Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Italian Cohort I. C. O. N. A. Naive Antiretrovirals

I nuovi naives: la coorte ICONA

Antonella d'Arminio Monforte

Università di Milano

Fondazione ICONA

AGGIORNAMENTI INFETTIVOLOGICI: HIV, EPATITI &...

la sottoscritta **Antonella d'Arminio Monforte**
in qualità di relatore

ai sensi dell'art. 76 sul Conflitto di Interessi, comma 4 dell'Accordo Stato-Regioni
del 2 febbraio 2017 e del paragrafo 4.5.del Manuale nazionale di accreditamento
per l'erogazione di eventi ECM

dichiara

che negli ultimi due anni ha avuto i seguenti rapporti anche di finanziamentocon soggetti portatori di interessi commerciali in campo sanitario:

Gilead
Merck Sharpe and Dohm
Pfizer
ViiV

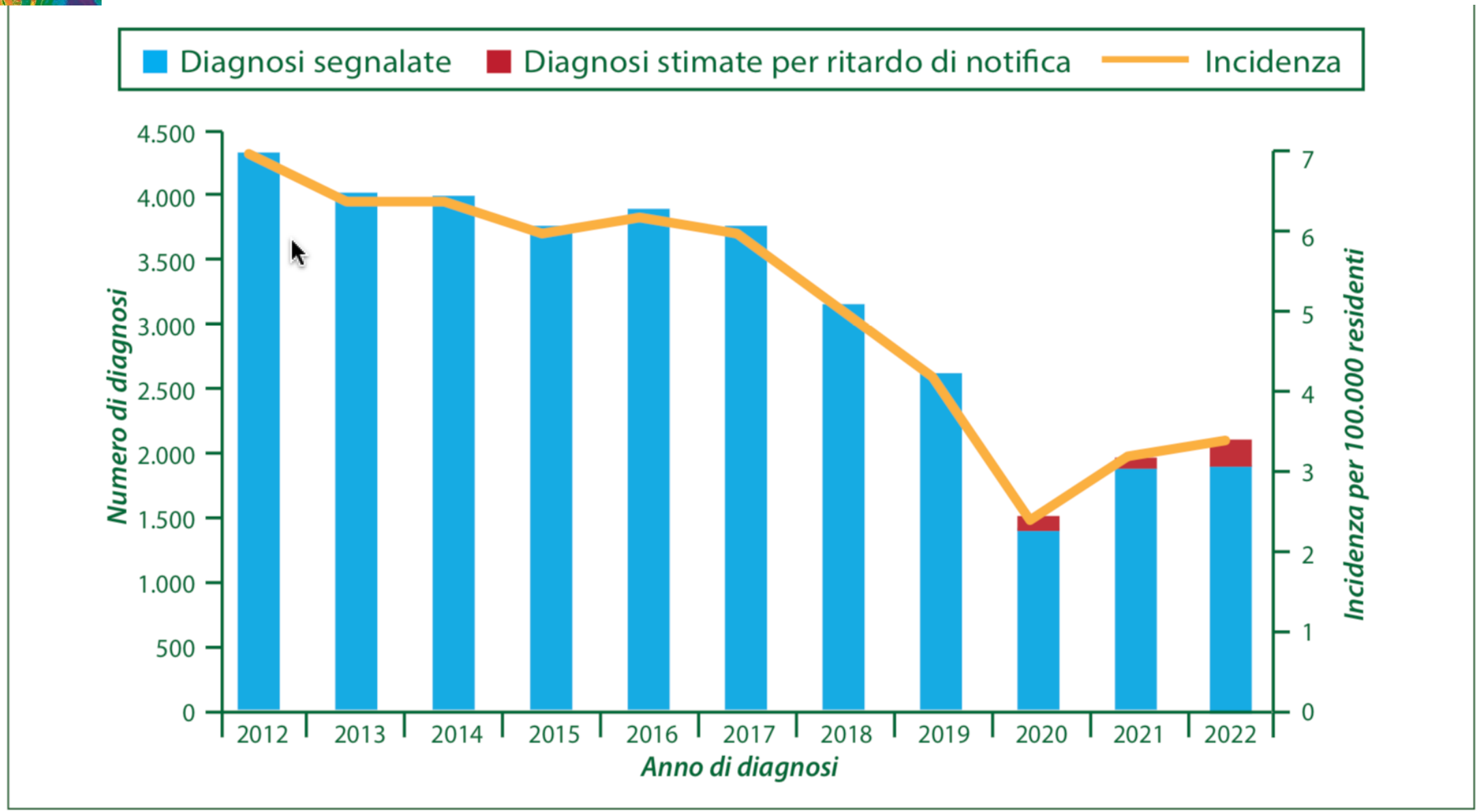
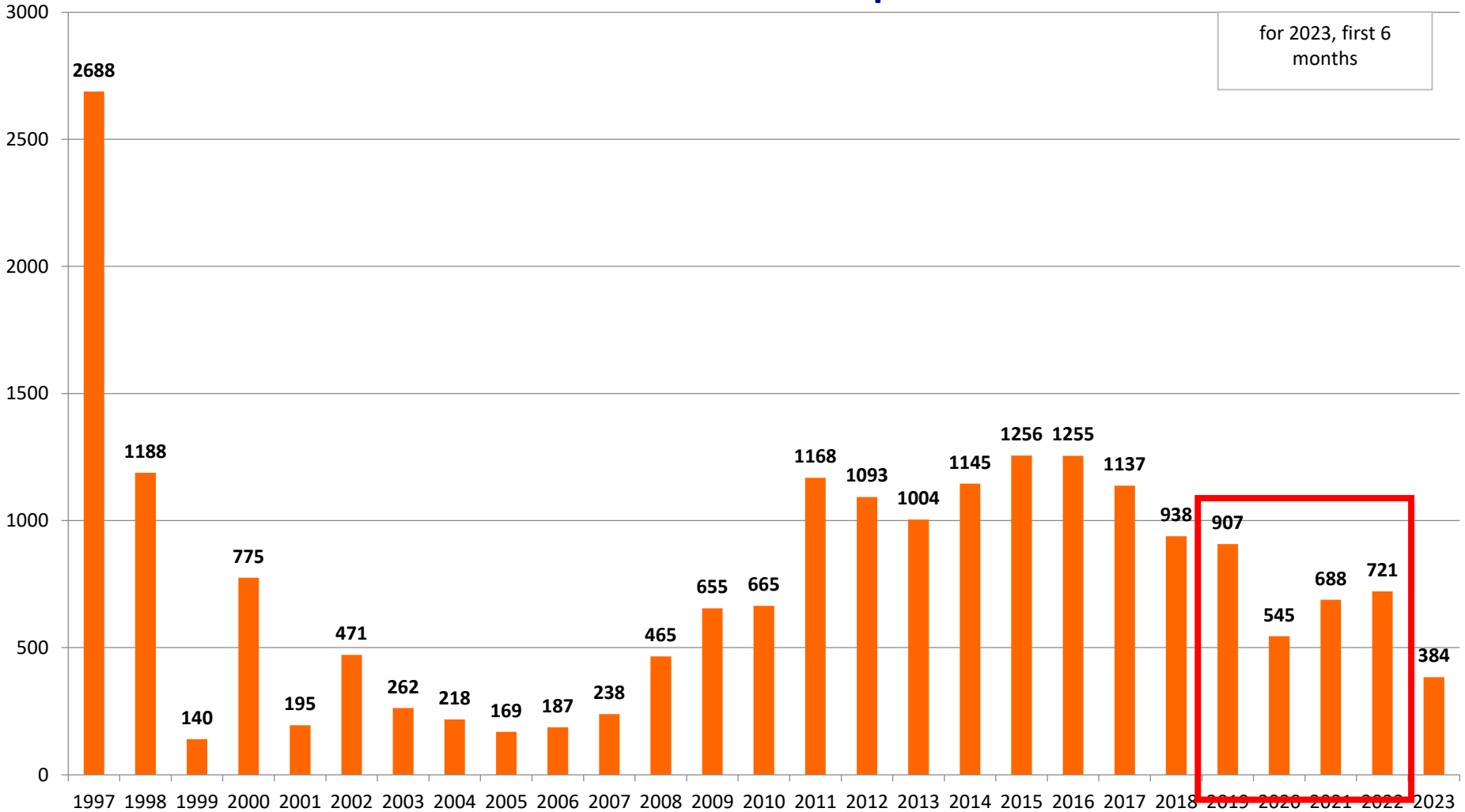


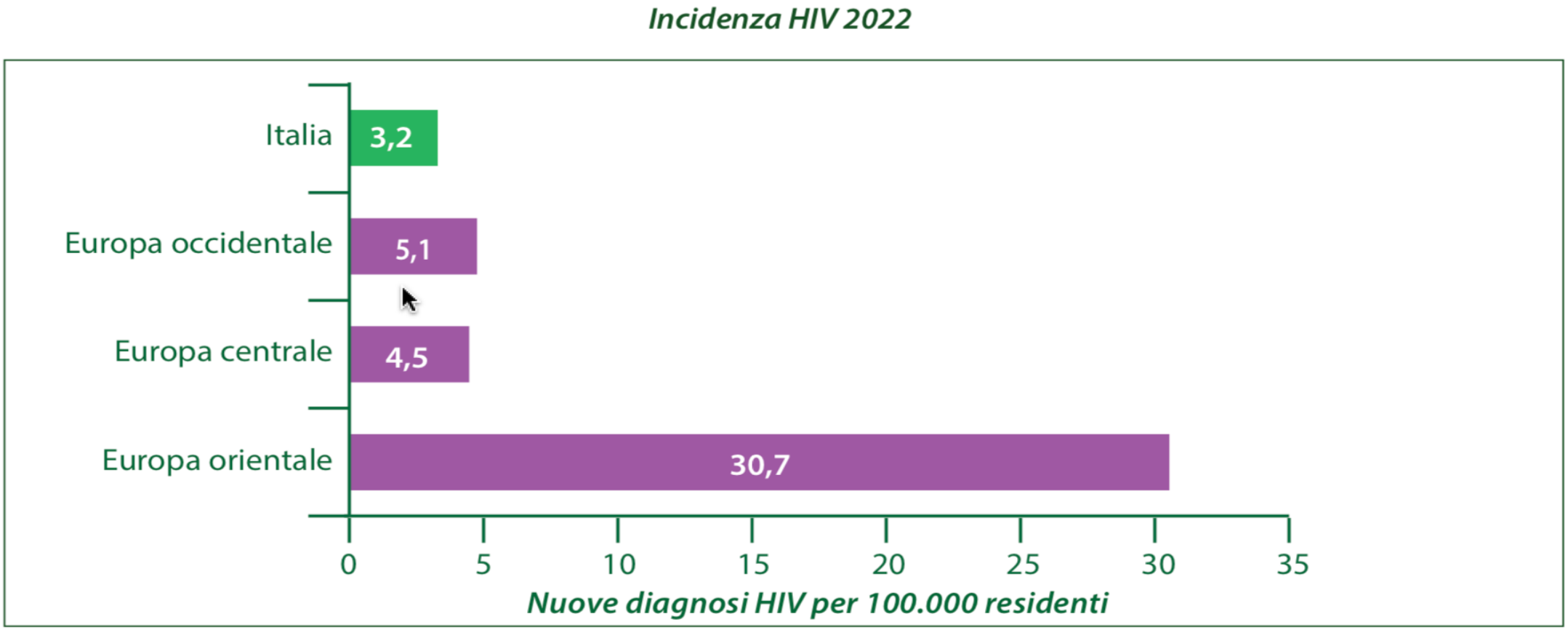
Figura 1 - Nuove diagnosi di infezione da HIV e incidenze corrette per ritardo di notifica (2012-2022)

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Number of patients enrolled by calendar year
20557 Icona patients

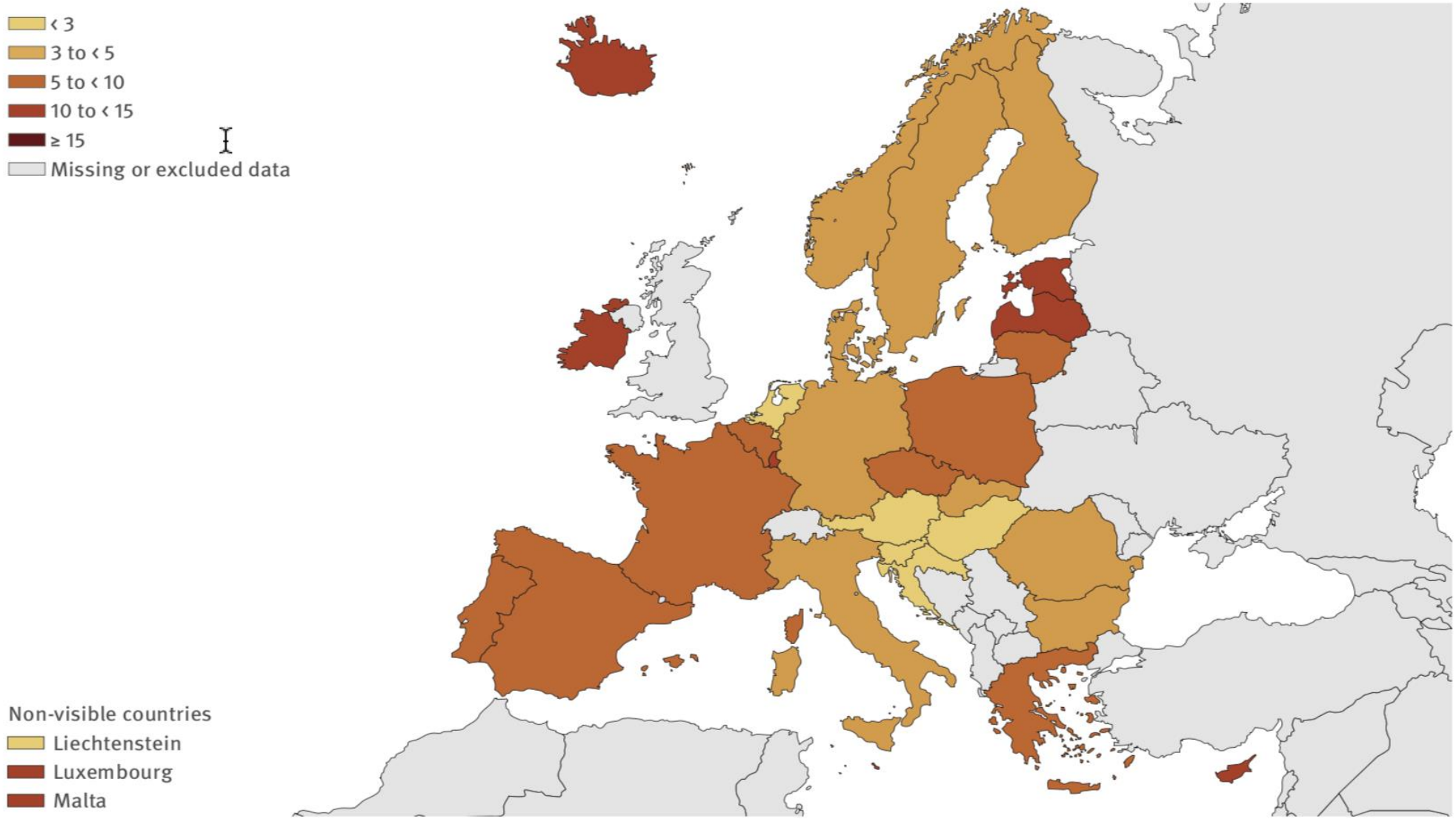


Jun 2023 Report



Incidenza HIV: numero di nuove diagnosi HIV per 100.000 residenti in Italia e nelle principali aree geografiche europee.
Fonti: Sistema di Sorveglianza HIV nazionale, *ECDC/WHO. HIV/AIDS Surveillance in Europe 2023-2022 data (1)*

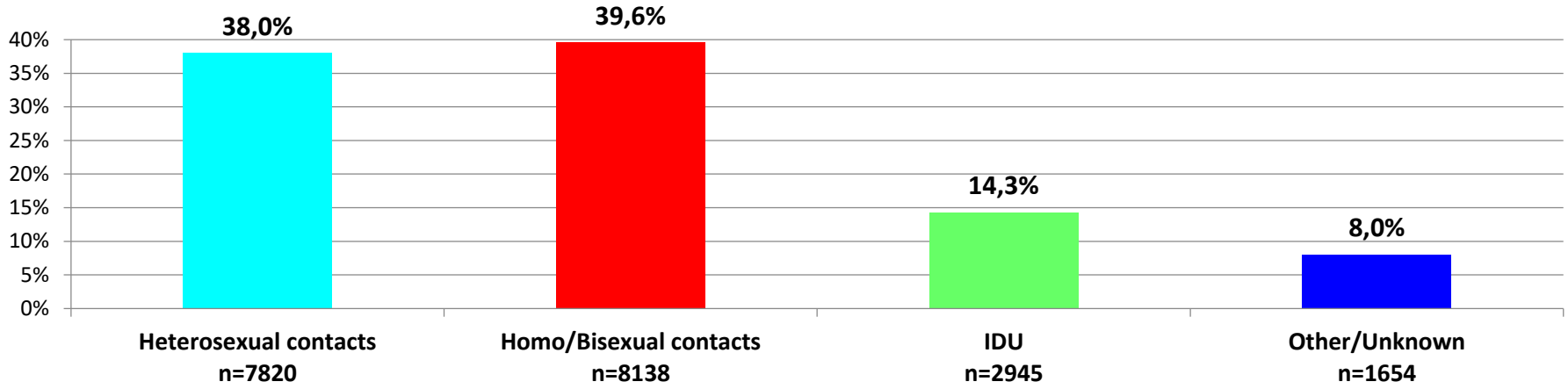
Map 1b: HIV diagnoses per 100 000 population, 2022, EU/EEA



