Drug resistance interpretation: RT HNDB 9.5.1 (2023-11-05)

NRTI Mutations: None

NNRTI Mutations: None

RT Other Mutations: S519N - Q524K - K327G - E529D - A534S - A534S - V559I -

Nucleoside Reverse Transcriptase Inhibitors

Non-nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC)
zidovudine (AZT)
Susceptible
stavudine (D4T)
didanosine (DDI)
susceptible
emtricitabine (FTC)
Susceptible
lamivudine (3TC)
Susceptible
tenofovir (TDF)
Susceptible

doravirine (DOR)

efavirenz (EFV)

etravirine (ETR)

nevirapine (NVP)

rilpivirine (RPV)

Susceptible

Susceptible

Susceptible

Mutation scoring: RT

HIVDB 9.5.1 (2023-11-05)

HIVDB 9.5.1 (2023-11-05)

No drug resistance mutations were found for NRTI.

No drug resistance mutations were found for NNRTI.

Drug resistance interpretation: IN

INSTI Major Mutations: E138K == 6140A == Q148K == 1

INSTI Accessory Mutations: 5230R \*\*\*

Integrase Strand Transfer Inhibitors

bictegravir (BIC) High-Level Resistance
cabotegravir (CAB) High-Level Resistance
dolutegravir (DTG) High-Level Resistance
elvitegravir (EVG) High-Level Resistance
raltegravir (RAL) High-Level Resistance

## IN comments

## Major

- E138K/A/T are common nonpolymorphic accessory resistance mutations selected in patients receiving RAL, EVG, CAB, and DTG. Alone they do not reduce INSTI susceptibility. However, they contribute to reduced susceptibility in combination with other mutations particularly those at position 148.
- 61405/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.

## Accessory

- 5230R is a nonpolymorphic INSTI-selected mutation that primarily occurs in combination with other INSTI-resistance mutations. By itself, it appears to have minimal effect on susceptibility to available INSTIs.
- There is evidence for high-level DTG resistance. If DTG is used, it should be administered twice daily.

Mutation scoring; IN HNDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of INSTI:

| id CS | īV | , |
|-------|----|---|
| n     |    |   |

| Rule          | BIC ≑ | CAB ÷ | DTG ÷ | EVG ‡ | RAL ‡ |
|---------------|-------|-------|-------|-------|-------|
| E138K         | 10    | 10    | 10    | 15    | 15    |
| E138K + G140A | 10    | 15    | 10    | 15    | 15    |
| E138K + Q148K | 10    | 20    | 10    | 0     | 0     |
| G140A         | 10    | 10    | 10    | 30    | 30    |
| G140A + Q148K | 10    | 20    | 10    | 0     | 0     |
| <u>Q148K</u>  | 30    | 50    | 30    | 60    | 60    |
| S230R         | 10    | 20    | 20    | 20    | 20    |
| Total         | 90    | 145   | 100   | 140   | 140   |