BIKTARVY …
la opción de switch más fácil y segura en el paciente VIH migrante

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Vigo, 6-7 marzo 2026

GILEAD

Caso clínico real

- Varón de 38 años. Natural de Perú. Lleva 2 años en España
- Periodista en su país, aquí trabaja en hostelería
- Consumo social de alcohol. No fumador
- Homosexual
- Diagnosticado de VIH categoría A2 en 2016 en Perú coincidiendo con diagnóstico de sífilis
- CD4 nadir de 300/µl. Desconoce CV VIH cénit .Desconoce la presencia de mutaciones a los ARV
- Inicia en Perú TAR con TDF+FTC+RAL en 2016
- Entre 2016 y 2024 en su país mantiene CD4 entre 300-500/µl
- Cargas virales VIH siempre positivas en ese tiempo entre 70-300 cop/µl
- Adherencia no perfecta al TAR instaurado en Perú

Caso clínico real

1ª visita en el HUCA Oviedo 20/12/23

- AST/ALT: 39/49. Colesterol total 198, HDL- colesterol 46, TG 101 mg/dl. Resto normal
- CD4 529/µl (39%)
- CV VIH 155 cop/ml (2,19 log)
- Se sustituye TDF+FTC+RAL por TAF+FTC+BIC (Biktarvy)
- RPR +1/4. Ante duda de reinfección → penicilina benzatina 2,4 MU IM una dosis
- Serología *Chlamydia trachomatis* IgG (+), IgA (+)→ Doxiciclina 100mg x 12h x 7 días

Caso clínico real

2ª visita en el HUCA Oviedo 24/06/24

- **NO ACUDE Y NO AVISA!!!!**

3ª visita en el HUCA Oviedo 24/09/24

- AST/ALT: 25/24. Colesterol total 168, HDL- colesterol 42 , TG 161 mg/dl. Resto normal
- CD4 598/µl (34%)
- CV VIH 69 cop/ml (1,84 log)
- Continúa con TAF+FTC+BIC (Biktarvy)

4ª visita en el HUCA Oviedo 5/02/26

- AST/ALT: 25/32. Colesterol total 104, HDL- colesterol 46 , TG 89 mg/dl. Resto normal
- CD4 707/µl (42%)
- **CV VIH < 20 cop/ml por 1ª vez en su historia clínica VIH**
- Serología: lúes RPR +1/2, *Chlamydia trachomatis* IgG (+), IgA(-)
- Continúa con TAF+FTC+BIC (Biktarvy)

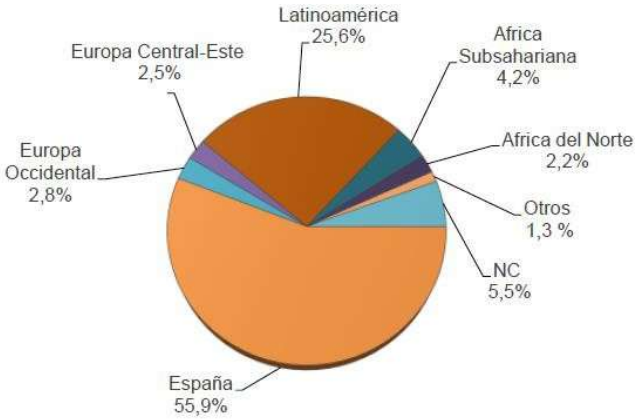
Evolución inmuno-virológica

Fecha	CD4	CV VIH (cop/ml)	TAR
20/12/23	529/µl (39%)	155 (2,19 log)	TDF+FTC+RAL
24/9/24	598/µl (34%)	69 (1,84 log)	TAF+FTC+BIC
16/1/26	797/µl (42%)	< 20 cop/ml	TAF+FTC+BIC