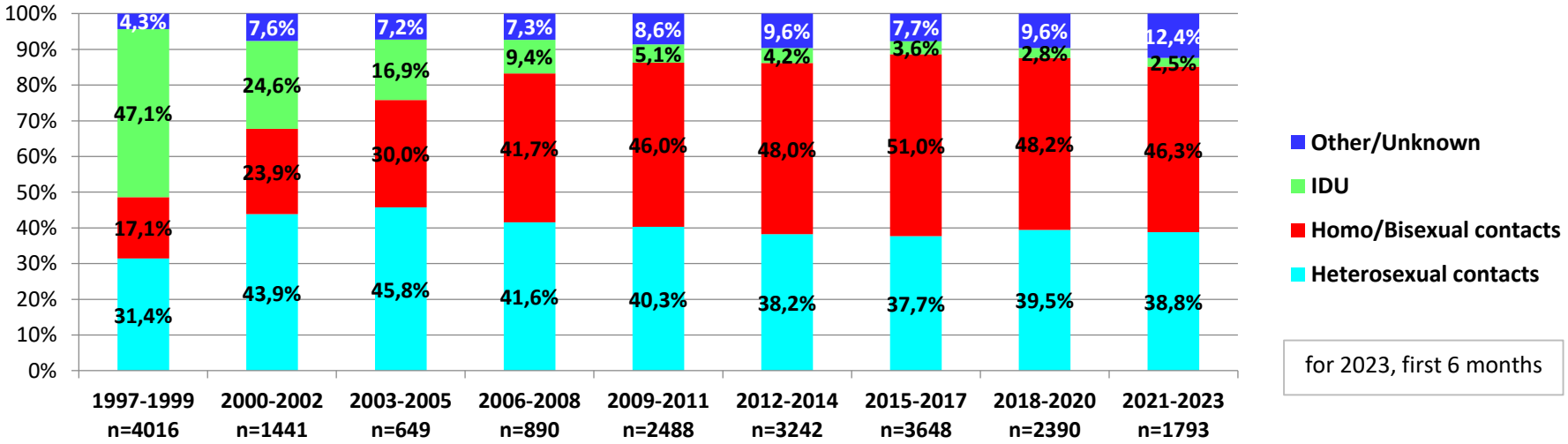
Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Italian Cohort I. C. O. N. A. Naive Antiretrovirals

Mode of HIV transmission in 20557 Icona patients



Mode of HIV transmission according to calendar period of enrolment

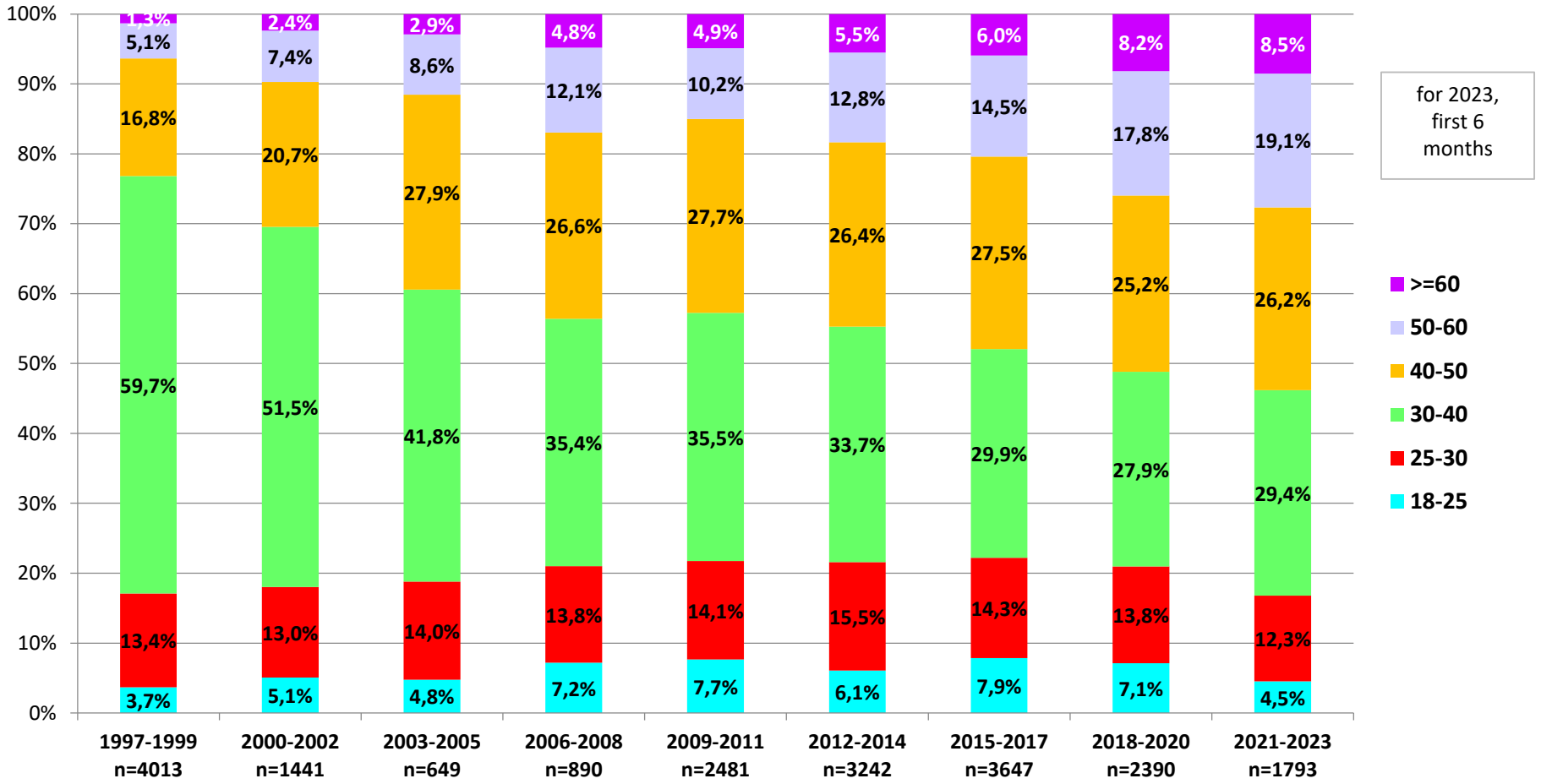


for 2023, first 6 months

Jun 2023 Report

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Age strata at enrolment according to calendar period

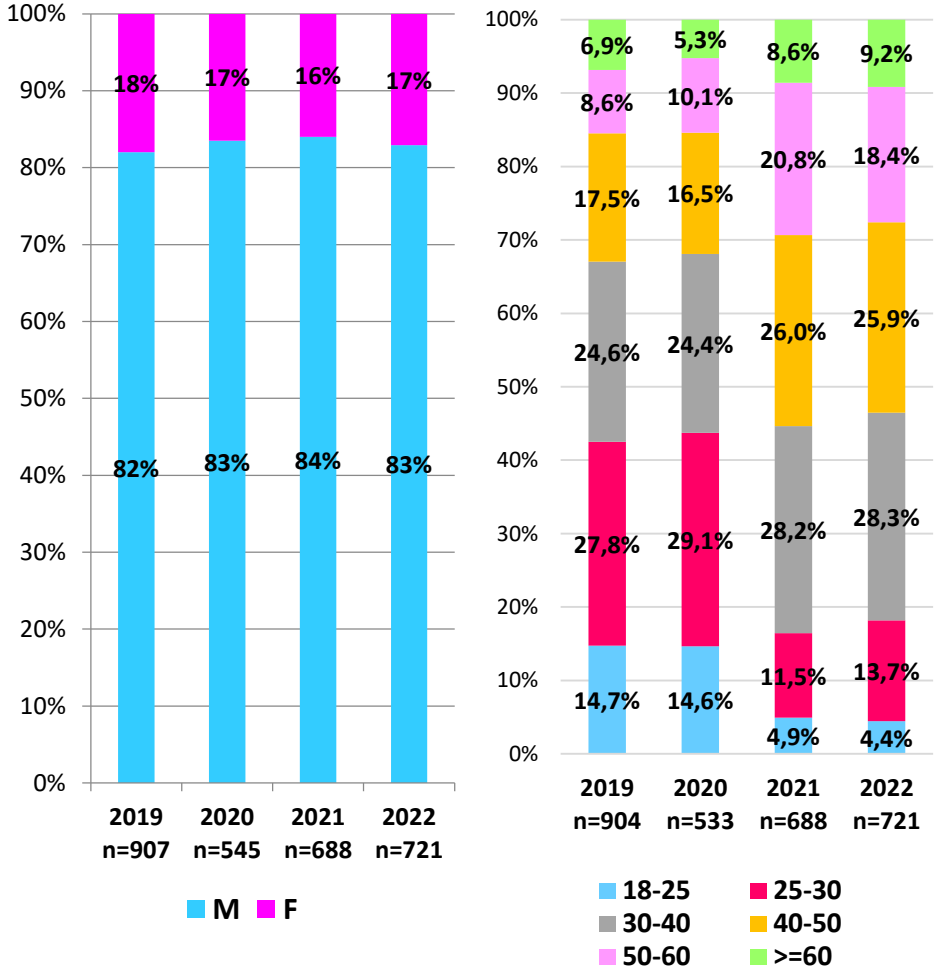


Jun 2023 Report

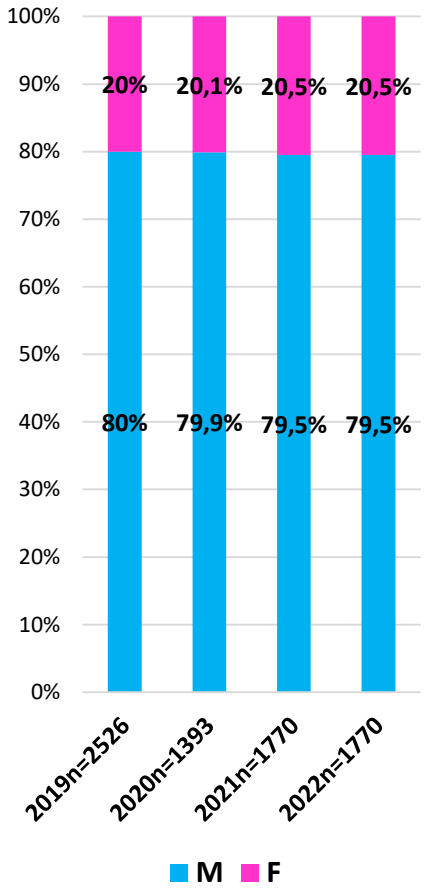
Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

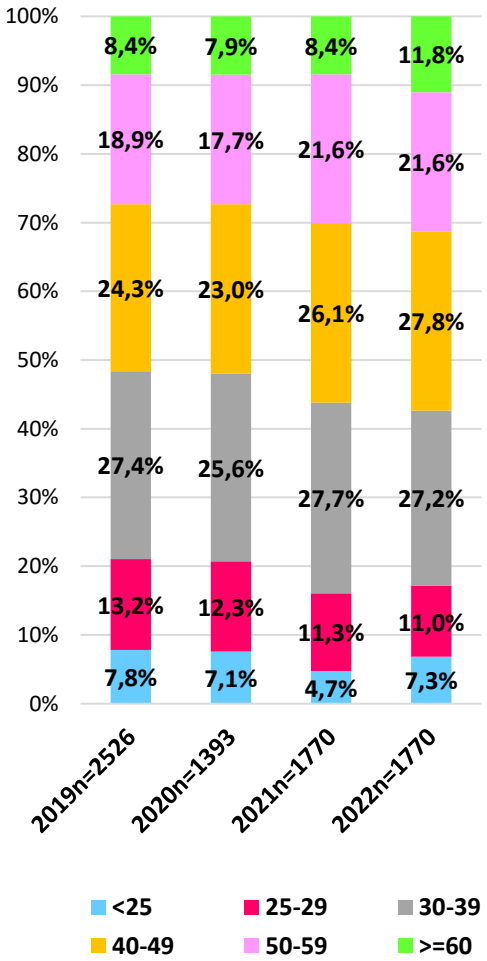
Gender and age strata according to calendar year of enrolment (2019 to 2022): ICONA cohort and ISS_CoA Registry

ICONA (n=2861)



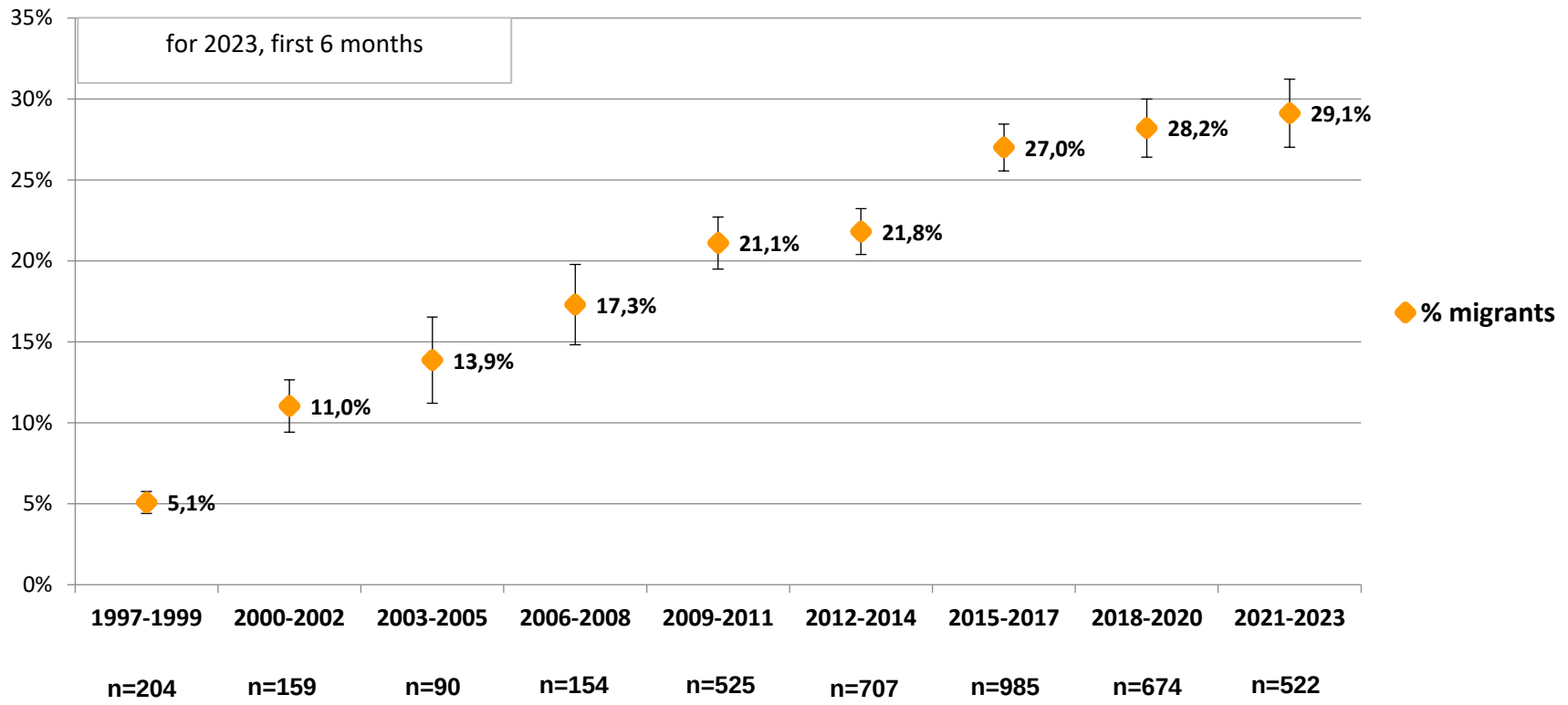
ISS-CoA (n=7459)



