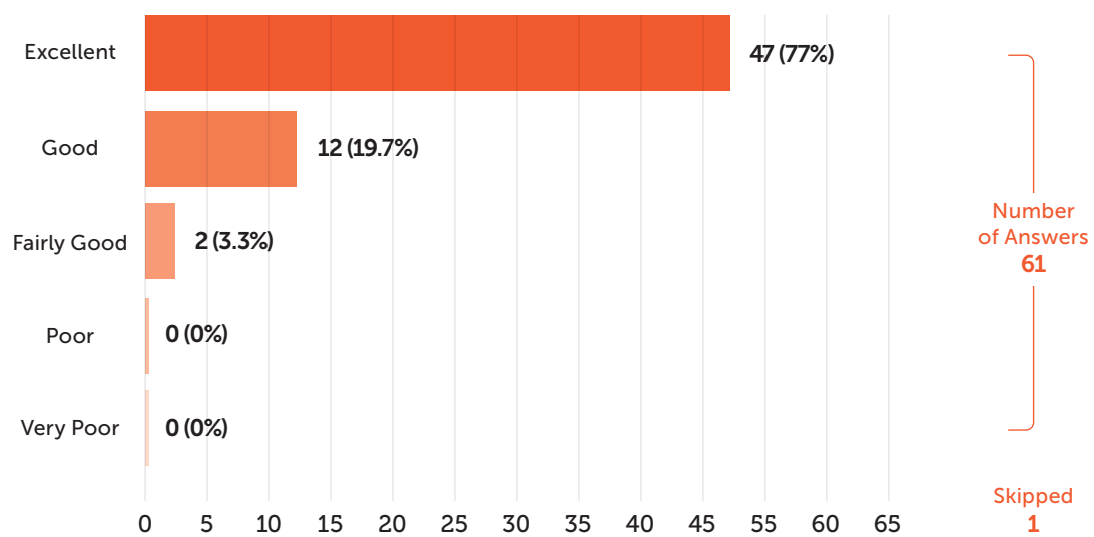




24. How do you evaluate the work of the EACS Secretariat in charge of your participation in the course?

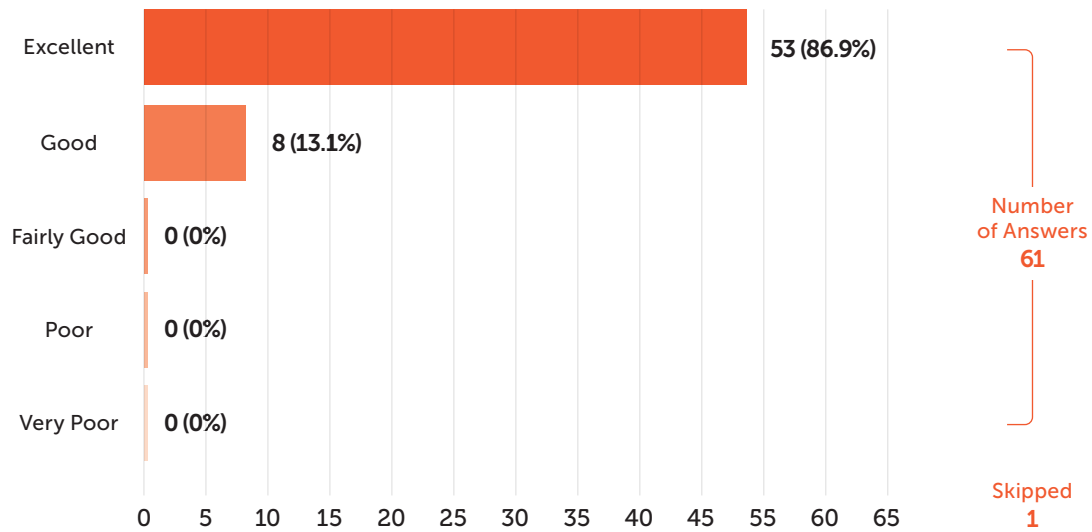


25. How was the application process for you?

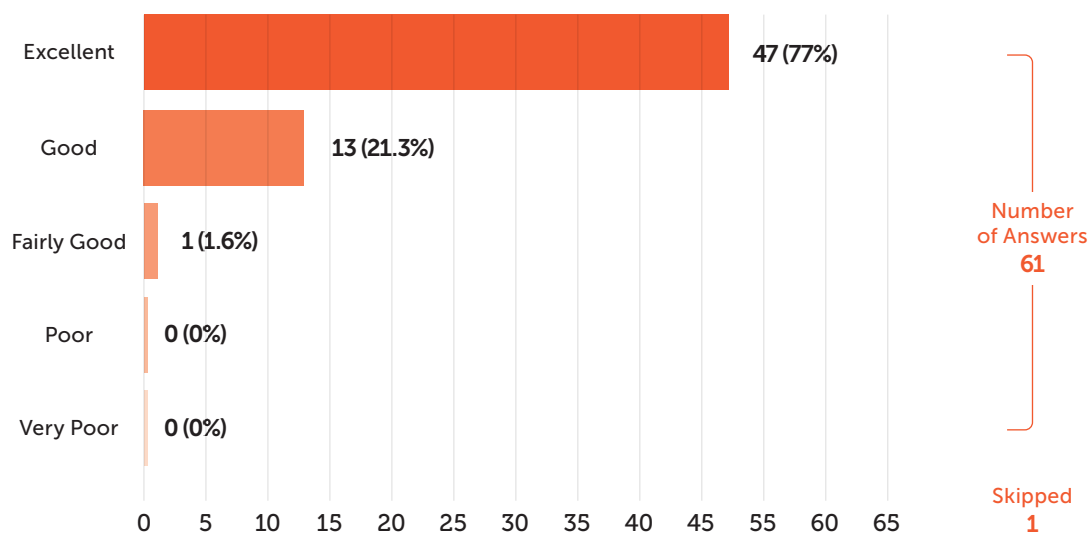




