

## **AIDS 2007 – what is new?**

*Roberto Cauda, Ist. di Clinica delle Malattie Infettive, Università Cattolica S. Cuore, Roma, Italy*

[rcauda@rm.unicatt.it](mailto:rcauda@rm.unicatt.it)

During the past year, several important randomised clinical trials of antiretroviral therapy have been published or reported at the relevant international meetings in the field of AIDS. These have expanded the available options of protease inhibitors as first-line recommended treatments from the initial lopinavir/r to fosamprenavir/r and atazanavir/r, while for saquinavir/r ongoing clinical studies still need long-term confirmatory results. Moreover, new active drug options for multi-drug experienced patients, carrying resistant virus, have become available, including protease inhibitors with higher genetic barrier, such as tipranavir and darunavir. Agents from other classes, such as promising second generation NNRTI-inhibitor etravirine and drugs from two new classes, the integrase inhibitor raltegravir and the CCR5 coreceptor antagonist maraviroc have shown very convincing results and are now available through large phase IIIb studies. Other promising agents from these and other classes are at earlier developmental stages. The long-term safety and efficacy data of these agents will help to define their optimal combination and sequential use, in order to fine-tune and also individualise safe and effective life-long treatment.

The field of opportunistic infections and neoplasms registers on the one hand a continuous reduction, but also still worryingly high prevalences because of AIDS-presenting patients, which still account for substantial AIDS-related morbidity and mortality throughout European countries. Often a shift towards tuberculosis as the most prevalent opportunistic infection is observed, which underscores the need for better surveillance and prevention strategies. New data also highlight the increasing prevalence of non-HIV related morbidity and mortality among HIV-infected patients. Given the ageing of the HIV-infected population, the longer survival and the presence of several co-factors, liver disease, mostly due to HCV, and non-HIV related neoplasms, in particular lung and anal cancer, are increasing their relative incidence. Since the incidence of these disorders are related to the immunodeficiency levels, they may, in the near future, drive decisions towards an earlier initiation of anti-HIV therapy, also in the light of the decreasing toxicity of newer antiretroviral agents.

### **Selected References for Further Reading**

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