

### Athens Multicenter AIDS Cohort Study (AMACS)

The AMACS is a collaborative, open, ongoing, population-based cohort study initiated in 1996 with the financial support of the Hellenic Center for Infectious Diseases Control (HCIDC). Currently, the 11 largest HIV-1 clinics based in Athens, Greece participate in the study, whereas recently two additional clinics (one based in the North and one in the South part of Greece) have joined AMACS.

The aim of the study was to establish a large database of HIV-1 infected individuals in Greece to enable the investigation of the trends in the natural history of the HIV-1 in the era of HAART.

Specific objectives of the project are:

- To monitor and describe the temporal trends in the frequency of AIDS-defining events and/or of AIDS and non-AIDS related deaths.
- To assess the long-term efficacy of HAART
- To identify factors associated with virologic and immunologic response to HAART
- To monitor and describe the temporal trends in the rates of development of resistance

All HIV-1 positive subjects seen in one of the collaborating clinics who were alive on January 1, 1996 (the presumed date of HAART availability) and had been followed in the same clinic for at least 1 year or are still under follow-up were eligible for participating in the AMACS. Data were collected retrospectively from the medical records initially and prospectively thereafter.

In accordance with data protection policy, data are provided by the clinics anonymously. A personal identification number derived from the patients' initials and date of birth enables the clinics to avoid multiple registrations on single patients. The study has been approved by the Athens University IRB, the HCIDC IRB, the National Organization for Medicines and the National Ethics Committee.

A standardized protocol is used for data collection. A variety of data are recorded at study entry including demographic characteristics, clinical events and deaths, antiretroviral therapy (including reasons for change, serious adverse events and lipodystrophy), laboratory tests (including hepatitis results) and resistance tests results (if available). Data are updated biyearly. To date, data on 3354 subjects have been recorded and checked for errors or inconsistencies. The population is 82.28% male, and risks factors of HIV infection are homo/bisexual sex 50.83%, heterosexual sex 26.34%, other 5.62% and unknown 17.21%. 79.26% of the study population is of Greek origin. Hepatitis status is known for 2709 of the 3354 (80.77%) study participants, with 14.69% of them been HCV and/or HBV co-infected. HIV-1 subtype has been determined in 1329 (39.62%) subjects. Of them, 63.73% were infected with subtype B and 23.18% with subtype A.

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Publications:

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