26. How do you evaluate information provided about your travel and accommodation?

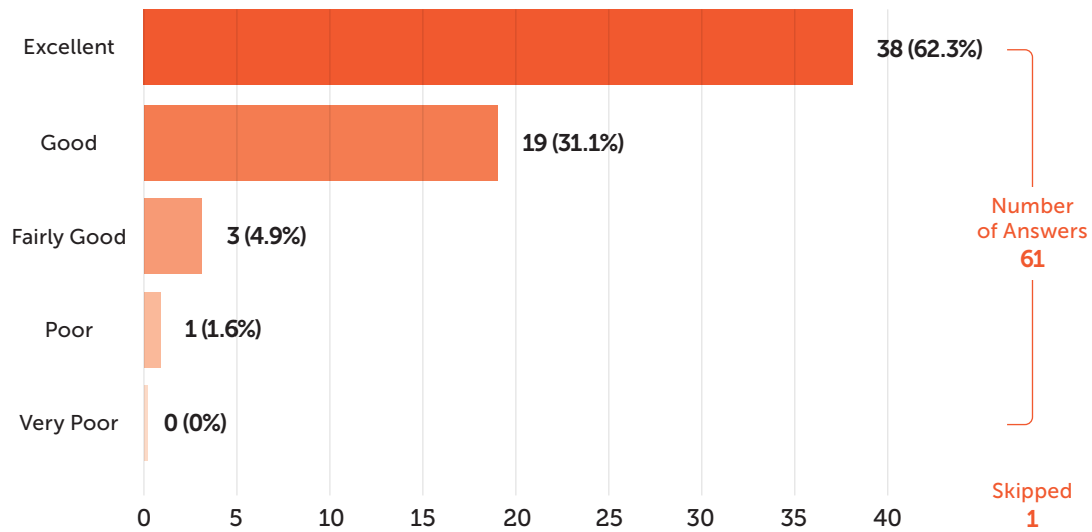


27. Overall, how was your stay in Valencia?

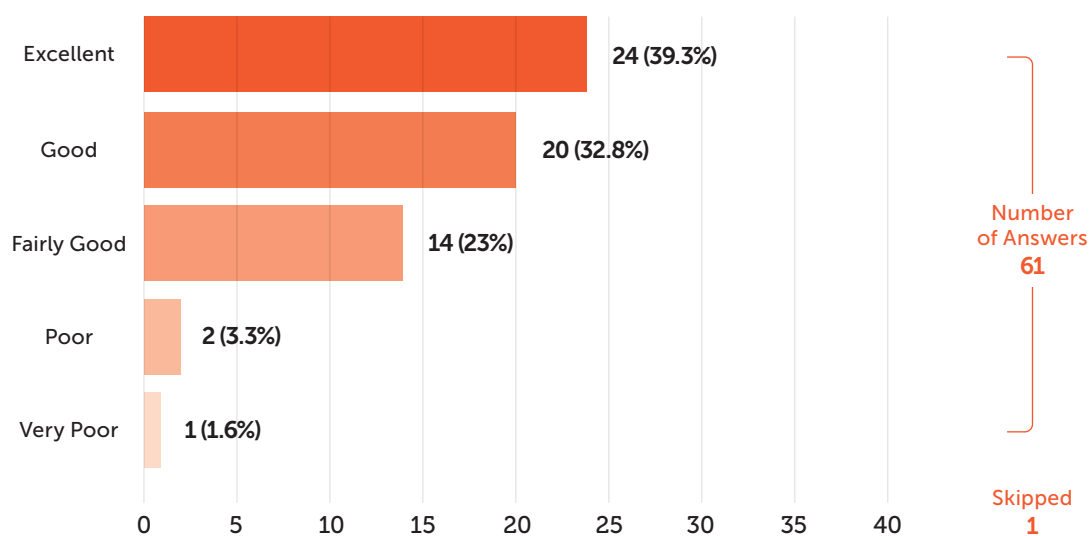




28. How was your accommodation?



29. How was the catering?





Do you have any suggestions for future topics and activities?

