PatientID: GU121706

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	
	BIC	IR		
	CAB	$^{ m HR}$		
INSTI	DTG	IR	Q148QH;G140SG	
	EVG	$^{ m HR}$		
	RAL	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	
NNRTI	
INSTI	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.