Nuevos diagnósticos de VIH

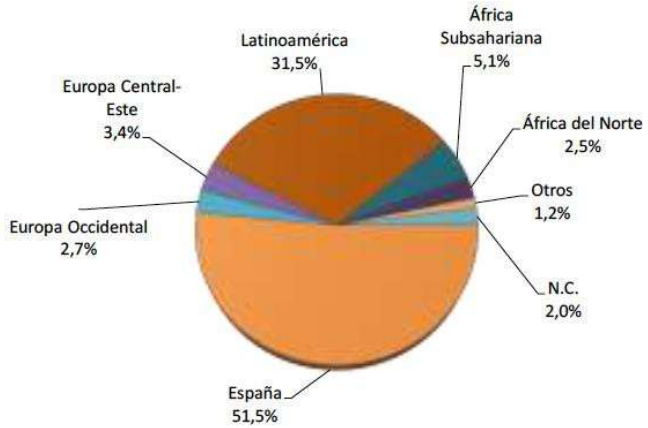
ZONA GEOGRAFICA DE ORIGEN

2021



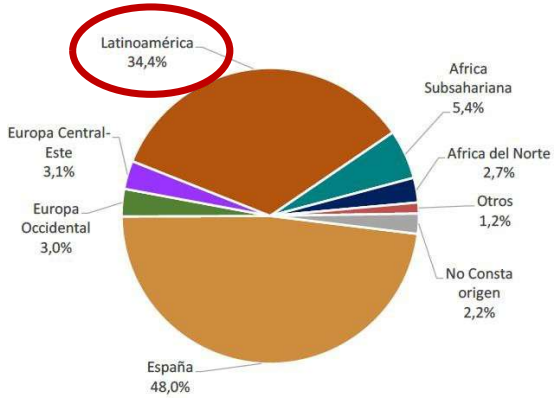
n = 2.786

2022



n = 2.956

2023

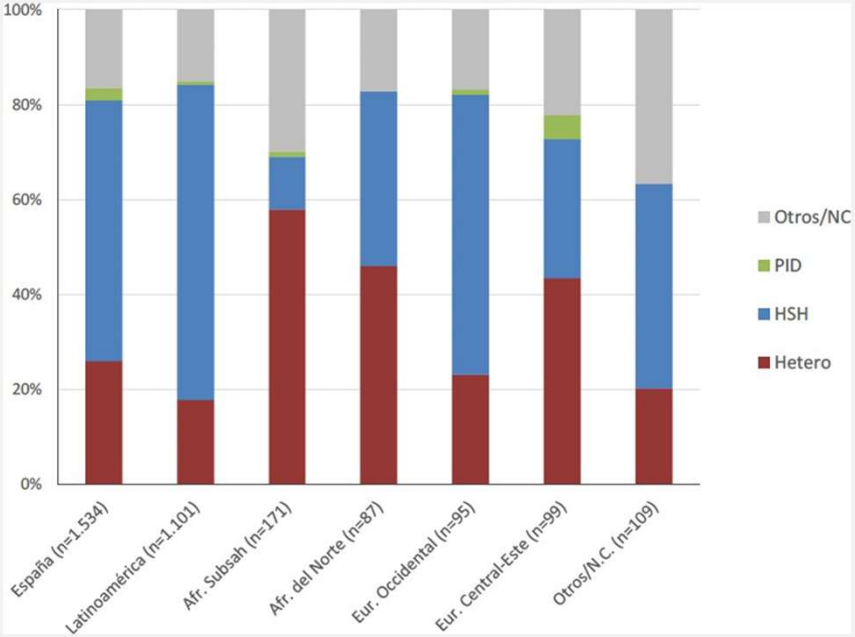


n= 3.196

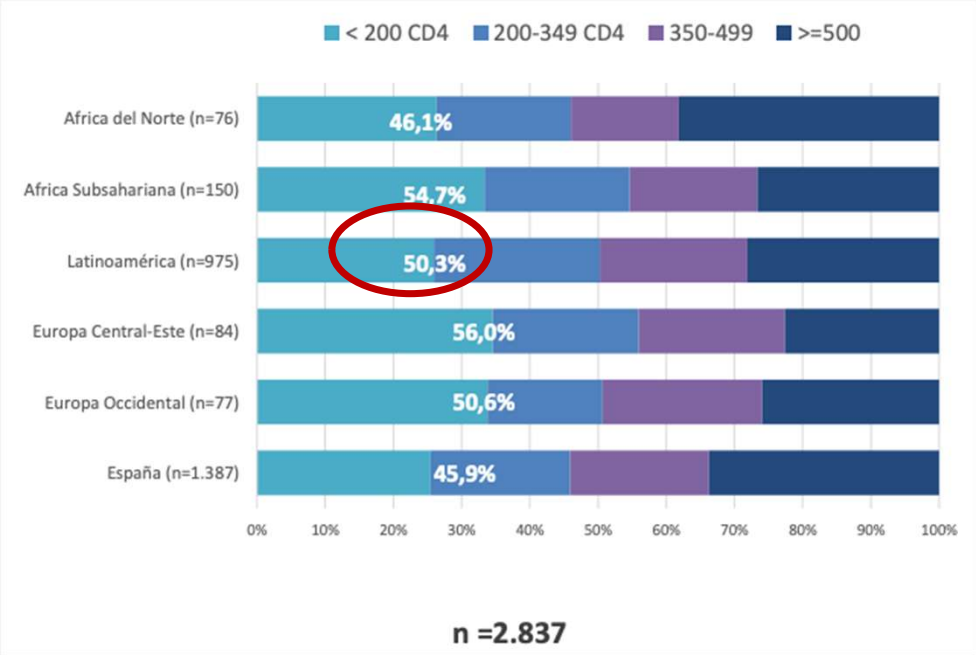
Unidad de vigilancia de VIH, ITS y hepatitis. Vigilancia Epidemiológica del VIH y sida en España 2023: Sistema de Información sobre Nuevos Diagnósticos de VIH y Registro Nacional de Casos de Sida. Centro Nacional de Epidemiología. Instituto de Salud Carlos III/ División de control de VIH, ITS, Hepatitis virales y tuberculosis. Ministerio de Sanidad. Madrid; noviembre 2024. Disponible en: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/docs/Informe_VIH_SIDA_2023_Nov_2024_def.pdf

Vigilancia Epidemiológica del VIH y SIDA

Nuevos diagnósticos de VIH
Modo de transmisión según zona geográfica de origen
España 2023



Diagnóstico tardío de VIH según zona geográfica de origen en España, año 2023



Unidad de vigilancia de VIH, ITS y hepatitis. Vigilancia Epidemiológica del VIH y sida en España 2023: Sistema de Información sobre Nuevos Diagnósticos de VIH y Registro Nacional de Casos de Sida. Centro Nacional de Epidemiología. Instituto de Salud Carlos III/ División de control de VIH, ITS, Hepatitis virales y tuberculosis. Ministerio de Sanidad. Madrid; noviembre 2024. Disponible en: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/docs/Informe_VIH_SIDA_2023_Nov_2024_def.pdf

XV CONGRESO NACIONAL
GRUPO DE ESTUDIO DEL SIDA
24 AL 27 NOVIEMBRE 2024

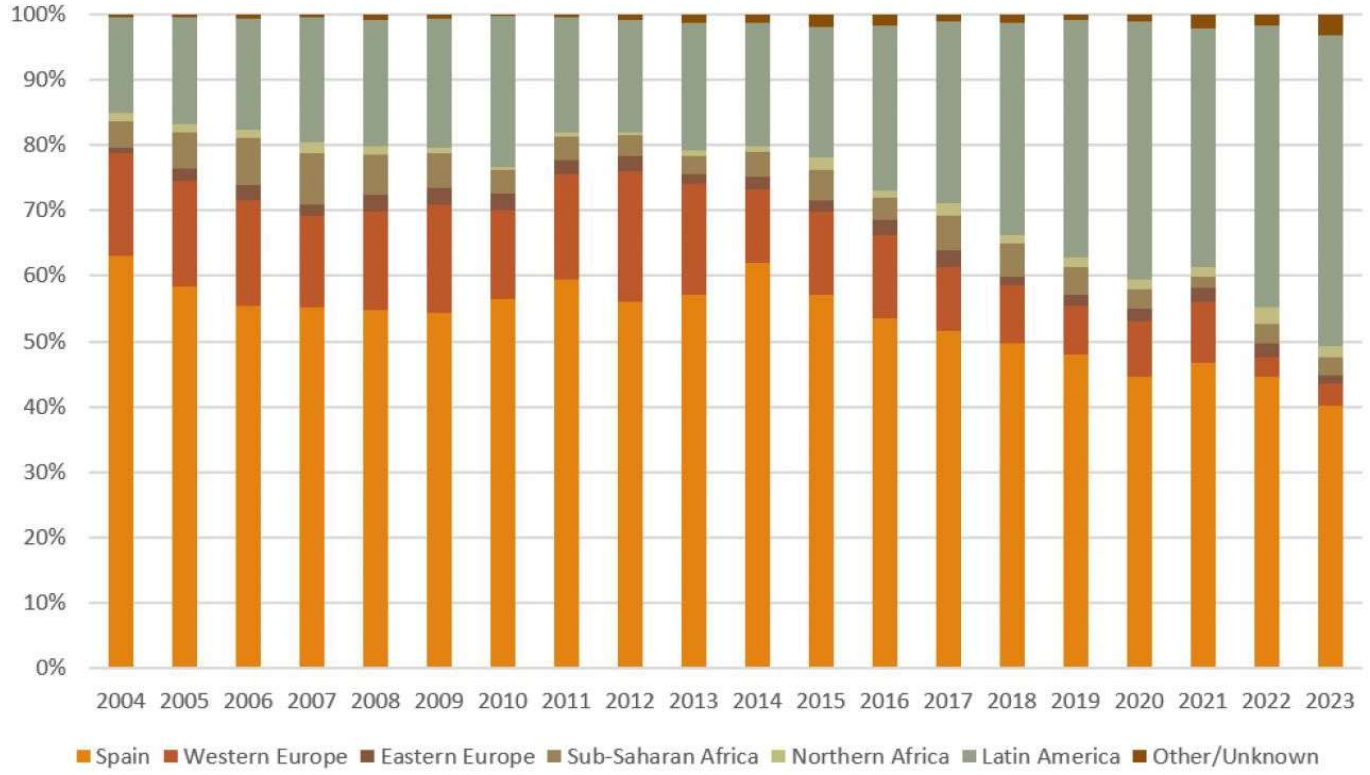
Código presentación: PO-07

Two decades of HIV in Spain: Insights from the CoRIS cohort

I Jarrín[1,2], C Moreno[1,2], C Marco-Sánchez[1], T Gómez-García[1,2], A Ruiz Sancho[3], A Inciarte[4], J Martínez-Picado[5,2], L Capa[6,2], J Olalla[7], P Ruiz Seco[8], MA De Zárraga Fernández[9], C Dueñas Gutiérrez[10], M Montero-Alonso[11], S Moreno[12,2]; Cohorte CoRIS

MIGRANTS 36,9%

Latin America 14,7%



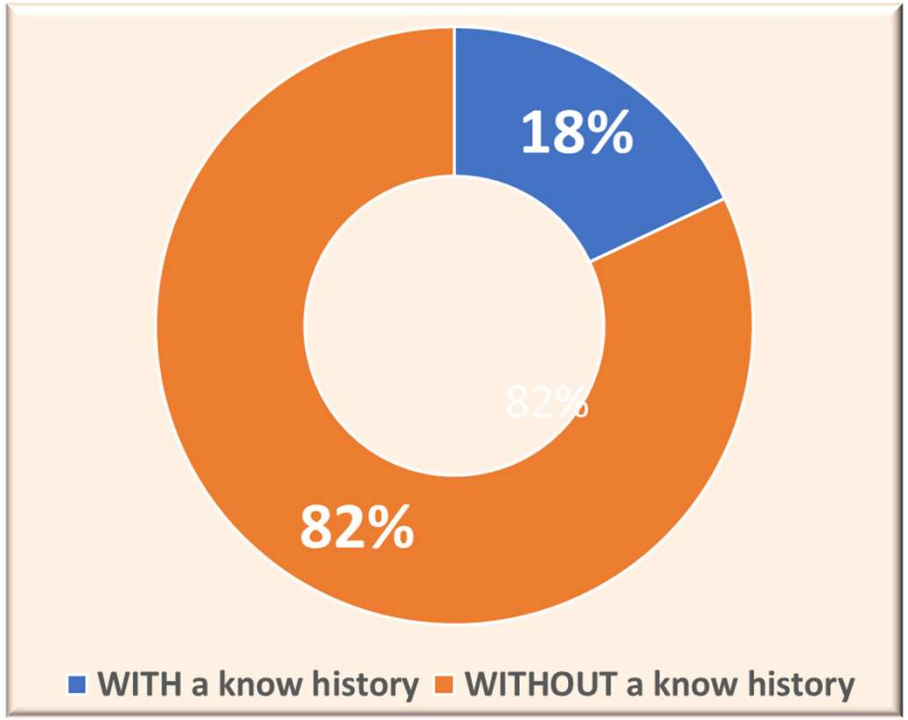
MIGRANTS 59,3%

Latin America 47,6%

CoRIS is an open, prospective and multicenter cohort of people with HIV (PWH), naïve to antiretroviral therapy (ART) at study entry, recruited and followed-up from 2004-onwards. By November 30, 2023, the **CoRIS cohort included 20,336 PWH from 48 centres**, with a median follow-up of 6.1 (IQR: 2.2; 10.7) years. Annually, a median of 1,087 participants were recruited.

