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

PI Major Mutations: None

PI Accessory Mutations: None

PR Other Mutations: G2TX • A28G • D29A • D30M • T315 • V32R • L33I • E34R • E35R • M36L • N37D • R41K • R57K • H69K • L89M

Protease Inhibitors

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

PR comments

Other

- D30N is a non-polymorphic mutation NFV-selected mutation that causes high-level resistance to NFV but not to other PIs. D30M is a highly unusual mutation at this position.
- V32I is a non-polymorphic mutation selected by LPV, ATV, and DRV which is associated with reduced susceptibility to each of these Pls. V32R is a highly unusual mutation at this position.
- . L33I/V are minimally polymorphic mutations that do not appear to be selected by PIs or to reduce their susceptibility.

Mutation scoring: PR
HIVD8 9.5.1 (2023-11-05)

No drug resistance mutations were found for PI.

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

NRTI Mutations: F77L

NNRTI Mutations: None

RT Other Mutations: E6D • V35T • V60I • K122E • 1135T • K173S • Q174K • D177E • V179I • Q182H • V183T • M184W • D185M • D186I • G196E • T200A • Q207A • R211S • F214L • P217S • P225T • P226S • V232D • L234T • D256I • V257V • Q258R • K259T • L260V • V261E • L264W • N265A • W266G • A267Q • S268V • Q269C • 1270R •

Y2715 • A272V • G273N

Susceptible

Nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC)

zidovudine (AZT)

stavudine (D4T)

didanosine (DDI)

emtricitabine (FTC)

lamivudine (3TC)

Susceptible

Susceptible

Susceptible

Non-nucleoside Reverse Transcriptase Inhibitors

 doravirine (DOR)
 Susceptible

 efavirenz (EFV)
 Susceptible

 etravirine (ETR)
 Susceptible

 nevirapine (NVP)
 Susceptible

 rilpivirine (RPV)
 Susceptible

RT comments

tenofovir (TDF)

NRTI

F77L usually occurs in combination with the multi-NRTI resistance mutation Q151M. When it occurs alone, its clinical significance is uncertain.

- V179 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.
- M184V/1 cause high-level in vitro resistance to 3TC and FTC and low/intermediate resistance to ABC (3-fold reduced susceptibility). M184V/1 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. M184W is a highly unusual mutation at this position.
- . P225H is a non-polymorphic EFV-selected mutation that usually occurs in combination with K103N. The combination of P225H and K103N synergistically reduces NVP, EFV and DOR susceptibility. P225T is a highly unusual mutation at this position.
- 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. L234T is a highly unusual mutation at this position.
- P236L is a rare mutation selected commonly by DLV, which appears to have little if any effect on current NNRTIs. P236del is a highly unusual mutation at this position.

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

Drug resistance mutation scores of NRTI:

 Rule
 ABC ÷
 AZT ÷
 D4T ÷
 DDI ÷
 FTC ÷
 3TC ÷
 TDF ÷

 F77L
 5
 10
 10
 10
 5
 5
 5

No drug resistance mutations were found for NNRTI.