PatientID: HDR113

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 |
|---|---|---|---|
| **PI** | ATV | **S** | |
| | DRV | **S** | |
| | FPV | **S** | |
| | IDV | **S** | |
| | LPV | **S** | |
| | NFV | **S** | |
| | SQV | **S** | |
| | TPV | **S** | |
| **NRTI** | ABC | **LR** | M41L;V75I;M184V |
| | AZT | **PLR** | |
| | D4T | **PLR** | |
| | DDI | **LR** | |
| | FTC | **HR** | |
| | LMV | **HR** | |
| | TDF | **S** | |
| **NNRTI** | DOR | **IR** | L100I;H221Y;K103N |
| | EFV | **HR** | |
| | ETR | **IR** | |
| | NVP | **HR** | |
| | RPV | **HR** | |

# Appendix

## Drug abbreviations in full

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

## Comments

| DRUG.CLASS | COMMENTS |
|---|---|
| **PI** | |
| **NRTI** | 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. |
| | M41L is a TAM that usually occurs with T215Y. In combination, M41L plus T215Y confer intermediate / high-level resistance to AZT and d4T and contribute to reduced ddI, ABC and TDF susceptibility. |
| | V75I is a relatively non-polymorphic accessory mutation that often occurs in combination with the multi-NRTI resistance mutation Q151M. When it occurs alone, its clinical significance is uncertain. |
| **NNRTI** | H221Y is a non-polymorphic accessory mutation selected primarily by NVP, RPV, and DOR. It frequently occurs in combination with Y181C. |
| | K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM. |
| | 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** | |