

P1918 **Epidemiological and clinical characteristics of HIV-infected patients lost to follow up (LTFU) in a 12-month period: a single-cohort observational study in Northern Italy**

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**Background:** At the end of the nineties, the introduction of cART has led to improved survival in HIV-infected patients. However, cART is a lifelong treatment and retention in care is not guaranteed. Many cohort studies showed large numbers of patients LTFU, with significant clinical implications. The aim of our study was to describe socio-demographic and behavioural characteristics of LTFU in the last year in a high HIV prevalence area.

**Materials/methods:** A retrospective study was conducted on HIV-infected patients lost to follow up from Outpatient HIV Clinic in Brescia, Northern Italy, from June, 30th 2016 to June, 30th 2017, using a database generated with clinical and biochemical data of patients. Inclusion criterion was the lack of a contact with Outpatient Clinic in the last 12 months. A descriptive analysis of patients characteristics was performed.

**Results:** 63 patients were LTFU in the study period (1.7% of 3736 Outpatient Clinic patients), after a median follow up of 125 months (IQR 28-205). Median age was 47 (IQR 43-54), 66.7% were male and 69.8% were born in Italy. 42.8% declared as risk factor for HIV acquisition heterosexual intercourses, while 20.6% classified themselves as MSM/bisexuals; 34.9% were IDVU. Median CD4+ cells count at the time of diagnosis was 467 cells/microL (IQR 232-676); AIDS-defining events were reported in 31.7% of patients during previous follow up. Median CD4+ cells at last contact with the Clinic was 530 cells/microL (IQR 335-756). Notwithstanding 100% of LTFU patients were on cART at the time of last contact, HIV-RNA was detectable (>37 copies/mL) in 28.3% of patients with available data (*versus* undetectability rate of 92.2% in our Outpatient Clinic cohort).

**Conclusions:** In our cohort, we found that even in a country with universal and free access to cART, LTFU are still present. Previous studies reported that younger patients, women, not-caucasian, and recently diagnosed are more likely to be LTFU; our preliminary data seem to diverge from these reports. To note, 28.3% of patients presented detectable HIV-RNA at last contact notwithstanding cART, suggesting previous scarce adherence. Large studies are needed in order to promote local strategies to improve retention in care.