

PatientID: HDR119

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 | ;L33F |
| | DRV | S | |
| | FPV | PLR | |
| | IDV | S | |
| | LPV | S | |
| | NFV | PLR | |
| | SQV | S | |
| | TPV | PLR | |
| NRTI | ABC | IR | D67N;K70R;M184V;T215I |
| | AZT | IR | |
| | D4T | IR | |
| | DDI | IR | |
| | FTC | HR | |
| | LMV | HR | |
| | TDF | S | |
| NNRTI | DOR | HR | A98G;V108I;Y181C;F227I;P236L |
| | EFV | HR | |
| | ETR | IR | |
| | NVP | HR | |
| | RPV | HR | |
| 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 | L33F is a relatively non-polymorphic accessory mutation selected by each of the PIs. In combination with other PI-resistance mutations, it is associated with reduced susceptibility to LPV, ATV, and DRV. |
| NRTI | D67N is a non-polymorphic TAM associated with low-level resistance to AZT. |
| | K70R is a TAM that confers intermediate resistance to AZT and contributes to reduced ABC and TDF susceptibility in combination with other TAMs. |
| | 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. |
| | T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF. T215S/C/D/E/I/V/N/A/L do not reduce NRTI susceptibility but arise from viruses that once contained T215Y/F. The presence of one of these revertant mutations suggests that the patient may have once been infected with a virus containing T215Y/F. |
| | A98G is a non-polymorphic accessory mutation associated with low-level reduced susceptibility to each of the NNRTIs. |

| | |
|--------------|--|
| NNRTI | F227L is a non-polymorphic mutation that usually occurs in combination with V106A. It is selected in vivo and in vitro with both NVP and DOR. In this context it is associated with high-level reductions in NVP and DOR susceptibility and intermediate reductions in EFV susceptibility. F227I/V are extremely rare mutations that have been selected in vitro by DOR. |
| | P236L is a rare mutation selected commonly by DLV, which appears to have little if any effect on current NNRTIs. |
| | 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. |
| | Y181C is a non-polymorphic mutation selected in persons receiving NVP, ETR and RPV. It confers high-level resistance to NVP, intermediate resistance to ETR and RPV, and low-level resistance to EFV. It does not significantly reduce DOR susceptibility. |
| INSTI | |