# Characteristics of women living with HIV in the RESPOND cohort

Hutchinson J<sup>1</sup>, Kowalska J<sup>2</sup>, Mocroft A<sup>3</sup>, Grabmeier-Pfistershammer K<sup>4</sup>, Wit F<sup>5</sup>, S.De Wit S<sup>6</sup>, Uzdaviniene V<sup>7</sup>, Stephan C<sup>8</sup>, Chkhartishvili N<sup>9</sup>, Pradier C<sup>10</sup>, d'Arminio A, Monforte A<sup>11</sup>, Mussini C<sup>12</sup>, Domingo P<sup>13</sup>, Aebi-Popp K<sup>14</sup>, Carlander K<sup>15</sup>, Wasmuth J<sup>16</sup>, Stecher M<sup>17</sup>, Johnson M<sup>18</sup>, Castagna A<sup>19</sup>, Garges H<sup>20</sup>, Rooney J<sup>21</sup>, Said M<sup>22</sup>, Schmied B<sup>23</sup>,van der Valk M<sup>5</sup>, Konopnicki D<sup>6</sup>, Svedhem-Johansson V<sup>24</sup>, N. Jaschinski N<sup>3</sup>, Neesgaard B<sup>3</sup>, Greenberg L<sup>25</sup>,Haberl A<sup>8</sup>, Menozzi M<sup>12</sup>, Kusejko K<sup>14</sup> Brandes V<sup>17</sup>, Burns F<sup>18</sup>, Ryom L<sup>3</sup>, Petoumenos K<sup>1</sup>

<sup>1</sup>The Australian HIV Observational Database (AHOD), UNSW, Sydney, Austalia, <sup>2</sup>Medical University of Warsaw, Warsaw, Poland, <sup>3</sup>CHIP, Department of Infectious Disease Rigshospitalet, University of Copenhagen, Copenhagen, Denmark <sup>4</sup>Austrian HIV Cohort Study (AHIVCOS), Dept. Of Dermatology, Medical University of Vienna, Vienna, Austria, <sup>5</sup>AIDS Therapy Evaluation in the Netherlands (ATHENA) cohort, HIV Monitoring Foundation, Amsterdam, the Netherlands, <sup>6</sup>CHU Saint-Pierre, Centre de Recherche en Maladies Infectieuses a.s.b.l., Brussels, Belgium, <sup>7</sup>Vilnius University Hospital Santaros Klinikos, Vilnius, Lithuania, 8Frankfurt HIV Cohort Study, Johann Wolfgang Goethe-University Hospital, Frankfurt, Germany, 9Georgian National AIDS Health Information System (AIDS HIS), Infectious Diseases, AIDS and Clinical Immunology Research Center, Tbilisi, Georgia, <sup>10</sup>Nice HIV Cohort, Université Côte d'Azur et Centre Hospitalier Universitaire, Nice, France, <sup>11</sup>Italian Cohort Naive Antiretrovirals (ICONA), ASST Santi Paolo e Carlo, Milano, Italy, <sup>12</sup>Modena HIV Cohort, Università degli Studi di Modena, Modena, Italy, <sup>13</sup>Sant Pau and Santa Creu Hospital, Barcelona, Spain, <sup>14</sup>Swiss HIV Cohort Study (SHCS), University of Zurich, Zurich, Switzerland, <sup>15</sup>Swedish InfCare HIV Cohort, Karolinska University Hospital, <sup>16</sup>University Hospital Bonn, Bonn, Germany, <sup>17</sup>University Hospital Cologne, Cologne, Germany, <sup>18</sup>The Royal Free HIV Cohort Study, Royal Free Hospital, University College London, London, United Kingdom, <sup>19</sup>San Raffaele Scientific Institute, Università Vita-Salute San Raffaele, Milano, Italy, <sup>20</sup>ViiV Healthcare, RTP, North Carolina, USA, <sup>21</sup>Gilead sciences, Foster City, California, USA, <sup>22</sup>European AIDS Treatment Group (EATG), <sup>23</sup>Austrian HIV Cohort Study (AHIVCOS), Medizinische Universität Wien, Vienna, Austria, Abteilung für Atemwegs- und Lungenkrankheiten, <sup>24</sup>Infectious Diseases Department, Karolinska University Hospital, Stockholm, Sweden Klinik Penzing, Vienna, Austria. <sup>25</sup>Centre for Clinical Research, Epidemiology, Modelling and Evaluation (CREME), Institute for Global Health, University College London, London, UK,.

### **Background:**

Women remain under-represented in HIV research and there is a need for more sex-stratified analyses on comorbidities and ageing. We describe women with HIV in the RESPOND consortium, a large multinational observational cohort of people living with HIV.

#### Methods:

Characteristics of RESPOND women were compared to men and presented at baseline: the date of starting an integrase inhibitor (INSTI) after 01-Jan-2012, or for those who did not start an INSTI, the latest of 01-Jan-2012 or enrolment into local cohort. Viral load (VL), CD4, antiretroviral (ART) regimens and burden of comorbidity were presented at first ART initiation ≥01-Jan-2012.

