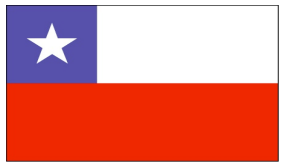


# The Chilean AIDS Cohort (ChiAC): Impact of an expanded access program to HAART in survival and risk factors for mortality in a treatment naïve population



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## Introduction:

Expanded access program (EAP) to AIDS therapy is being implemented worldwide. Chile has such a program since 2001. Up to 7/2004 4,452 patients had begun HAART; 100% coverage was reached in late 2003 in the Public Health System (PHS).

By 7/2005 ~ 6,000 are in HAART under EAP, and a new law guarantees universal access to all infected. Thirty two AIDS care center along the country provide the treatment under this EAP with a centralized model for drug approval and distribution (Figure 1)

A network of health care providers from AIDS care centers in the PHS contributes to homogeneous follow up of these patients in an observational prospective cohort: The Chilean AIDS Cohort (ChiAC). Information is exchanged through internet. By 7/2004 ChiAC-1 had enrolled 4,365 pts (98% of all those followed in the PHS at that time) from 29/32 centers (Figure 2)

## Objective:

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

## Methods:

Prospective follow up and review of ChiAC database

## Results:

Population: there were 2,103 Tx nv pts. At baseline 84.8% were men (Figure 3), median age-group was 35-39 years; 46.7% were in stage C (clinical AIDS), 29.5% B and 23.8% A; 83.8% had CD4 count < 200 x mm<sup>3</sup> (Figure 5). 83.9% received lamivudine plus zidovudine or lamivudine plus stavudine, didanosine or abacavir (10.1%) as backbone therapy and efavirenz (43.7%) or nevirapine (29.4%) or indinavir (17.7%) as "third" drug (Figure 6). Median follow up time was 784 days. By 12/31/2004 1,781 patients had completed 6 months of therapy, 1,685 patients 12 and 976, 24 months of therapy respectively; 143 (6.8%) have died, 61.5% of them during first 6 months of HAART (Figure 7), 179 (8.5 %) discontinued therapy and 1,781 (84.7%) continue in therapy (3/4 in same initial regimen). Survival has been 95.8%; 94.2% and 92.8% at 6, 12 and 24 months respectively (Figure 8). Global mortality was 2.3%; 2.6% and 10.6% for pts with baseline CD4 >200, 100-199 and <100 mm<sup>3</sup> respectively (Figure 9) and 1.6%; 2.9% and 11.9% for baseline CDC stage A, B and C respectively (Figure 10)