What proportion of migrant patients bring a history of their disease?

Proportion of migrant PLHIV that come with a complete clinical history



Only 18% of migrant patients come to consultation with a previous clinical history

Fuente: Encuesta sobre potencial y actitud terapéutica sobre el paciente migrante realizada por red de ventas de ViH españa, Oct'24

Características del paciente migrante

ADHERENCIA AL TRATAMIENTO

- Menor adherencia al tratamiento
- Abandono más frecuente de las citas médicas
- Vulnerabilidades psicológicas y sociales que afectan la continuidad del cuidado
- Chemsex

HEPATITIS B (VHB)

- Desconocimiento del estado serológico
- Falta de recomendaciones médicas claras.
- Reactivación del virus en algunos casos
- Los hospitales no centrales requieren más tiempo para obtener resultados analíticos, pero necesitan iniciar el tratamiento rápidamente

RESISTENCIA AL TRATAMIENTO

- Ausencia de historial clínico previo
- Inicio rápido del tratamiento sin información completa
- Migrantes africanos como grupo particularmente afectado

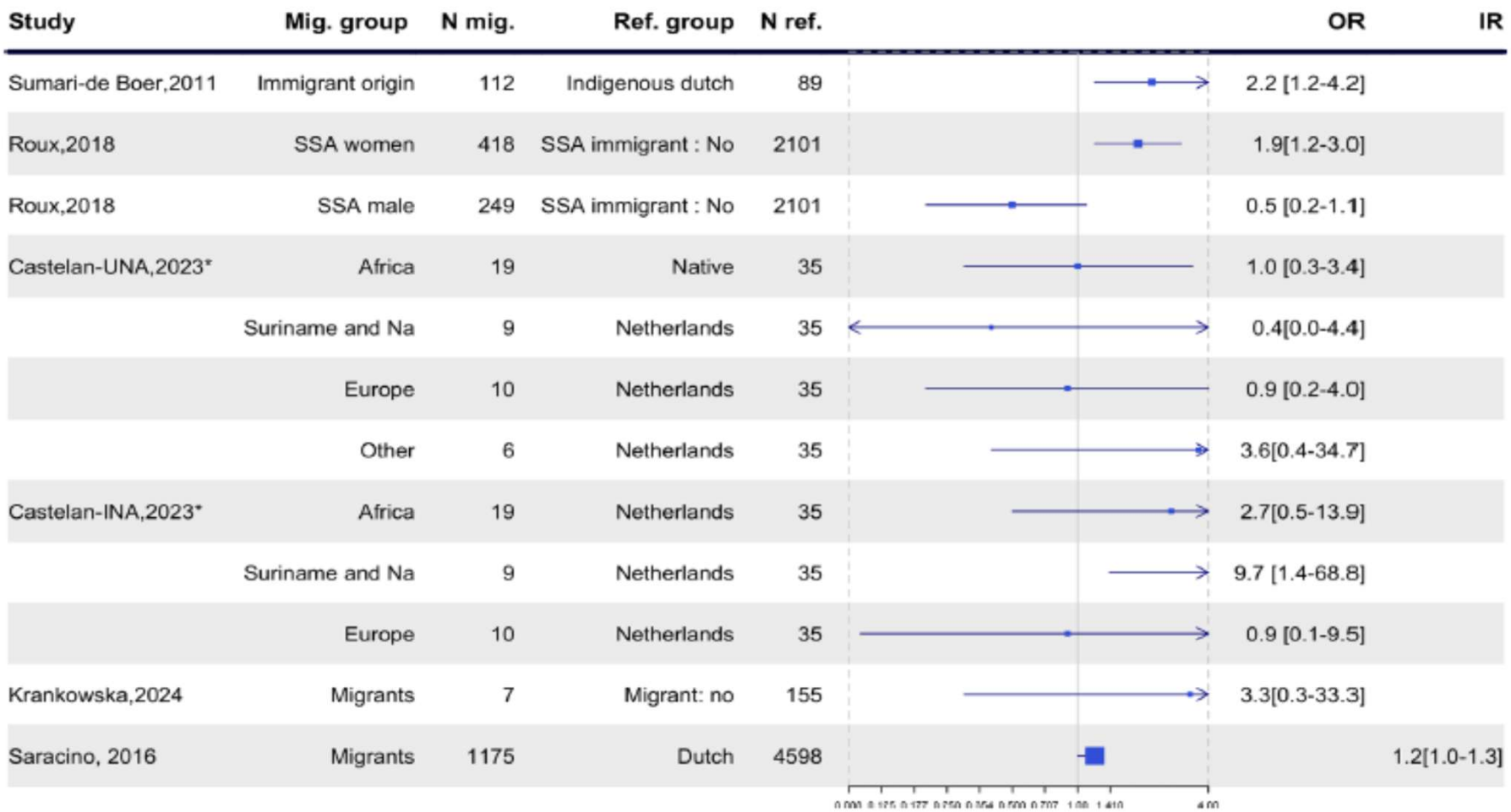
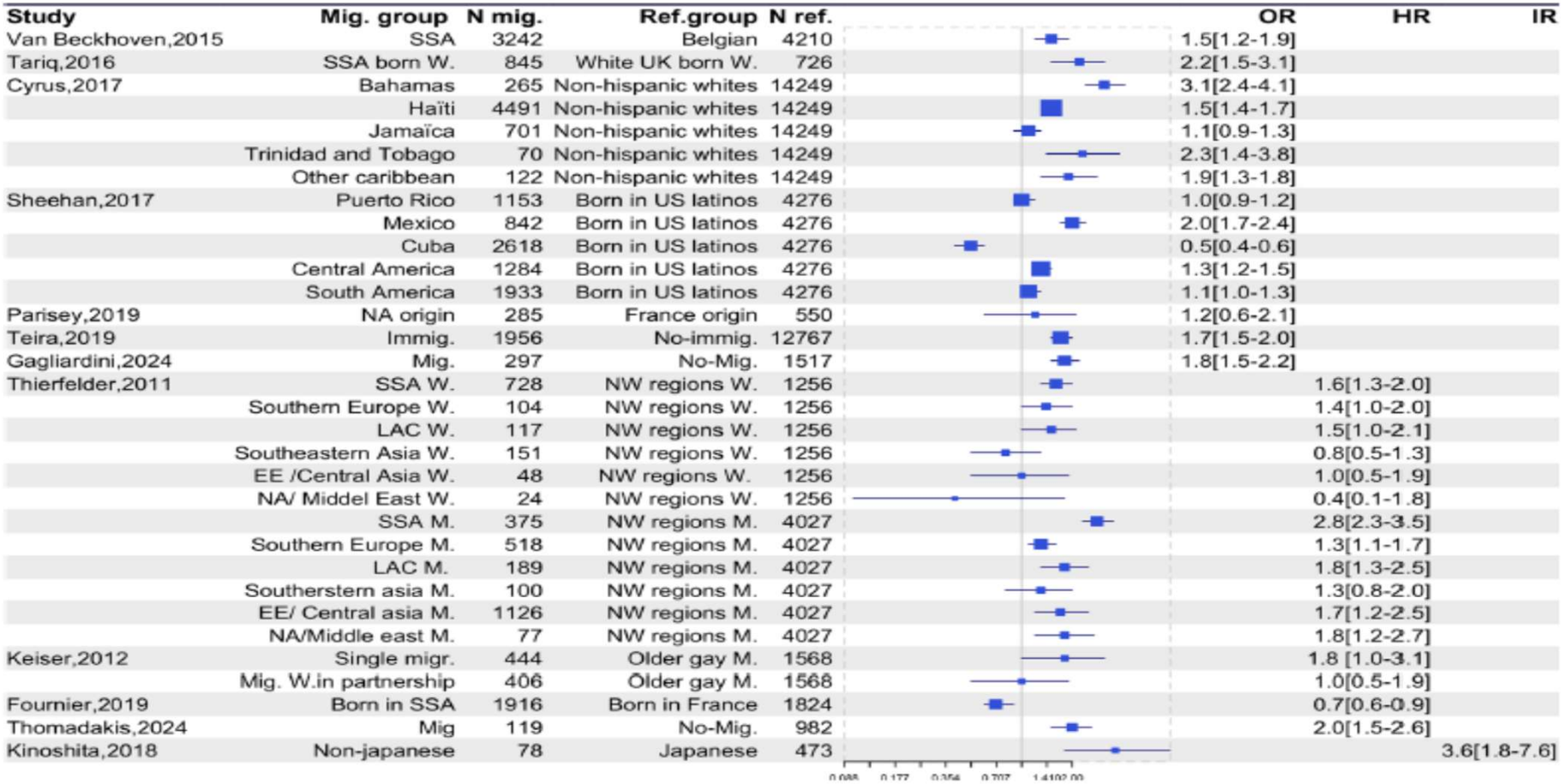


Figure 2 Adherence (A) and non-adherence (B) to antiretroviral therapy among migrants and non-migrants LWH in the high-income countries (adjusted OR, adjusted incidence ratio (IR), adjusted relative risk (RR) and 95% CI). Figures have been rounded off to the decimal point. *Unadjusted. IR, incidence ratio; LWH, living with HIV; M, men, Mig., migrants; Ref, reference; RR, relative risk; SSA, sub-Saharan Africa; W, women.

