

What is CANOC?

CANOC is an initiative of the BC-CfE's Epidemiology and Population Health Program. It is an integrated network of all registered treatment information from eleven cohort databases across British Columbia, Ontario, Quebec, Saskatchewan and Newfoundland. This collaboration of national researchers and select databases establishes policy-relevant studies in HIV therapeutics, population and public health.

The primary aims of CANOC



Develop in Canada a nationally and internationally recognized and policy-relevant program of research in HIV therapeutics and population and public health.

Establish mentoring, training and research opportunities for graduate students, postdoctoral fellows and clinicians interested in HIV cohort research in Canada.

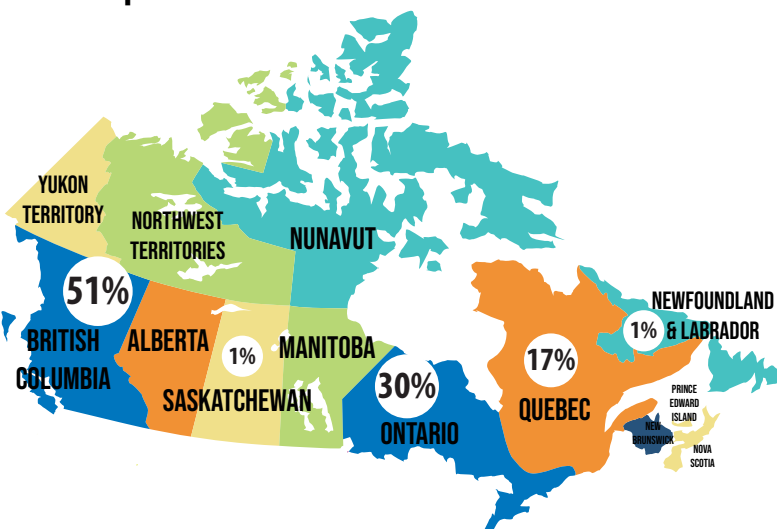
Improve research and dissemination to physicians and individuals living with HIV and improve knowledge translation of research on HIV therapeutics into HIV treatment guidelines.

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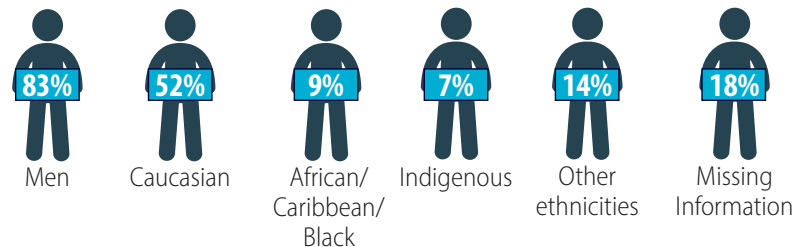
About CANOC

The Canadian Observational Cohort (CANOC): Canada's largest multi-province study of people living with HIV on antiretroviral therapy

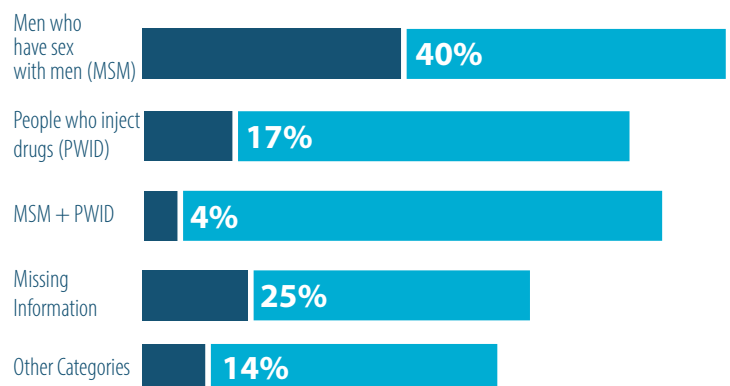
Between January 2000 and December 2016, CANOC included 11,748 participants in five provinces:



