PatientID: HDR59

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	**HR**	K65R;M184I
	AZT	**S**	
	D4T	**IR**	
	DDI	**HR**	
	FTC	**HR**	
	LMV	**HR**	
	TDF	**IR**	
NNRTI	DOR	**IR**	L234I;K103N
	EFV	**HR**	
	ETR	**S**	
	NVP	**HR**	
	RPV	**S**	
INSTI	BIC	**S**	
	CAB	**S**	
	DTG	**S**	
	EVG	**S**	
	RAL	**S**	

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	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 is usually highly effective and more effective than AZT/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.
	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.
	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.
INSTI	