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Session Number: 142

Session Title: HIV Session II

Session Type: Slide Session

Primary Category: I. HIV/AIDS and other Retroviruses

Session Start: 9/24/2001 8:30:00 AM

Session End: 9/24/2001 11:00:00 AM

Location: E450

Continuing 2.5 hours

Education:

Description:

- Manage cardiovascular and bone-related of HAART
- Describe the teratogenic risk to infants of HAART therapy
- Understand the complexities of genotypic resistance testing

Presentations:

- William G. Powderly -- 1321. Emerging Complications of HIV Therapy
- Charles A. B. Boucher -- Moderator
- William G. Powderly -- Moderator
- Harold Burger -- 1322. Preferential Suppression of CXCR4 Specific HIV-1 Strains by Antiviral Therapy and Dynamics of Response
- Annemarie M. J. Wensing -- 1323. The ENVA-3 World Wide Evaluation Study Shows Extensive Differences in Interpretation on HIV-1 Genotype Analysis
- B. A. Larder -- 1324. Analysis of Clinical Isolates and Site-Directed Mutants Reveals the Genetic Determinants of ddI Resistance
- P. M. Garcia -- 1325. Assessing the Teratogenic Potential of Antiretroviral Drugs: Data from the Antiretroviral Pregnancy Registry (APR)
- R. Weber -- 1326. Risks for Cardiovascular Disease (CVD) Associated with Antiretroviral Therapy (ART)
- Michel Duong -- 1327. Detection of Silent Myocardial Ischemia in HIV-Infected Patients Undergoing Antiretroviral Therapy Using Exercise Test
- S. Tsiodras -- 1328. Osteoporosis in HIV Infected Patients Treated with HAART is Independent of Protease Inhibitor Use
- K. Struble -- 1329. Bone Fracture (FX) Rates In HIV + Patients Receiving PI Vs Non-PI Regimens





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Assessing the Teratogenic Potential of Antiretroviral Drugs: Data from the Antiretroviral Pregnancy Registry (APR)

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Presentation Number: 1325

Keywords: pregnancy, teratogenicity

Background: The antiretroviral pregnancy registry (APR) is designed to detect any increased rate or pattern of birth defects from exposure to antiretroviral drugs used in pregnancy. **Methods:** In 1989, an international registry of pregnancies exposed to antiretroviral agents prospectively reported by health care providers was established. Timing of exposure and dosage are obtained. Immediate newborn outcome data are solicited at the time of delivery. Birth defect risk is compared with data from the CDC's population-based surveillance system. **Results:** As of January 2001, there were 1630 evaluable, prospective cases with follow-up data. The prevalence of birth defects among first trimester exposures with a live birth (LB) is 1.9/100 (12 defects / 638 LB, 95%CI 1.0%, 3.3%) for **any** antiretroviral drug. For any zidovudine or lamivudine 1st trimester exposures (used alone or in combination with other drugs) there were 8 defects/478 LB [1.7%, 95%CI 0.7%, 3.3%] and 9 defects/417 LB [2.2%, 95%CI 1.0%, 4.1%], respectively. No consistent or unique pattern of defects was seen. **Conclusion:** To date, registry data demonstrate no significant increase in the prevalence of birth defects for first trimester ARV exposure in the aggregate or ZDV or 3TC exposure in particular, although the power to detect such an increase is limited. Accumulated cases of exposures to other individual antiretroviral agents are, as yet, insufficient to make reliable assessments of fetal risk. Prospective reports of antiretroviral exposures are critically important to determine their teratogenic potential and can be made by calling (800) 258-4263.

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