## **Results:**

Of 33, 087 enrolled, 25% were women; 59.5% white, 25.4% black. Median age was 43-years for women, 46-years for men. Prior AIDS diagnosis was reported in 20.6% of women, 19.9% of men; Hepatitis C and B co-infection in 23.9% and 20.0% of women; 5.9% and 7.5% of men; current smoking in 18.6% and 24.9% respectively. At baseline, 51.0% [CI:50.0, 52.1]) of women and 61.4% [CI:60.8, 62.0] of men had dyslipidaemia; hypertension: 27.9% [CI:27.4, 29.4], 35.5% [CI:35.7, 36.9], respectively.

23.9% of women and 31.5% of men initiated first ART ≥01-Jan-2012; at initiation women

were less likely to initiate INSTI (P<0.001), more likely to initiate PI (P<0.001), rates of NNRTI were comparable(P=0.45).</li>

- had a lower proportion with high VL (at 100,000 copies/mL) at all ages, a higher proportion with CD4<350 cells/µL and lower median CD4 cell count at all age-groups except for 55+ years.
- had a lower proportion with ≥ 1 comorbidity (P<0.001) except among those aged 55+ years.

#### **Conclusion:**

RESPOND women were more likely to be black, less likely to smoke and were more treatment experienced at baseline, they differed in terms of ART regimen initiated, CD4 and viral load at first ART. Further investigation of sex differences in RESPOND is required.

Disclosure of Interest Statement: None

Acknowledgements: The International Multicohort Consortium of Infectious Disease study group investigators: ATHENA: F Wit, M vd Valk, M Hillebregt; AHOD: K Petoumenos, M Law, N Rose, J Hutchinson; AHIVCOS: R Zangerle, H Appoyer; CHU Saint-Pierre: S De Wit, M Delforge, Centre de Recherche en Maladies Infectieuses a.s.b.l., Brussels, Belgium: EuroSIDA Cohort: Gilles Wandeler: Frankfurt: C Stephan, M Bucht, Johann Wolfgang; DACIRC: N Chkhartishvili, O Chokoshvili; ICoNA: A d'Arminio Monforte, A Rodano, A Tavelli; I Fanti; Modena: C Mussini, V Borghi; Nice: C Pradier, E Fontas, K Dollet, C Caissotti; PISCIS: J Casabona, JM Miro; RFH: C Smith, F Lampe, M Johnson, F Burns, C Chaloner; San Raffaele Scientific Institute: A Castagna, A Lazzarin, A Poli; Swedish InfCare HIV Cohort: A Sönnerborg, K Falconer, V Svedhem; SHCS: H Günthard, B Ledergerber, H Bucher, A Scherrer, University of Zurich, Zurich, Switzerland; University Hospital Bonn: JC Wasmuth, J Rockstroh; University Hospital Cologne: JJ Vehreschild, G. Fätkenheuer, M Stecher, N Schulze, B Franke; RESPOND **Executive Committee:** L.Ryom, J Rooney, I McNicholl, V Vannappagari, H Garges, G Wandeler, M Law, R Zangerle, C Smith, S De Wit, J Lundgren, H Günthard, L Young, R Campo; RESPOND Scientific Steering Committee: J Lundgren, H Günthard, J Kowalska, D Raben, L Ryom, A Mocroft, J Rockstron, L Peters, A Volny Anne, N Dedes, ED Williams, N Chkhartishvili, R Zangerle, M Law, F Wit, C Necsoi, G Wandeler, C Stephan, C Pradier, A D'Arminio Monforte, C Mussini, A Bruguera, H Bucher, A Sönnerborg, JJ Vehreschild, JC Wasmuth, C Smith, A Castagna, J Rooney, I McNicholl, V Vannappagari, H Garges, L Young, R Campo; Community Representatives: A. Volny-Anne, Nikos Dedes, L. Mendao (European AIDS Treatment Group), Esther Dixon Williams (UK); RESPOND Staff: Coordinating Centre Staff: JF Larsen, B Neesgaard, N Jaschinski, D Raben, L Ryom, L Peters, ML Jakobsen, T Bruun, A Bojesen; RESPOND Data Management Staff: SHW Krøyer, EV Hansen, AK Traytel, TW Elsing, D Kristensen, T Weide; Statistical Staff: A Mocroft, L Greenberg, L Bansi-Matharu, A Pelchen-Matthews, K Petoumenos, N Rose; Funding: RESPOND has received funding from ViiV Healthcare LLC, Merck Sharp & Dohme and Gilead Sciences. Additional support has been provided by participating cohorts contributing data in-kind and/or statistical support: Austrian HIV Cohort Study (AHIVCOS), The Australian HIV Observational Database (AHOD), CHU Saint-Pierre. University Hospital Cologne, EuroSIDA, Frankfurt HIV Cohort Study, Georgian National AIDS Health Information System, Modena HIV Cohort, San Raffaele Scientific Institute, Swiss HIV Cohort Study, AIDS Therapy Evaluation in the Netherlands Cohort, Royal Free HIV Cohort Study. Funding companies had no direct involvement in the conduct of scientific projects. Funders had no direct role in study design, data collection, data analysis, and/or data interpretation.