



HIV Research for Prevention 2016:

AIDS Vaccine, Microbicide and ARV-based Prevention Science

Conference Report



Elizabeth Bukusi chairing a plenary session



Bonnie Mathieson farewell reception



Discussions during the poster session



Ambassador Deborah Birx at closing plenary



Noel Gordon, addressing a plenary



Networking Lunch



Keynote address by **Dr. Anthony Fauci**



Attendees representing their research lab



Mitchell Warren with journalist fellows



Gabriella Scarlatti, at Rapporteur Session



Discussion at the media center



Participants lined up to ask questions

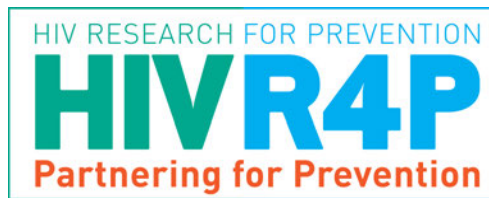


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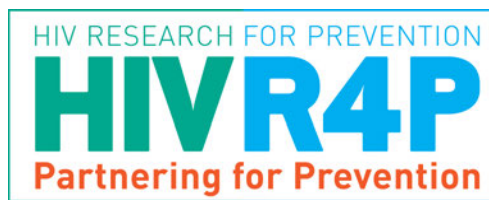
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Introduction

The Philosophy of HIVR4P

HIV Research for Prevention 2016: AIDS Vaccine, Microbicide and ARV-based Prevention Science (HIVR4P) was held at the Sheraton Grand Chicago in Chicago, Illinois, United States, 17-21 October 2016. The biennial HIVR4P conference is the only global scientific meeting dedicated exclusively to biomedical HIV prevention research, including HIV vaccines, microbicides, PrEP, treatment as prevention and other biomedical prevention approaches.

“Partnering for Prevention” was the theme of HIVR4P 2016, as well as the philosophy that guided the entire conference. Unlike previous gatherings that focused on a single form of prevention, such as vaccines or microbicides, HIVR4P built on a growing consensus that effective HIV prevention requires combination approaches, and that understanding, analyzing and debating the cross-cutting issues that impact prevention research are key to reducing the global epidemic. “Partnering for Prevention” represented the conference’s commitment to breaking down silos between research disciplines, and between researchers, program developers, care providers, advocates, communities and funders.

HIVR4P supports cross-fertilization between different biomedical prevention approaches and provides a venue to discuss the research findings, questions and priorities specific to each modality, and to global HIV prevention efforts as a whole. Consistent with this philosophy, the conference program for HIVR4P 2016 included every major facet of a rapidly evolving biomedical HIV prevention paradigm.

Conference Organization

Planning for HIVR4P was led by an international panel of **conference co-chairs** comprised of:

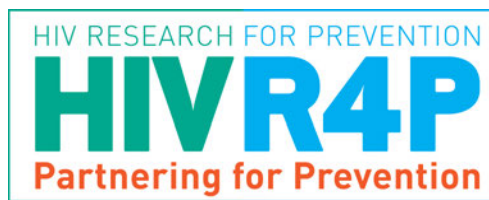
- Thomas Hope, Northwestern University, United States
- Jeanne Marrazzo, University of Alabama at Birmingham, United States
- Lynn Morris, National Institute for Communicable Diseases and University of Witwatersrand, South Africa
- Nelly Mugo, Kenya Medical Research Institute, Kenya

In addition, the conference organization included a diverse, multi-disciplinary 45-member **Program Organizing Committee (POC)**, made up of leading researchers, policymakers and advocates from around the world, as well as 68 additional experts who comprised the **Abstract Review Committee** that reviewed 934 abstract submissions to develop the 32 oral and poster discussion sessions that drove the HIVR4P program (See appendix for committee members). The **Global HIV Vaccine Enterprise** served as secretariat for HIVR4P.

HIVR4P attracted a broad array of financial and in-kind supporters, including governmental agencies, leading foundations, research institutions, universities, advocacy organizations and pharmaceutical companies.