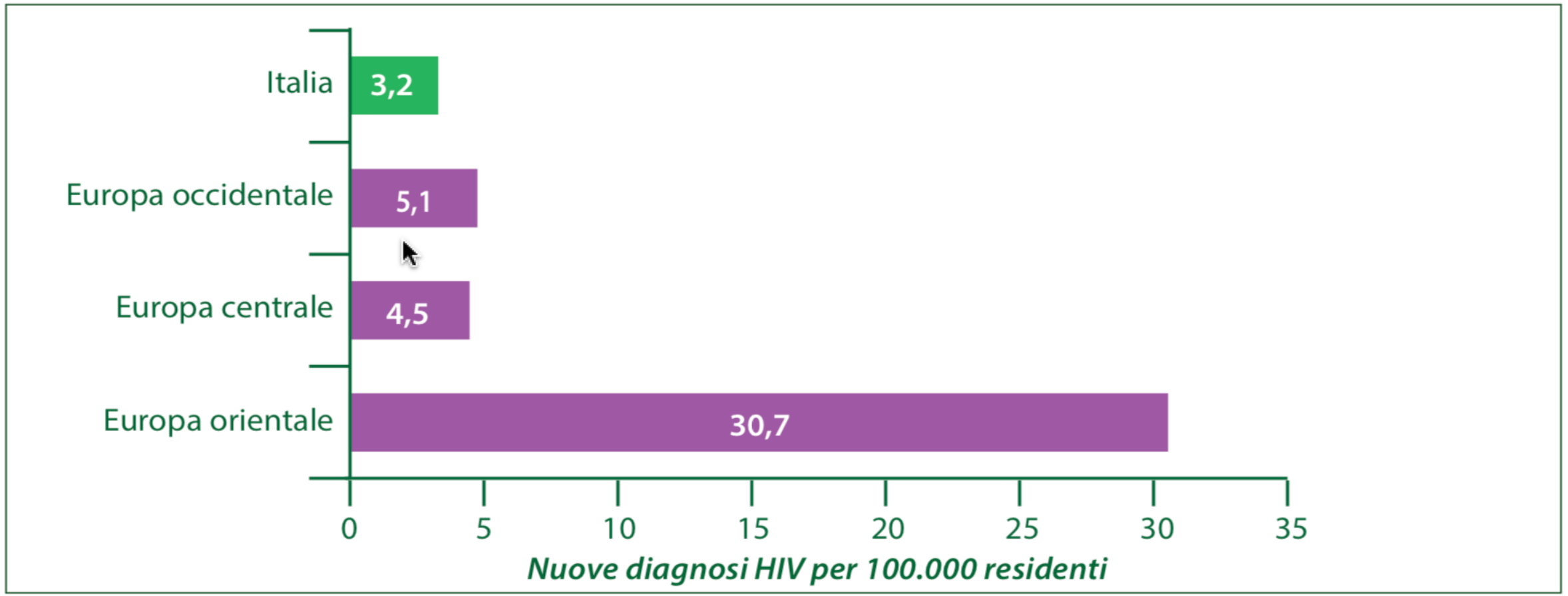


Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

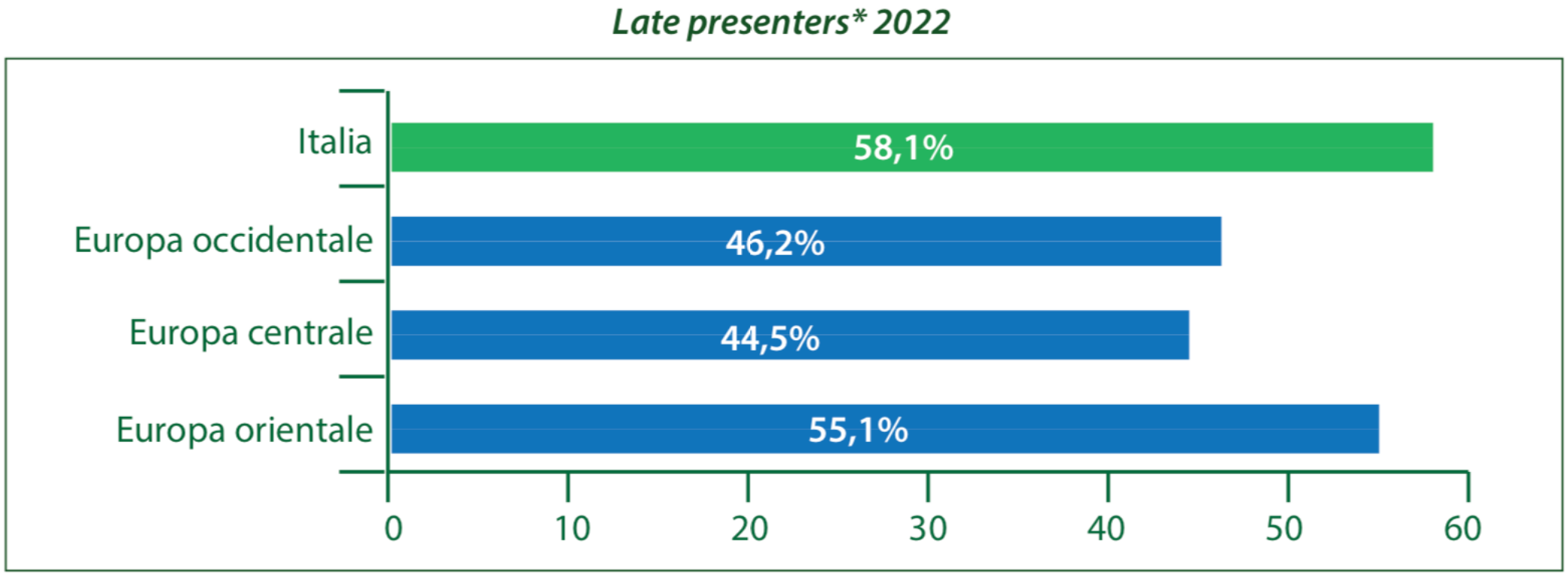
Prevalence of migrants by calendar period of enrolment in 20557 Icona patients



Jun 2023 Report

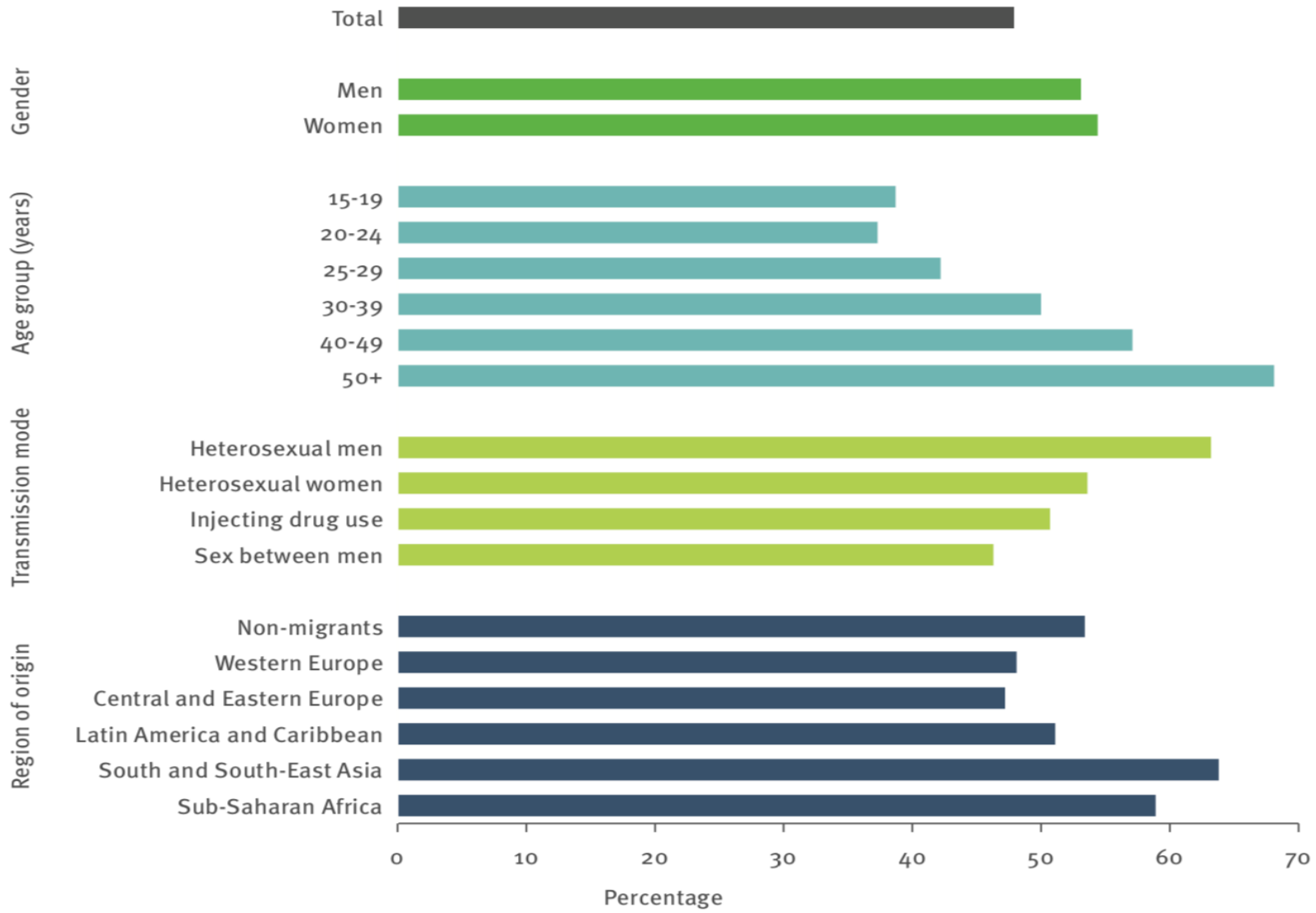


Incidenza HIV: numero di nuove diagnosi HIV per 100.000 residenti in Italia e nelle principali aree geografiche europee.
Fonti: Sistema di Sorveglianza HIV nazionale, *ECDC/WHO. HIV/AIDS Surveillance in Europe 2023-2022 data (1)*



(*) Late presenters: nuove diagnosi di infezione da HIV con numero di linfociti CD4 <350 cell/µl.
Fonti: Sistema di Sorveglianza HIV nazionale, *ECDC/WHO. HIV/AIDS Surveillance in Europe 2023-2022 data (1)*

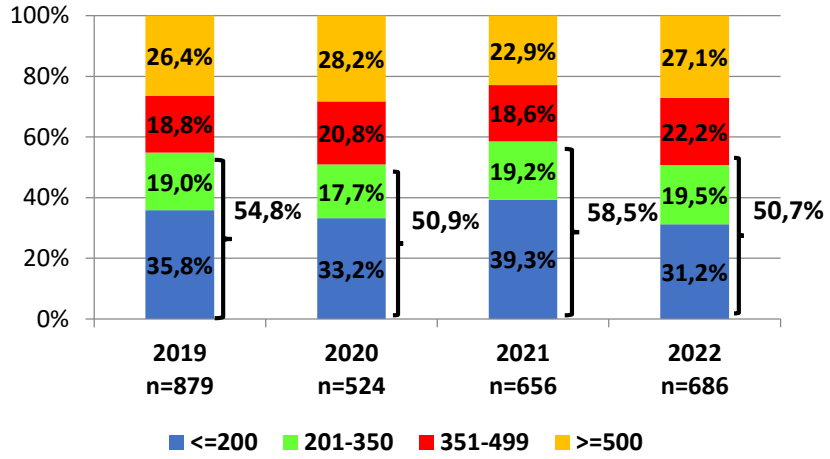
Figure 1.8: Percentage of people diagnosed late (CD4 cell count < 350 per mm³) by demographic, EU/EEA, 2022 (n = 6 451)



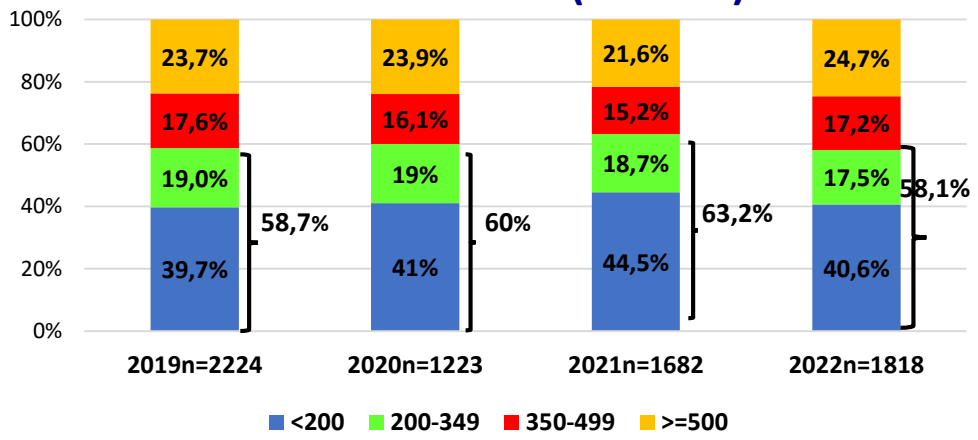
Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

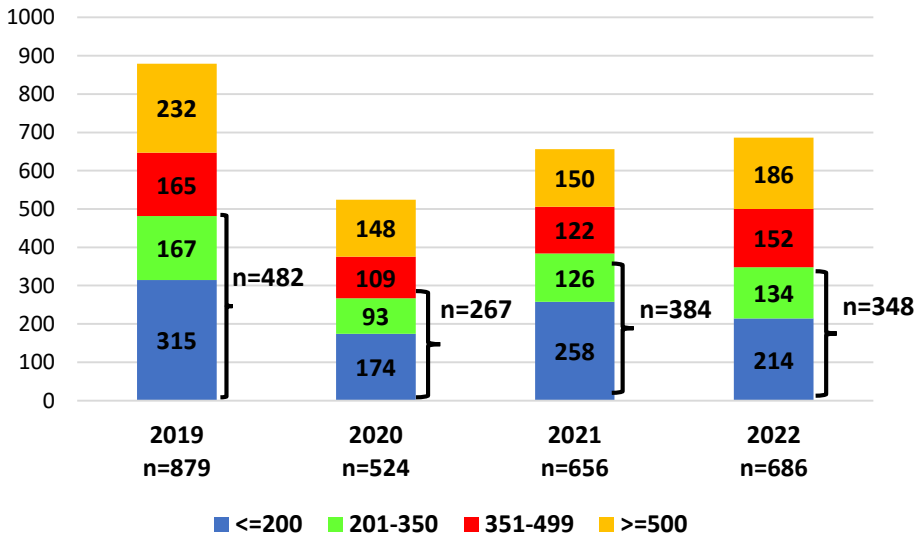
CD4 count strata according to calendar year of enrolment (2019 to 2022): ICONA cohort and ISS_CoA Registry

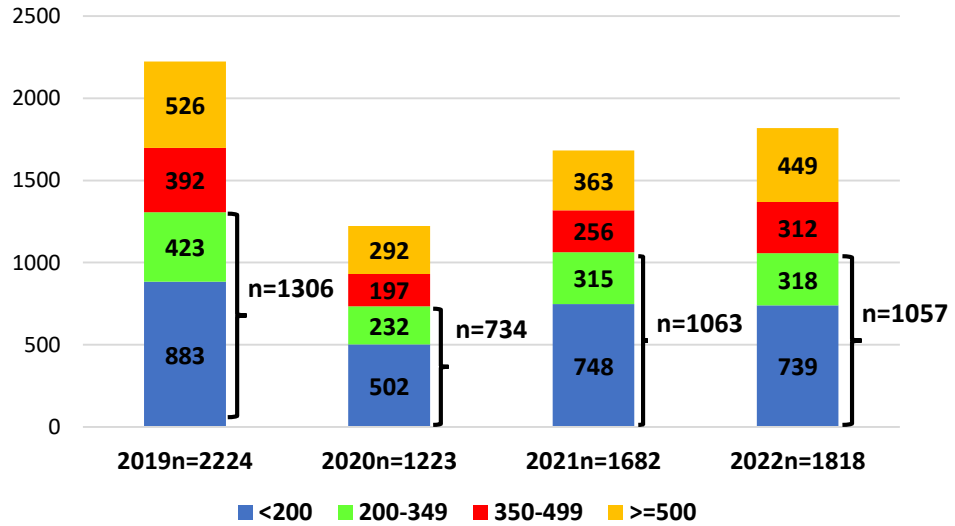
ICONA (n=2861)



ISS-CoA (n=7459)