B



Study	Mig. group	N mig.	Ref.group	N ref.	OR	HR	IR
Van Beckhoven,2015	SSA	3242	Belgian	4210	1.5[1.2-1.9]		
Tariq,2016	SSA born W.	845	White UK born W.	726	2.2[1.5-3.1]		
Cyrus,2017	Bahamas	265	Non-hispanic whites	14249	3.1[2.4-4.1]		
	Haïti	4491	Non-hispanic whites	14249	1.5[1.4-1.7]		
	Jamaïca	701	Non-hispanic whites	14249	1.1[0.9-1.3]		
	Trinidad and Tobago	70	Non-hispanic whites	14249	2.3[1.4-3.8]		
	Other caribbean	122	Non-hispanic whites	14249	1.9[1.3-1.8]		
Sheehan,2017	Puerto Rico	1153	Born in US latinos	4276	1.0[0.9-1.2]		
	Mexico	842	Born in US latinos	4276	2.0[1.7-2.4]		
	Cuba	2618	Born in US latinos	4276	0.5[0.4-0.6]		
	Central America	1284	Born in US latinos	4276	1.3[1.2-1.5]		
	South America	1933	Born in US latinos	4276	1.1[1.0-1.3]		
Parisey,2019	NA origin	285	France origin	550	1.2[0.6-2.1]		
Teira,2019	Immig.	1956	No-immig.	12767	1.7[1.5-2.0]		
Gagliardini,2024	Mig.	297	No-Mig.	1517	1.8[1.5-2.2]		
Thierfelder,2011	SSA W.	728	NW regions W.	1256		1.6[1.3-2.0]	
	Southern Europe W.	104	NW regions W.	1256		1.4[1.0-2.0]	
	LAC W.	117	NW regions W.	1256		1.5[1.0-2.1]	
	Southeastern Asia W.	151	NW regions W.	1256		0.8[0.5-1.3]	
	EE /Central Asia W.	48	NW regions W.	1256		1.0[0.5-1.9]	
	NA/ Middel East W.	24	NW regions W.	1256		0.4[0.1-1.8]	
	SSA M.	375	NW regions M.	4027		2.8[2.3-3.5]	
	Southern Europe M.	518	NW regions M.	4027		1.3[1.1-1.7]	
	LAC M.	189	NW regions M.	4027		1.8[1.3-2.5]	
	Southerstern asia M.	100	NW regions M.	4027		1.3[0.8-2.0]	
	EE/ Central asia M.	1126	NW regions M.	4027		1.7[1.2-2.5]	
	NA/Middle east M.	77	NW regions M.	4027		1.8[1.2-2.7]	
Keiser,2012	Single migr.	444	Older gay M.	1568		1.8 [1.0-3.1]	
	Mig. W.in partnership	406	Older gay M.	1568		1.0[0.5-1.9]	
Fournier,2019	Born in SSA	1916	Born in France	1824		0.7[0.6-0.9]	
Thomadakis,2024	Mig	119	No-Mig.	982		2.0[1.5-2.6]	
Kinoshita,2018	Non-japanese	78	Japanese	473			3.6[1.8-7.6]

Figure 3 Retention in care (A) and lost to follow-up (B) for migrants living in high-income country (adjusted HR, adjusted incidence ratio (IR), adjusted OR, adjusted relative risk (RR)). Figures have been rounded off to the decimal point except for retention in care. EE, Eastern Europe; Immig, immigrants; IR, incidence ratio; LAC, Latin America Caribbean; M, men, NA, Nord Africa; Mig, migrants; NWR, North-Western Region; MSM, men who have sex with men; Ref, reference; SSA, sub-Saharan Africa; SE, Southern Europe; W, women.

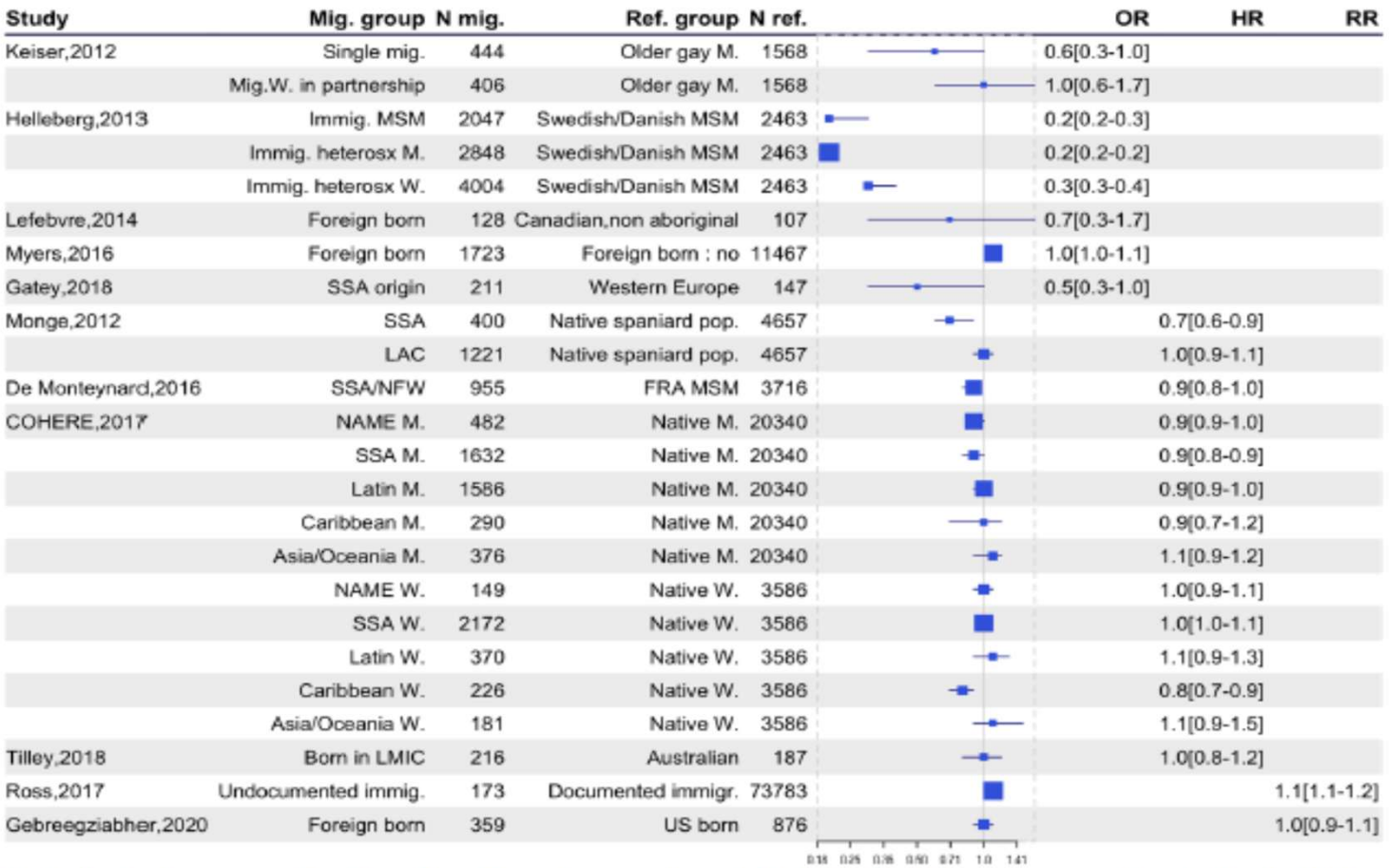


Figure 4 HIV virological suppression for migrants and non-migrants LWH in high-income countries (adjusted OR, adjusted HR, adjusted relative risk (RR), 95% CI). Figures have been rounded off to the decimal point. FRA, French natives; LAC, Latin America Caribbean; LMICs, low-income and middle-income countries; LWH, living with HIV; M, men; NAME, North Africa and the Middle East; NFW, non-French West Indies; Mig, migrants; NWR, North-Western Region; MSM, men who have sex with men; Pop., population; Ref., reference; SSA, sub-Saharan Africa; W, women.