The Global Impact of HIVR4P

To extend the global reach of the conference and to continue the discussions begun at HIVR4P, research presented at the conference was made available through a variety of platforms. These outreach efforts included:



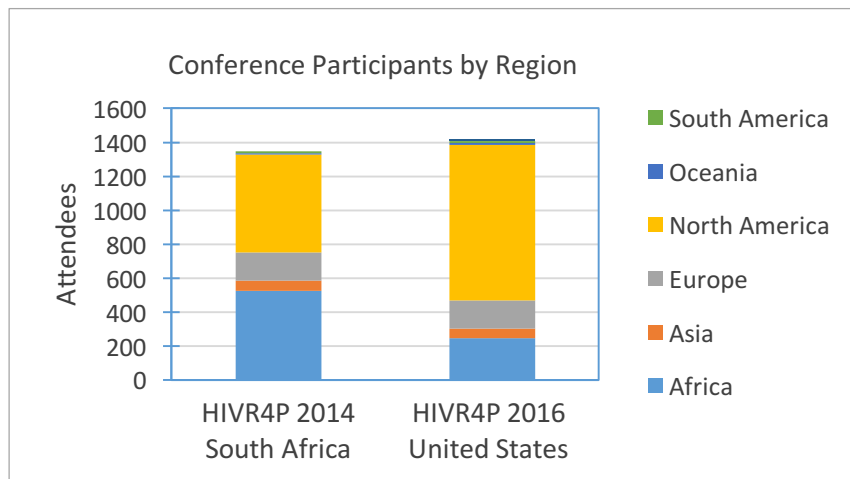
- Webcasting conference sessions within 24 hours of presentation on HIVR4P website, making the conference accessible world-wide, free of charge (<http://webcasts.hivr4p.org/>). In HIVR4P 2016, audio of all oral presentations was posted on the conference website. This arrangement was introduced keeping in mind the concurrent sessions at the conference that often prevented delegates from attending all talks of interest
- Highlighting take-home messages from the conference through presentations at the newly introduced Rapporteur Session and through Daily Rapporteur Summary Reports posted on the conference website (<http://hivr4p.org/program/rapporteur-summaries>)
- Extensive media coverage for the conference generated through a robust journalist training program and media outreach leading to 109 unique regional and international media reports (See Media Program section).
- Publication of all conference abstracts in an open access supplement of AIDS Research and Human Retroviruses (<http://online.liebertpub.com/toc/aid/32/S1>)
- Providing a user-friendly, open access electronic archive of posters (ePosters), hosting nearly half of the posters presented at HIVR4P (<http://www.abstractstosubmit.com/hivr4p2016/eposter/>)
- Making presentation details available to conference attendees and those following the proceedings from afar through a newly designed online planner and mobile app, which allowed users to browse the conference agenda, search sessions and abstracts by keyword and create a personalized conference schedule (<http://www.professionalabstracts.com/hivr4p2016/iPlanner/#/grid>)

Interest in HIVR4P remained high even after the last day: in the three weeks following the conference the webcasting page received 15,138 page views by 2,556 unique users. Additionally, the ePosters received 1090 page views in two weeks post-conference. Since publication of the ARHR supplement abstracts were downloaded 973 times. The mobile app received 42,839 page views by 706 users, representing approximately 50% of conference attendees.

News from the conference was also communicated to a global audience through the HIVR4P Facebook page, and a very active Twitter feed #HIVR4P2016.

