

## New year 2007-2008

December 2007

Dear colleagues and friends,

On the verge of entering a new year, it is time to reflect on the accomplishments we have jointly made and at the same time prepare mentally for the year to come.

2007 was a successful year for CHIP. We got two manuscripts published in NEJM and Lancet, respectively. Quite an extraordinary accomplishment, but not an exception, as this follows a trends the group has experienced in the last 5 years. We also was able to complete the 8<sup>th</sup> merger of the D:A:D database, and as a result have made some truly astounding observations that will come into the public domain by February 2008 we hope. We have also completed two follow-up visits in EuroSIDA – a study started in 1994 and hence celebrated its 13 years birthday on 2<sup>nd</sup> May 2007 – what a teenager. EuroSIDA is by fare the most scientifically productive study CHIP has been involved with – there are plenty of ideas to keep it that way. Affiliated with this is the HIV/TB study – the first phase of which was completed in 2007 as well. The SMART database was closed here in December – the last forms arrived on Friday the 28<sup>th</sup> December – not a day to late. Again, exciting new data will come from this extraordinary large dataset – they will see the day of light in February 2008. ESPRIT and SILCAAT “survived” another DSMB review, and is now on track to be completed as originally designed back in 1998. Amazingly that we have been able to maintain enthusiasm for one single research question for a decade! The PASS study included patient number 400 in December, and is by fare the most under funded success CHIP has ever been able to pull though. The bioinformatics group has further professionalized itself, and has launched into

some very interesting projects related to neutral networks.

You can say that all the accomplishments above are merely “business as usual” – and indeed they are. They reflect a research group with an longer-term aim. However, what has made 2007 a true success is that we did this and also survived relatively intact from being kicked out of Hvidovre Hospital on a few days notice, lived “among boxes” for two months and then survived another move. That is just amazing, and reflects on a group with a considerable inner strength. Therefore, the celebrations on the 30<sup>th</sup> November in relation to the official opening of CHIP at Panum must be the highlight of 2007.

### **Thanks to all of you for being there and contributing with your share to this.**

2008 will hopefully be less dramatic than 2007, as least from a logistical point of view. Conversely, it is very likely that 2008 will be equally exciting from a scientific point of view. There are the emerging findings from D:A:D, SMART, EuroSIDA and HIV/TB currently in preparation. However, it will be extraordinary (almost unbearable) exciting once ESPRIT and SILCAAT (and hopefully also PASS) will be unblinded in the end of 2008. What will these studies show and how will that impact on patient management strategies thereafter? As investigators, these are times we live for - but do they have to come at such short intervals?

START will start in 2008 – everything is now lined up for this to happen. CHIP is - in the first phase of the study – responsible for 16 sites in Belgium, Denmark, Finland, Germany, Portugal, Spain. It is VITAL for START (and for INSIGHT) that CHIP’s trial team successfully starts to recruit patients from these sites – in record time. We all know how time consuming and complicated it is to get a randomised controlled study underway – but CHIP has done this many times by now,

and now is the time to show that we have learned from our experiences.

2008 will determine how EuroCOORD will be structured; the administrative umbrella collaboration that will apply for funding from FP7 for European HIV observational research effort from 2010-2014. A critical meeting will take place on 10-11<sup>th</sup> January at CHIP with relevant interested parties.

D:A:D will take a new form in 2008. There are strong support from the CHMP at the EMEA to transition D:A:D into a structure that is able to – on a longer-term – being able to address whether longer-term exposure to antiretroviral therapy affects function of the bodies various organs. But this can't be done without significant investments. For now, we are guaranteed funding until 2010, and will start to collect other outcomes than the cardiovascular disease, diabetes and causes of death we have focused on so fare. We will need more staff resources at CHIP than what is currently dedicated to D:A:D to deal with this challenge.

After the move to Panum, CHIP has become affiliated with ISIM; and we will get new responsibilities related to ongoing research efforts by other groups at ISIM but also educational activities. By September 2008, CHIP & ISIM will submit an application to develop a master degree in HIV. The motivation for this is that such a master degree is needed; there are few places globally where health professionals interested in dedicating their professional life to HIV can be properly specialized. CHIP has a lot to offer to fill this gab. This also means that some of the resources in CHIP will have to be switched to provide support for this masters course to be executed – a challenge this team will be faced with in 2009.

From 1<sup>st</sup> November 2007, CHIP also became affiliated with “Centre for Viral Diseases (CVD)/KMA” at Rigshospitalet. In fact, the

three components of CVD are: (i) The Virus Laboratory at Rigshospitalet (*head*: Nikolai Kirkby), (ii) a nucleus of medical counselling expertise related to viral diseases (*acting head*: Claus Bohn Christensen), and (iii) CHIP. A challenge for 2008 will be how best to integrate CHIP in these two other activities of CVD with an aim to fully exploit the knowledge and expertise CHIP possesses for the benefit of all three sections. Hopefully all staff at CHIP will proactively welcome this opportunity for bonding in new ways and contribute also to the medical management of patients physically close to us. At least in an attempt to ensure that Jens will not go completely made by overstretching himself as head of CVD.

It is clear that our activities in relation to ISIM and CVD/KMA have to be funded one way or another. CHIP does not have the financial resources to accomplish the aims – but during a bridging period we will have to. However, an important section of thinking of how to engage in these activities is how to get the activities financially covered.

And finally, there is all the other exciting tasks to accomplish in 2008, including enrolling some more patients in STALWART, complete the two scheduled follow-up visits in EuroSIDA, identify a new cohort of patients in EuroSIDA, plan and execute post-graduate courses in HIV management in association with EuroSIDA, NEAT and ACTIVATE (including the “Minsk Course” and the pre-Glasgow conference course), and continue our collaboration with the European office and the head quarters of WHO. Hopefully the latter will lead to CHIP becoming an official WHO collaborative centre in 2008 – an application has been submitted, let's see how it goes.

Happy New Year!

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