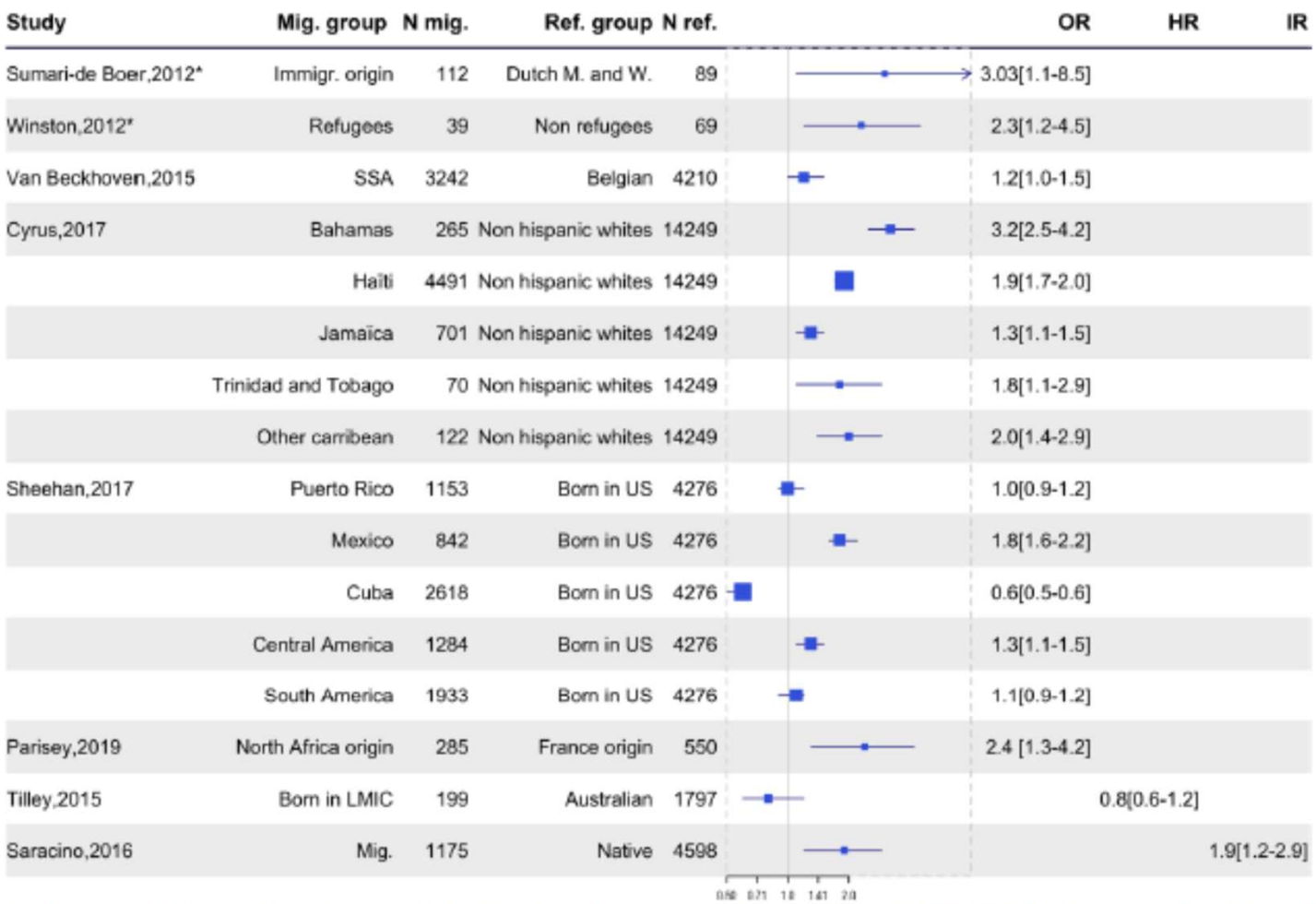
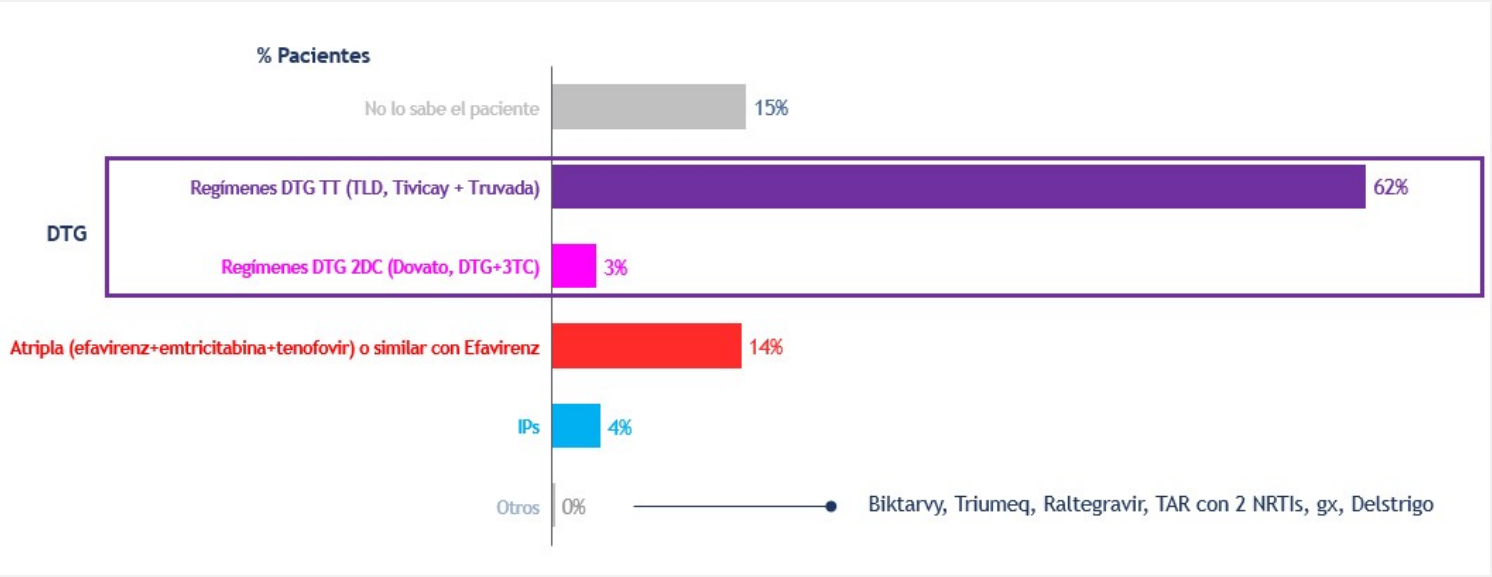


Figure 5 HIV virological failure for migrants living in high-income country (adjusted OR, HR, incidence ratio (IR)). *Unadjusted OR. Figures have been rounded off to the decimal point. LMIC, low-income and middle-income countries; M, men; Mig, migrants; M/NM LWH, migrants and non-migrants living with HIV; Ref., reference; SSA, sub-Saharan Africa; W, women.

