

PatientID: FJ538984

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	PLR	N155H;T97A;D232N
	CAB	LR	
	DTG	PLR	
	EVG	HR	
	RAL	HR	

## Appendix

### Drug abbreviations in full

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

### Comments

DRUG.CLASS	COMMENTS
<b>PI</b>	
<b>NRTI</b>	
<b>NNRTI</b>	
<b>INSTI</b>	D232N is a common nonpolymorphic accessory mutation selected in persons receiving RAL and EVG. Alone, it has little 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.
	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.