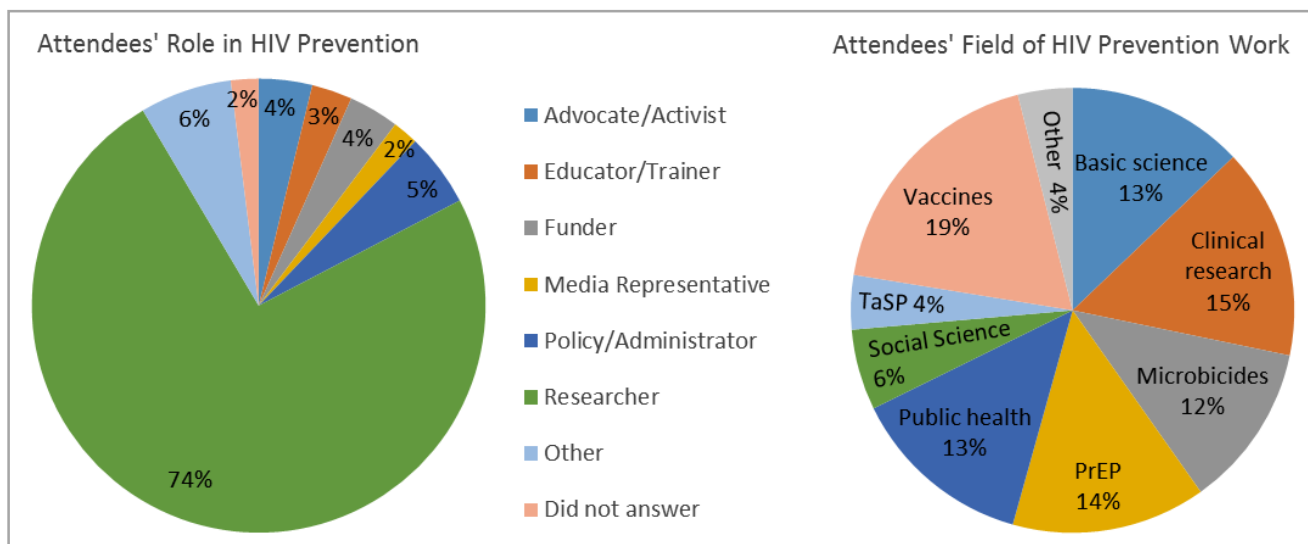
Participant Demographics and Feedback

Attendance at HIVR4P 2016 met or exceeded all organizational targets. In all, 1,419 delegates from 42 countries participated in the meeting. North America and Africa were the continents represented the most (82%). HIVR4P 2016 attracted a higher proportion of U.S.-based attendees than the first HIVR4P conference, which was held in Cape Town, South Africa. In all, 64.4% of attendees at the 2016 meeting came from North America. More than one in six attendees (17.5%) were from Africa; 11.7% of attendees were from Europe and 4% of came from Asia. A majority of African delegates were from South Africa (88 attendees), Kenya (52 attendees), Uganda (31 attendees) and Nigeria (27 attendees). England (55 attendees) and France (45 attendees) sent the most delegates from Europe. India, China and Thailand (17, 14 and 13 delegates, respectively) were the most represented Asian countries at the conference.

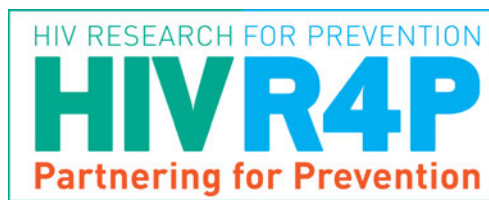


Over a third of HIVR4P attendees (>568) were **Junior and Early Career Investigators (JECIs)** from around the world. Non-paid registrations included conference scholarship recipients (247), media attendees (46) including 23 journalist fellows, invited speakers (66) and staff, hosts, committee members, additional complimentary attendees and sponsors (55).

The strong scientific program at HIVR4P was reflected in the **professional focus of the attendees**, 74% of whom described their primary focus as research. Policymakers, advocates, funders, educators and media representatives made up the remaining conference attendees.



A key objective of HIVR4P is to provide a platform for the latest development in every major field of biomedical HIV prevention. A review of the **primary field of HIV prevention work** of conference attendees indicates that the objective was met, with nearly equal representation among the attendees of individuals who said that the primary focus of their work was vaccines (19%), clinical research (15%), PrEP (14%), basic science (13%), public health (13%) and microbicides (12%). Smaller proportions of attendees listed their primary focus as social science (6%) and treatment as prevention (4%).



The overwhelming majority of survey respondents who attended HIVR4P (more than 97%) said they were satisfied with the conference, with 90% indicating that they were either highly satisfied (51%) or satisfied with minor reservations (39%). When asked to choose which aspect of the conference they liked most, respondents cited the quality of presentations and diversity of topics and speakers (67%); the fact that the conference combined multiple prevention research modalities (52%); the organization of the meeting (45%); and the opportunity that HIVR4P provided for young researchers and African scientists to engage, participate in and contribute to the conference (41%). Areas for improvement included food/networking opportunities provided (49%) and scheduling of parallel sessions (26%).

The vast majority of survey respondents either agreed or strongly agreed that the conference format allowed for topic focus while also promoting interchange between disciplines (91%); that the concerns and contributions of different constituencies were well represented in the program (82%); that HIVR4P fostered a dialogue between participants from different fields (91%); and that the participation of African researchers and community members was visible throughout the program (84%).

Scientific Program

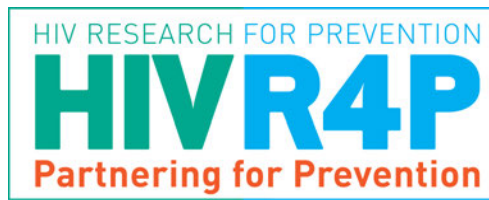
HIVR4P included the presentation of more than 181 research studies in 24 oral abstract and eight poster discussion sessions; four plenary sessions; 12 symposia and roundtables; and 21 satellite sessions organized by research organizations, community-based organizations, advocates and other experts from around the world (<http://hivr4p.org/program/satellite-sessions>).