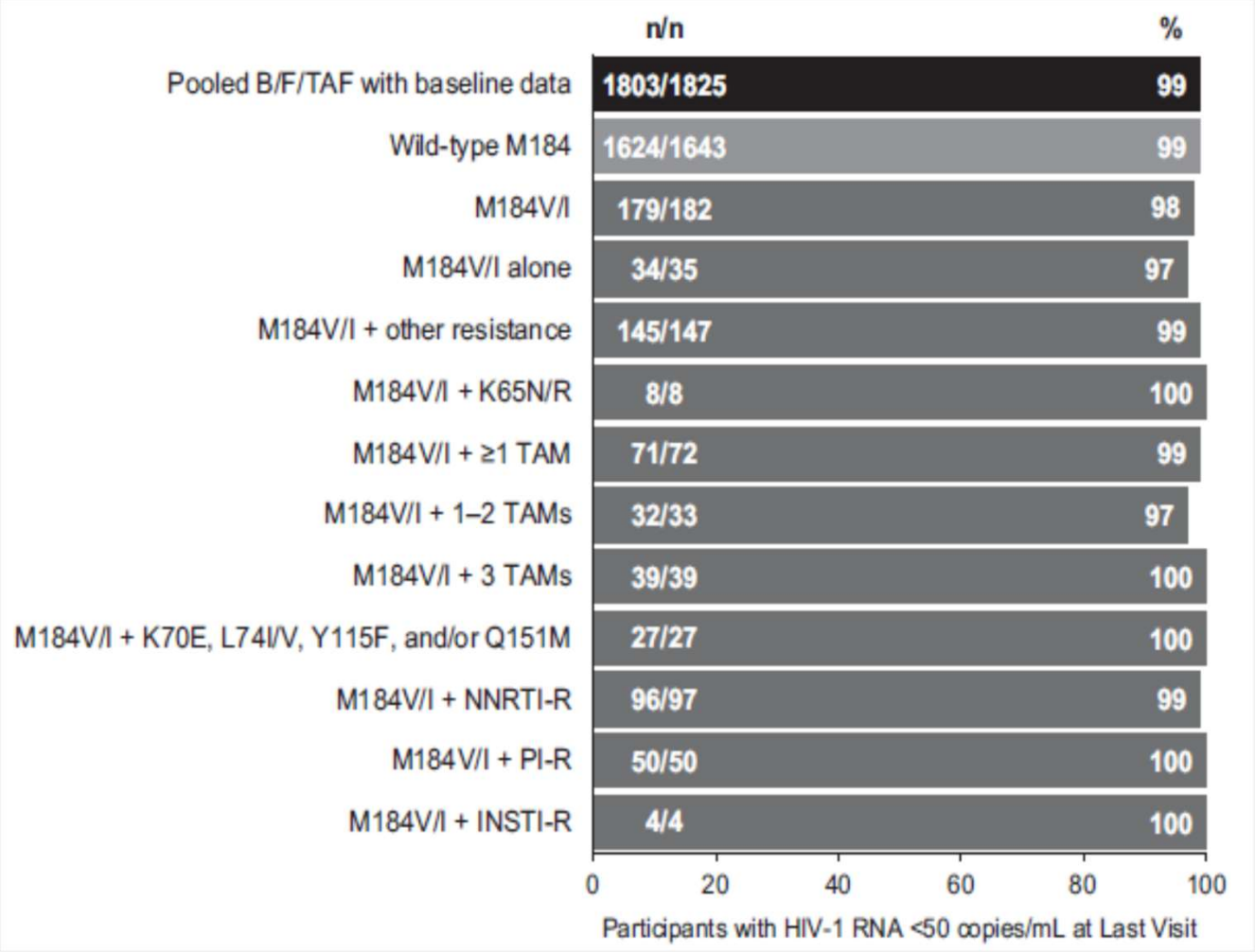
What is their ART of the country of origin?



65% of migrant PLHIV have DTG-based ART as their origin, mainly triple therapy DTG ART

Fuente: Encuesta sobre potencial y actitud terapéutica sobre el paciente migrante realizada por red de ventas de VIH España,Oct'24

Virologic suppression on bictegravir/emtricitabine /tenofovir alafenamide at last ontreatment visit by last observation carried forward (LOCF)



Sax PE et al. AIDS 2022; 36: 1511-20

Real-World Effectiveness in Treatment-Experienced People With HIV Switching to B/F/TAF With Distinct Patterns of Self-Reported Adherence

P068

BICStaR

Marta Boffito[1], Jason Brunetta[2], Itzchak Levy[3], Chia-Jui Yang[4], Joaquín Portilla[5], Roger Vogelmann[6], Tomoyuki Endo[7], Olivier Robineau[8], Loredana Sarmati[9], David Thorpe[10], Andrea Marongiu[10], Tali Cassidy[10], Berend van Welzen[11]

[1]Chelsea and Westminster Hospital, London, UK; [2]Maple Leaf Medical Clinic, Toronto, ON, Canada; [3]Sheba Medical Center, Ramat Gan, Israel; [4]Far Eastern Memorial Hospital, New Taipei City, Taiwan; [5]General University Hospital of Alicante, Alicante, Spain; [6]Mannheimer Onkologie Praxis, Mannheim, Germany; [7]Hokkaido University Hospital, Sapporo, Japan; [8]EA2694, Université Lille, Centre Hospitalier de Tourcoing, Tourcoing, France; [9]Infectious Diseases Clinic, University Hospital of Rome Tor Vergata, Rome, Italy; [10]Gilead Sciences Europe Ltd, Stockley Park, Uxbridge, UK; [11]University Medical Center Utrecht, Utrecht, the Netherlands

Baseline Clinical and Demographic Characteristics, by Adherence Trajectory Group

	Group 1: Near-Perfect Adherence (n = 810)	Group 2: Consistent High Adherence (n = 457)	Group 3: Moderate Adherence (n = 107)	Group 4: Decreasing Adherence (n = 94)	Group 5: Increasing Adherence (n = 28)	Total (N = 1496)
Male sex at birth, n (%)	677 (83.6)	387 (84.7)	88 (82.2)	82 (87.2)	23 (82.1)	1257 (84.0)
Black race, n (%)	79 (9.8)	52 (11.4)	13 (12.1)	7 (7.4)	7 (25.0)	158 (10.6)
Age at B/F/TAF initiation, years, median (IQR)	49 (40-56)	47 (37-54)	45 (35-53)	44.5 (35-55)	45.5 (38-51.5)	48 (38-55)
Baseline CD4/CD8 ratio, median (IQR)	0.8 (0.6-1.2)	0.9 (0.6-1.3)	0.8 (0.6-1.3)	0.9 (0.7-1.3)	0.5 (0.3-0.7)	0.9 (0.6-1.2)
Baseline CD4 count, cells/µL, median (IQR)	669.0 (420.0-874.0)	659.0 (492.0-902.0)	664.5 (453.5-835.0)	680.0 (520.0-834.0)	442.0 (309.6-946.0)	668.0 (457.0-874.0)
HIV-1 RNA viral load < 50 c/mL at baseline, n (%)	652 (92.9)	375 (94.7)	80 (90.9)	76 (96.2)	6 (27.3)	1189 (92.4)
History of or ongoing neuropsychiatric disorder, n (%)	189 (23.3)	131 (28.7)	28 (26.2)	21 (22.3)	6 (21.4)	375 (25.1)
Baseline MCS score,[a] median (IQR)	51.1 (42.5-56.4)	47.7 (38.7-54.3)	46.3 (38.0-52.3)	47.6 (40.3-52.9)	44.9 (38.8-55.0)	49.5 (40.6-55.8)
Baseline HIV-SI overall bothersome symptom count, median (IQR)	3.0 (1.0-6.0)	4.0 (1.0-7.0)	5.0 (2.0-8.0)	4.0 (1.5-7.0)	3.5 (1.0-10.5)	3.0 (1.0-7.0)

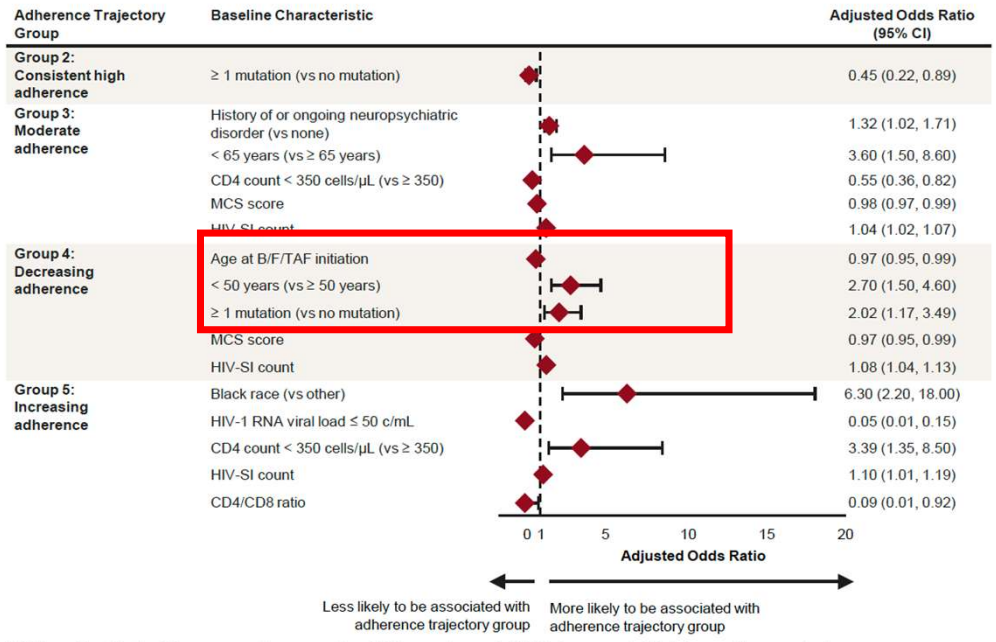
Data in participants with data available at baseline.
[a]MCS score is standardized to a mean of 50 (range: 1-100), scores of > 50 and < 50 represent better-than-average and poorer-than-average function, respectively.
B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; c, copies; CD, cluster of differentiation; HIV-SI, HIV Symptom Index; MCS, mental component summary.

