PatientID: GU121699

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
INSTI	BIC	**LR**	N155NH;T66TA;H51HY
	CAB	**IR**	
	DTG	**LR**	
	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	
NRTI	
NNRTI	
INSTI	H51Y is an uncommon nonpolymorphic accessory mutation selected in vitro by EVG, DTG, and CAB. Alone, it has minimal if any effect on INSTI susceptibility.
	N155H is a common nonpolymorphic INSTI-resistance mutations. It has been reported in a high proportion of persons developing VF and HIVDR while receiving RAL, EVG, DTG, and CAB. Alone, it reduces RAL and EVG susceptibility about 10 and 30-fold, respectively. It has minimal effect on susceptibility to DTG, BIC, and CAB.
	T66A/I are non-polymorphic mutations selected in persons receiving EVG, RAL, and DTG usually in combination with other INSTI-resistance mutations. They cause moderate reductions in EVG susceptibility but do not appear to reduce susceptibility to other INSTIs.