Overall, the conference was excellent and very well organized. If I could suggest one area for improvement, it would be the conference dinner.

Based on feedback from colleagues who attended previous YING meetings, I had expected a more traditional dinner with a social and celebratory atmosphere. The cocktail-style reception was pleasant, but it felt somewhat limited as a dinner event and was not entirely satisfying from a dining perspective. A seated dinner or a more structured social evening might further enhance networking opportunities and the overall participant experience.

creating groups of participants from different centers / countries to work on something together idea/ project/ paper

Emphasis should be placed, in addition to Ukraine, on other countries that are in a difficult position due to a lack of personnel and financial resources, on the importance of generic drugs for these countries instead of talking about bNAbs and long-acting drugs for the promotion of which fabulous money is persistently spent.

if possible, pay attention to metabolic disorders

I would have enjoyed exploring topics on HIV resistance and (hepatitis) coinfections.

I am deeply passionate about the topic of PrEP and would love to dive even deeper into it. Moving forward, a workshop format specifically dedicated to co-creating new PrEP strategies would be incredibly valuable

Introductory lectures to more basic science-based approaches in cure and vaccine studies, such as bNAbs, LRAs etc. Also, it would be good for physicians to be introduced to some qualitative research methods or hear from community-based organizations as well.

My passion is antenatal HIV/ breastfeeding so perhaps looking at HIV from a more women's health lens, exploring barriers to PrEP in women.

Having the HIV updates session is always great, and I think having a yearly debate of various topics would be great. Also would love more about perinatal HIV in future.





There is definitely a need to continue exploring the topic of migrants health, cancer prevention and opportunistic diseases I have given ideas in a previous question but more related to designing research, undertaking specific activities and challenges (i.e.grant writing, where to apply for funding, applying for ethics, critiquing papers, resources for research, using AI in research)

Managing resistance cases

For future YING Conferences, I would welcome more discussion on disparities in HIV care across different European regions. Topics such as limited access to antiretroviral therapy in some countries, including Bosnia and Herzegovina and Albania, as well as challenges related to the implementation and availability of PrEP and PEP, would be highly relevant and beneficial. I would also appreciate more sessions focused on opportunistic infections in Europe, particularly in the Balkans and Eastern Europe. These issues are often discussed in the context of sub-Saharan Africa, but they remain important challenges in our region as well. Sharing experiences and best practices from countries facing similar barriers could help participants develop practical solutions and strengthen HIV care at the national and regional levels.

I have found the workshops to be very engaging. They help you to think creatively, to experience the diversity of approaches that can be found in the field across different settings and also facilitate networking as well, so if it is possible, I would suggest that even more of them be done.

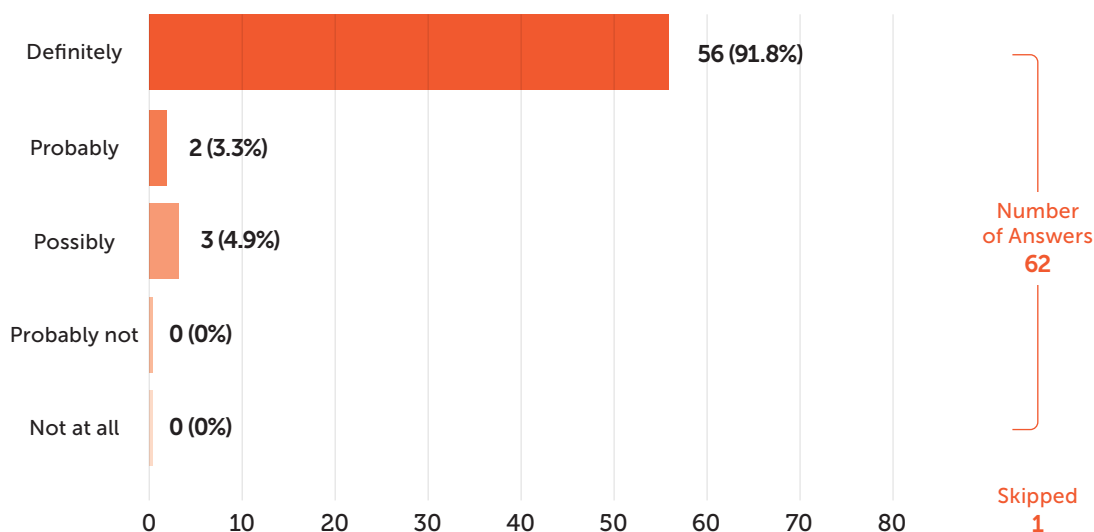
EACS guideline updates including the evidence used to make the changes and any other reasons why the changes have been brought in.