Self-Reported Adherence Over Time

Assessment		Baseline[a]	Month 6	Month 12	Month 24
VAS adherence score	n	1298	992	966	941
	Mean (SD), %	95.3 (14.2)	96.9 (9.0)	97.5 (5.8)	97.0 (6.8)
Missed doses: Last 4 days	n	1250	958	923	904
	Mean (SD)	0.1 (0.6)	0.1 (0.4)	0.1 (0.3)	0.1 (0.3)
Missed doses: Last 30 days	n	1252	961	930	905
	Mean (SD)	1.2 (3.7)	0.7 (1.9)	0.7 (1.5)	0.6 (1.4)

n refers to the number of participants with available data at each timepoint.
[a]Baseline refers to adherence/missed doses on regimen prior to switching to B/T/TAF.
B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; VAS, visual analog scale.

Baseline Characteristics Significantly Associated With Adherence Trajectory Group (vs Reference Group 1: Near-Perfect Adherence)



HIV-SI is scored from 0-5, with a higher score representing worse symptoms. MCS is measured on a scale of 0-100, where a score of < 50 indicates poorer-than-average function.
B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; c, copies; CD#, cluster of differentiation #; HIV-SI, HIV Symptom Index; MCS, mental component summary.

Boffito M, et al. Real-World Effectiveness in Treatment-Experienced People With HIV Switching to B/F/TAF With Distinct Patterns of Self-Reported Adherence. BICStaR. Póster 068 presentado en HIV Glasgow; 10-13 de noviembre de 2024; Glasgow, UK.

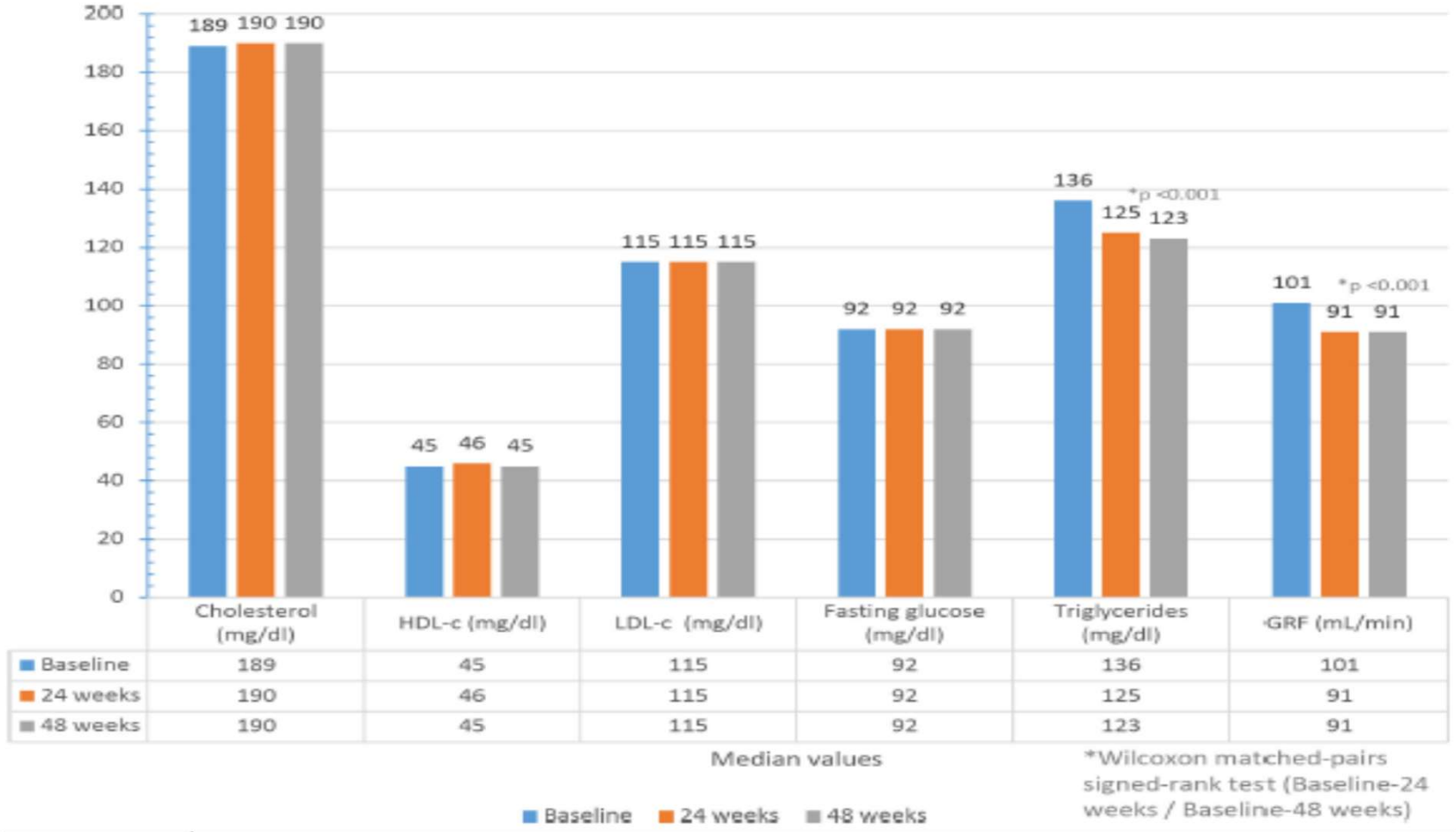


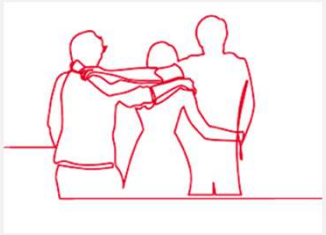
Figure 1 **Evolution of total cholesterol, HDL cholesterol, LDL cholesterol, fasting blood glucose, triglycerides, and estimated glomerular filtration rate (GRF) at baseline vs. 24 and 48 weeks of follow-up in antiretroviral therapy-experienced people living with HIV who switched to BIC/FTC/TAF (n = 1,542).**

HIV- infected Latin American asylum seekers in Madrid, Spain 2022: A prospective cohort study from a major gateway in Europe

Prospective cohort study was conducted between January 2022 and June 2023

Latin American asylum seekers living with HIV were recruited mainly from NGOs

Participants were recruited at the HIV outpatient clinic of Infanta Leonor University Hospital (HUIL) in Madrid, were monitored for a period of 6 months from enrolment. **Total: 631 asylum seekers**