Fig 1

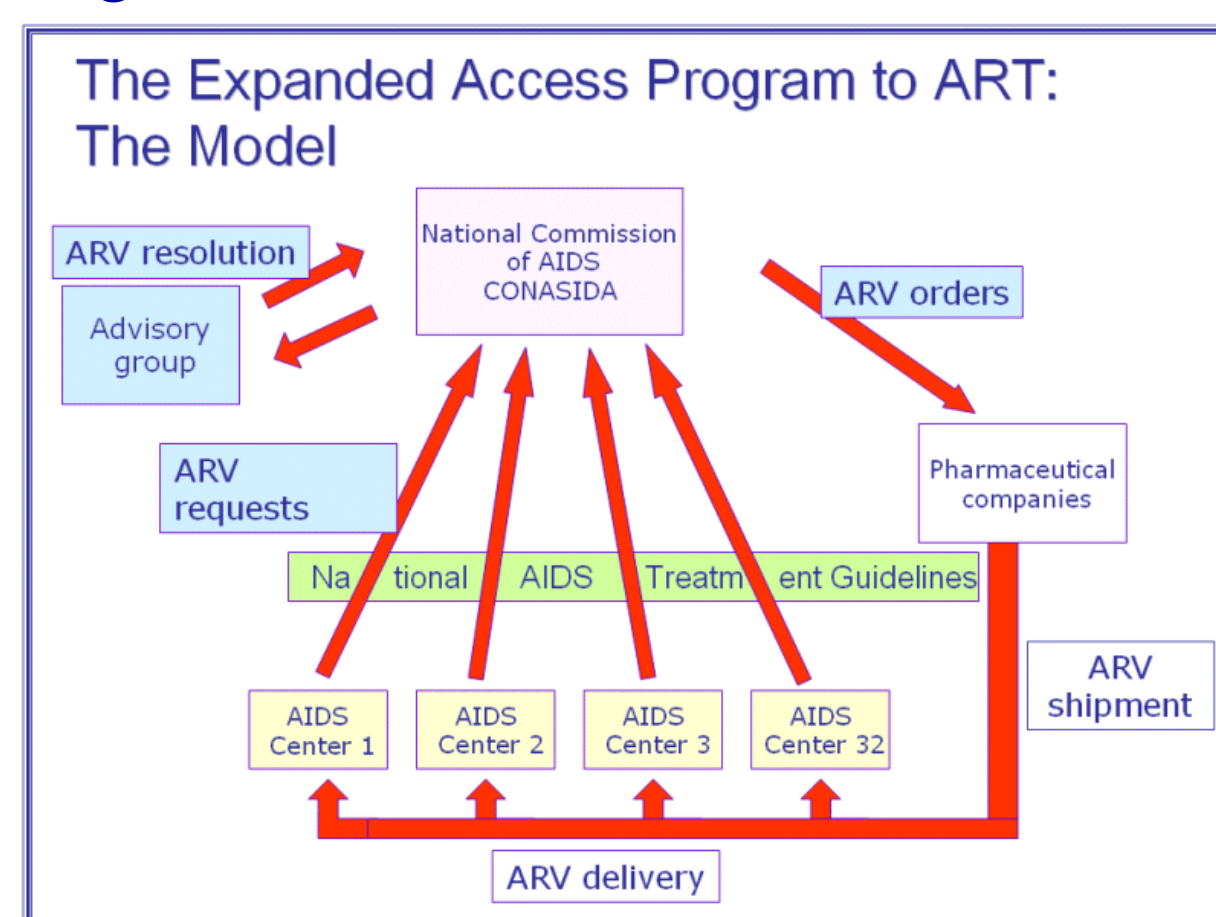


Fig 2

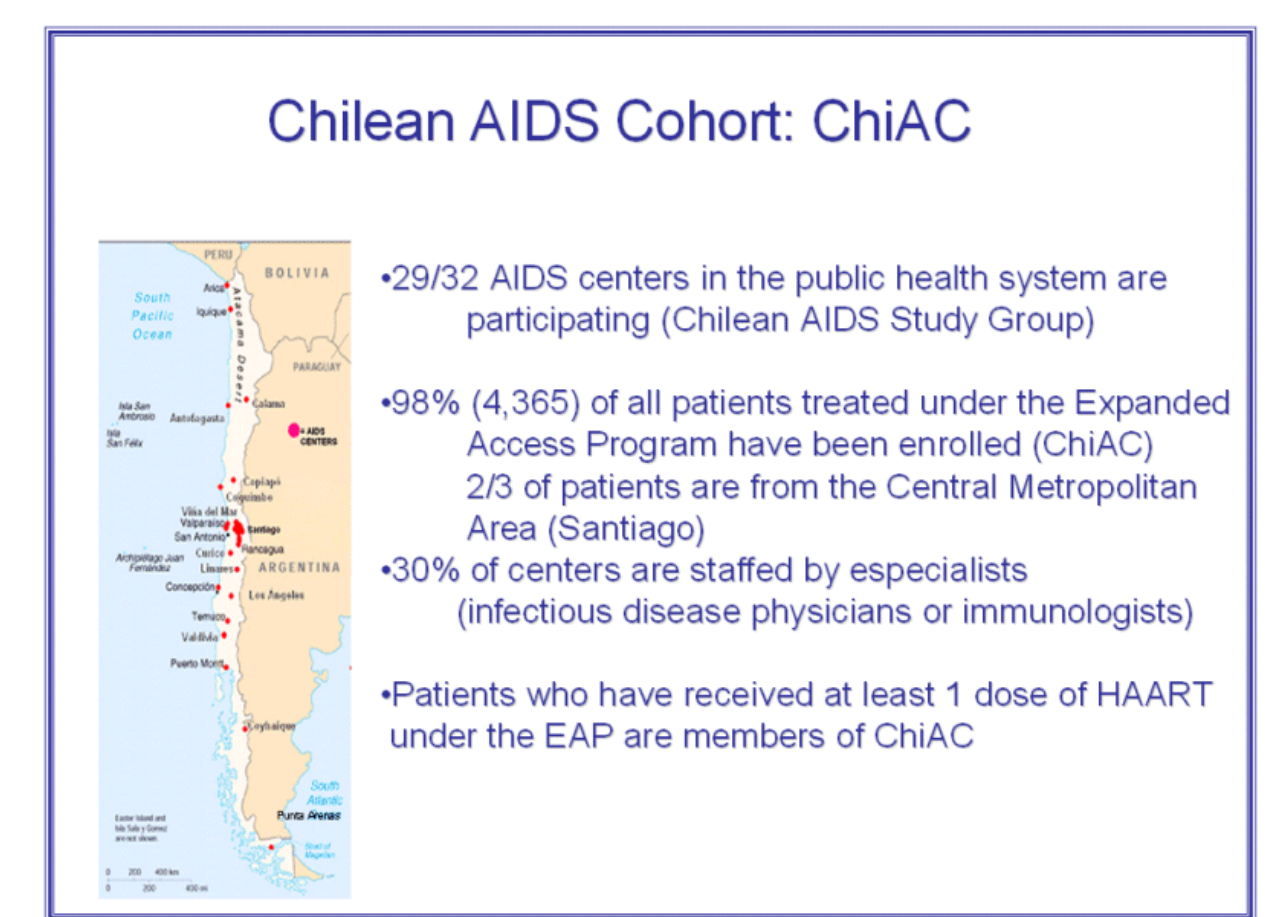


Fig 3

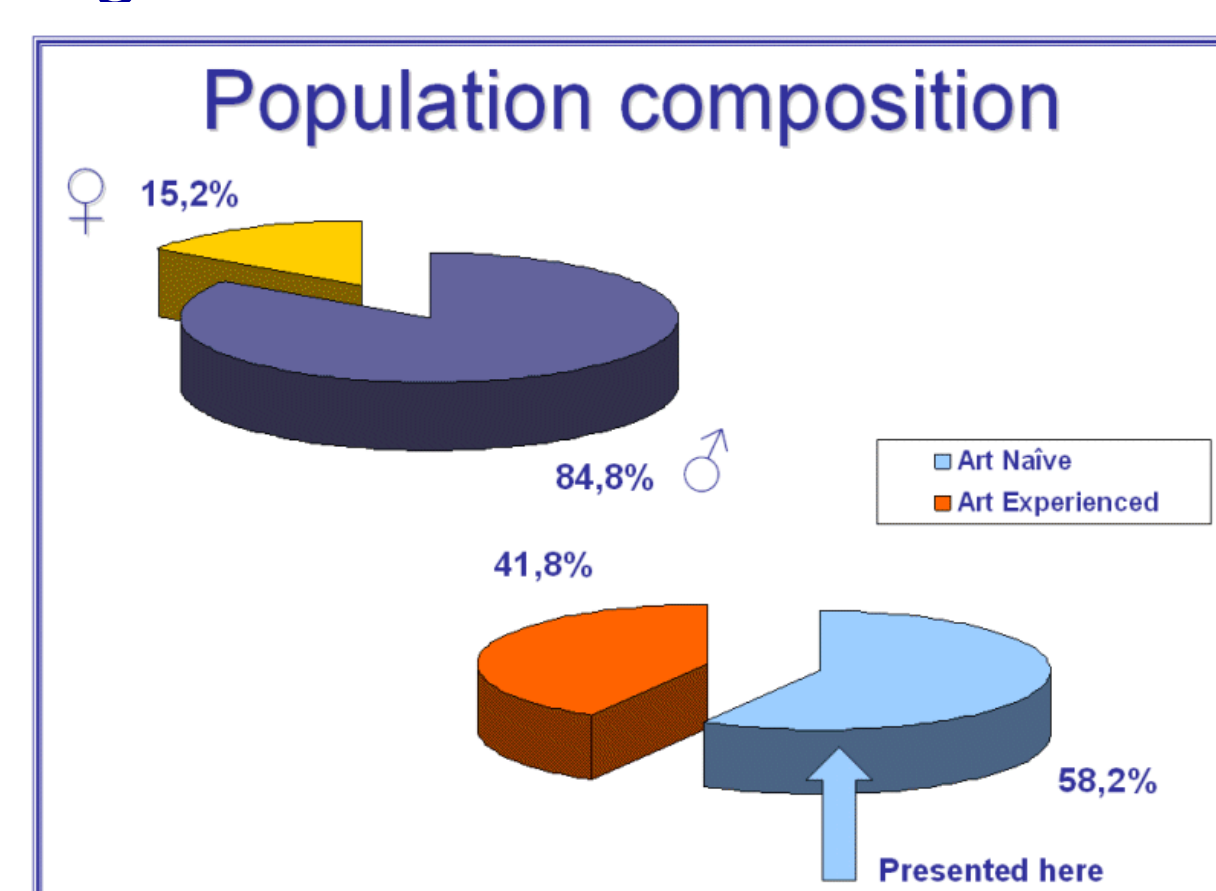