Two new programs were introduced at HIVR4P 2016. Meet the Experts sessions provided the opportunity for dialogue with plenary speakers thus expanding learning opportunities for attendees and allowing for in-depth discussion of critical topics. The Rapporteur Session, with talks from four rapporteur leads (who were assisted by 11 rapporteurs), summarized key research breakthroughs presented at the conference across topic areas. This overview session on the last day was planned keeping in mind HIVR4P's program with 36 concurrent sessions that at times prevented delegates from attending all talks of interest.

Topics on the HIVR4P agenda addressed cross-cutting issues that impact multiple HIV prevention modalities as well as questions specific to particular interventions. Some of the conference program topics were:

- HIV transmission dynamics and lessons for implementing HIV prevention strategies
- Advances in mucosal immunology with emphasis on intervention opportunities
- PrEP provision and roll-out in different countries and populations around the world
- Follow-up on dapivirine ring clinical trials; recent progress in topical prevention science and multi-purpose prevention technologies
- Updates on recent and upcoming clinical trials testing different intervention approaches such as vaccine candidates, long-acting ARVs etc.
- Passive immunization with broadly neutralizing antibodies including AMP clinical trial updates
- Antibody epitopes and immunogenicity of the Envelope protein
- Acquisition risk in vulnerable populations including adolescents and ways to target interventions
- Frameworks for implementation including lessons learnt from social science research
- Behavioral and adherence challenges in implementing prevention approaches
- Community engagement and advocacy in prevention research

Among the topics generating the most media coverage at HIVR4P were:



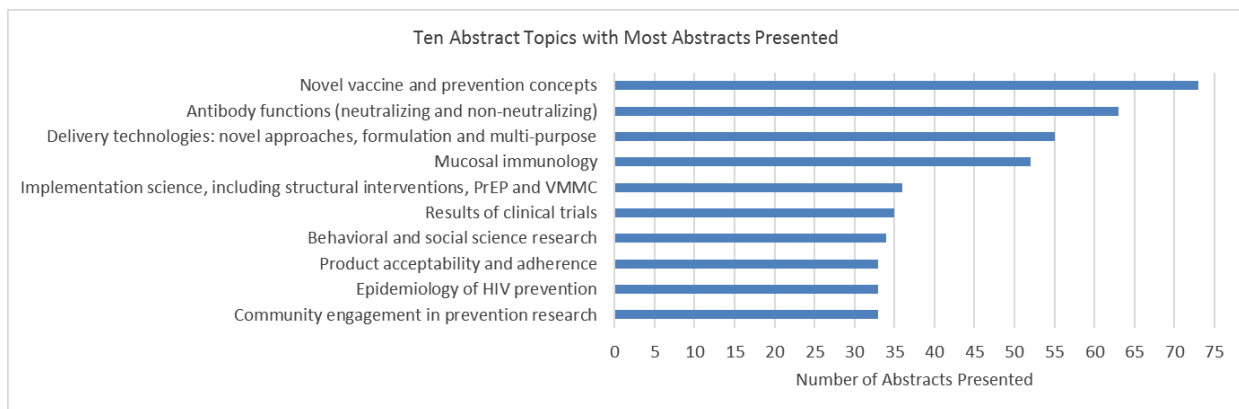
- PrEP efficacy, use and obstacles to access
- Follow-on learnings from the dapivirine ring studies, including the impact of stigma on ring use
- SIV control in Macaques treated with a4b7
- The prevention impact of increased services for key populations, including MSM and sex workers
- Advances in vaccine science and the impending start of the HVTN702 study
- Advances in long-acting prevention

Abstracts

HIVR4P 2016 received 812 complete abstract submissions during the standard submission period and 122 additional late breaker abstracts. All submitted abstracts were assigned to five to seven independent reviewers for evaluation and reviewed by a minimum of three. A total of 115 individuals with expertise in the relevant scientific program areas assisted in the abstract review process. Of the 934 abstract submissions received, 768 abstracts were accepted and scheduled for presentation at the conference.

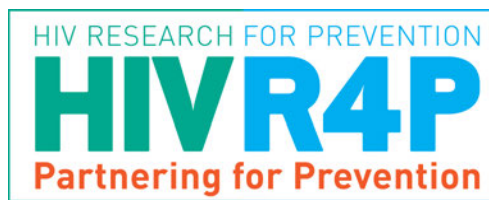
- 136 standard and eight late breaker abstracts were selected for oral presentation in 24 oral abstract sessions
- 575 posters were scheduled for presentation, 37 of which were selected for a 9-minute oral poster presentation
- 49 submissions were originally accepted for presentation but later withdrawn by the authors
- 166 abstracts were rejected

Abstracts were submitted in 28 different topic areas, many of which highlighted the cross-disciplinary nature of the conference. As with participants’ interest in HIV prevention research, abstracts presented were distributed relatively evenly amongst the different topics. The ten abstract topics with the most presented abstracts are shown below and represents multiple prevention modalities and cross-cutting issues.