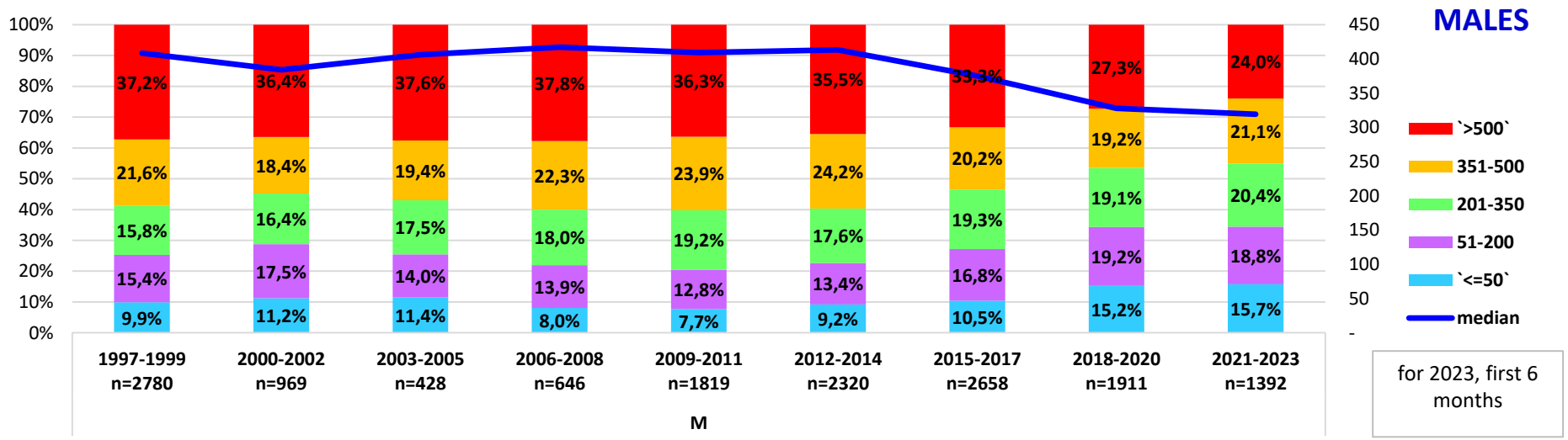




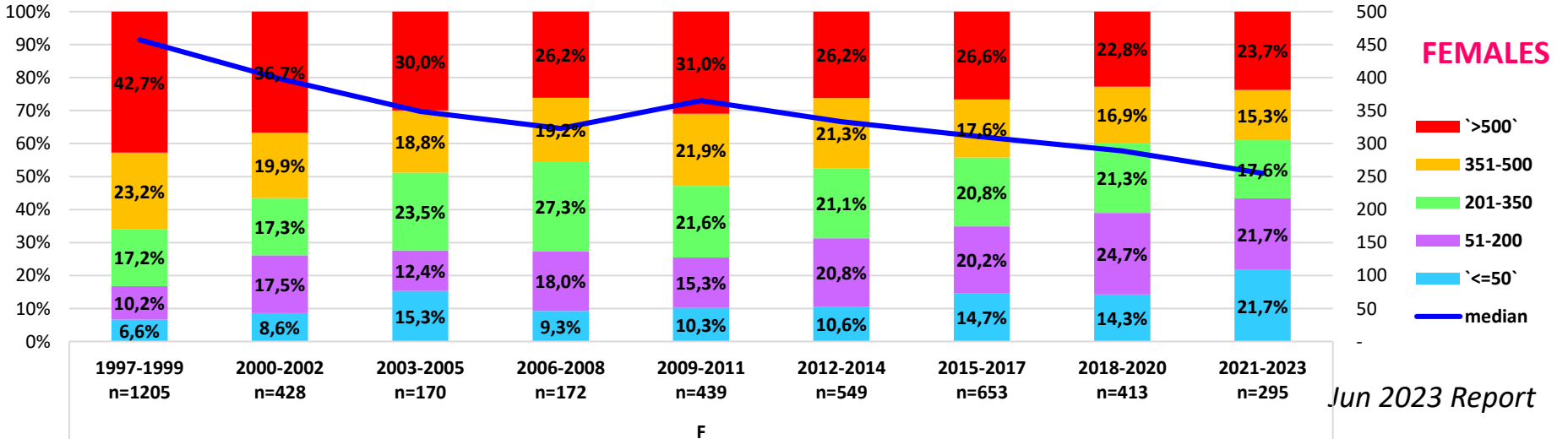


Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

CD4 cells/mmc strata and median values at enrolment according to calendar period and gender



for 2023, first 6 months

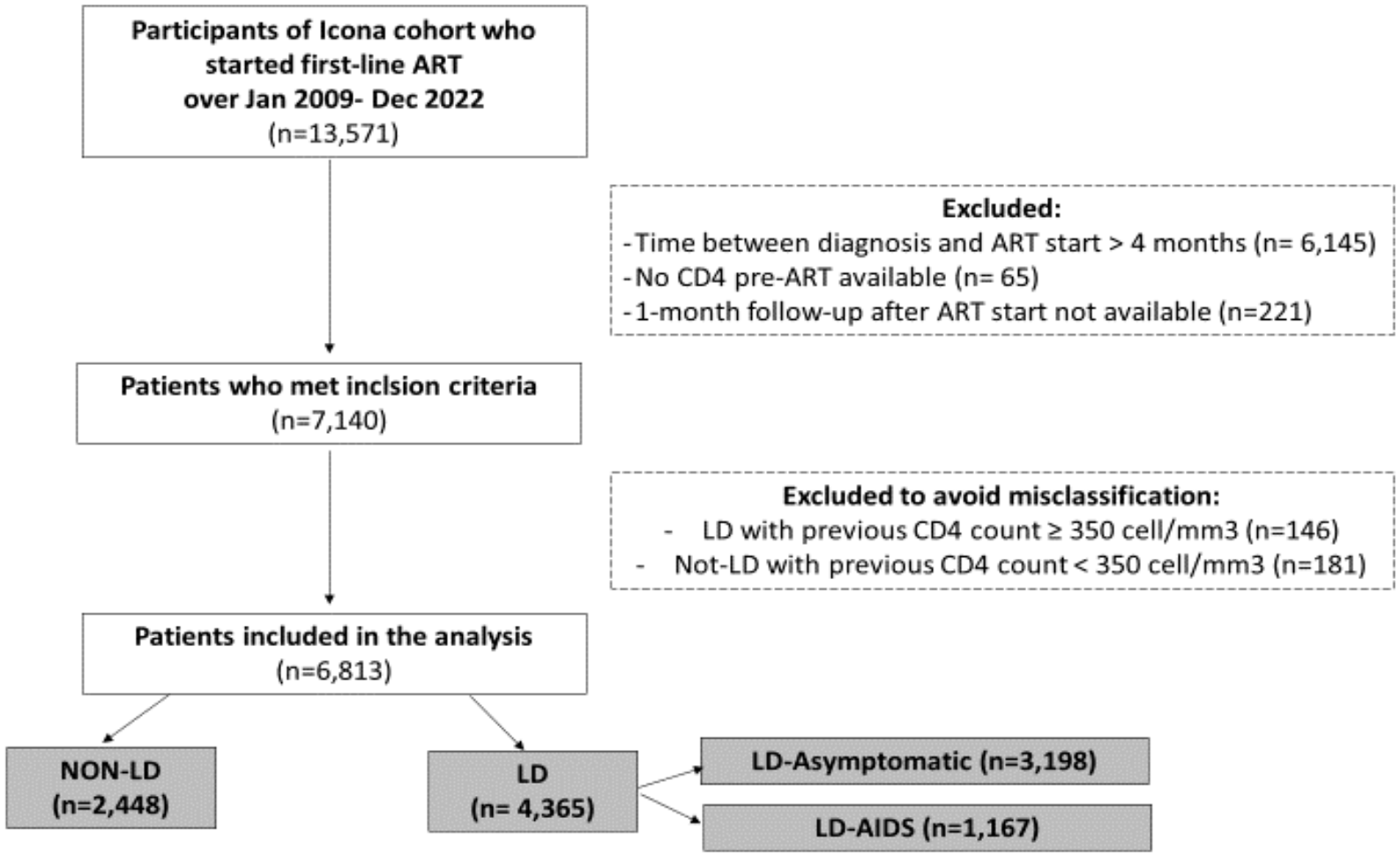


Jun 2023 Report

PERSISTENT POOR CLINICAL OUTCOMES FOR AIDS PRESENTERS IN ITALY OVER THE LAST YEARS: DATA FROM THE ICONA COHORT 2009-2022

Annalisa Mondi et al, submitted

Patient selection and distribution flow diagram



Main characteristics of total population according to late presentation

	Total N= 6,813	Non-late Diagnosis (non-LD) N= 2,448 (35.9%)	Late Diagnosis (LD) N= 4,365 (64.1%)	p-value
Female Gender, n (%)	1,295 (19.0)	382 (15.6)	**913 (20.9)**	<0.001
Age, years, median (IQR)	40 (31-49)	36 (29-45)	**42 (34-51)**	<0.001
Mode of HIV Transmission, n (%)				<0.001
MSM	3,040 (44.6)	1,408 (57.5)	1,632 (37.4)	
Heterosexual	2,892 (42.4)	746 (30.5)	**2,146 (49.1)**	
IDU	322 (4.7)	118 (4.8)	204 (4.7)	
Other/Unknown	559 (8.2)	176 (7.2)	383 (8.8)	
Not Italian Nationality, n (%)	3,916 (57.5)	**1,484 (60.6)**	2,432 (55.7)	<0.001
CD4 cells nadir, cells/mm^3, median (IQR)	257 (95-451)	512 (425-655)	**136 (48-242)**	<0.001
≤200 cells/mm^3, n (%)	2,818 (41.4)	-	2,818 (64.6)	<0.001
HIV-RNA, log$_{10}$ copies/mL, median (IQR)	4.91 (4.18-5.52)	4.51 (3.73-5.14)	5.12 (4.50-5.66)	<0.001
AIDS diagnosis, n (%)	1,167 (17.1)	-	1,167 (26.7)	<0.001
Diabetes, n (%)	160 (2.3)	33 (1.3)	127 (2.9)	<0.001
CDV disease, n (%)	56 (0.8)	11 (0.4)	45 (1.0)	0.011
Smoking, n (%)	1,942 (28.5)	788 (32.2)	1,154 (26.4)	<0.001
Education, n (%)				<0.001
University	857 (12.6)	**404 (16.5)**	453 (10.4)	<0.001

Main characteristics of late presenters according to AIDS

	LD N= 4,365 (n=100%)	LD-Asymptomatic N=3,198 (73.3%)	LD-AIDS N=1,167 (26.7%)	p
Female Gender, n (%)	913 (20.9)	660 (20.6)	**253 (21.7)**	<0.001
Age, years, median (IQR)	42 (34-51)	41 (33-50)	45 (37-53)	<0.001
Mode of HIV Transmission, n (%)				<0.001
MSM	1,632 (37.4)	1,256 (39.3)	376 (32.2)	
Heterosexual	2,146 (49.1)	1,526 (47.7)	**620 (53.1)**	
IDU	204 (4.7)	140 (4.4)	64 (5.5)	
Not Italian Nationality, n (%)	2,432 (55.7)	1,805 (56.4)	627 (53.7)	<0.001
CD4 nadir, cells/mm^3, median (IQR)	136 (48-242)	179 (78-264)	**49 (20-120)**	<0.001
HIV-RNA, log$_{10}$ cps/mL, median (IQR)	5.12 (4.50-5.66)	5.05 (4.45-5.57)	**5.32 (4.63-5.86)**	<0.001
AIDS diagnosis, n (%)	1,167 (26.7)	-	1,167 (100.0)	<0.001
Diabetes, n (%)	127 (2.9)	78 (2.4)	49 (4.2)	<0.001
CDV disease, n (%)	45 (1.0)	27 (0.8)	18 (1.5)	0.003
Smoking, n (%)	1,154 (26.4)	888 (27.8)	266 (22.8)	<0.001
Education, University n (%)	453 (10.4)	339 (10.6)	114 (9.8)	<0.001

First-line ART regimens in total population

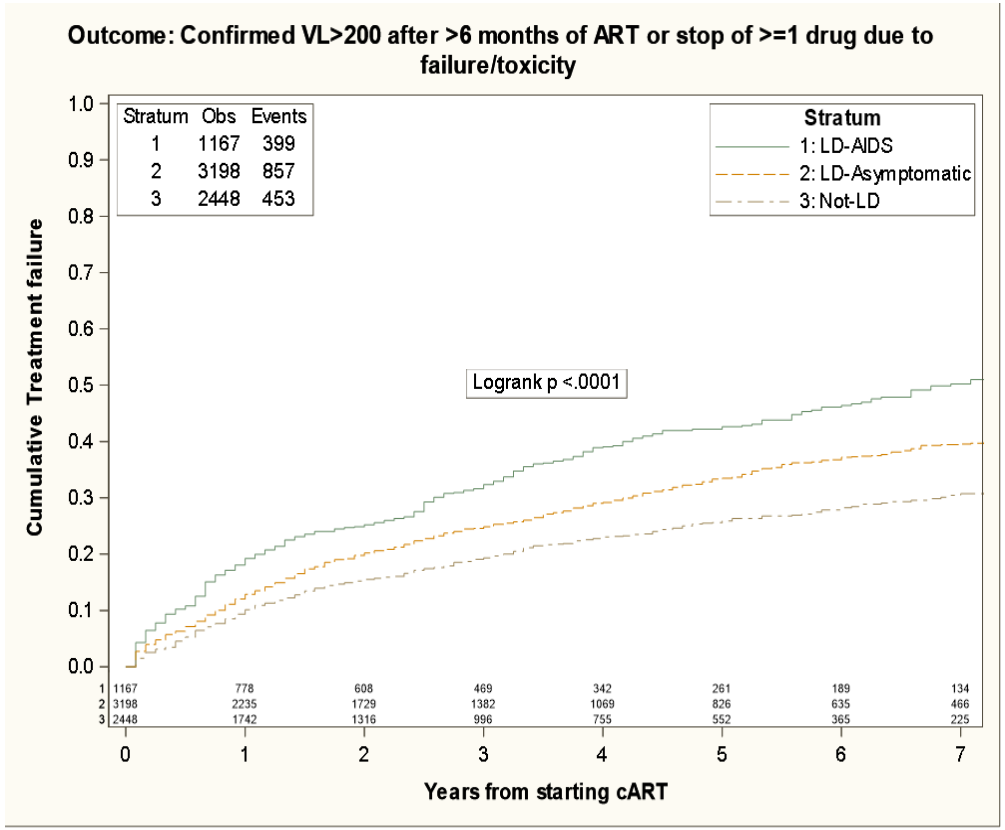
	Total N= 6,813	Non-late Diagnosis (non-LD) N= 2,448 (35.9%)	Late Diagnosis (LD) N= 4,365 (64.1%)	p-value
Calendar year of baseline, median (IQR)	2016 (2014-2019)	2017 (2015-2019)	2016 (2013-2019)	<0.001
Type of regimen started, n of drugs, n (%)				<0.001
2-drug regimen (3TC+DTG)	130 (1.9)	**89 (3.6)**	41 (0.9)	
3-drug regimen	6332 (92.9)	2171 (88.7)	4161 (95.3)	
- INSTI-based	3319 (48.7)	**1293 (52.8)**	2026 (46.4)	
- PI-based	1931 (28.3)	409 (16.7)	**1522 (34.9)**	
- NNRTI-based	1032 (15.1)	**460 (18.8)**	572 (13.1)	
- other	50 (0.7)	9 (0.4)	41 (0.9)	
≥4-drug regimen	351 (5.2)	188 (7.7)	163 (3.7)	

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Mortality

	aHR*	95% CI	p-value
all-cause mortality#			
LD-Asymptomatic	1	-	
LD-AIDS	4.42	3.14-6.22	<0.001
Non-LD	0.35	0.17-0.69	0.002
x interaction test exposure group and calendar year of ART start: p=0.07			
	aSHR*	**95% CI**	p-value
AIDS-related mortality			
LD-Asymptomatic	1	-	
LD-AIDS	16.86	8.24-34.46	<0.001
Non-LD	-	-	-
x interaction test exposure group and calendar year of ART start: p=0.42			
not AIDS-related mortality			
LD-Asymptomatic	**1**	-	
LD-AIDS	**1.74**	**1.08-2.78**	**0.022**
Non-LD	**0.53**	**0.26-1.11**	**0.093**
x interaction test exposure group and calendar year of ART start: p=0.65			

Treatment failure



all-LD vs Non-LD	aHR*	95% CI	p-value
Non-LD	1	-	
LD	1.21	1.08-1.36	0.001
[x]interaction test exposure group and calendar year of ART start: p<0.01			

LD-AIDS vs non AIDS			
LD-Asymptomatic	1	-	
LD-AIDS	1.30	1.15-1.47	<0.001
Non-LD	0.88	0.78-1.00	0.046
[x] interaction test exposure group and calendar year of ART start: p<0.01			

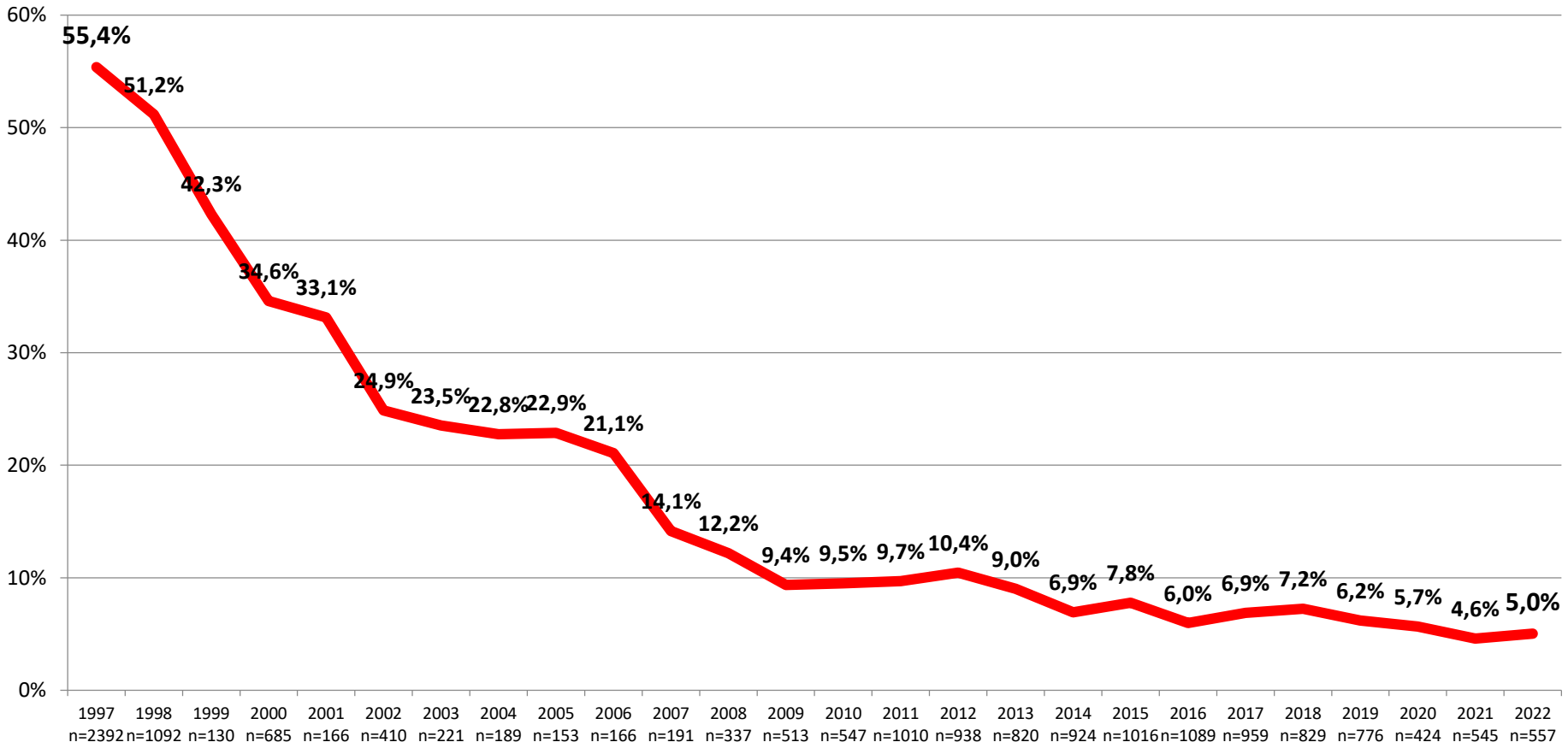
Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Conclusions

- In more recent years, LD subjects and, particularly AIDS presenters, despite an early ART initiation, remained at a higher risk of poorer outcomes in terms of both survival and treatment durability compared with the rest of ART-naïve subjects.
- Public health strategies to implement early HIV diagnosis are urgently needed to constrain the mortality gap of this vulnerable population.