Fig 4

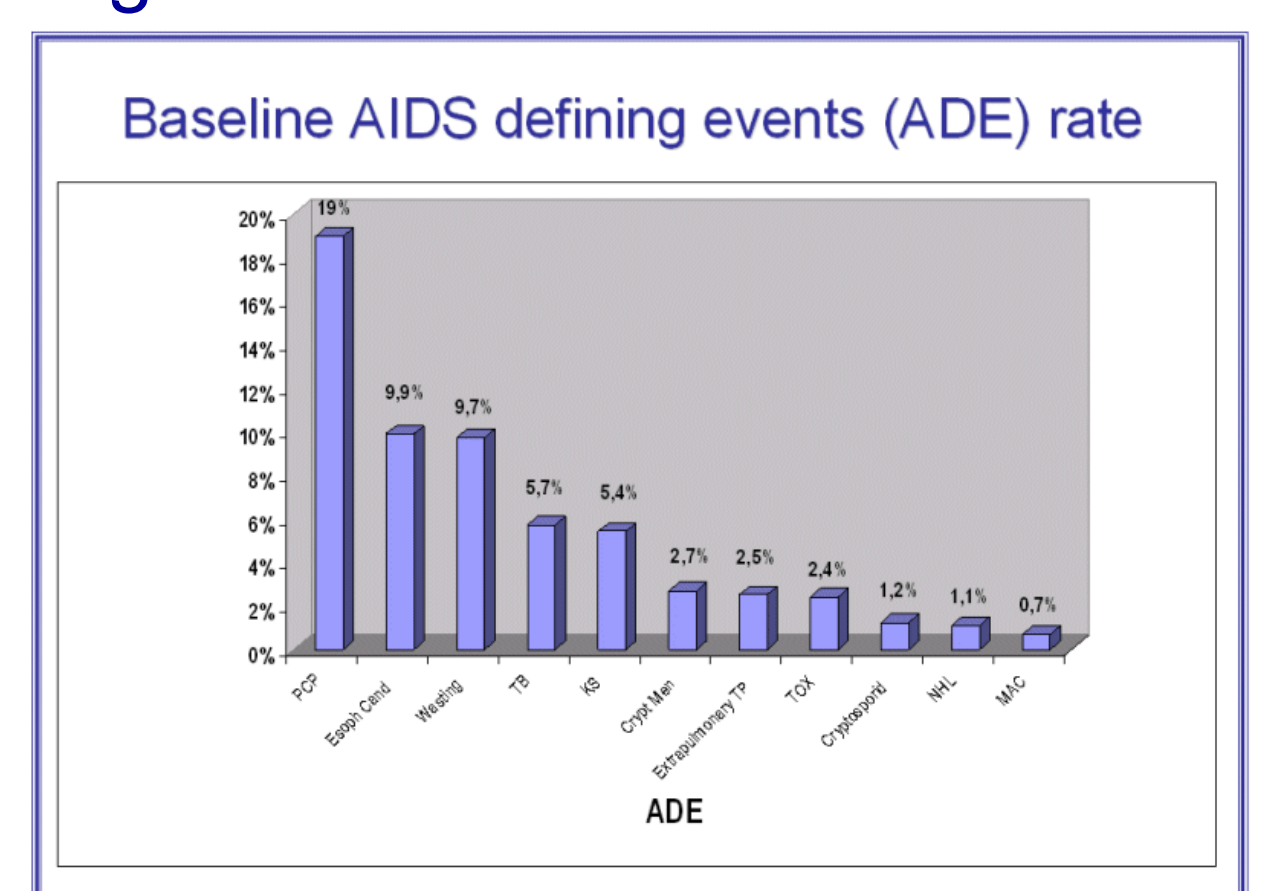


Fig 5

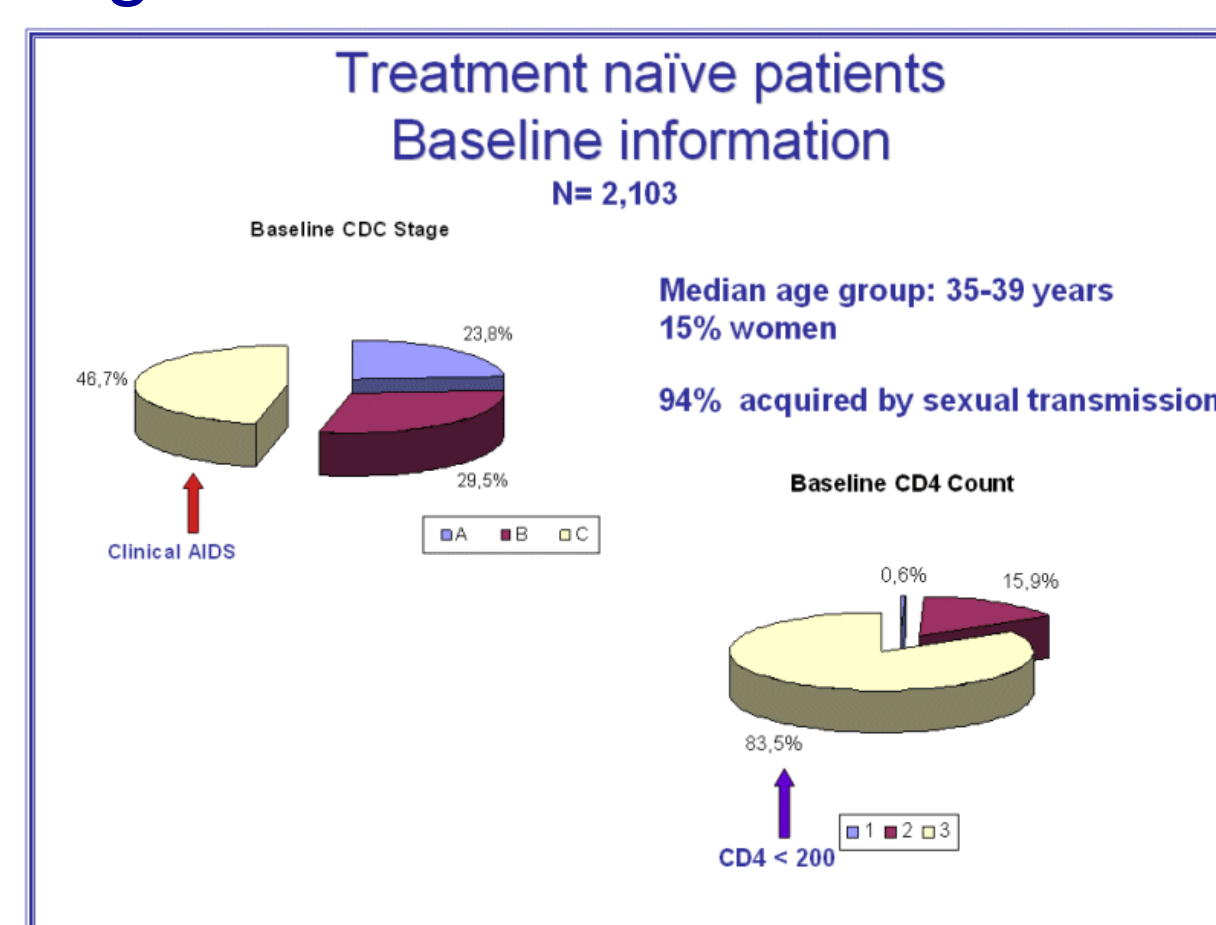


Fig 6