Satellites

HIVR4P hosted 21 satellite sessions in advance of and immediately following the official conference proceedings. Selected to complement the conference programs, satellite sessions were planned by research organizations, community-based organizations, advocates and other experts from around the world. Satellite sessions covered diverse topics including systemic and topical delivery of anti-HIV monoclonal antibodies, multipurpose



prevention technologies, an advocates pre-conference workshop, showcasing African-led basic HIV prevention research, non-human primate models for HIV prevention and many others. More details on the satellite session program are available at <http://hivr4p.org/program/satellite-sessions>.

More than 95% of survey respondents who attended HIVR4P satellite sessions said that those events were well-organized, addressed important issues and added to the conference program and to the respondents' conference experience.

Scholarship Program

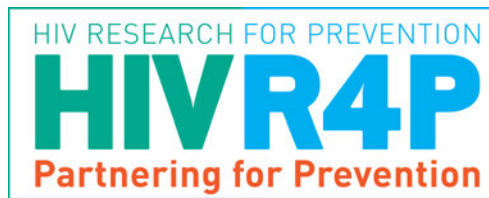
HIVR4P provided a limited number of competitive scholarships, designed to enable the participation of researchers and students who may not otherwise have been able to attend the meeting. To be considered for a scholarship, applicants submitted a statement describing their career interests, reasons for wanting to attend the conference and need for financial assistance. The program organizing committee reviewed all applications by merit and gave preference to applicants who presented work at the conference and had no funds to participate otherwise. A total of 501 scholarship applications were received in two categories: research (342) and community (159). **196 full conference scholarships, 8 new investigator awards and 60 complimentary registrations were awarded to successful applicants.** Researchers and community members from Africa received 113 full and 15 registration-only scholarships; 32 full and 33 registration-only scholarships were awarded to participants from North America; 29 full and 5 registration-only scholarships went to European applicants; 17 full and 7 registration-only scholarships went to applicants from Asia and Australia; and South American research and community members were awarded 5 full scholarships (See appendix or <http://hivr4p.org/scholarships/2016-scholars> for full list of scholars).

Awards

Desmond Tutu Award for HIV Prevention Research and Human Rights

At the closing plenary, the Desmond Tutu Award for HIV Prevention Research and Human Rights was presented to Ambassador Deborah Birx, U.S Global AIDS Coordinator and director of the PEPFAR program. This recognition, given by HIVR4P every two years to an individual or organization that has done outstanding work to advance HIV prevention research and human rights, was first presented to Archbishop Tutu in 2014 in Cape Town.

The Desmond Tutu Award highlights a central tenet of the HIVR4P philosophy: that human rights and HIV prevention are inextricably linked; that respect for the human rights of people affected by HIV is essential to slowing the epidemic; and that all people impacted by this epidemic have a central role to play in creating an AIDS-free future. Presenting the award to Ambassador Birx, HIVR4P Co-chair Nelly Mugo said, "Long before the term "key populations" gained currency, Ambassador Birx's leadership across more than thirty years of HIV research, care and advocacy focused on the dignity of every individual affected by HIV, the challenges posed by stigma and lack of opportunity, and the capacity of empowered individuals to care for themselves and others. She has never taken her eyes off the human face of the epidemic."



The Omololu Falobi Award for Excellence in HIV Prevention Research Community Advocacy

Named in honor of activist, prevention research advocate and journalist Omololu Falobi, this biennial award honors individuals who have shown leadership in and commitment to HIV prevention research advocacy and inspired others to action. At the HIVR4P Closing Plenary, Manju Chatani of AVAC presented the award to all nominated advocates, researchers, policymakers, journalists, funders and research volunteers who have taken the field of HIV prevention research so far forward since Omololu Falobi's death and the establishment of the award in 2006. An inspiring photo collage of the 85 recipients of the 2016 award showed the diversity of community advocates who are advancing HIV prevention research worldwide. The cash prize was given to Omololu's three children to help support their education.