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Proportion of patients with HCVAb pos test within 1 year from enrolment, according to calendar year of enrolment



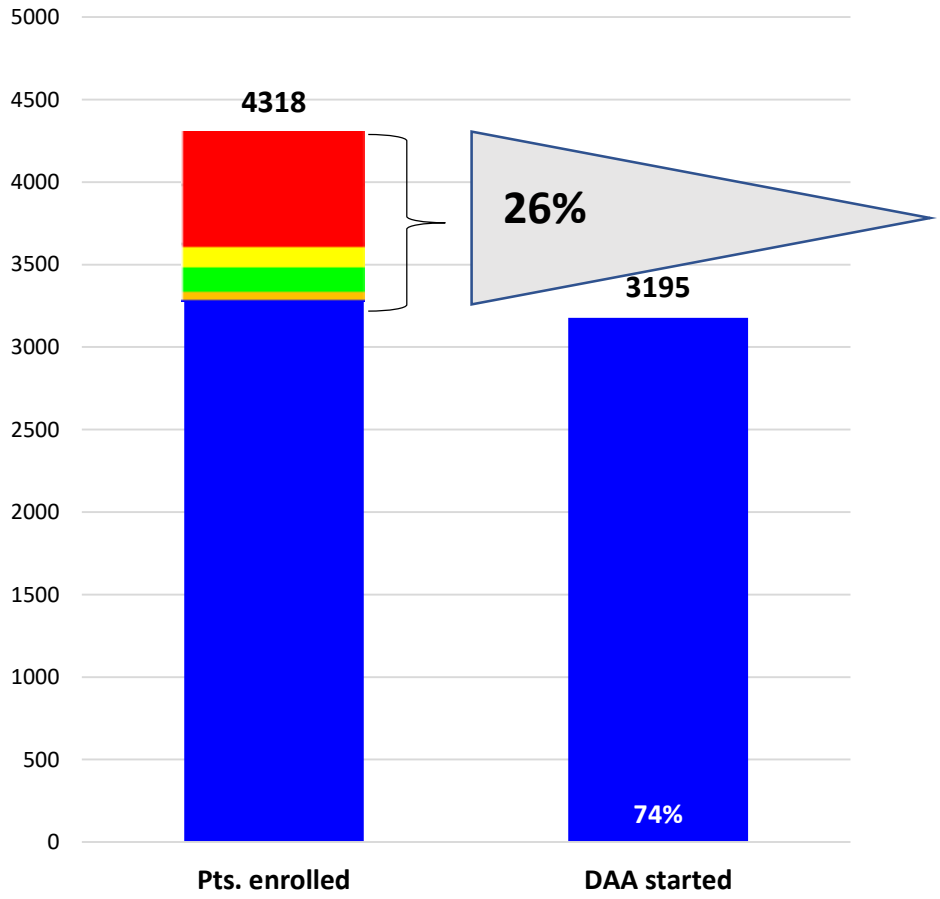
Jun 2023 Report

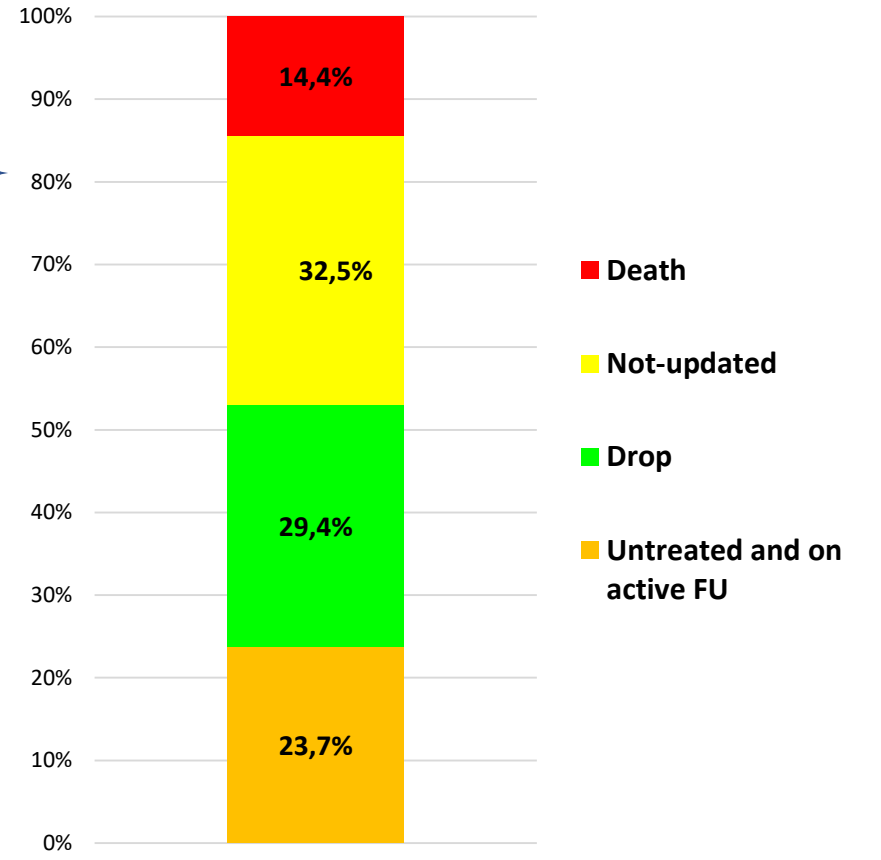
HEPAicona Hepatitis Icona Cohort

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Italian Cohort I.C.O.N.A. Naive Antiretrovirals

Proportion of untreated HCV patients in Icona/HepaIcona

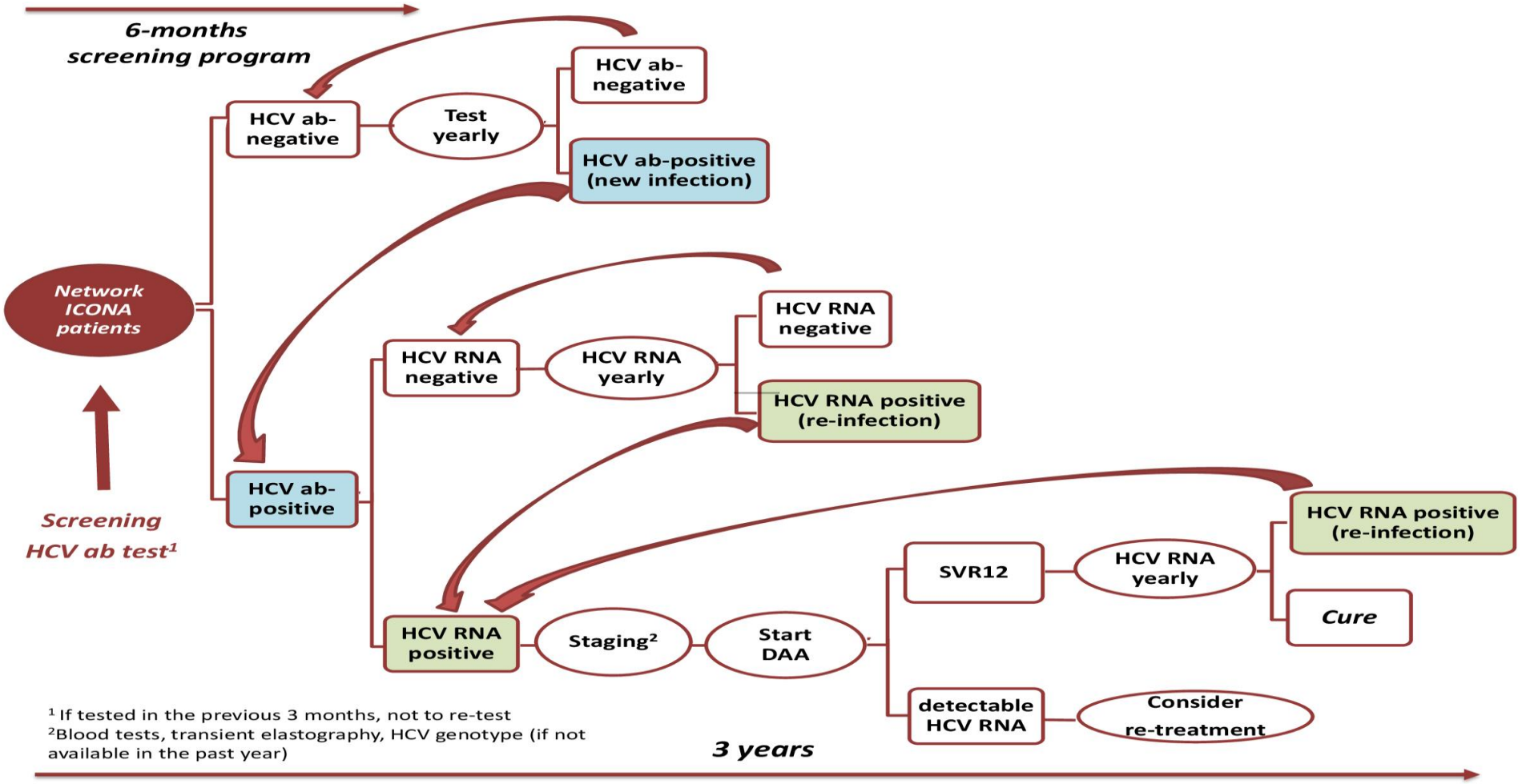




Jun 2023 Report

NoCo Project

Conceived by Professor Mauro Moroni
Fondazione Icona

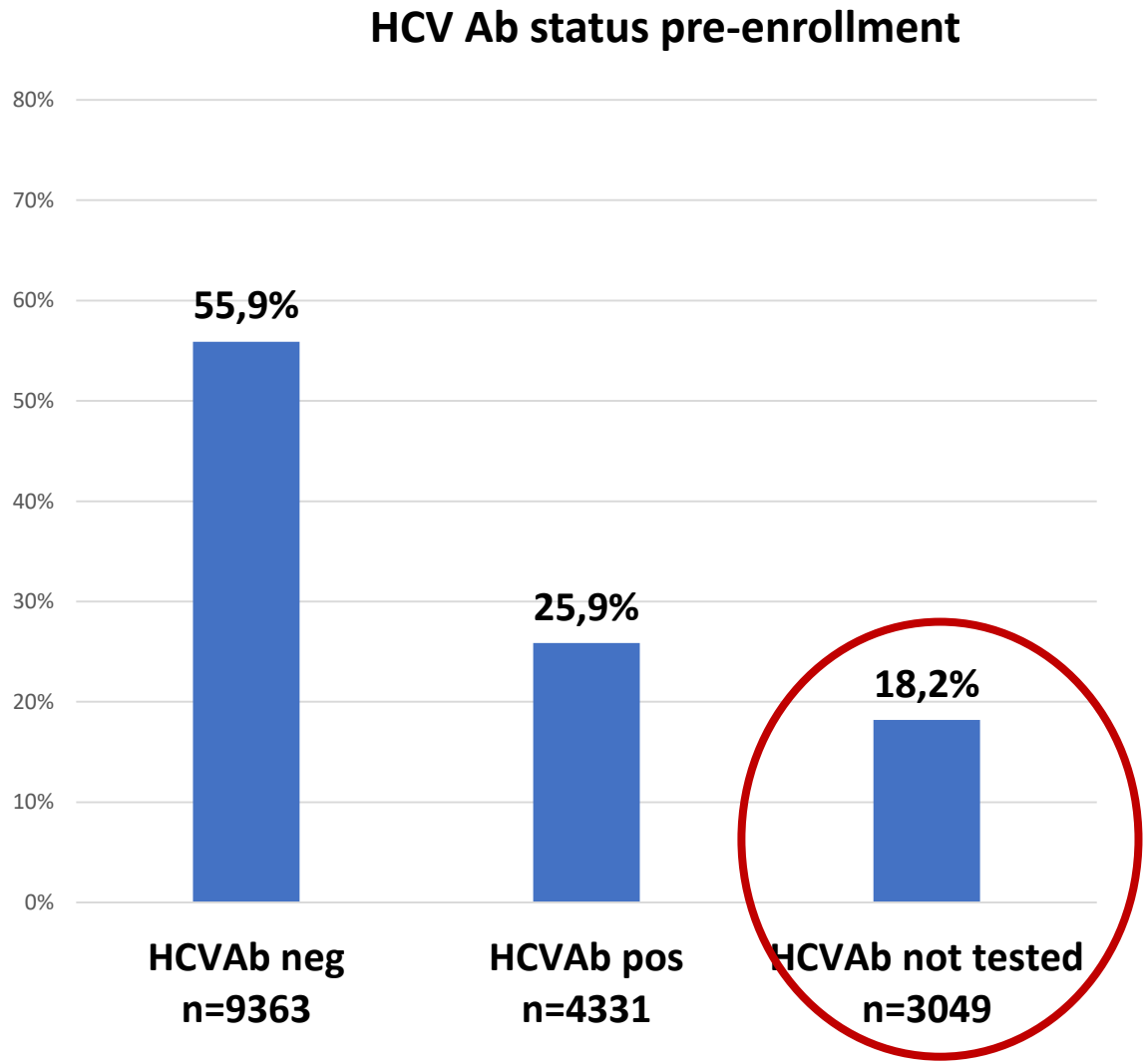


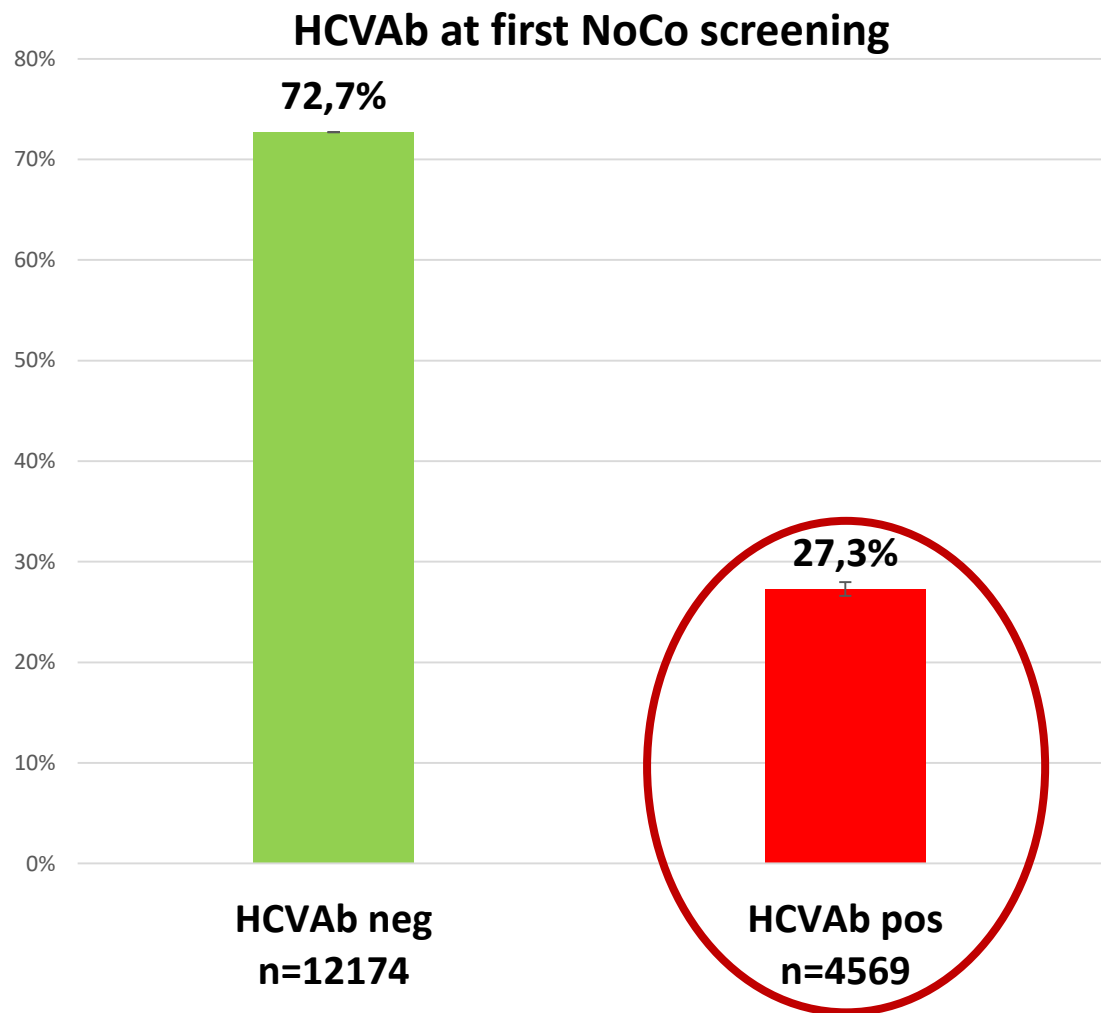
[1] If tested in the previous 3 months, not to re-test
[2]Blood tests, transient elastography, HCV genotype (if not available in the past year)

