PatientID: HDR67

Okitobba 06, 2023

Color Code

HR: High-Level Resistance

LR: Low-Level Resistance

IR: Intermediate Resistance

S: Susceptible

| DRUG.CLASS | DRUG | RESISTANCE.PROFILE | DRMS.above.20.percent.prevalence |
|------------|------|--------------------|----------------------------------|
| PI | ATV | S | |
| | DRV | \mathbf{S} | |
| | FPV | ${f S}$ | |
| | IDV | \mathbf{S} | |
| | LPV | \mathbf{S} | |
| | NFV | S | |
| | SQV | ${f S}$ | |
| | TPV | ${f S}$ | |
| NRTI | ABC | IR | |
| | AZT | \mathbf{S} | |
| | D4T | \mathbf{S} | |
| | DDI | $^{ m HR}$ | L74I;M184V |
| | FTC | HR | |
| | LMV | HR | |
| | TDF | S | |
| NNRTI | DOR | HR | |
| | EFV | HR | |
| | ETR | $_{ m HR}$ | P225H;F227C;M230L;K103N |
| | NVP | $_{ m HR}$ | |
| | RPV | $^{ m HR}$ | |

Appendix

Drug abbreviations in full

| DRUG.CLASS | ABBREVIATION | DRUG.NAME |
|------------|--------------|----------------|
| | ATV | Atazanavir |
| | DRV | Darunavir |
| | FPV | Fosamprenavir |
| PI | IDV | Indinavir |
| 11 | LPV | Lopinavir |
| | NFV | Nelfinavir |
| | SQV | Saquinavir |
| | TPV | Tipranavir |
| | ABC | Abacavir |
| | AZT | Azidothymidine |
| | DFT | Stavudine |
| NRTI | DDI | Didanosine |
| | FTC | Emtricitabine |
| | LMV | Lamivudine |
| | TDF | Tenofovir |
| | DOR | Doravirine |
| | EFV | Efavirenz |
| NNRTI | ETR | Etravirine |
| | NVP | Nevirapine |
| | RPV | Rilpivirine |
| | BIC | Bictegravir |
| | CAB | Cabotegravir |
| INSTI | DTG | Dolutegravir |
| | EVG | Elvitegravir |
| | RAL | Raltegravir |

Comments

| DRUG.CLASS | COMMENTS | | | |
|------------|---|--|--|--|
| PI | | | | |
| NRTI | L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance. | | | |
| MILLI | M184V/I cause high-level in vitro resistance to 3TC and FTC and low/intermediate | | | |
| | resistance to ABC (3-fold reduced susceptibility). M184V/I are not contraindications to | | | |
| | continued treatment with 3TC or FTC because they increase susceptibility to AZT and | | | |
| | TDF and are associated with clinically significant reductions in HIV-1 replication. | | | |
| | F227C is a nonpolymorphic mutation selected in persons receiving DOR and rarely in | | | |
| | persons receiving ETR and RPV. It usually occurs in combination with other DRMs and in | | | |
| | this setting has consistently been associated with the highest possible levels of DOR | | | |
| | resistance. It is also usually associated with intermediate or high-level reductions in | | | |
| | susceptibility to NVP, EFV, ETR, and RPV. | | | |
| NNRTI | K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV | | | |
| | susceptibility. It is the most commonly transmitted DRM. | | | |
| | M230L is an uncommon non-polymorphic mutation selected in persons receiving EFV, | | | |
| | NVP, and RPV. It causes intermediate to high-level resistance to each of the NNRTIs. | | | |
| | P225H is a non-polymorphic EFV-selected mutation that usually occurs in combination | | | |
| | with K103N. The combination of P225H and K103N synergistically reduces NVP, EFV and | | | |
| | DOR susceptibility. | | | |

| INSTI | |
|-------|--|