PatientID: HDR78

Okitobba 06, 2023

## Color Code

HR: High-Level Resistance
PLR: Potential Low-Level Resistance
LR: Low-Level Resistance
IR: Intermediate Resistance
S: Susceptible

| DRUG.CLASS | DRUG | RESISTANCE.PROFILE | DRMS.above.20.percent.prevalence |
|---|---|---|---|
| **PI** | ATV | **S** | |
| | DRV | **S** | |
| | FPV | **S** | |
| | IDV | **S** | |
| | LPV | **S** | |
| | NFV | **S** | |
| | SQV | **S** | |
| | TPV | **S** | |
| **NRTI** | ABC | **HR** | T215TI;L74IL;D67N;K70R;M184V;K219E |
| | AZT | **HR** | |
| | D4T | **HR** | |
| | DDI | **HR** | |
| | FTC | **HR** | |
| | LMV | **HR** | |
| | TDF | **LR** | |
| **NNRTI** | DOR | **IR** | A98AG;V108I;K103N;K238T |
| | EFV | **HR** | |
| | ETR | **PLR** | |
| | NVP | **HR** | |
| | RPV | **LR** | |

# Appendix

## Drug abbreviations in full

| DRUG.CLASS | ABBREVIATION | DRUG.NAME |
|---|---|---|
| **PI** | ATV | Atazanavir |
| | DRV | Darunavir |
| | FPV | Fosamprenavir |
| | IDV | Indinavir |
| | LPV | Lopinavir |
| | NFV | Nelfinavir |
| | SQV | Saquinavir |
| | TPV | Tipranavir |
| **NRTI** | ABC | Abacavir |
| | AZT | Azidothymidine |
| | DFT | Stavudine |
| | DDI | Didanosine |
| | FTC | Emtricitabine |
| | LMV | Lamivudine |
| | TDF | Tenofovir |
| **NNRTI** | DOR | Doravirine |
| | EFV | Efavirenz |
| | ETR | Etravirine |
| | NVP | Nevirapine |
| | RPV | Rilpivirine |
| **INSTI** | BIC | Bictegravir |
| | CAB | Cabotegravir |
| | DTG | Dolutegravir |
| | EVG | Elvitegravir |
| | RAL | Raltegravir |

## Comments

| DRUG.CLASS | COMMENTS |
|---|---|
| **PI** | |
| **NRTI** | D67N is a non-polymorphic TAM associated with low-level resistance to AZT. |
| | K219E/Q/N/R are accessory TAMS that usually occur in combination with multiple other TAMs. |
| | K70R is a TAM that confers intermediate resistance to AZT and contributes to reduced ABC and TDF susceptibility in combination with other TAMs. |
| | L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance. |
| | M184V/I cause high-level in vitro resistance to 3TC and FTC and low/intermediate resistance to ABC (3-fold reduced susceptibility). M184V/I are not contraindications to continued treatment with 3TC or FTC because they increase susceptibility to AZT and TDF and are associated with clinically significant reductions in HIV-1 replication. |
| | T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF. T215S/C/D/E/I/V/N/A/L do not reduce NRTI susceptibility but arise from viruses that once contained T215Y/F. The presence of one of these revertant mutations suggests that the patient may have once been infected with a virus containing T215Y/F. |
| | A98G is a non-polymorphic accessory mutation associated with low-level reduced susceptibility to each of the NNRTIs. |

| | |
|---|---|
| **NNRTI** | K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM. |
| | K238T/N are uncommon non-polymorphic mutations selected in persons receiving NVP and EFV usually in combination with K103N. Alone, K238T/N appear to have minimal effects on NNRTI susceptibility. |
| | V108I is a relatively non-polymorphic accessory mutation selected in vitro and/or in vivo with each of the NNRTIs. It appears to contribute to reduced susceptibility to most NNRTIs only in combination with other NNRTI-resistance mutations. |
| **INSTI** | |