A d'Arminio Monforte, Liver International 2023

Conceived by Professor Mauro Moroni
Fondazione Icona

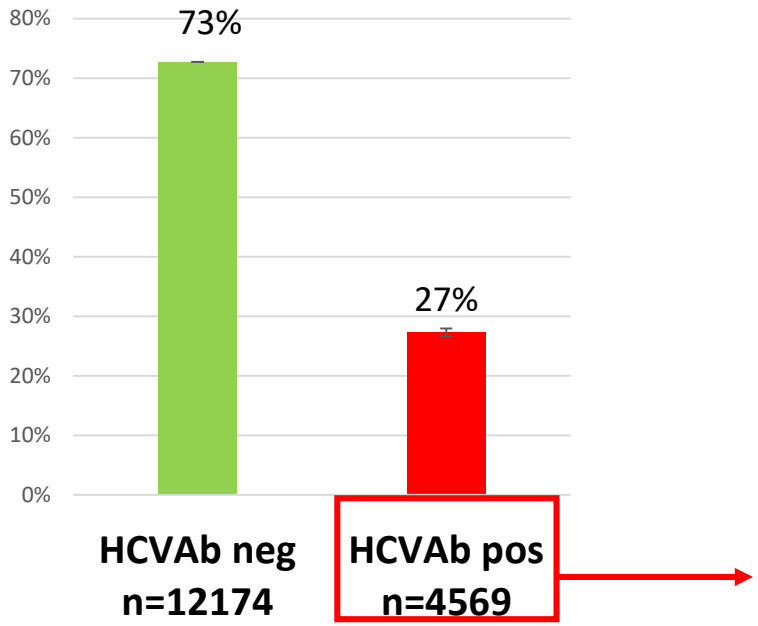
NoCo Study: HCV Ab at baseline in 16,743 PLWH

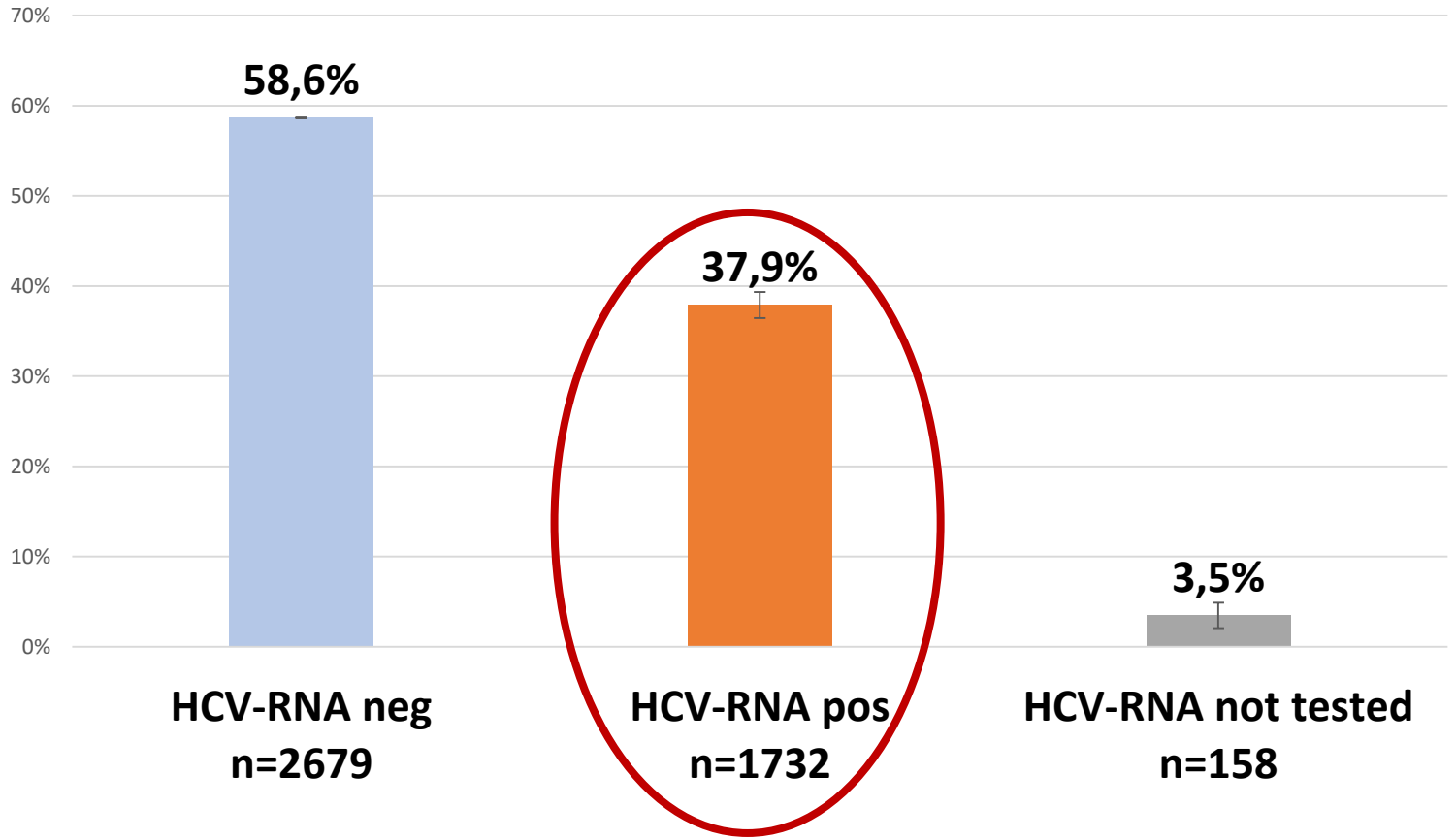




A d'Arminio Monforte, Liver International 2023

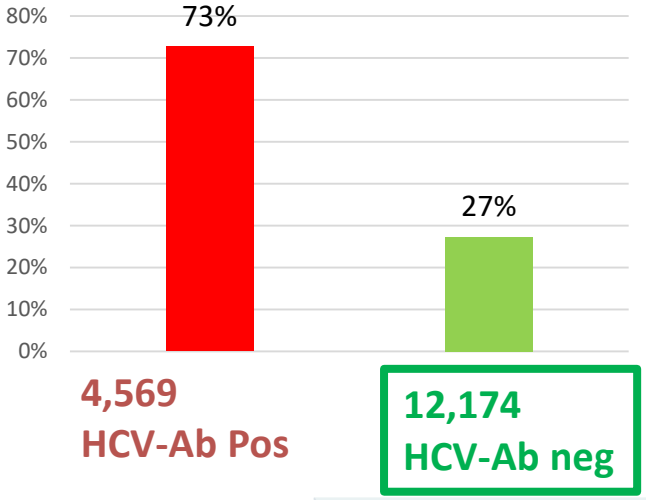
Active HCV infection: first NoCo screening





A d'Arminio Monforte, Liver International 2023

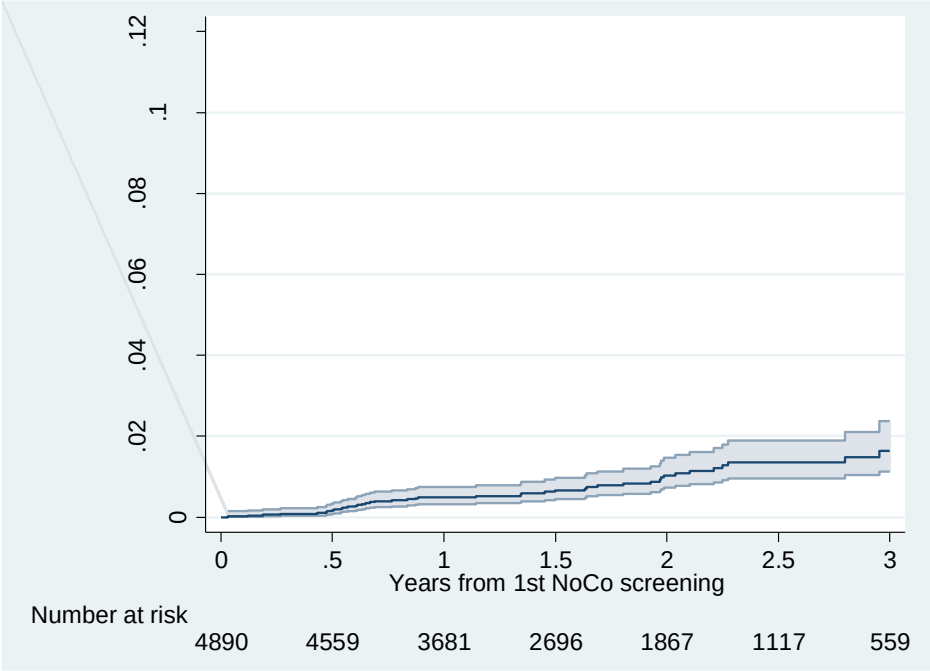
HCV seroconversions during NoCo Study: Incidence and KM probabilities



4890 HCV-Ab neg PLWH with at least a 2nd screening (40.2%)

Median FU (IQR) = 1.64 yrs (1.00-2.43)

42 HCV seroconversions (0.86%)



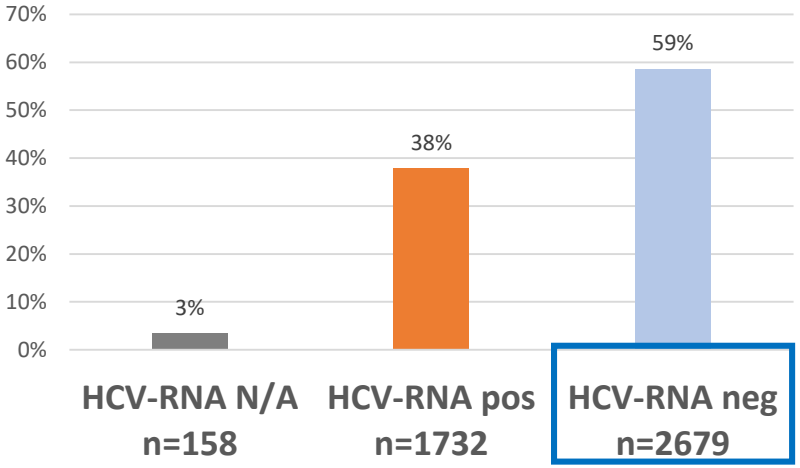
Incidence Rate: 0.48 x 100 PYFU (95% CI: 0.36-0.65)

KM estimated probability of HCV SC:

- 1-yr: 0.5% (0.3-0.7)
- 2-yr: 1.0% (0.7-1.5)

A d'Arminio Monforte, Liver International 2023

HCV re-infections during NoCo Study: Incidence and KM probabilities

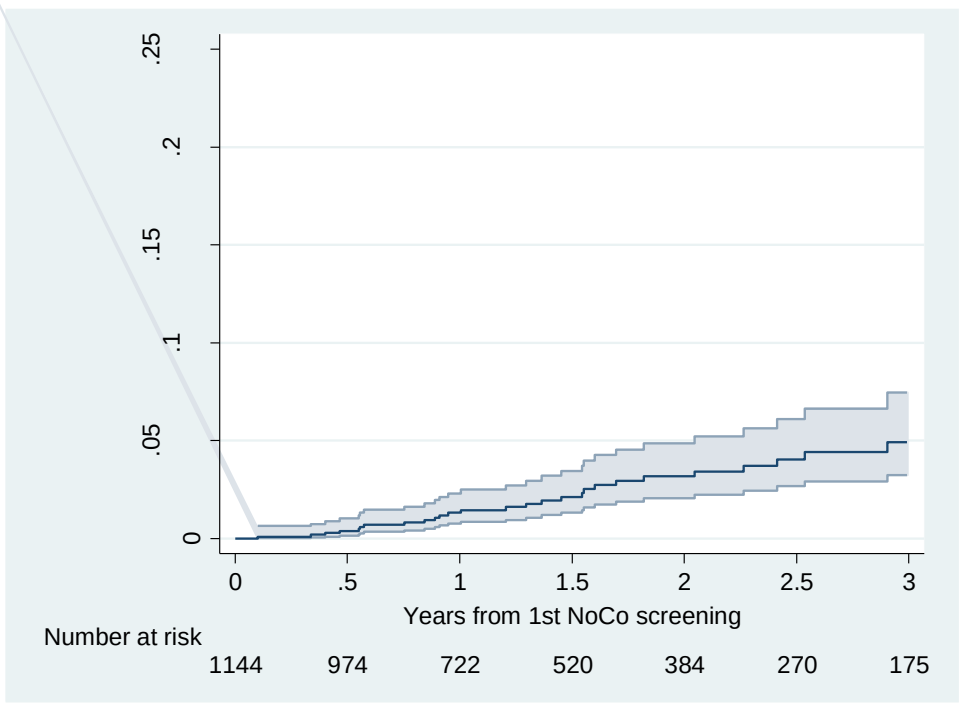


1,144 HCV-RNA neg with at least a 2nd HCV RNA test (42.7%)

Median FU(IQR)= 1.3 yrs (0.7-2.4)

38 /1,144 (3.3%) PLWH turned HCV-RNA pos

- **10 relapses after DAA**
- **<u>28 confirmed HCV-reinfections</u>**



<u>KM estimated probability of HCV SC:</u>

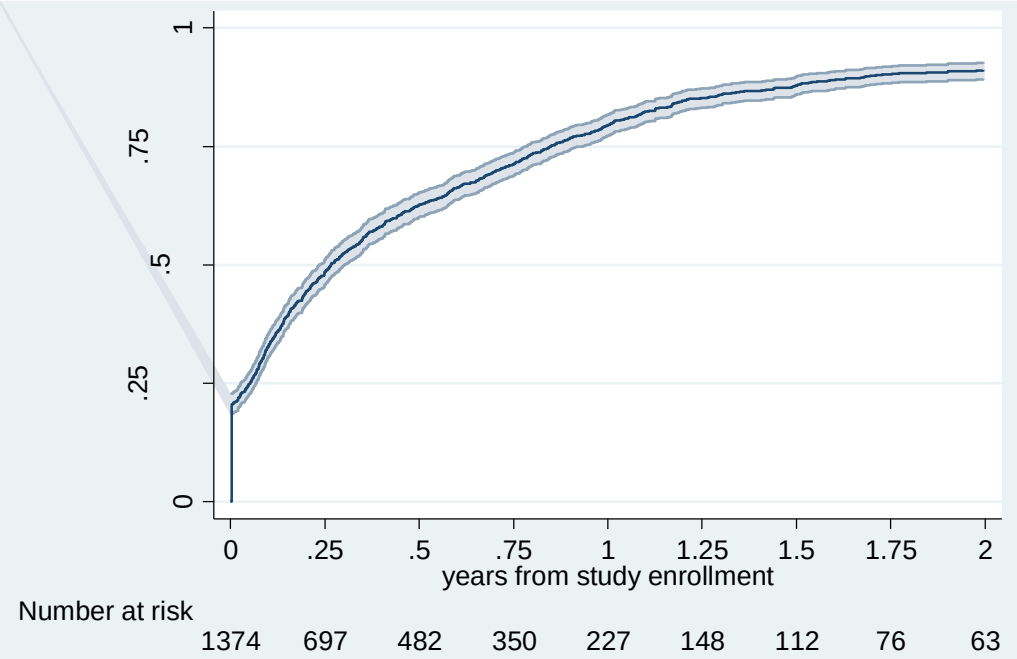
- 1-yr: 1.3% (0.7-2.3)
- 2-yr: 3.2% (2.0-4.8)

A d'Arminio Monforte, Liver International 2023

DAA uptake and response

1,374/1,732 (79.3%) HCV viremic subjects at baseline had a follow-up thereafter

1,184 subjects started DAA



	Probability of DAA-update (95%CI)
1-year	**79.5% (95%CI: 77.3-81.7)**
2-year	79.5% (95%CI: 77.3-81.7)

