

PatientID: HIVDR-1763-23

Sebuttemba 27, 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	HR	I84IV;K20T;L10LF
	DRV	LR	
	FPV	HR	
	IDV	HR	
	LPV	IR	
	NFV	HR	
	SQV	HR	
	TPV	IR	
NRTI	ABC	HR	
	AZT	HR	
	D4T	HR	
	DDI	HR	
	FTC	HR	
	LMV	HR	
	TDF	HR	
NNRTI	DOR	HR	
	EFV	HR	
	ETR	HR	
	NVP	HR	
	RPV	HR	
INSTI	BIC	HR	G140S;Q148H
	CAB	HR	
	DTG	HR	
	EVG	HR	
	RAL	HR	

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	I84V is a nonpolymorphic substrate-cleft mutation selected by each of the PIs. I84V reduces susceptibility to LPV, ATV, and DRV.
	L10F is a common non-polymorphic, PI-selected accessory mutation associated with reduced in vitro susceptibility to LPV and DRV.
NRTI	
NNRTI	
	G140S/A/C are non-polymorphic mutations that usually occur with Q148 mutations. Alone, they have minimal effects on INSTI susceptibility. However, in combination with Q148 mutations they are associated with high-level resistance to RAL and EVG and intermediate reductions in DTG and BIC susceptibility.
	Q148H/K/R are nonpolymorphic mutations reported in persons receiving RAL, EVG, CAB, and DTG. They nearly always occur in combination with G140A/S or E138K. In this setting they are associated with near complete resistance to RAL and EVG, high-levels of reduction in CAB susceptibility, and low-to-intermediate reductions in DTG and BIC susceptibility.

INSTI

T97A is a polymorphic INSTI-selected mutation that, depending on subtype, occurs in 1% to 5% of viruses from untreated persons. Alone, it has minimal effects on INSTI susceptibility but in combination with other major resistance mutations, it synergistically reduces susceptibility to each of the INSTIs.
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