Mathieson Award to a New Investigator in HIV Research

The Mathieson Award was presented for the first time at HIVR4P 2016. The award honors Bonnie Mathieson for her contributions to the HIV research field, and particularly for her passion and dedication in mentoring young investigators in her former role as HIV vaccines lead at the NIH Office of AIDS Research. In recognition of Mathieson's long-standing belief that some of the most innovative prevention research can be found "in the posters," the first Mathieson Award to a New Investigator was presented as part of the Wednesday poster session at HIVR4P. The recipient of the inaugural Mathieson Award was Cassandra Simonich, an MD/PhD student from Fred Hutchinson Cancer Research Center.

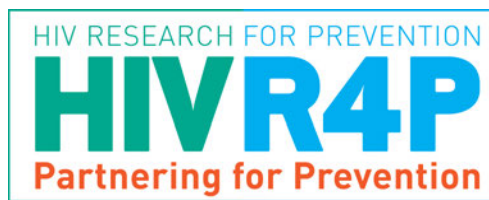
Media Program

Forty-six journalists from 18 countries attended and reported on HIVR4P. To facilitate the accurate communication of research news from the conference to a global media audience, the HIVR4P media program included:

- A fully operational media center, open throughout the conference
- Daily press conferences and pre-plenary briefings for journalists, and additional meet-the-expert sessions to facilitate accurate coverage of emerging issues and research stories
- Ongoing support in obtaining expert interviews and story development

Topics for HIVR4P press conferences included Highlights in Research on Vaccines and Early Infection; PrEP Roll-Out, Use and Challenges; New and Emerging Prevention Approaches, including Long-Acting Prevention; and Access to Prevention. As of December 1, 2016, [109 unique media reports](#) on research presented at HIVR4P had been collected from media outlets around the world.

HIVR4P also offered a Journalist Fellowship program for highly qualified media representatives with an extensive track record of covering HIV prevention research, whose media outlets would otherwise not be able to send them to the conference. Begun at the AIDS Vaccine 2009 conference, HIVR4P 2016 represented the seventh iteration of this Journalist Fellowship program, which has become a model for other conferences seeking to increase accurate, high-profile media coverage of their work. The Journalist Fellowship program includes a 1.5



day training program on the latest developments in HIV prevention research, facilitated by leading researchers in the field.

The conference received 198 applications for HIVR4P 2016 Journalist Fellowships from reporters in 54 countries. Twenty-three fellows were selected to participate in the program, representing media outlets in Brazil, China, Cuba, France, India, Kenya, Malawi, Nigeria, South Africa, Uganda, United Kingdom, United States, Vietnam, Zambia and Zimbabwe.

Partnership Program

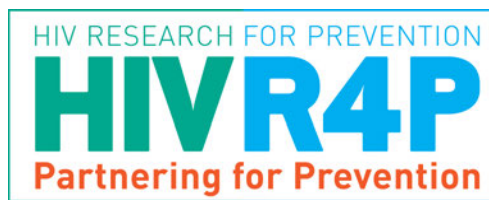
The success of the HIVR4P 2016 conference is due in large part to the generosity of our funding partners. Their contributions keep registration affordable, ensure that the conference is accessible to individuals from across the globe, and make conference scholarships possible.

2016 Funding Partners

ANRS
 Bill & Melinda Gates Foundation
 Centre for the AIDS Programme of Research in South Africa (CAPRISA)
 Gilead
 GSK Biologicals
 International AIDS Vaccine Initiative (IAVI)
 International Partnership for Microbicides (IPM)
 Janssen Pharmaceuticals

National Institutes of Health (NIH)
 Population Council
 Sanofi Pasteur
 South African Medical Research Council (MRC)
 The United States President's Emergency Plan for AIDS Relief (PEPFAR)
 United States Agency for International Development (USAID)
 Viiv Healthcare





Appendix

Committees

Conference Chairs

Thomas Hope

Northwestern University, United States

Jeanne Marrazzo

University of Alabama at Birmingham School of Medicine, United States

Lynn Morris

National Institute for Communicable Diseases and University of the Witwatersrand, South Africa

Nelly Mugo

Kenya Medical Research Institute, Kenya

Conference Secretariat

Global HIV Vaccine Enterprise, United States

Kristin Morrell

Funders Relations Officer

Bargavi Thyagarajan

Science Officer

Gabriella Scarlatti

Science Director

Mark Aurigemma

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Program Organizing Committee

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Susan Buchbinder

San Francisco Department of Public Health, United States

Jintanat Ananworanich

U.S. Military HIV Research Program, United States

Elizabeth Bukusi

Kenya Medical Research Institute, Kenya

Dan Barouch

Beth Israel Deaconess Medical Center, Ragon Institute of MGH, MIT and Harvard, United States