SVR12 in 874, 95.5%

A d'Arminio Monforte, Liver International 2023

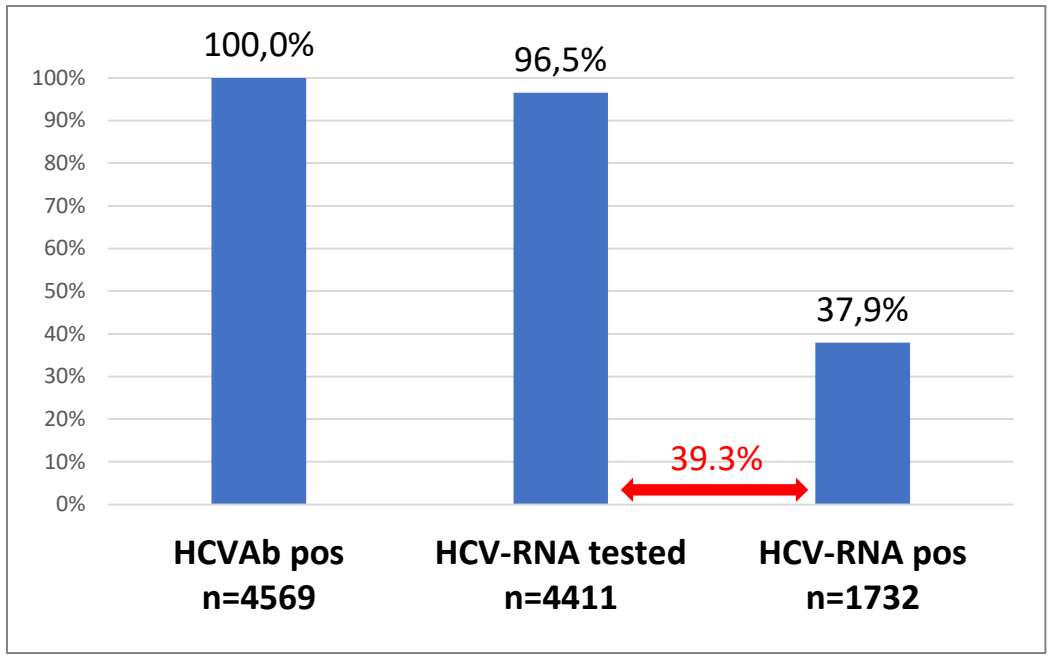
Predictors of SVR12 by fitting a logistic regression

Conceived by Professor Mauro Moroni
Fondazione Icona

	aOR*	95%CI		p
Mode of HIV Transmission				
Heterosexual	1.00			
IDU	0.70	0.25	1.96	0.500
MSM	8.14	0.93	70.84	0.058
Other/Unknown	0.32	0.09	1.13	0.076
HIV-RNA>50 copies/ml	1.41	0.32	6.22	0.646
CD4<200 cells/mmc	**0.18**	**0.06**	**0.52**	**0.001**
FIB-4, per 1 more				
<1.45	1.00			
1.45-3.25	1.04	0.49	2.24	0.913
>3.25	0.46	0.19	1.11	0.085
Missing FIB4	1.03	0.13	8.20	0.976
HCV Genotype				
G1 or G4				
G2 or G3	1.09	0.52	2.29	0.820
Other/Multiple/Missing	0.89	0.19	4.06	0.879
Regimen				
GCV/PBV	1.00			
SOF/VEL	0.80	0.38	1.67	0.556
Other Regimen	0.46	0.14	1.56	0.213
Missing	0.43	0.05	3.76	0.448

A d'Arminio Monforte, Liver International 2023

Outcomes of HCV care in the NoCo Study



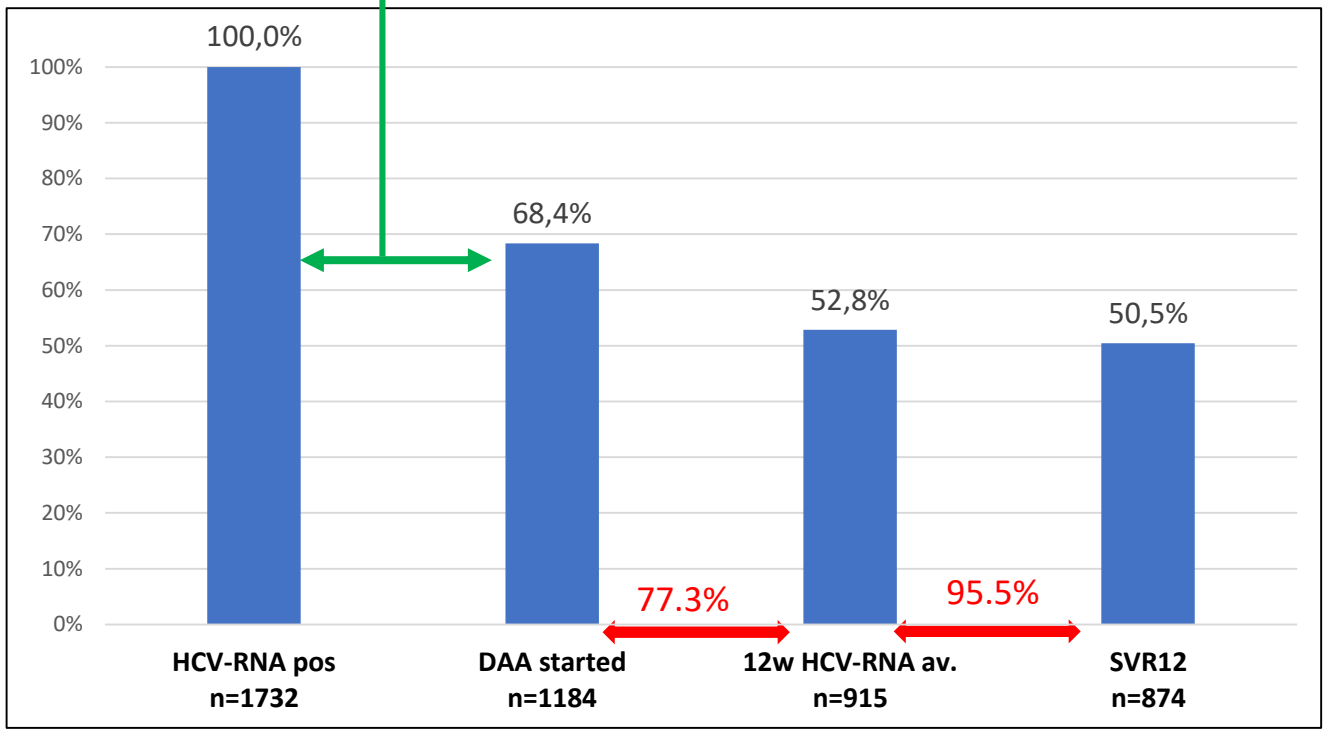
548 not starting DAA or not updated

22 deaths

29 drop

174 updated in 2021-2022 not started DAA

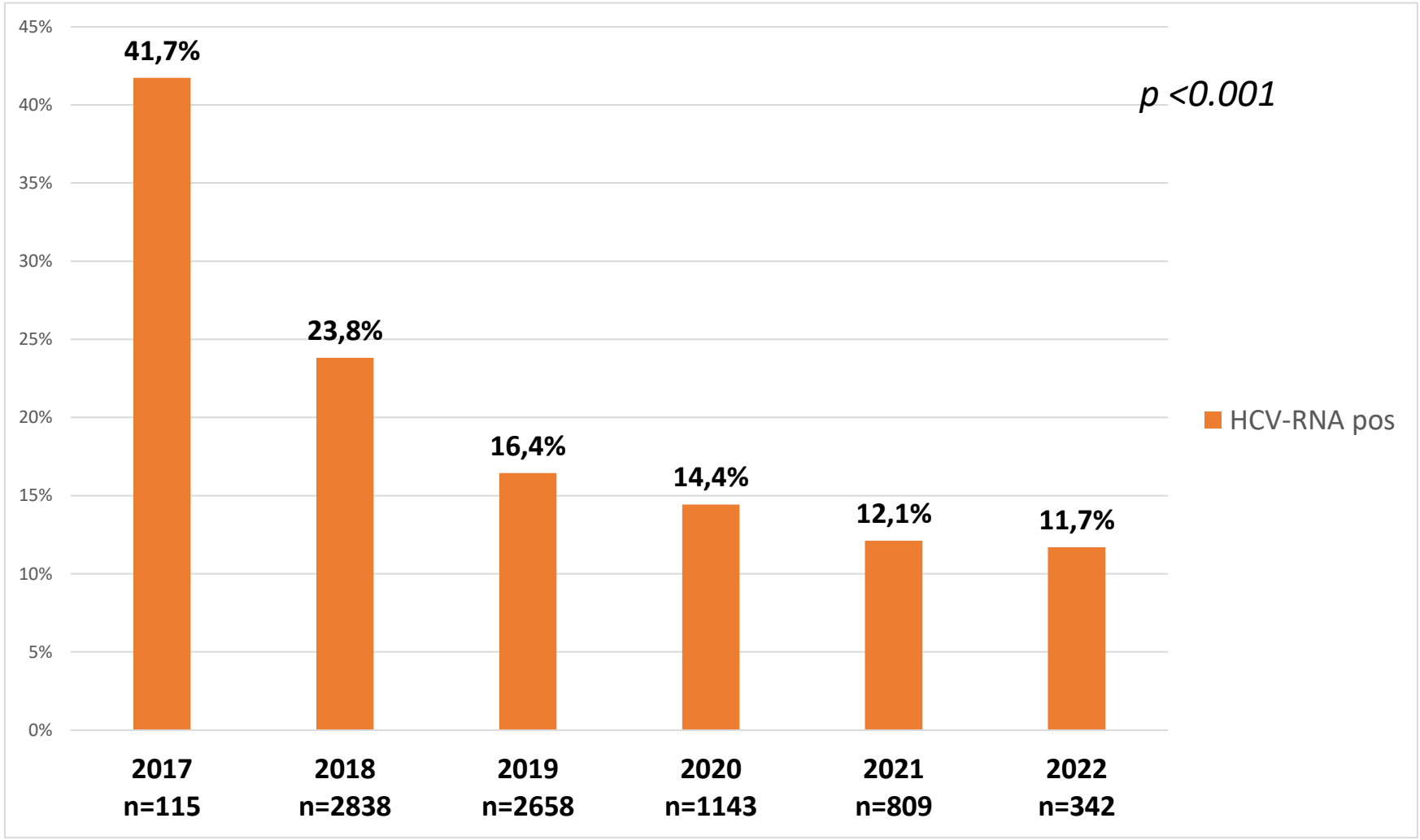
323 not updated (2021-2022) not started DAA



A d'Arminio Monforte, Liver International 2023

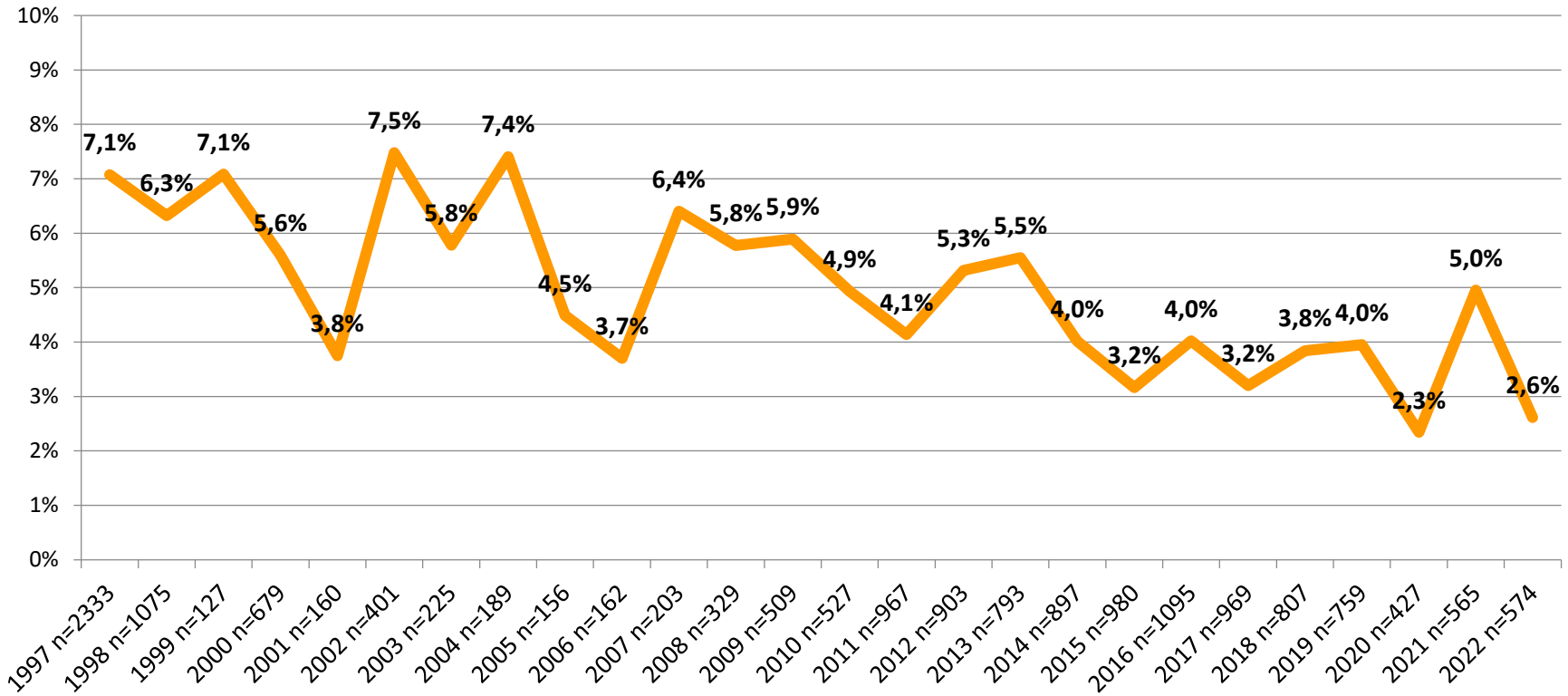
Active HCV infection according to calendar year of Follow Up

Conceived by Professor Mauro Moroni
Fondazione Icona



Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

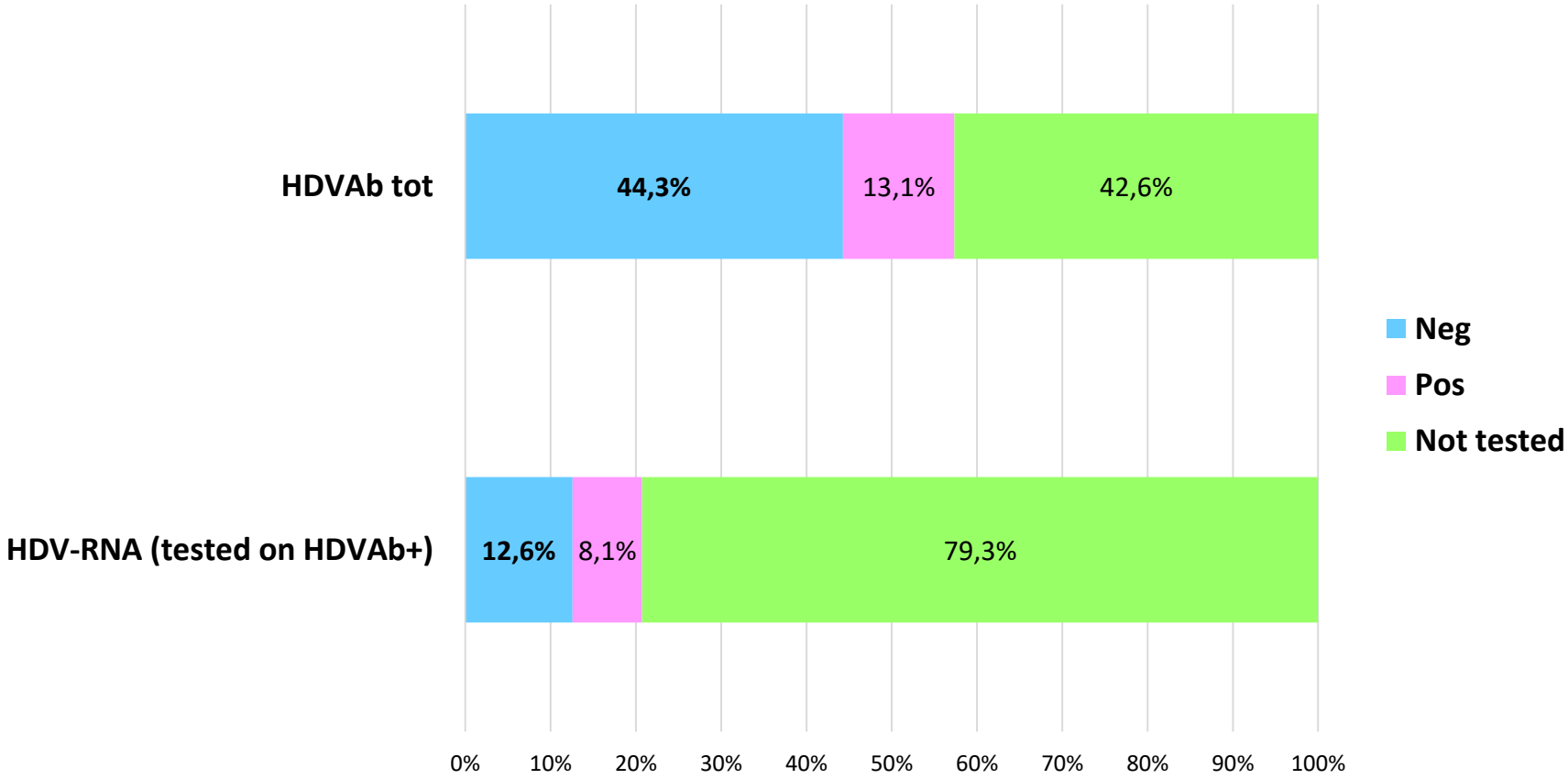
Proportion of patients with an HBsAg positive test within 1 year from enrolment, according to calendare year of enrolment



Jun 2023 Report

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Delta prevalence of anti-delta in HBsAg positive individuals (n=1034)



Jun 2023 Report

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Hepatitis Delta Virus (HDV) infection. Data from the ICONA cohort

