PatientID: HIVDR-1774-23

Sebuttemba 27, 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	**IR**	M41L;M184V;T215F
	AZT	**HR**	
	D4T	**IR**	
	DDI	**IR**	
	FTC	**HR**	
	LMV	**HR**	
	TDF	**LR**	
NNRTI	DOR	**HR**	A98G;V108I;K103N
	EFV	**HR**	
	ETR	**PLR**	
	NVP	**HR**	
	RPV	**LR**	
INSTI	BIC	**LR**	E138K;N155H
	CAB	**IR**	
	DTG	**LR**	
	EVG	**HR**	
	RAL	**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.
	T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF.
NNRTI	A98G is a non-polymorphic accessory mutation associated with low-level reduced susceptibility to each of the NNRTIs.
	K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.
	V108I is a relatively non-polymorphic accessory mutation selected in vitro and/or in vivo with each of the NNRTIs. It appears to contribute to reduced susceptibility to most NNRTIs only in combination with other NNRTI-resistance mutations.

INSTI	E138K/A/T are common nonpolymorphic accessory resistance mutations selected in patients receiving RAL, EVG, CAB, and DTG. Alone they do not reduce INSTI susceptibility. However, they contribute to reduced susceptibility in combination with other mutations particularly those at position 148.
	N155H is a common nonpolymorphic INSTI-resistance mutations. It has been reported in a high proportion of persons developing VF and HIVDR while receiving RAL, EVG, DTG, and CAB. Alone, it reduces RAL and EVG susceptibility about 10 and 30-fold, respectively. It has minimal effect on susceptibility to DTG, BIC, and CAB.
	T97A is a polymorphic INSTI-selected mutation that, depending on subtype, occurs in 1% to 5% of viruses from untreated persons. Alone, it has minimal effects on INSTI susceptibility but in combination with other major resistance mutations, it synergistically reduces susceptibility to each of the INSTIs.