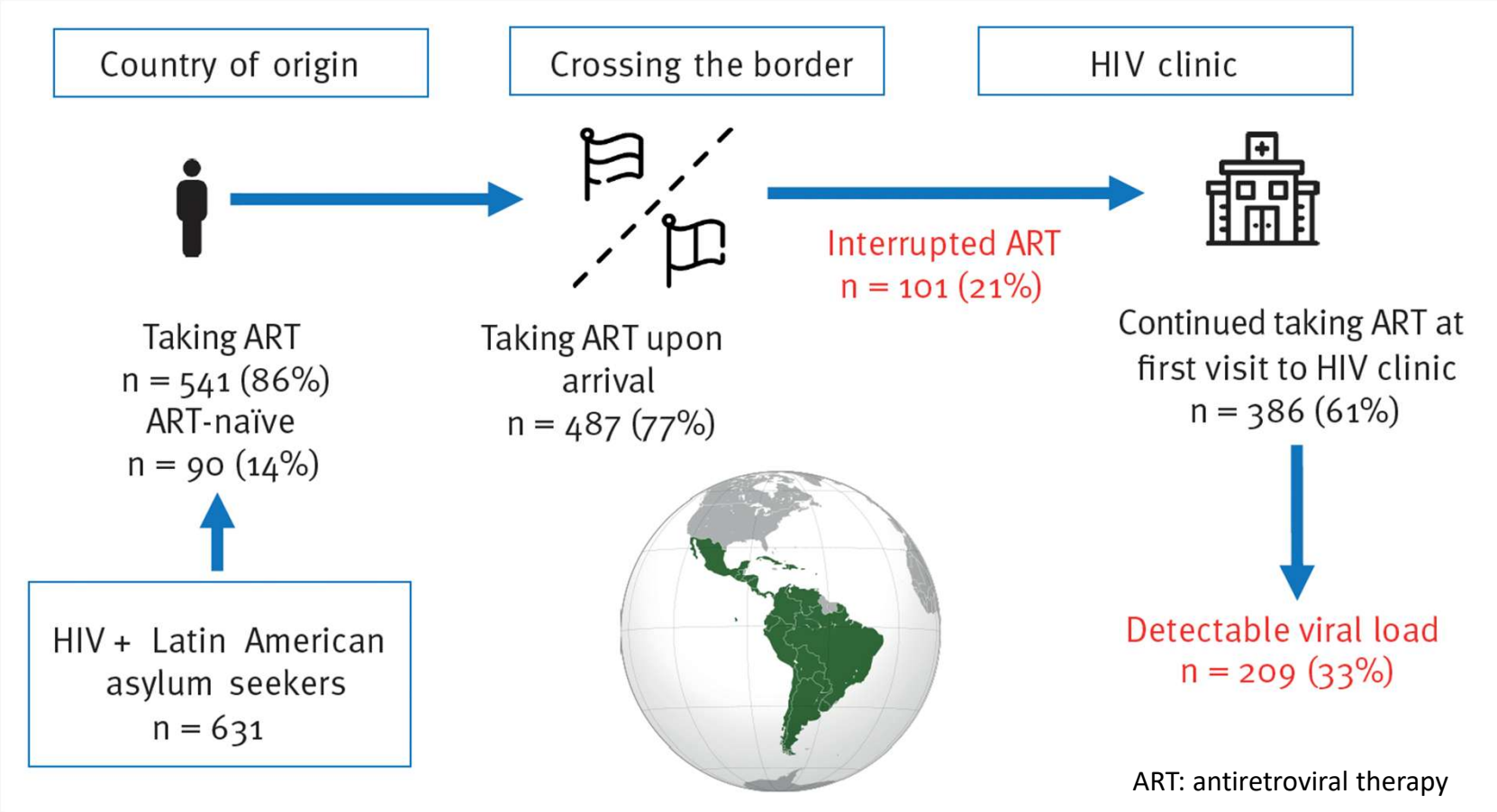
Upon their arrival

49% (n = 309) **lacked social support**

74% (n = 464) **faced barriers** when attempting **to access the healthcare system**

Ryan Pablo, Manzano Samuel, Deihim-Rahampour Neda, Cuevas Guillermo, Martin-Gonzalez Laura, Gonzalez-Baeza Alicia, Torres Pedro, Lazarus Jeffrey V, Torres-Macho Juan, Valencia Jorge, Sanchez-Conde Matilde. HIV-infected Latin American asylum seekers in Madrid, Spain, 2022: A prospective cohort study from a major gateway in Europe. Euro Surveill. 2024;29(29):pii=2300692. https://doi.org/10.2807/15607917.ES.2024.29.29.2300692

Prevalence of participants on antiretroviral therapy during each phase of the migration journey to Spain



— Sixt months after initial visit, 130 (21%) were lost of follow up care

Ryan Pablo, Manzano Samuel, Deihim-Rahampour Neda, Cuevas Guillermo, Martin-Gonzalez Laura, Gonzalez-Baeza Alicia, Torres Pedro, Lazarus Jeffrey V, Torres-Macho Juan, Valencia Jorge, Sanchez-Conde Matilde. HIV-infected Latin American asylum seekers in Madrid, Spain, 2022: A prospective cohort study from a major gateway in Europe. Euro Surveill. 2024;29(29):pii=2300692. https://doi.org/10.2807/15607917.ES.2024.29.29.2300692

Sociodemographic characteristics of HIV-infected Latin American asylum seekers evaluated in Madrid, Spain, January 2022–June 2023 (n = 631)

Characteristics	Number	Percentage
Age in years, median (IQR)	32 (28–37)	
Gender		
Cis women	35	5
Cis men	553	88
Trans women	43	7
Trans men	0	0
Race/ethnicity		
Black	48	8
Hispanic	581	92
Other	2	0
Country of birth		
Colombia	189	30
Venezuela	188	30
Peru	116	18
Cuba	21	3
Argentina	18	3
Honduras	17	3
Brazil	17	3
Other	65	10
Sexual orientation		
Homosexual	539	85
Heterosexual	61	10
Bisexual	20	3
Unknown	11	2
Educational level		
No formal education	2	0
Primary education	22	3
Secondary education	252	40
University education	285	45
Unknown	70	11
Employment status before arrival in Spain		
Active worker	504	80
Student	42	7
Unemployed	40	6
Retired or other	6	1
Unknown	39	6
Residence upon arrival		
Host home	557	88
Migrant shelter	14	2
Homeless shelter	35	6
Unknown	25	4
Social support network		
Family	113	18
Friends	177	28
None	309	49
Unknown	32	5
Right to healthcare at first evaluation		
Yes	192	30
No	344	55
Unknown	95	15
Barriers to access to the healthcare system		
Yes	464	74
No	66	10
Unknown	101	16

Factors related to HIV infection in Latin American asylum seekers evaluated in Madrid, Spain, January 2022–June 2023 (n = 631)

Factors	Number	Percentage
Characteristics		
Duration of HIV infection in years, median (IQR)	5 (3–8)	
Transmission		
Sexual	610	97
Sharing needles or syringes	1	0
Mother-to-child	3	0
Unknown	17	3
AIDS-related events		
Nadir CD4+ T lymphocytes, median cells/mm (IQR)	297 (190–450)	
Previous opportunistic infection	81	13
Tuberculosis	38	6
Toxoplasmosis	12	2
Pneumocystis jirovecii pneumonia	10	2
HIV wasting syndrome	10	2
Recurrent bacterial pneumonia	8	1
Candidiasis of bronchi, trachea, oesophagus or lungs	9	1
Kaposi's sarcoma	8	1
Histoplasmosis	7	1
Cryptococcosis	5	1
Herpes simplex	4	1
Lymphoma	1	0
Cytomegalovirus disease	2	0
Chronic intestinal cryptosporidiosis	1	0
ART		
ART-naïve	90	14
Had taken ART previously	541	86
Last ART based on:		
Non-nucleoside reverse transcriptase inhibitors	280	52
Integrase inhibitors	183	34
Protease inhibitors	30	6
Unknown	48	9
Taking ART upon arrival in Spain	487	77
Initial HIV clinic evaluation		
Continued taking ART at the first visit	386	61
Weeks without ART, median (IQR)	4 (2–10)	
CD4+ T lymphocytes, median cells/mm (IQR)	500 (349–689)	
Percent CD4+	28 (20–34)	
Detectable viral load (> 30 copies/mL)	209	33
Log10 of viral load (IQR)	4.1 (2.8–4.9)	
Viral load>1,000 copies/mL	154	24
Resistance test performed	150	24
Valid resistance test	142	22
Mutations to reverse transcriptase inhibitors	53	37
Mutations to protease inhibitors	7	15

ART: antiretroviral therapy; IQR: interquartile range.

- **EFV/TDF/3TC → 28%** (151)
- **DTG/TDF/3TC → 17%** (89)

SR1

Mensajes para llevar a casa …

1. El cambio a TAF+FTC+BIC desde otra triple terapia basada en INIs , ITINAN o IP es la opción mas segura y eficaz por su eficacia virológica, y tolerancia en los pacientes migrantes incluso en aquéllos con mutaciones a los ARV, por su alta barrera genética
   (Sax PE et al. AIDS 2022; 36: 1511-20)

2. La adherencia a las consultas de estos pacientes migrantes es subóptima y TAF+FTC+BIC les proporciona la opción más segura incluso para los malos adherentes.
   (Ryan P et al. Euro Surveill. 2024;29:pii=2300692; *de Bouillé JG et al. BMJ Open 2025; 15:e093620)*

3. La combinación TAF+FTC+BIC es “muy limpia” metabólicamente, algo importante en los pacientes migrantes que suelen tener comorbilidades (diabetes, HTA, hiperlipemia ,tabaquismo)
   (Cecchini D et al. Rev Esp Quimioter 2025; 38:40-7)

Diapositiva 23

SR1 Referenciar estas afirmaciones

Silvia Rodriguez; 11/12/2023

Muchas gracias …

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