

PatientID: GU121681

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	IR	G140S;Q148H
	CAB	HR	
	DTG	IR	
	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>	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.