Drug resistance interpretation: PR HIVDB 9.5.1 (2023-11-05)

PI Major Mutations: None

PI Accessory Mutations:

PR Other Mutations: T12V -- 113V -- E35D -- M36I -- R41K -- R57K -- L63P -- H69K -- L89M --

Protease Inhibitors

Susceptible atazanavir/r (ATV/r) darunavir/r (DRV/r) Susceptible Susceptible fosamprenavir/r (FPV/r) indinavir/r (IDV/r) Susceptible lopinavir/r (LPV/r) Susceptible nelfinavir (NFV) Susceptible saquinavir/r (SQV/r) Susceptible tipranavir/r (TPV/r) Susceptible

Mutation scoring: PR

No drug resistance mutations were found for PI.

HIVDB 9.5.1 (2023-11-05)

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Drug resistance interpretation: RT

K65KR x 170 a 270 * 568SG a 770 a 270 * M184V 100 a NRTI Mutations:

K101PQ o maje and K103NS with a are NNRTI Mutations:

RT Other Mutations:

Nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC) High-Level Resistance zidovudine (AZT) Susceptible stavudine (D4T) Intermediate Resistance didanosine (DDI) High-Level Resistance emtricitabine (FTC) High-Level Resistance lamivudine (3TC) High-Level Resistance tenofovir (TDF) Intermediate Resistance

Non-nucleoside Reverse Transcriptase Inhibitors

doravirine (DOR) Potential Low-Level Resistance efavirenz (EFV) High-Level Resistance High-Level Resistance etravirine (ETR) nevirapine (NVP) High-Level Resistance rilpivirine (RPV) High-Level Resistance

RT comments

NRTI

- K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-naive patients with K65R, TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG.
- S68G is a polymorphic mutation that is often selected in combination with K63R. It partially restores the replication defect associated with K65R.
- 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.

NNRTI . K101P is a non-polymorphic mutation that confers high-level resistance to NVP, EFV, RPV, and ETR. Its does not appear to reduce DOR susceptibility.

- K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EPV susceptibility. It is the most commonly transmitted DRM.
- K1035 is a non-polymorphic mutation that causes high-level reductions in NVP susceptibility but intermediate reductions in EFV susceptibility. Because K1035 is a 2-bp change from the wildtype K and a 1-bp change from K103N, persons with K1035 may be likely to have once had K103N.
- Other

- T69N/S/A/I/E are relatively non-polymorphic mutations weakly selected in persons receiving NRTIs. They may minimally contribute reduced AZT susceptibility.
- . K101Q is a relatively non-polymorphic mutation that is weakly selected in persons receiving NVP and EFV. It is of uncertain phenotypic and clinical significance.

Mutation scoring: RT HIVDB 9.5.1 (2023-11-05)

ng resistance mutation scores or nich.				Download CSV			
Rule	ABC ÷	AZT ≑	D4T ≑	DDI 🗦	FTC ≎	зтс ≑	TDF
K65KR	45	-10	60	60	30	30	50
M184V	15	-10	-10	10	60	60	-10
K65KR + S68SG	0	0	0	0	0	0	5
Total	60	-20	50	70	90	90	45

Drug	resistance	mutation	scores	of NI

rug resisionce motoriori scores or mani.			DOWNSON COV		
Rule	DOR ÷	EFV ÷	ETR ÷	NVP ≑	RPV ÷
K101P0	10	60	60	60	60
K103NS	0	60	0	60	0
Total	10	120	60	120	60