Characteristics:



HIV risk or acquisition groups:



Among the 10,060 participants followed for ≥ 1 year, 77% had achieved HIV viral suppression (two consecutive measures < 50 copies/mL).¹

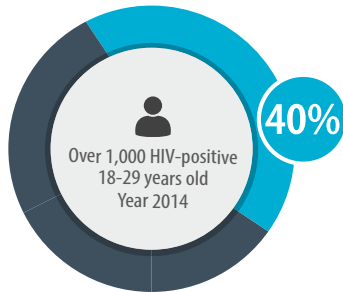
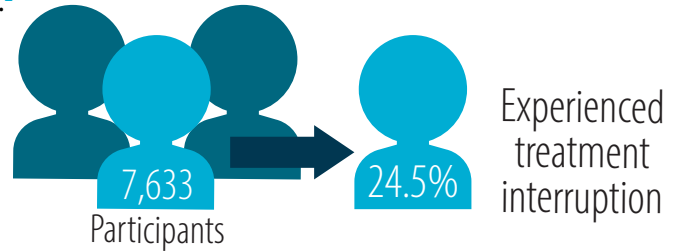
RECENT FINDINGS FROM CANOC



HIV treatment interruptions are important to address

Despite substantial improvements in combination antiretroviral treatment since its advent in 1996, findings from CANOC demonstrate that treatment interruptions remain relatively prevalent.²

Of the total of 7,633 participants eligible for inclusion in the 2014 study, 24.5% experienced a treatment interruption. An interruption was defined as 90 days or more off HIV antiretroviral treatment. Strategies to support continuous HIV treatment are needed to maximize benefits, such as improved quality of life and longevity.



Late initiators of HIV antiretroviral treatment

A notable proportion of youth living with HIV start treatment late

Late initiation was defined as beginning HIV antiretroviral treatment with a CD4 count that was less than 200 cells/mm³ (an indicator of a weakened immune system and HIV progression) or having an AIDS-defining illness. Late initiation was associated with female gender, being over 25 years of age at initiation of HIV treatment, initiating treatment in earlier years and having higher baseline viral load.³

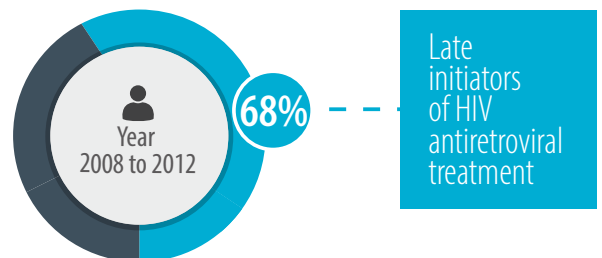
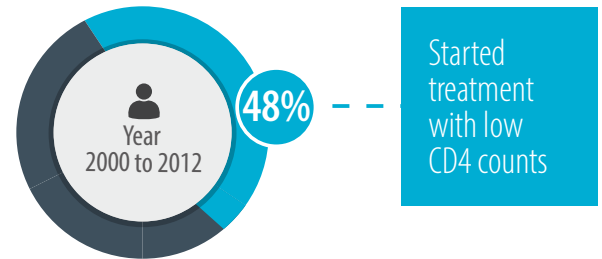
The high number of young adults in CANOC starting HIV treatment late indicates important target populations for specialized services, increased access to HIV testing and linkages to care.

Nearly half of Canadians with HIV started treatment late between 2000 and 2012

From 2000 to 2012, 48% started HIV antiretroviral treatment with low CD4 counts, an indicator of a weakened immune system, or with an AIDS-defining illness.⁴ A substudy considered late initiation as fewer than 350 cells/mm³. It found that between 2008 and 2012 68% of participants started HIV treatment late.

Women, older adults, and individuals who inject drugs are among those more likely to start treatment late.

Over the study period, there was a shift towards earlier treatment initiation, reflective of more modern treatment guidelines and the availability of better treatment options.



REFERENCES

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