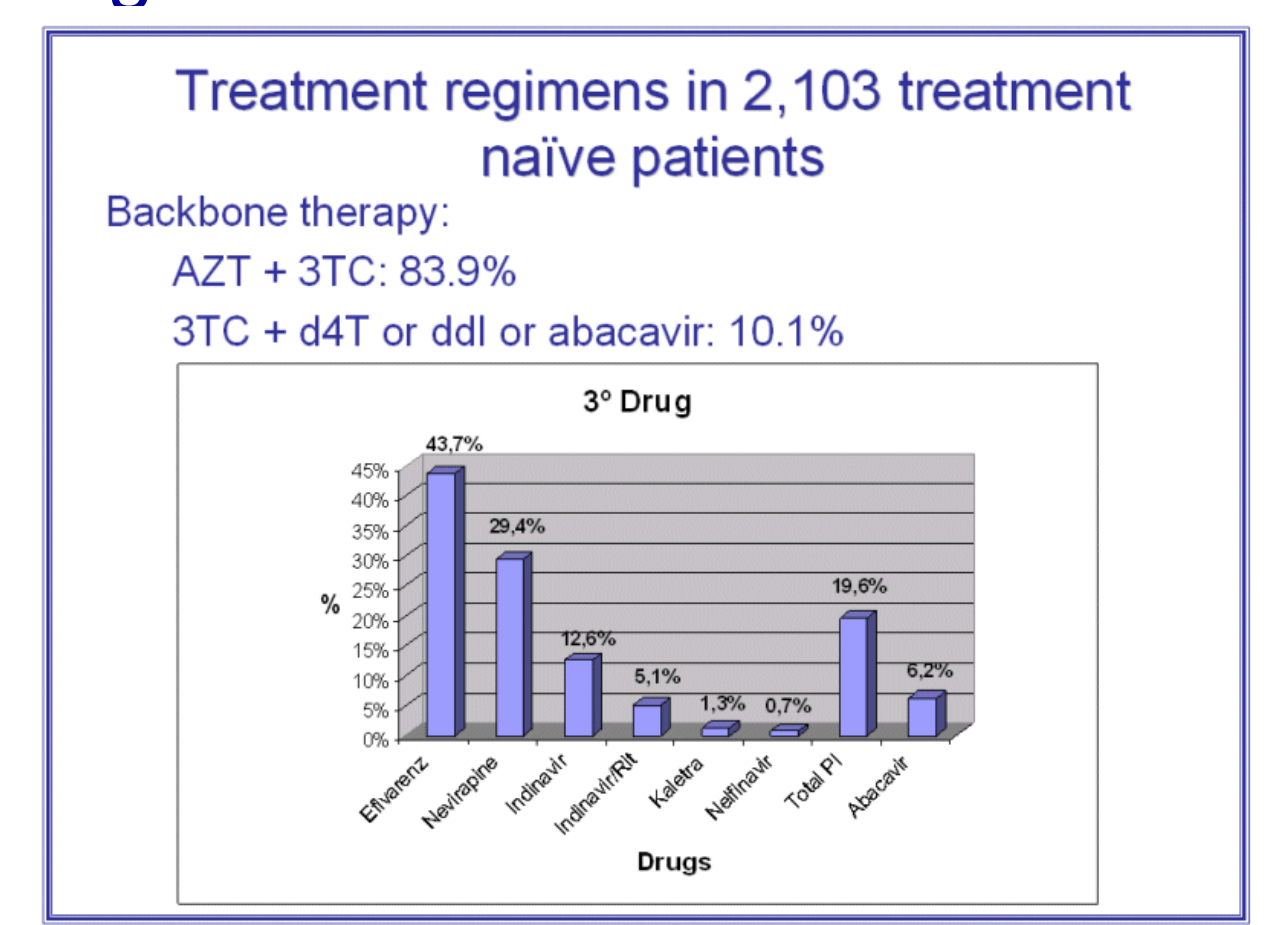


Fig 7

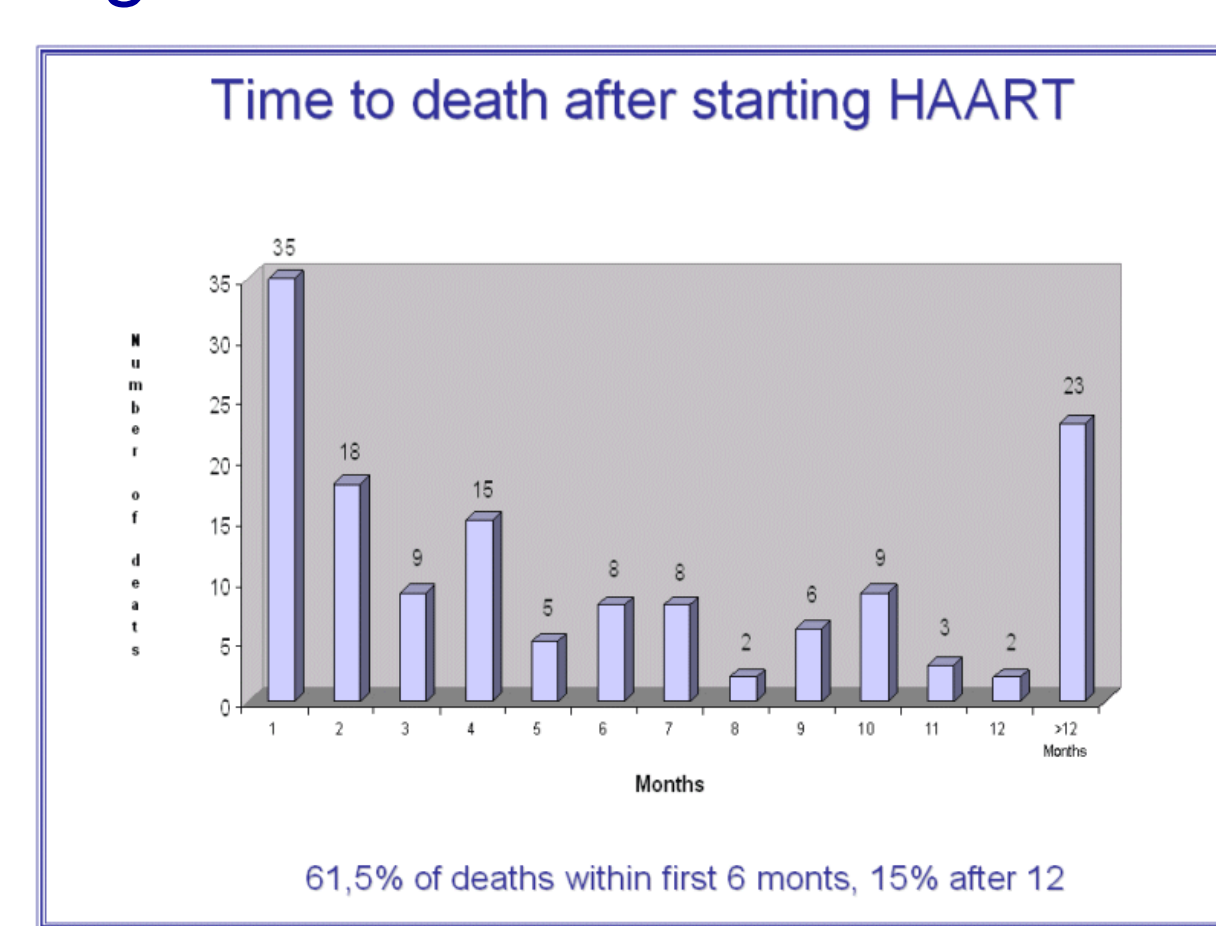


Fig 8

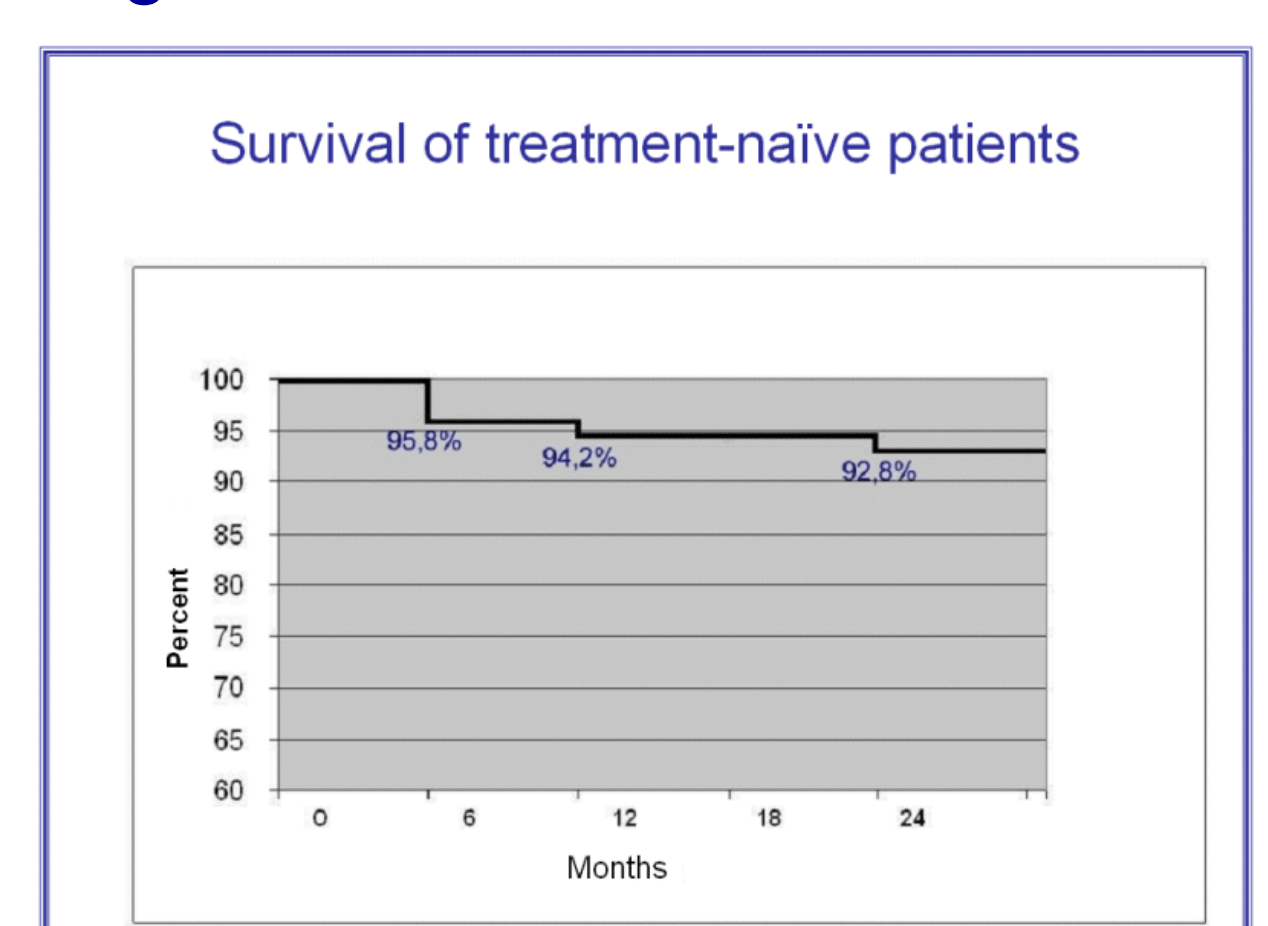


Fig 9

