

Genotypic ARV Resistance Report

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Patient Information

Our Ref. ID: VCI-21208

| | | | |
|-------------------|----------------|------------------|----------------|
| Name: | ♂ โอชา ไชยโสดา | Your Ref. ID: | P22-06581 |
| Hospital/Site: | PRIBTA | Study/Visit: | |
| Risk Factor: | No Information | Collection Date: | 21-Feb-2022 |
| Clinical Staging: | No Information | CDC Staging: | No Information |
| | | Genotyping Date: | 07-Mar-2022 |

Lab Information

| | | | |
|--------------|--------------------------------|-------------------------|---------|
| Current CD4: | No Information | Current Antiretroviral: | Unknown |
| Current VL: | 395000 copies/ml (21-Feb-2022) | | |

Summary Data

| | |
|--|----------------|
| Subtype and % similarity to closest reference isolate: | CRF01_AE (97%) |
| Sequence includes RT: condons: | 20 - 244 |

Resistance Report (RT)

| | |
|------------|--|
| RT TAMs: | - |
| RT NRTIs: | - |
| RT NNRTIs: | E138EK |
| RT Other: | V35T, T39K, K43E, V90VI, K122E, D123NS, K166R, K173I, Q174K, D177E, I178M, V179I, T200TAIV, E204Q, Q207A, R211S, K238R |

| Antiretroviral | High-level resistance | Intermediate resistance | Low-level resistance | Potential low-level resistance | Susceptible |
|------------------------|-----------------------|-------------------------|----------------------|--------------------------------|-------------|
| NRTI | | | | | |
| zidovudine (AZT) | | | | | |
| tenofovir (TDF) | | | | | |
| stavudine (D4T) | | | | | |
| lamivudine (3TC) | | | | | |
| emtricitabine (FTC) | | | | | |
| didanosine (DDI) | | | | | |
| abacavir (ABC) | | | | | |
| NNRTI | | | | | |
| rilpivirine (RPV) | | | | | |
| nevirapine (NVP) | | | | | |
| etravirine (ETR) | | | | | |
| efavirenz (EFV) | | | | | |
| doravirine (DOR) | | | | | |
| ConsensusR#21208RT.txt | | | | | |

Remark: 1. Although the mutation is not found, it does not mean that one is fully susceptible to the treatment since the resistant virus may be minor population which cannot be detected by the assay (detectable limit = viral load 1,000 copies/ml).
2. The accumulation of TAMs (M41L, D67N, K70R, L210W, T215Y/F, K219Q/E) increases resistance to tenofovir. Mutations M41L and L210W, contribute more than others
3. References: Stanford dBase system (<http://hivdb.stanford.edu/>)

Reported by: _____ Date: 7/3/2022

Vaccine and Cellular Immunology Laboratory

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Mutation Scoring

| | NNRTI | | | | |
|--------|-------|-----|-----|-----|-----|
| | DOR | EFV | ETR | NVP | RPV |
| E138EK | 10 | 10 | 10 | 10 | 45 |

RT Comments

- Other
- V179I is a polymorphic mutation that is frequently selected in patients receiving ETR and RPV. But It has little, if any, direct effect on NNRTI susceptibility.
 - K238R is a common polymorphism that does not reduce NNRTI susceptibility.
 - V90I is a polymorphic accessory mutation weakly selected by each of the NNRTIs. It has a weight of 1.0 in the Tibotec ETR genotypic susceptibility score but is associated with minimal, if any, detectable reduction in NNRTI susceptibility.
- NNRTI
- E138K is a non-polymorphic mutation selected in a high proportion of patients receiving RPV. It reduces RPV susceptibility by 2 to 3-fold and in combination with K101E or the NRTI-resistance mutation M184I, it is sufficient to cause virological failure on a first-line RPV-containing regimen. E138K causes low-level cross-resistance to ETR and possibly to DOR.
- Dosage
- This virus is predicted to have intermediate-level reduced susceptibility to RPV. The use of the combination of CAB/RPV should be considered to be contraindicated.

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