Late HIV diagnosis How to identify patients earlier and reduce the number of late presenters. Sharing practical experience from different countries. HIV care during war and humanitarian crises Maintaining access to HIV services during emergencies. Challenges faced by healthcare providers and patients during displacement. Artificial intelligence and digital tools in HIV care Practical examples of how digital technologies can support HIV services. Improving patient follow-up and retention in care. Opportunistic infections in people living with HIV Clinical cases from everyday practice. Diagnosis and management of difficult and unusual cases. Integrated HIV and viral hepatitis care Management of HIV and viral hepatitis coinfections. Successful approaches to hepatitis elimination programs. Multidisciplinary approach to HIV care The role of doctors, nurses, psychologists, social workers, and peer counselors. How teamwork can improve patient outcomes and quality of care.





30. Would you recommend the YING Conference to your colleagues?



Do you have any other comments?

Thank you again for organizing such a memorable event. I truly appreciated the opportunity to participate and would be delighted to attend future EACS/YING meetings.

Thank you very much for the possibility to stay connected and together!

The carrier development workshop was super useful!!

The event was exceptionally well organized, with excellent speakers and highly engaging workshops. I particularly appreciated the quality of the educational content and the opportunity to receive up-to-date information on important topics

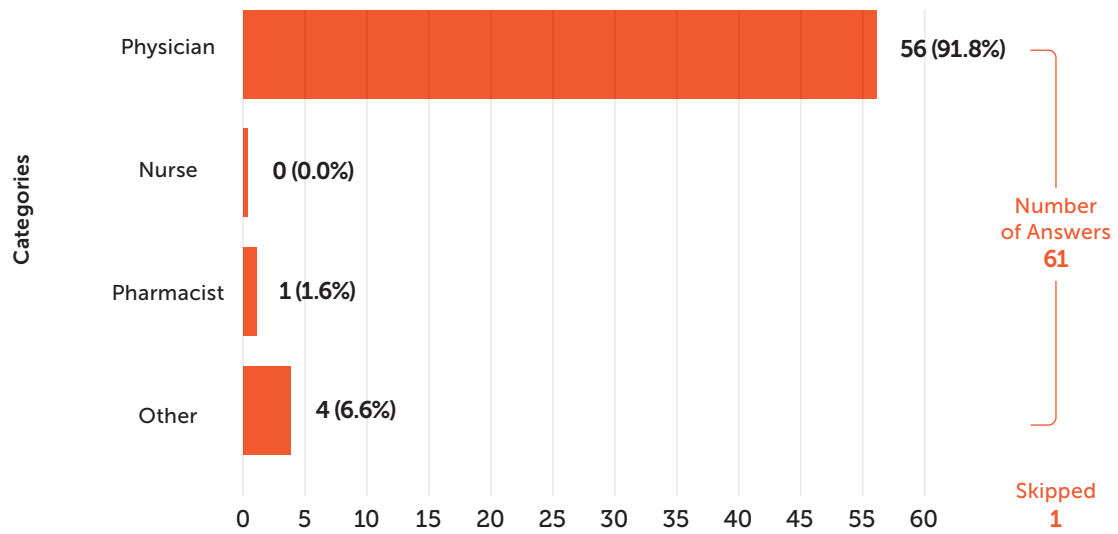
I would like to say a huge thank you for such an incredibly useful event and for the wonderful people who made it so special

Thank you to all the organizers of EACS for holding this event. I met colleagues from other countries and learned about the specifics of providing medical care to patients living with HIV.





31. I am a





5. Steering Committee Members

José Bernardino	Spain
Oana Săndulescu	Romania
Agnès Libois	Belgium
Jasmini Alagaratnam	United Kingdom

6. Acknowledgements

On behalf of the YING Steering Committee, we would like to thank the YING Scientific Committee, invited faculty members and the Secretariat team who were involved, as it would not have been possible to create such a programme without them. We are truly grateful for their investment:

Scientific Committee

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Uwe Koppe	Germany
Evangelia Kostaki	Greece
Dagny Krankowska	Poland
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Julia Notter	Switzerland
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Jasmijn Vervaeck	Events and Communications Lead
Véronique Van Hal	Administration and Membership Officer
Charlotte Peters	Project Coordinator (HIV and related co-infections)
Stéphanie Uys-Van Meenen	Administrative Assistant





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