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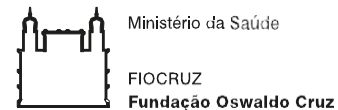
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## **1. WELCOME TO THE WORLDDLEISH7**

The logo for WorldLeish7 features the word "WORLD" in blue capital letters with a globe icon for the letter "O". Below it, a blue sandfly icon is positioned to the left of the word "LEISH7", which is in red and green capital letters.

# WORLD LEISH7

Every four years, leishmaniacs from around the world gather in WorldLeish to discuss the latest advancements around these neglected tropical diseases and the seventh version was not an exception. In 2022, we had the participation of around 700 people, from 47 countries. Also, we had a great response from 536 students and professionals from around the world who sent us their abstracts to be part of the event as a poster or oral communications presentation and we are glad to say that we counted 195 oral presentations and 341 posters.

The experience and knowledge of the 210 speakers enriched the 44 Symposia, 8 Round Tables, 4 Special Meetings, 5 Plenary talks and 4 Successful stories that took place in those 6 days.

For Colombia and specifically the University of Antioquia, it was an honor to be the host of this Congress. And, for PECET, is a recognition for its almost 40 years of effort, research and hard work to treat leishmaniasis.

I would like to express my gratitude for your participation in this seventh version of the congress. Thanks to the knowledge and contributions, of all participants, it has been a complete success.

We know that it was not easy at all, however seeing all of you in Cartagena filled us with deep pride for the great challenge undertaken and the achievement reached.

May these events strengthen our "leishmaniac" spirit and recharge us to continue working in favor of this NTD.

Thank you very much.

With the expression of my admiration and respect.

A handwritten signature in black ink, appearing to read "Ivan Dario Vélez".

Ivan Dario Vélez  
Chair WorldLeish7



## **2. GENERAL SCHEDULE**

# WORLD LEISH7

MONDAY August 1st	Time	TUESDAY August 2nd	WEDNESDAY August 3rd	THURSDAY August 4th	FRIDAY 27 August 5th	Time	SATURDAY August 6th	
		REGISTRATION	REGISTRATION	REGISTRATION	REGISTRATION		REGISTRATION	
	7:00 - 8:00	REGISTRATION	REGISTRATION	REGISTRATION	REGISTRATION			
	8:00 - 9:00	PLENARY TALK #1	PLENARY TALK #2	PLENARY TALK#3	PLENARY TALK #4	8:30 - 9:30	PLENARY TALK #5	
	9:00 - 9:30	SUCCESSFUL STORY #1	SUCCESSFUL STORY #2	SUCCESSFUL STORY #3	SUCCESSFUL STORY #4	9:30 - 10:00	COFFEE BREAK	
	9:30 - 10:00	COFFEE BREAK					10:00 - 11:30	SPECIAL MEETING #4
	10:00 - 11:30	SATELITE SYMPOSIUMS (sessions 1 - 5)	SATELITE SYMPOSIUMS (sessions 12-16)	SATELITE SYMPOSIUMS (sessions 23-27)	SATELITE SYMPOSIUMS (sessions 33 -38)		AWARDS	
	11:30 - 13:00	SATELITE SYMPOSIUMS (sessions 6 -11)	SATELITE SYMPOSIUMS (sessions 17 - 22)	SATELITE SYMPOSIUMS (sessions 28 - 44) SPECIAL MEETING #2	SATELITE SYMPOSIUMS (sessions 39 - 44)	11:30 - 12:00.		
	13:00 - 14:00	LUNCH	LUNCH	POSTER PRESENTATION Session 3	LUNCH	12:00 - 13:10	CLOSING LECTURE	
	14:00 - 15:30	SPECIAL MEETING #1	ROUND TABLE (1 - 4)	LUNCH/ FREE AFTERNOON			ROUND TABLE (5 - 8)	
REGISTRATION	15:30 - 16:30	ORAL COMMUNICATIONS (sessions 1 - 7)	ORAL COMMUNICATIONS (sessions 15 - 21)				ORAL COMMUNICATIONS (sessions 29 - 35)	
	16:30 - 17:30	POSTER PRESENTATION Session 1	POSTER PRESENTATION Session 2				POSTER PRESENTATION Session 4	
OPENING SESSION	17:30 - 18:00	COFFEE BREAK					13:10 - 13:30	CLOSING REMARKS
INAUGURAL LECTURE	18:00 - 19:00	ORAL COMMUNICATIONS (sessions 8 - 14)	ORAL COMMUNICATIONS (sessions 22 - 28)					
WELCOME RECEPTION	19:00 - 20:30							