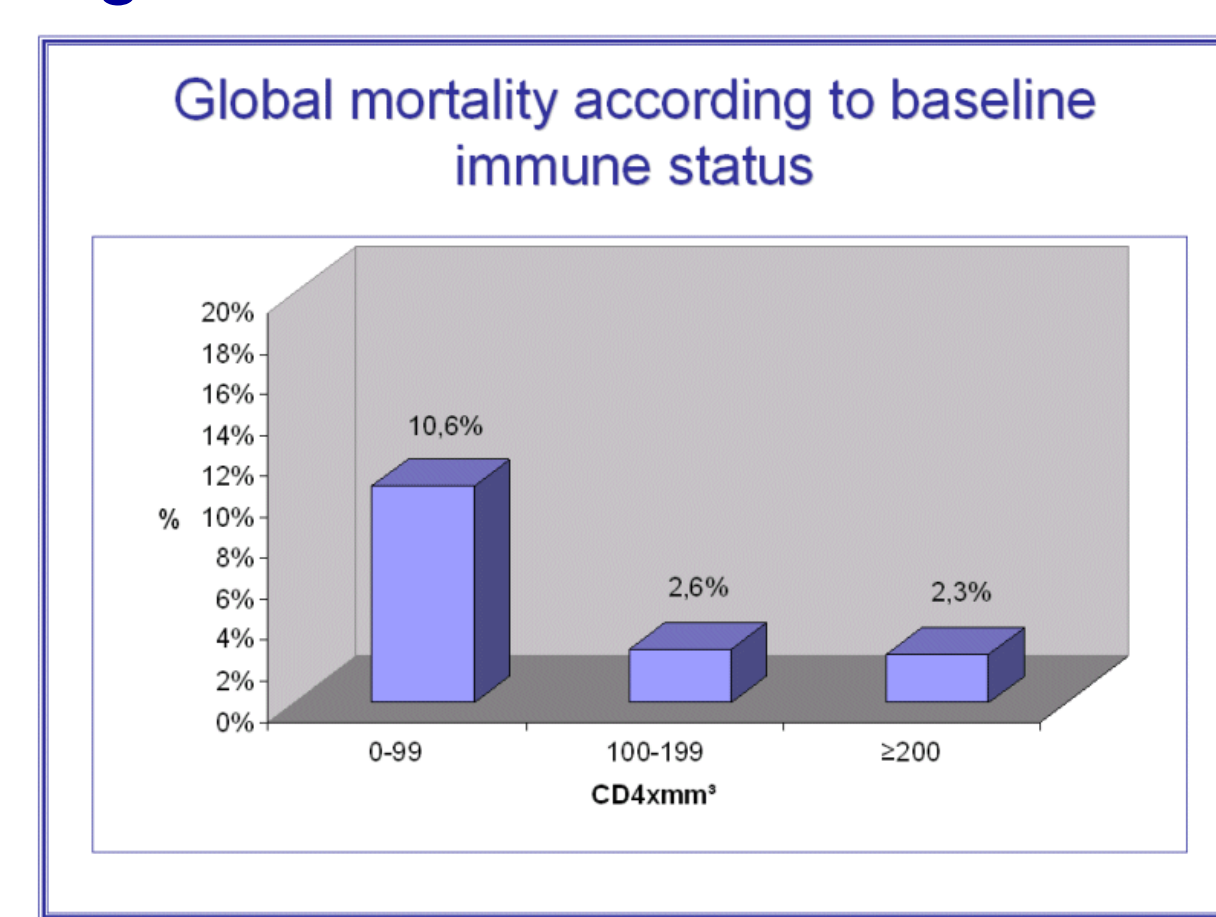
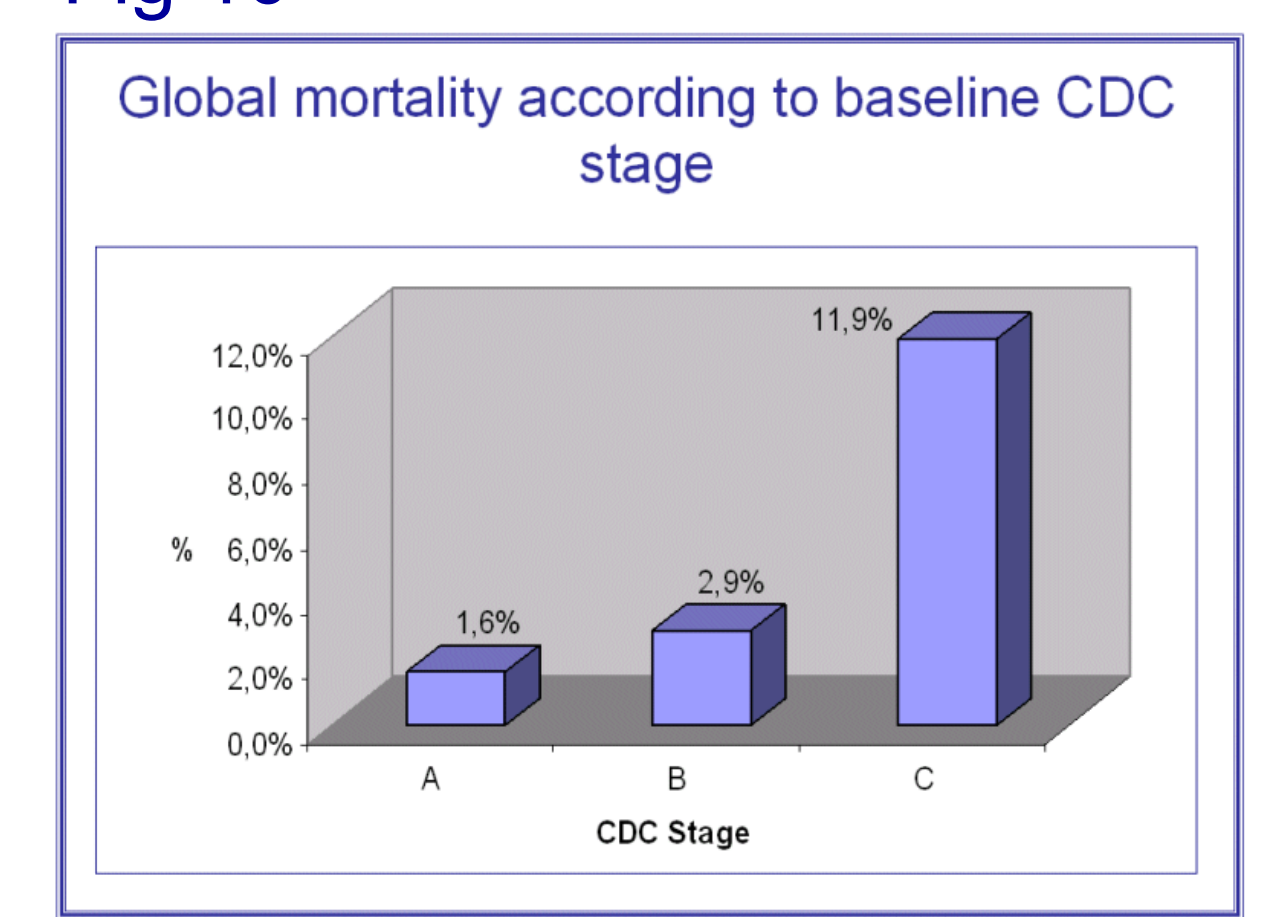


Fig 10



## Conclusion

Expanded access program to state of the art antiretroviral therapy in a middle-income country has been successful in terms of survival in an advanced-disease population. Significant higher mortality was observed only in clinically severe disease (AIDS) or severe immunodepression. A national cohort model may contribute to both, the evaluation of such a program and its overall success

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