

Abstract Preview

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Abstract category: C11 Methodological issues for epidemiological research

Abstract title: **Censoring Issues in Observational HIV Treatment Cohorts: Describing different approaches to censoring and their effects on estimates of mortality and losses to follow-up in a multinational cohort collaboration from resource-constrained settings.**

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Abstract text: **Background:** In HIV cohort studies it is inevitable that for many patients survival times will be censored. Our objective was to describe the effect of different definitions of loss to follow-up (LTFU) and time of censoring on mortality estimates in the Antiretroviral Treatment in Lower Income Countries (ART-LINC) Collaboration.

Methods: Eligible patients were previously treatment naïve, and had at least one day of follow-up. A patient was defined LTFU when the last visit was within 12 months of treatment initiation, although there were at least 12 months of potential follow-up time until closure of that clinic's database. Clinics were considered to have 'active tracing' if patients were systematically traced at home or by telephone. Random effects Weibull models were used to estimate mortality in the first year.

Results: Among 2725 eligible patients in clinics with active tracing, 331 (12%) were LTFU. In clinics with passive tracing, 396/2085 (19%) were LTFU. Among patients in clinics with active tracing and with ≥ 1 year of potential follow-up, 71% of patients returned in months 1-6, 17% in months 7-12, and 12% only after 12 months. In clinics with passive tracing, 58% of patients returned within 12 months and 42% only after 1 year. Defining the censoring date as the last date the patient was seen within the first year of treatment, cumulative mortality estimates were 6.4% (95% CI 5.1-7.7) and 2.3% (1.5-3.2) for clinics with active and passive follow up respectively. We will compare these estimates with those from alternative censoring strategies.

Conclusions: A considerable proportion of patients are seen after a break of more than 12 months, even in clinics with active follow-up. Our results indicate that the timing of censoring has an important influence on estimated cumulative mortality in patients receiving antiretroviral therapy, and has implications for the definition of LTFU.

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