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

PI Major Mutations: PI Accessory Mutations:

None

PR Other Mutations: V11x - T12L - 113K - K14Y - 115N - G16R - Q18K - K20I - E35N - M36I - R41K - H69K - V77I - L89M

Protease Inhibitors

atazanavir/r (ATV/r)	Susceptible
darunavir/r (DRV/r)	Susceptible
fosamprenavir/r (FPV/r)	Susceptible
indinavir/r (IDV/r)	Susceptible
lopinavir/r (LPV/r)	Susceptible
nelfinavir (NFV)	Susceptible
saquinavir/r (SQV/r)	Susceptible
tipranavir/r (TPV/r)	Susceptible

PR comments

Other

K20I is the consensus amino acid in subtype G and CRF02_AG. In subtypes B and C, K20I is a PI-selected mutation of uncertain effects on currently used PIs.

Mutation scoring: PR

Drug resistance interpretation: RT

No drug resistance mutations were found for PI.

K65R • L74I • M184V

NNRTI Mutations: L100I • K103N • Y188H

RT Other Mutations: V35T • E36D • T396

V35T * E36D * T39K * K49R * V60I * K122E * D123S * 135T * V144F * 116TX * K173L * Q274K * D177E * V179I * G196E * T200A * 1202V * L205V * Q207A * L210" * R211M * \(\Delta\)232E * K223E * K22

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K259I - L260Y - V2615 - G262I - K263Y - L264E - N265T - W266N - A26TG - Q269P - G273D - I274E - K275' - V276A - K277L - Q278V

Nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC) High-Level Resistance
zidovudine (AZT) Susceptible
stavudine (D4T) Intermediate Resistance
didanosine (DDI) High-Level Resistance
emtricitabine (FTC) High-Level Resistance
lamivudine (3TC) High-Level Resistance
tenofovir (TDF) Intermediate Resistance

Non-nucleoside Reverse Transcriptase Inhibitors

doravirine (DOR)
Intermediate Resistance
efavirenz (EFV)
etravirine (ETR)
Intermediate Resistance
nevirapine (NVP)
High-Level Resistance
High-Level Resistance
High-Level Resistance

RT comments

NRTI Mutations:

NOTI

- K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-naive patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effec
- L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance.
- 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

- 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.
- . K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EPV susceptibility. It is the most commonly transmitted DRM.
- Y188H is a non-polymorphic mutation selected in persons receiving NVP and EFV. It causes about 5 to 10-fold reduced susceptibility to NVP and EFV. It appears to cause little if any reduction in susceptibility to RPV, ETR, or DOR.

Other

- V179I is a polymorphic mutation that is frequently selected in persons receiving ETR and RPV. However, it has little, if any, direct effect on NNRTI susceptibility.
- M230L is an uncommon non-polymorphic mutation selected in persons receiving EFV. Its effects on NNRTI susceptibility have not been well studied. It also often occurs as a result of APOBEC-mediated G-to-A hypermutation resulting in viruses that are likely to be noninfectious.
- P236L is a rare mutation selected commonly by DLV, which appears to have little if any effect on current NNRTIs. P236S is a highly unusual mutation at this position.
- K238T/N are uncommon non-polymorphic mutations selected in persons receiving NVP and EFV usually in combination with K103N. Alone, K238T/N appear to have minimal effects on NNRTI susceptibility. K238V is a highly unusual mutation at this position.

Mutation scoring: RT
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Rule	ABC ÷	AZT ≑	D4T ≑	DDI ÷	FTC ÷	3TC ≑	TDF ÷
K65R	45	-10	60	60	30	30	50
L74I	15	0	0	60	0	0	5
M184V	15	-10	-10	10	60	60	-10
Total	75	-20	50	130	90	90	45
	stance mu ule	ntation sc	_			ownload CS	RPV ÷
R			_	≑ ET			Ť

35 150 30 180 60

K103N

Total