18,285/20,012 (91.4%) tested for HBsAg

1,025/18,285 (5.6%) HBsAg positive

809/1,025 (79.0%) tested for anti-HDV

152/809 (18.8%) anti-HDV positive

93/152 (61.2%) tested for HDV-RNA

63/93 (67.7%) HDV-RNA positive

1. *A d'Arminio Monforte, Liver International 2024*

Prevalence, incidence and Adjusted SHR (ASHR) of SLRE according to HDV status from fitting unadjusted and adjusted Fine-Gray regression model (using death as competing event)

	N PLWH	SLRE	Prevalence (95%CI)	IR x1000PYFU (95%CI)	CIF 5-years
HDV Ab neg	612	15	2.4% (1.4-4.0)	3.6 (2.0-6.0)	1.9% (0.9-3.5)
HDV Ab pos / HDVRNA missing	50	6	12.0% (4.5-24.3)	17.2 (6.3-37.5)	10.2% (3.1-22.2)
HDV Ab pos / HDV-RNA neg	29	4	13.8% (3.9-31.7)	13.7 (3.8-35.1)	12.0% (3.0-27.7)
HDV Ab pos / HDV-RNA pos	59	12	20.3% (11.0- 32.8)	23.7 (12.2-41.4)	13.6% (6.0-24.4)
HDV-RNA>1.000 IU/ml	43	8	18.6% (8.4-33.4)	23.7 (10.2-46.7)	13.8% (5.0-27.0)
HDV-RNA≤1.000 IU/ml	14	3	21.4% (4.6-50.8)	21.4 (4.4-62.8)	15.4% (2.5-38.8)

	ASHR*	95%CI	p
HDV Ab neg	1		
HDV Ab pos / HDVRNA missing	3.22	1.23-8.45	0.018
HDV Ab pos / HDVRNA neg	3.09	0.99-9.59	0.051
HDV Ab pos / HDVRNA pos	**4.54**	**2.07-9.96**	<.001

** Adjusted for baseline CD4, age, alcool use and HCV status*

A d'Arminio Monforte, Liver International 2024

Prevalence, incidence and Adjusted SHR (ASHR) of SLRE according to HDVAb/HCVAb at baseline from fitting unadjusted and adjusted Fine-Gray regression model (using death as competing event)

	N PLWH	SLRE	Prevalence (95%CI)	IR x1000PYFU (95%CI)	CIF 5-years
HDVAb+ HCVAb+	101	20	19.8% (12.5-28.9)	23.6 (14.4-36.4)	14.8% (8.3-23.1)
HDVAb+ HCVAb-	37	2	5.4% (0.6-18.2)	6.7 (0.8-24.3)	3.9% (0.3-16.6)
HDVAb- HCVAb+	133	9	6.7% (31.5-12.4)	8.6 (3.9-16.3)	3.7% (1.2-8.5)
HDVAb- HCVAb-	455	6	13.2% (4.8-28.5)	2.1 (0.7-4.4)	1.3% (0.5-3.0)

	AHSR*	95%CI	p
HDVAb- HCVAb-	1		
HDVAb+ HCVAb+	**11.88**	**4.64-30.39**	<.001
HDVAb+ HCVAb-	3.75	0.73-19.12	0.112
HDVAb- HCVAb+	4.11	1.45-11.65	0.008

** Adjusted for baseline CD4, age, alcool use*

Conclusions

- One fifth of the HBsAg positive PWH harbor HDV infection, and are at high risk of progression to advanced liver disease.
- HCV plays a pivotal role for worse outcome.
- This population needs urgently effective treatment.

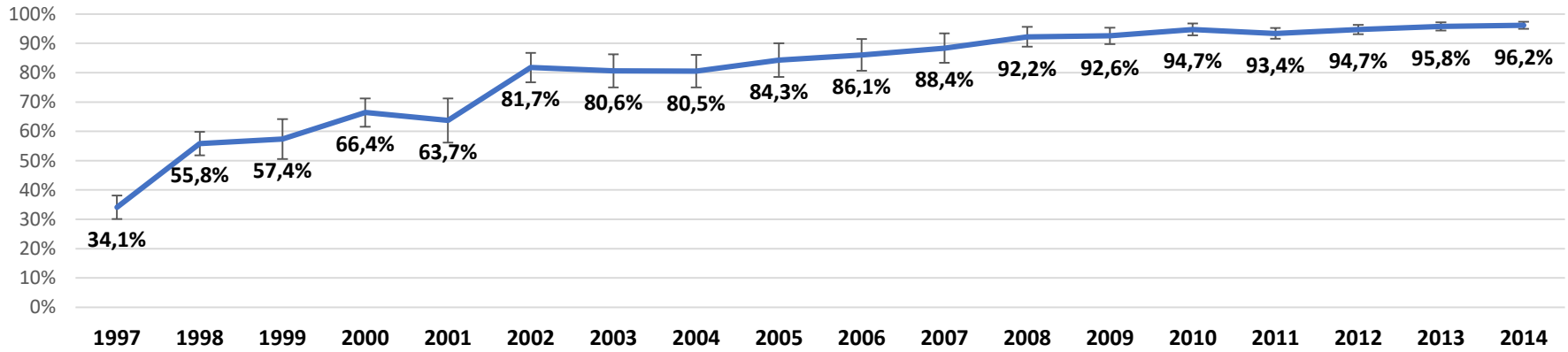
Demographic characteristics of 10.941 patients at last follow up in 2021-2023

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

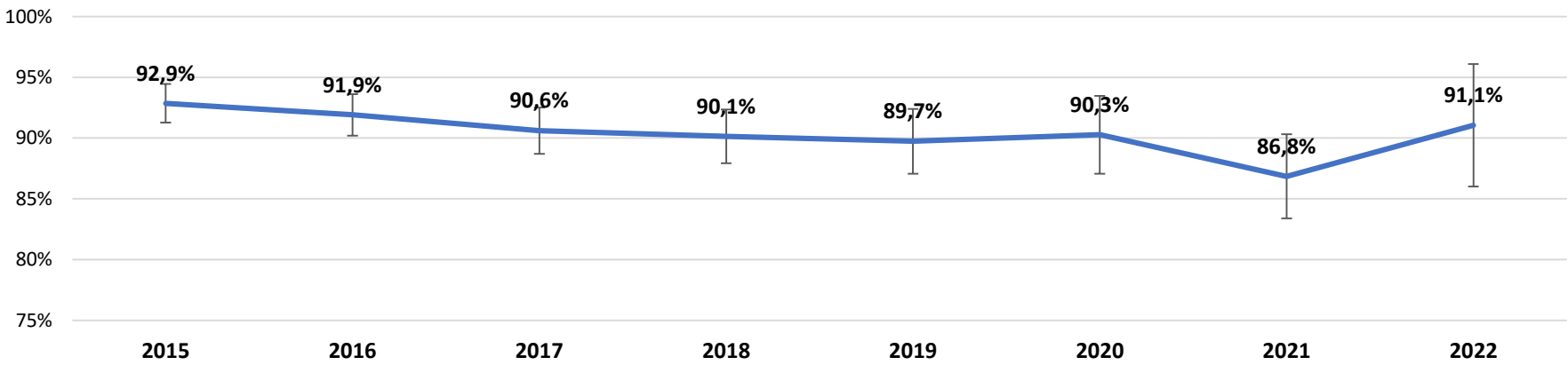
VL<50	**9642 (88.1%)**
Median VL	19
CD4<200	611 (5.5%)
CD4<350	1445 (13.2%)
Median CD4 (cell/µL)	**710**
Median CD4 (%)	33.4
Median age	**49**
Age>60	**1920 (17.5%)**
Gender M	8762 (80%)
Gender F	2179 (19.9%)
Risk: Heterosexual contacts	4299 (39.2%)
Risk: Homo/Bisexual contacts	4954 (45.2%)
Risk: IDU/ex IDU	704 (6.4%)
Risk: Other/Unknown	946 (8.6%)
Risk: Not compiled	38 (0.3%)
Italians	8877 (81.1%)
Migrants	**2064 (18.8%)**
Line: 2	2332 (21.3%)
Line: >=3	**5708 (52.1%)**
Line: Naïve	173 (1.5%)
INSTI	**7682 (70.2%)**

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

Proportion of patients with a VL<=200 copies/mL at 12 months from starting their first cART from ART-naive from 1997 to 2014



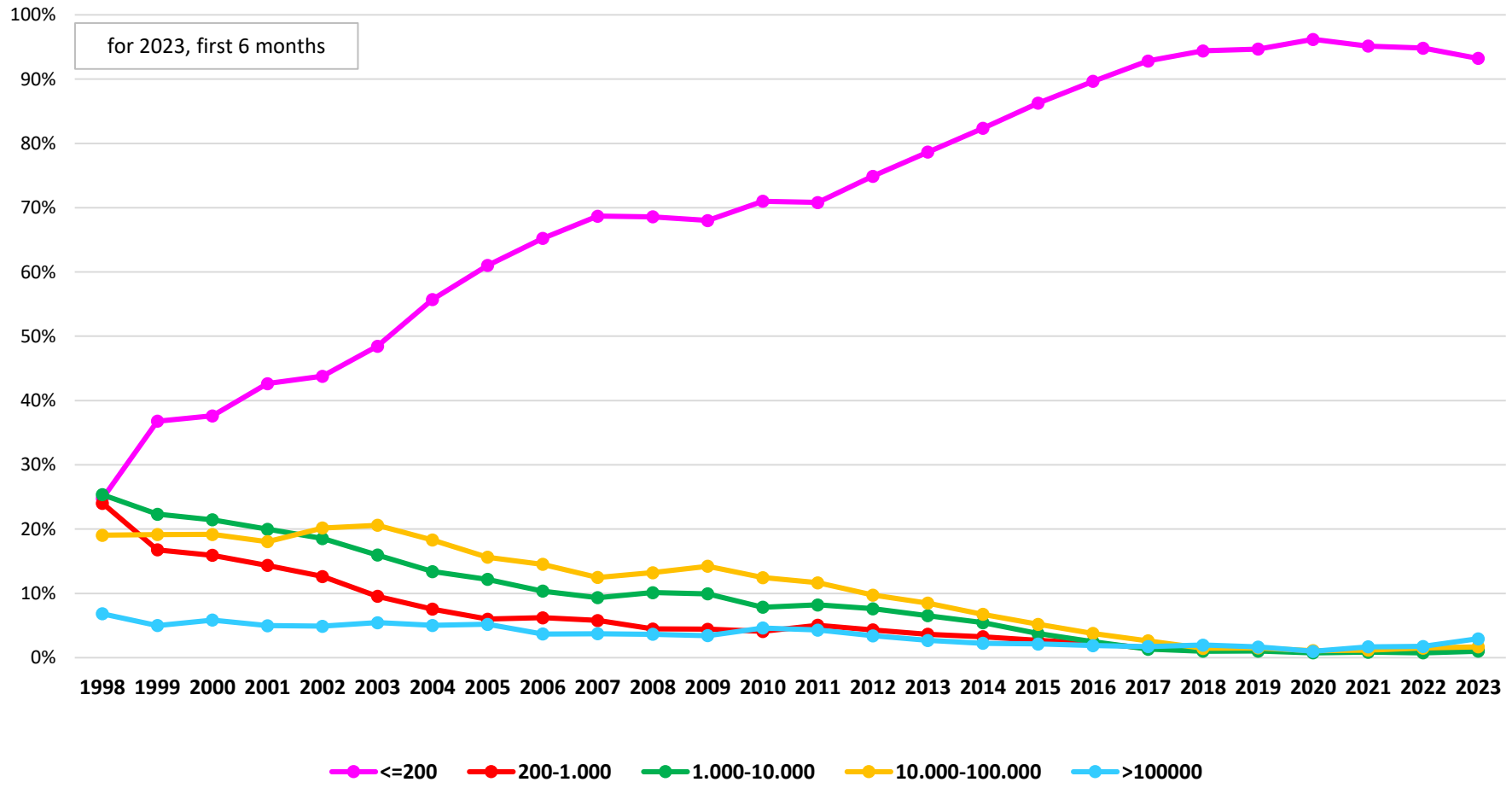
Proportion of patients with a VL<=50 copies/mL at 12 months from starting their first cART from ART-naive from 2015



Jun 2023 Report

Fondazione Icona
ITALIAN COHORT NAIVE ANTIRETROVIRALS

HIV-RNA strata (copies/mL) in all patients in follow-up according to calendar year



Jun 2023 Report

Fotografia delle PLHIV in ICONA: conclusioni

- Analogamente ai dati COA segnaliamo una mancata diminuzione delle nuove diagnosi negli ultimi anni
- In più del 50% dei casi si tratta di late presenters, a trasmissione sessuale
- Mentre la epatite da HCV è in diminuzione nella gran maggioranza guarita con DAA, la epatite da HBV è stazionaria, e la epatite da HDV viene frequentemente non ricercata
- Le PLWH in trattamento sono in più del 90% dei casi a VL undetectable e quindi NON TRASMETTONO L'NFEZIONE DA HIV PER VIA SESSUALE

Icona Foundation Study Group

BOARD OF DIRECTORS: A d'Arminio Monforte (President), A Antinori (Vice-President), S Antinori, A Castagna, R Cauda, G Di Perri, E Girardi, R Iardino, A Lazzarin, GC Marchetti, C Mussini, E Quiros-Roldan, L Sarmati, B Suligoi, F von Schloesser, P Viale.

SCIENTIFIC SECRETARY: A d'Arminio Monforte, A Antinori, A Castagna, F Ceccherini-Silberstein, A Cingolani, A Cozzi-Lepri, A di Biagio, E Girardi, A Gori, S Lo Caputo, G Marchetti, F Maggiolo, C Mussini, M Puoti, CF Pern, C Torti.

STEERING COMMITTEE: A Antinori, F Bai, A Bandera, S Bonora, A Calcagno, D Canetti, A Castagna, F Ceccherini-Silberstein, A Cervo, A Cingolani, P Cinque, A Cozzi-Lepri, A d'Arminio Monforte, A Di Biagio, R Gagliardini, A Giacomelli, E Girardi, N Gianotti, A Gori, G Guaraldi, S Lanini, G Lapadula, M Lichtner, A Lai, S Lo Caputo, G Madeddu, F Maggiolo, V Malagnino, G Marchetti,V Mazzotta, A. Mondi, C Mussini, S Nozza, CF Perno, S Piconi, C Pinnetti, M Puoti, E Quiros Roldan, R Rossotti, S Rusconi, MM Santoro, A Saracino, L Sarmati, V Spagnuolo, N Squillace, V Svicher, L Taramasso, A Vergori.

STATISTICAL AND MONITORING TEAM: A Cozzi-Lepri, S De Benedittis, I Fanti,M Giotta, A Rodano', A Tavelli.

COMMUNITY ADVISORY BOARD: A Bove, M Cernuschi, L Cosmaro, M Errico, A Perziano, V Calvino.

BIOLOGICAL BANK INMI AND SAN PAOLO: S Carrara, S Graziano, G Prota, S Truffa, D Vincenti, Y D'Errico, R Rovito.

PARTICIPATING PHYSICIANS AND CENTERS: Italy A Giacometti, A Costantini, V Barocci (Ancona); A Saracino, C Santoro, E Milano (Bari); L Comi, C Suardi (Bergamo); P Viale, L Badia, S Cretella (Bologna); EM Erne, A Pieri (Bolzano); E Quiros Roldan, E Focà, C Minardi (Brescia); B Menzaghi, C Abeli (Busto Arsizio); L Chessa, F Pes (Cagliari); P Maggi, L Alessio (Caserta); B Cacopardo, B Celesia (Catania); J Vecchiet, K Falasca (Chieti); A Pan, S Dal Zoppo (Cremona); D Segala (Ferrara); MA Di Pietro, C Costa (Firenze); S Lo Caputo, S Ferrara (Foggia); M Bassetti, E Pontali, S Blanchi, N Bobbio, G Mazzarello (Genova); M Lichtner, L Fondaco (Latina); S Piconi, C Molteni (Lecco); S Rusconi, G Canavesi (Legnano); G Nunnari, G Pellicanò (Messina); G Marchetti, S Antinori, G Rizzardini, M Puoti, A Castagna, A Bandera, V Bono, MV Cossu, A Giacomelli, R Lolatto, MC Moioli, L Pezzati, S Diotallevi, C Tincati (Milano); C Mussini, C Puzzolante (Modena); P Bonfanti, G Lapadula (Monza); V Sangiovanni, I Gentile, V Esposito, N Coppola, FM Fusco, G Di Filippo, V Rizzo, N Sangiovanni, S Martini (Napoli); AM Cattelan, D Leoni (Padova); A Cascio, C Colomba (Palermo); D Francisci, E Schiaroli (Perugia); G Parruti, F Sozio (Pescara); P Blanc, SI Bonelli (Pistoia); C Lazzaretti, R Corsini (Reggio Emilia); A Antinori, R Cauda, C Mastroianni, L Sarmati, A Latini, A Cingolani, V Mazzotta, S Lamonica, M Capozzi, A Mondi, M Rivano Capparuccia, G Iaiani, C Stingone, L Gianserra, J Paulicelli, MM Plazzi, G d'Ettore, M Fusto (Roma); I Coledan (Rovigo); G Madeddu, A De Vito (Sassari); M Fabbiani, F Montagnani (Siena); A Franco, R Fontana Del Vecchio (Siracusa); BM Pasticci, C Di Giuli (Terni); GC Orofino, G Calleri, G Di Perri, S Bonora, G Accardo (Torino); C Tascini, A Londero (Udine); V Manfrin, G Battagin (Vicenza); G Starnini, D Farinacci (Viterbo).