## *Submitting an abstract for the PAGE meeting*

Abstracts must be submitted online to the PAGE web site (www.page-meeting.org) by clicking on 'Register / submit abstract' under the heading for the upcoming meeting. You must register as a participant before you can submit an abstract and you can only register after you've provided us with your personal address information. Upon submission of an abstract, an e-mail will be sent out to you with your abstract and a pdf of the HTML-code. This e-mail will also be sent to the committee responsible for peer review in the selected category and abstract-updates may be requested. Abstracts will remain invisible until release of the final program.

A structured abstract is required (Objectives/ Methods/ Results/ Conclusion/ References) with number of characters (including spaces) **not exceeding 2,500 but not less than 1,000** for the abstract itself (i.e. excluding Title/ Authors/ Affiliation and References). An example is provided below.

There are separate fields for entering your abstract title, the authors, the associated institution or affiliation and the type of abstract you wish to present (oral or poster). If authors are from different institutions please use the following format:

Title: Title Using Title Case

Author: Author1 (1), Author2 (1), Author3 (2)

Institution: (1)Affiliation1; (2) Affiliation2

The abstract text itself must have the following layout:

```
<P><STRONG>Objectives:</STRONG> Text regarding objectives.</P>
<P><STRONG>Methods:</STRONG> Text regarding methods.</P>
<P><STRONG>Results:</STRONG> Text regarding results.</P>
<P><STRONG>Conclusions:</STRONG> Text regarding conclusions.</P>
<P><STRONG>References:</STRONG> <BR>
[1] Text for reference 1.<BR>
[2] Text for reference 2, etc etc<BR></P>
```

## *How to produce such an abstract*

There are two options for entering abstracts, depending on the type of internet-browser you use.

### *Internet Explorer and MsWord*

Maximum ease is provided for users of Internet Explorer 5.5 and up. All you need to do is make your abstract in MsWord, choose select all (control A), copy it (control C) and then past it (control V) in the internet-abstract window. If you use symbols (like sigma), be sure to use the "normal text" font and not the "symbol" font, because it will not copy well.

### *All other browsers*

If you do not use Internet Explorer, abstracts must be entered as plain text with formatting options applied using a restricted set of HTML-codes.

Basically, the only HTML-codes allowed are:

<P> and </P> : between these two codes, text is entered for a paragraph. Two paragraphs are automatically separated by a blank line.
<STRONG> and </STRONG> : between these two codes, text is displayed as bold.
<BR> : this code allows a jump to a new line without ending the paragraph

The preferred template for an abstract is therefore:

On the web this will look like:

**Objectives:** Text regarding objectives.

**Methods:** Text regarding methods.

**Results:** Text regarding results.

**Conclusions:** Text regarding conclusions.

**References:**
[1] Text for reference 1.
[2] Text for reference 2, etc etc

If you do not use any codes, your text (whichever way you enter it) will be one long uninterrupted sequence (no line breaks etc).

Although it may be tempting to make your abstract using a word-processor and then saving it as HTML and entering the result in the abstract window, this will result in a multitude of HTML-codes and you will be asked to re-submit your abstract.

***Example abstract:***

**Title:** Population Pharmacokinetics and Effects of Efavirenz in HIV Patients

**Author:** C. Csajka(1), C. Marzolini(1), K. Fattinger(2), L.A. Décosterd(1), J. Fellay(3), A. Telenti(3), J. Biollaz(1), T. Buclin(1)

**Institution:** (1)Divison of Clinical Pharmacology, University Hospital CHUV, Lausanne, Switzerland; (2)Division of Clinical Pharmacology, University of Zürich, Switzerland; (3)Division of Infections Diseases, University Hospital CHUV, Lausanne, Switzerland

**Objectives:** The reverse transcriptase inhibitor efavirenz is currently used at a fixed dose of 600 mg qd. Dosage individualisation based on plasma concentration monitoring might however be indicated. This study aimed to assess efavirenz pharmacokinetic profile and interpatient versus intrapatient variability in HIV positive patients to explore the relationship between drug exposure, efficacy and CNS toxicity and to build up a Bayesian approach for dosage adaptation.

**Methods:** The population pharmacokinetic analysis was performed using NONMEM based on plasma samples from a cohort of unselected patients receiving efavirenz. With the use of a one-compartment model with first order absorption, the influence of demographic and clinical characteristics on oral clearance and oral volume of distribution were examined. The average drug exposure over one dosing interval was estimated for each patient and correlated with markers of efficacy and toxicity. The population kinetic

parameters and the variabilities were integrated into a Bayesian equation for dosage adaptation based on a single plasma sample.

**Results:** 235 patients contributed to 719 efavirenz concentrations. Oral clearance was 9.4 L/h, oral volume of distribution was 252 L and the absorption rate constant was 0.3 h-1. Of the covariates evaluated, the African ethnicity and drugs inhibiting the cytochrome P4503A4 showed an influence on efavirenz pharmacokinetics. A large interpatient variability was found to affect efavirenz relative bioavailability (CV 54.6%), while the intrapatient variability was small (CV 26%). An inverse correlation between average drug exposure and viral load and a trend with CNS toxicity were detected. This enabled the derivation of a dosing adaptation strategy suitable to bring the average concentration into a therapeutic target of 1000-4000 mg/L, to optimise viral load suppression and minimise CNS toxicity.

**Conclusion:** The high interpatient and low intrapatient variability, along with the relationship with markers of efficacy and toxicity, make efavirenz a drug suitable for therapeutic drug monitoring. Individualisation of efavirenz dosage regimen based on routine drug level monitoring appears suitable for its optimal management.

***Using HTML codes:***

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