PatientID: HDR59

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 | S | |
| | DRV | \mathbf{S} | |
| | FPV | \mathbf{S} | |
| | IDV | ${f S}$ | |
| | LPV | \mathbf{S} | |
| | NFV | ${f S}$ | |
| | SQV | ${f S}$ | |
| | TPV | ${f S}$ | |
| NRTI | ABC | $_{ m HR}$ | |
| | AZT | ${f S}$ | |
| | D4T | IR | |
| | DDI | $_{ m HR}$ | K65R;M184I |
| | FTC | $_{ m HR}$ | |
| | LMV | $_{ m HR}$ | |
| | TDF | IR | |
| | DOR | $_{ m HR}$ | |
| NNRTI | EFV | $_{ m HR}$ | |
| | ETR | IR | M230L;L234I;K103N |
| | 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 | | | | |
| | K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It | | | |
| | increases AZT susceptibility. In NRTI-experienced, INSTI-naive patients with K65R, | | | |
| NRTI | 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. | | | |
| | 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 | | | |
| NNRTI | well characterized. | | | |
| | 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. | | | |

| INSTI | |
|-------|--|