PatientID: HDR02

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	LR		
	DRV	PLR		
	FPV	$_{ m HR}$		
	IDV	$_{ m LR}$	M46I;I47A;F53L	
	LPV	HR	M401,147 A,F 55L	
	NFV	HR		
	SQV	m LR		
	TPV	IR		
NRTI	ABC	$^{ m HR}$	L74V;Y115F;M184V;K219E	
	AZT	${f S}$		
	D4T	${f S}$		
	DDI	$_{ m HR}$		
	FTC	$_{ m HR}$		
	LMV	$_{ m HR}$		
	TDF	LR		
NNRTI	DOR	IR		
	EFV	$_{ m HR}$	L100I;K103NS	
	ETR	IR		
	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	F53L is a nonpolymorphic accessory mutation selected primarily by SQV, IDV, ATV and LPV. In combination with other mutations, It is associated with reduced susceptibility to ATV and possibly LPV. F53Y is an uncommon nonpolymorphic accessory PI-selected mutation that has not been well studied. I47A is a non-polymorphic mutation selected by LPV. It usually occurs in combination with V32I and in this context it confers high-level resistance to LPV and low-level resistance to DRV.
	M46I/L are relatively non-polymorphic PI-selected mutations. In combination with other PI-resistance mutations, they are associated with reduced susceptibility to each of the PIs except DRV.
	K219E/Q/N/R are accessory TAMS that usually occur in combination with multiple other TAMs.
	L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance. 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.

NRTI

	Y115F causes intermediate resistance to ABC and low-level resistance to TDF.
NNRTI	K103T is an extremely rare non-polymorphic mutation that appears to confer intermediate/high-level resistance to NVP but it has little if any effect on EFV 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.
INSTI	