Drug resistance interpretation: PR HIVDB 9.5.1 (2023-11-05)

PI Major Mutations: 1541V t 79%, V: 19% core 38,031

PI Accessory Mutations: None

PR Other Mutations: 113V 80% • K20R 93% • M36I 90% • R41K 80% • D60E 80% • Q61N 80% • I62IV 1:32%, V:43% • L63E 90% • I64V 93% • E65D 93% • E65

## Protease Inhibitors

atazanavir/r (ATV/r) Low-Level Resistance

darunavir/r (DRV/r) Susceptible

lopinavir/r (LPV/r) Low-Level Resistance

### PR comments

# Major

. IS4V is a non-polymorphic PI-selected mutation that contributes reduced susceptibility to each of the PIs except DRV.

## Other

K20R is a highly polymorphic PI-selected accessory mutation that increases replication fitness in viruses with PI-resistance mutations.

Drug resistance mutation scores of PI:

Mutation scoring: PR

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 Rule
 ATV/r ⇒
 DRV/r ⇒
 LPV/r ⇒

 I54IV
 15
 0
 15

# Drug resistance interpretation: RT

NRTI Mutations:

K65R 94% - \$686 95% - M184I 95% 000-21-225

NNRTI Mutations: K103N 50% M230L 50% L234I 50% C00m20,225

RT Other Mutations: V35T sss. - T39M sss. - K46Q sss. - K49R sss. - V60I sss.

L283| 94% T286AV A: 50%, V: 40% A288T 95% V292V| E:51%, V: 40% - |293V 95% P294PA P: 54%, A: 44% 05%-28,232 05% O5%-28,232

## Nucleoside Reverse Transcriptase Inhibitors

# Non-nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC)	High-Level Resistance	doravirine (DOR)	High-Level Resistance
zidovudine (AZT)	Susceptible	efavirenz (EFV)	High-Level Resistance
emtricitabine (FTC)	High-Level Resistance	etravirine (ETR)	Intermediate Resistance
lamivudine (3TC)	High-Level Resistance	nevirapine (NVP)	High-Level Resistance
tenofovir (TDF)	Intermediate Resistance	rilpivirine (RPV)	High-Level Resistance

HIVDB 9.5.1 (2023-11-05)

HIVDB 9.5.1 (2023-11-05)

#### RT comments

#### NRTI

- K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-experienced, INSTI-naive patients with K65R, TDF+3TC+DTG. However, in patients receiving TDF+3TC+DTG, there is a risk of emergent DTG resistance that does not arise in NRTI-naive patients receiving TDF+3TC+DTG.
- . \$686 is a polymorphic mutation that is often selected in combination with K65R. It partially restores the replication defect associated with K65R.
- 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.

### 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.
- L234I is a nonpolymorphic mutation selected in persons receiving NVP and EFV. It is also selected in vitro by ETR and DOR. In combination with V106A, it is associated with high-level DOR resistance. Its effect on susceptibility when it occurs alone has not been well characterized.

#### Other

V901 is a polymorphic accessory mutation weakly selected by each of the NNRTIs. It is associated with minimal, if any, detectable reduction in NNRTI susceptibility.

Mutation scoring: RT HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI:

Download CSV

Rule	ABC \$	AZT ≑	FTC ÷	зтс ≑	TDF ÷
<u>K65R</u>	45	-10	30	30	50
M184I	15	-10	60	60	-10
K65R + S68G	0	0	0	0	5
Total	60	-20	90	90	45

Drug resistance mutation scores of NNRTI:

Download CSV

_							
	Rule	DOR =	EFV \$	ETR \$	NVP ≑	RPV \$	
	M230L	60	45	30	60	60	
	L234I	45	0	0	0	0	
	K103N	0	60	0	60	0	
	Total	105	105	30	120	60	