## 5. POSTER



## **P2-022: TREATMENT OF CUTANEOUS LEISHMANIASIS IN THE ELDERLY WITH LIPOSOMAL AMPHOTERICIN B: A RANDOMIZED CLINICAL TRIAL**

**Samir F. Azouz<sup>1,4</sup>, Ednaldo L. Lago<sup>2</sup>; Luiz H. Guimarães<sup>2,3</sup>; Sandra Nolasco<sup>1,4</sup>; Edgar M. de Carvalho<sup>1,4,5</sup>; Paulo R. L. Machado<sup>1,2,4</sup>**

<sup>1</sup>Postgraduate Program in Health Sciences, Faculty of Medicine, Federal University of Bahia, Salvador, Bahia, Brazil; <sup>2</sup>National Institutes of Science and Technology in Tropical Diseases, Ministry of Science and Technology, Brazil; <sup>3</sup>Federal University of Southern Bahia, Ilhéus, Bahia, Brazil; <sup>4</sup>Immunology Service, Professor Edgard Santos University Hospital, Federal University of Bahia, Salvador, Bahia, Brazil; <sup>5</sup>Gonçalo Moniz Institute, Fiocruz, Salvador, Bahia, Brazil

Cutaneous leishmaniasis (CL) is an important public health problem in Brazil, caused mainly by *Leishmania (Viannia) braziliensis*, representing more than 90% of the total cases. CL is predominantly found in adult males exposed to forest regions. In recent years the epidemiology of CL has changed, affecting also women, children, and the elderly. CL in the elderly results in a therapeutic challenge, since pentavalent antimony (Sb<sup>v</sup>) is not recommended in this age group where heart, liver or kidney disease are commonly found. In this context, liposomal amphotericin B may become an attractive systemic therapy in this group, due to potential less toxicity and better efficacy. However, there is little experience and a lack of data in the literature regarding its use in CL and the better low dosage associated with few toxicity and good efficacy. The present study was a randomized controlled and double blinded trial aimed to identify the dose of liposomal amphotericin B associated with the highest cure rate in the elderly. Thirty-two patients from the endemic area of Corte de Pedra, Bahia, Brazil aged 60 years or older of both genders, with localized and ulcerated CL were included. Diagnosis was confirmed upon a positive PCR for *L. braziliensis* in tissue obtained from ulcers. The groups were treated with liposomal amphotericin B (AmBisome®) with three different total doses after randomization: Group 1 (G1) received a total dose of 12 mg/kg (10

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patients). Group 2 (G2): 18 mg/kg (10 patients). Group 3 (G3): 24 mg/kg (12 patients). The drug was used twice a week in an outpatient hospital care. Clinical and laboratory assessments were performed before the start of therapy (D0), and at D15, D30, D60, D120 and D180. The average ages of groups G1, G2 and G3 were: 68.5; 72.5 and 67.4 respectively. The number of lesions ranged from 1 to 3 (median 1.5) with no differences between the groups. The lowest healing time (days) was 57.0 (G3) compared to 92.5 (G1) and 67.5 (G2). Failure rates in groups G1, G2 and G3 were 15%, 37.5% and 0% respectively. Regarding side effects, there were no differences between the groups; mild and transient raised levels of creatinine and/or BUN were documented in less than 30% of subjects. Only one patient (G2) interrupted therapy due to anaphylaxis that was controlled. CL in the elderly represents a therapeutic challenge in *L. braziliensis* endemic regions due to its aggressivity, contra indication of Sb<sup>v</sup>, and potential toxicity for deoxycholate amphotericin B. When systemic therapy is indicated and miltefosine is not available or fails, liposomal amphotericin may be a good option. There is a lack of trials with this drug in cutaneous and mucosal leishmaniasis, mainly in the elderly. Our trial contributes to indicate a safe and effective total dosage in CL treatment in this age group. The total dosage of 24 mg/kg has a high rate of cure and is safe for the treatment of CL in the elderly.

**Keywords** CUTANEOUS LEISHMANIASIS; LIPOSOMAL AMPHOTERICIN B; ELDERLY; *L. braziliensis*

**Financing** FAPESB – Fundo de Amparo à Pesquisa do Estado da Bahia; INCT-DT.



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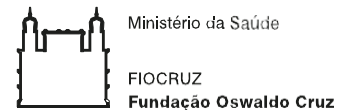
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