There are no translations available.

The Conference brought together like the previous several thousand participants and presented hundreds of results. The reading committee has selected the abstracts submitted, retaining about one half. Our association has submitted seven abstracts, but only one was selected. The reason seems to be a lock routine pharmaceutical lobbies that do not tolerate any information that run counter to their interests. Any information on Complementary / alternative or non-consensual disappeared from this type of conference sponsored by pharmaceutical companies. In addition, very few new results from the IAS in Rome last July were presented. It is time to reflect on the appropriateness of conferences on AIDS as frequent, commercial operations, which only serve to hammer home the truth lobbies and forget reading the great scientific and medical journals, more nuanced and varied in of approaches. Numerous clinical trials using a wide range of antiviral drugs including AZT the dinosaur antiviral still prescribed in 13% of naïve patients (although it is recognized as the most toxic antiviral!)and also the more recent antiviral: anti-integrase (raltegravir , elvitegravir, Dolutegravir) and new NNRTI (rilpivirine, Lersivirine). Efavirenz is trying to establish itself in strength with fifty works presented in spite of neuropsychiatric disorders recognized it induces. The same is true of Maraviroc (twenty works), which has forgotten the increase in malignancies that were observed during initial testing being forgotten. Many trials are intended only to show the superiority of one molecule of a firm compared to the competitor. It seems that many of the clinical trials presented all of which result in an undetectable viral load and increased CD4, sooner or later have no major interest. Only new molecules designed to overcome the situations of failure are useful for the patient. The only interest of the patient is to have effective treatment, the least toxic on long or very long term and easy to use. This conference has not met the expectations of patients including the toxicity and the possibility of intermittent treatments and a single dose daily.

Cardiovascular, liver, bone, kidney toxicity, tumor, neurological disorders remains high especially in the long term and still cause the majority of deaths in people with HIV Among the trials we can mention: -ANRS 145 trial with Maraviroc aimed to increase the CD4 in patients with undetectable viral load, but now a low CD4 count (Cuzin et al. PS1 / 6). There is a significant increase in CD4, but remains derisory (from an increase of 14CD4/year before treatment to 23 CD4/year on treatment) -Intensification of HAART with Maraviroc (S. Rusconi, PS1 / 7). Maraviroc preserves CD4 naîve and tends to increase the pool of memory cells. -A trial on the reduction of abdominal fat by tesamoraline (SK Grinspoon et al. PS9. 3 / 2). The results seem encouraging, with nearly 70% of responders -Our contribution, which explains the mechanism by which protease inhibitors induce lipodystrophy and provide ways to overcome them (Tran MKG and al.PS2 / 6 full version C.71on this website) Much space has been reserved for HIV-HCV coinfection with thirty oral presentations and poster. The only proposed treatment is interferon + ribavirin + a protease inhibitor if necessary (Boceprevir or telaprevir) with mixed results, side effects, a significant proportion of non-responders (25%) leading either to death or to the patients liver transplantation for very expensive (> € 50,000). However, other

effective treatments, inexpensive and without side effects do exist and they have not even been mentioned by the speakers, through ignorance or because of conflicts of interest with the pharmaceutical industry! This is silymarin, extracted from milk thistle (Jessica Wagoneret al. Hepatology, Volume 51, Issue 6, pages 1912-1921, June 2010) that recent tests showed it was effective intravenously ( P. Ferenci et al. Antivir. Ther 2011,16,1327-33) in patients resistant to standard treatments (Biermer M. et al. 1137,2009,390-391 Gastroenterology), but also in oral form with a mixture of phosphatidylcholine and silymarin (Milk Thistle), multiplying by 10 the bioavailability (Reddy Kret al. Clin. Trials, 2011, XX 0.1 to 11). Finally it was observed that silibinin monotherapy intravenous allow a patient to eradicate HCV coinfected and control HIV (Ferenci P.et al, J Clin Virol. October 2010, 49 (2): 131 - 3). Moreover, in case of liver transplantation after failure of standard treatment, the silibinin prevents re-infection (P. Neuhaus et al. Exp Clin Transplant. 2011 Feb; 9 (1) :1-6, P. Ferenci et al. J Hepatol . March 2011, 54 (3) :591-2; author reply 592-3, Neumann UPet al.J Hepatol. Jun 2010, 52 (6) :951-2). The failure to take account of these results in a meeting of "experts" is criminal and intolerable for patients who can doubt that rightly the merits of their treatment. In conclusion "POSITIFS" is more and more disappointed by the international conferences which follow one another and are repeated with a selection of papers presented increasingly dictated by the pharmaceutical lobby and where the patient's interest and the public purse is not the priority. It is urgent to remove all the committees of reading experts with conflicts of interest with the pharmaceutical industry.