Kundai Chinyenze

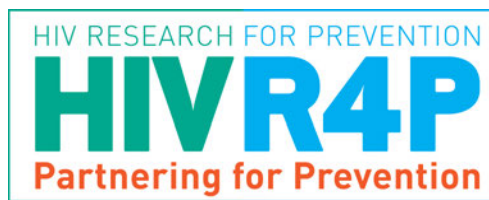
International AIDS Vaccine Initiative, Kenya

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Office of AIDS Research, National Institutes of Health, United States

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Amsterdam Institute for Global Health and
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Bonnie Mathieson

Office of AIDS Research, NIH, United States

Ken Mayer

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Sheena McCormack

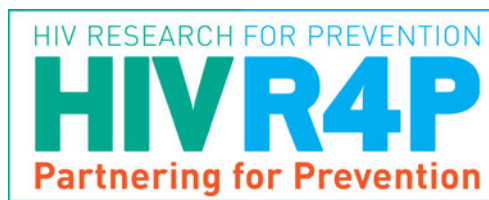
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Bill & Melinda Gates Foundation, United States

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Global HIV Vaccine Enterprise, United States

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Obafemi Awolowo University, Nigeria

Mitchell Warren

AVAC, United States

Kim Woodrow

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Ntando Yola

Desmond Tutu HIV Foundation, South Africa

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In addition to the Program Organizing Committee, the following individuals reviewed abstracts

Alash'le Abimiku

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Todd Allen

Harvard University, United States

Galit Alter

Ragon Institute of MGH, MIT and Harvard University, United States

Rama Amara

Emory University, United States

Jared Baeten

University of Washington, United States

Prince Bahati

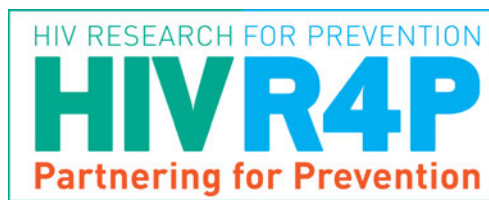
International AIDS Vaccine Initiative, Kenya

Christian Brander

IrsiCaixa, Spain

Nomita Chandhiok

Indian Council of Medical Research, India



Robert Chen

Centers for Disease Control and Prevention, United States

Josephine Cox

International AIDS Vaccine Initiative, United States

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Gustavo Doncel

Eastern Virginia Medical School, United States

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Keith Fowke

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Henry Gabelnick

Eastern Virginia Medical School Emeritus, United States

J. Victor Garcia

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Paul Goepfert

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Tomas Hanke

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Craig Hendrix

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Amapola Manrique

Global HIV Vaccine Enterprise, United States

John Mascola

Vaccine Research Center, NIAID, NIH, United States

Benoît Masse

University of Montreal, Canada

Barbara Mensch

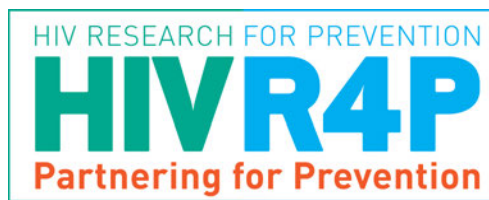
Population Council, United States

Nelson Michael

U.S. Military HIV Research Program, United States

Penny Moore

University of the Witwatersrand, South Africa



Jeremy Nuttall
International Partnership for Microbicides, United States

Jean Patterson
Office of AIDS Research, United States

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Damian Purcell
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Merlin Robb
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Harriet Robinson
GeoVax Inc., United States

Lisa Rohan
University of Pittsburgh, United States

Morgane Rolland
U.S. Military HIV Research Program, Henry M. Jackson Foundation for the Advancement of Military Medicine, United States

Joseph Romano
NWJ Group, United States

Ruth Ruprecht
Texas Biomed, United States

Jeffrey Safrit
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Eric Sandström
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Gabriella Scarlatti
Global HIV Vaccine Enterprise, United States

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Jonathan Stadler
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Alan Stone
MEDSA Ltd, United Kingdom

Hendrik Streeck
Institute for HIV Research, Germany

Jim Tartaglia
Sanofi Pasteur, United States

Bargavi Thyagarajan
Global HIV Vaccine Enterprise, United States

Caroline Tiemessen
National Institute for Communicable Diseases, South Africa

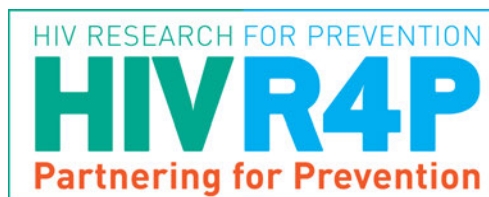
Georgia Tomaras
Duke Human Vaccine Institute, United States

