Genotypic ARV Resistance Report

Patient Information

Our Ref. ID: VCI-20934

Name:	♂ ย ฯ	**Your Ref. ID:**	P21-09722
Hospital/Site:	PRIBTA	**Study/Visit:**	
Risk Factor:	No Information	**Collection Date:**	11-Nov-2021
Clinical Staging:	No Information **CDC Staging:** No Information	**Genotyping Date:**	26-Nov-2021

Lab Information

Current CD4: No Information **Current Antiretroviral:** Unknown

Current VL: 27500 copies/ml (11-Nov-2021)

Summary Data

Subtype and % similarity to closest reference isolate: CRF01_AE (97.3%)

Sequence includes RT: condons: 20 - 267

Resistance Report (RT)

RT TAMs: -

RT NRTIs: **K65KR, M184V**

RT NNRTIs: -

RT Other: V35T, T39K, K43E, K122E, D123S, I142V, K173I, Q174K, D177E, I178M, T200A, Q207A, R211S, V245E, E248V

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#20934RT.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: 26/11/2021

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Mutation Scoring

	NRTI						
	3TC	**ABC**	**AZT**	**D4T**	**DDI**	**FTC**	**TDF**
K65KR	30	45	-15	60	60	30	60
M184V	60	15	-10	-10	10	60	-10
Total :	90	60	-25	50	70	90	50

RT Comments

NRTI

- M184V/I cause high-level in vitro resistance to 3TC and FTC and low-level resistance to ddI and ABC. However, M184V/I are not contraindications to continued treatment with 3TC or FTC because they increase susceptibility to AZT, TDF and d4T and are associated with clinically significant reductions in HIV-1 replication.
- K65R causes intermediate/high-level resistance to TDF, ddI, ABC and d4T and low/intermediate resistance to 3TC and FTC. K65R increases susceptibility to AZT.

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