PatientID: HDR15

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**	;K20T
	DRV	**S**	
	FPV	**S**	
	IDV	**S**	
	LPV	**S**	
	NFV	**LR**	
	SQV	**S**	
	TPV	**S**	
NRTI	ABC	**HR**	K65R;L74I;Y115F;K219Q
	AZT	**S**	
	D4T	**HR**	
	DDI	**HR**	
	FTC	**IR**	
	LMV	**IR**	
	TDF	**HR**	
NNRTI	DOR	**IR**	L100I;Y188H;K103N;K238T
	EFV	**HR**	
	ETR	**IR**	
	NVP	**HR**	
	RPV	**HR**	
INSTI	BIC	**S**	
	CAB	**S**	
	DTG	**S**	
	EVG	**S**	
	RAL	**S**	

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	K219E/Q/N/R are accessory TAMS that usually occur in combination with multiple other TAMs.
	K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-experienced, INSTI-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, there is a risk of emergent DTG resistance that does not arise in NRTI-naive patients receiving TDF+3TC+DTG.
	L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance.
	Y115F causes intermediate resistance to ABC and low-level resistance to TDF.
	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.
	L100I is a non-polymorphic mutation that usually occurs in combination with K103N. In this setting it confers high-level resistance to NVP, EFV, and RPV and intermediate resistance to ETR and DOR.

NNRTI

	Y188H is a non-polymorphic mutation selected in persons receiving NVP and EFV. It causes about 5 to 10-fold reduced susceptibility to NVP and EFV. It appears to cause little if any reduction in susceptibility to RPV, ETR, or DOR.
INSTI	