Alexandra Trkola
University of Zurich, Switzerland

Jim Turpin
Prevention Sciences Program, DAIDS, NIAID, NIH, United States

Lut Van Damme
Bill & Melinda Gates Foundation, United States

Ronald Veazey
Tulane National Primate Research Center, United States



Steven Wakefield

HIV Vaccine Trials Network, United States

Anna-Lise Williamson

University of Cape Town, South Africa

New Investigator Awardees

Yoann Aldon

Imperial College London, United Kingdom

Smritee Dabee

Institute of Infectious Disease and Molecular
Medicine, University of Cape Town, South Africa

Elina El-Badry

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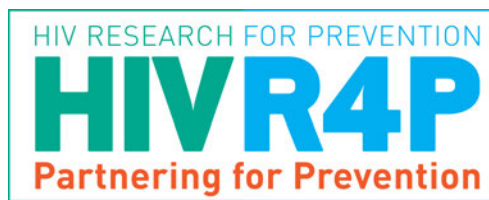
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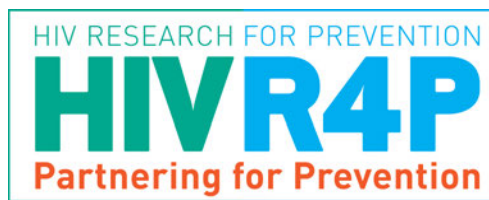
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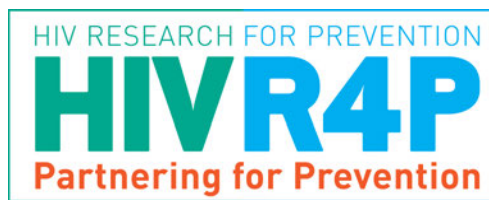
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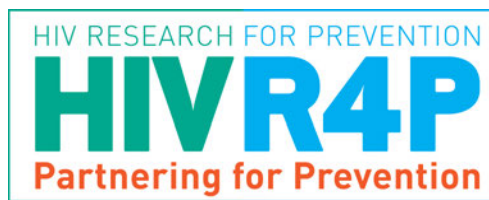
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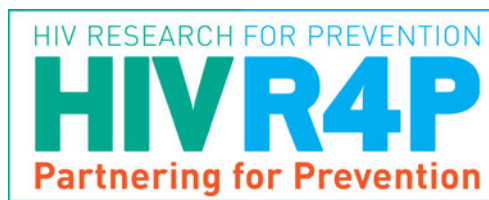
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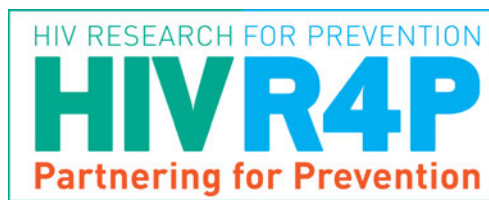
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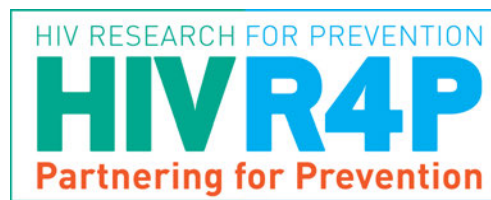
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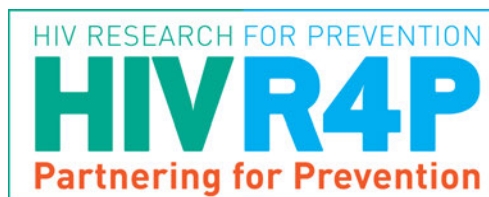
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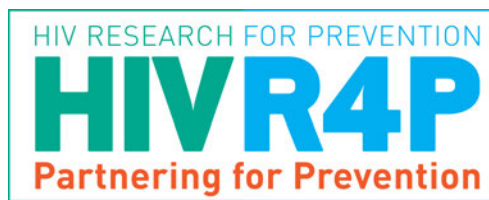
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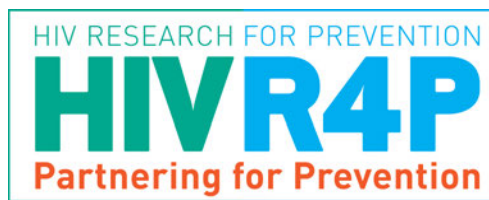
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