

Antiretroviral Resistance in the INSTI Era



Mechanisms of Resistance in Human Immunodeficiency Virus

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Health Topics >

< Back to Treatment & Care

HIV drug resistance

Global action plan and strategy

Prevention

Data and maps

Surveillance

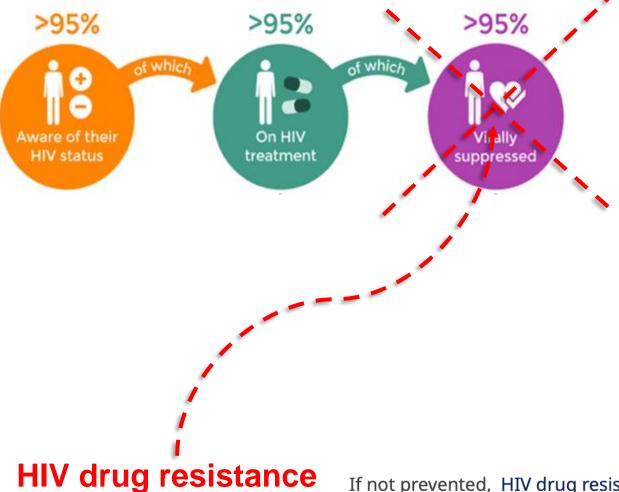
Laboratory network

HIV drug resistance

Over the past decade, the world has witnessed an unprecedented increase in the use of antiretroviral therapy (ART), which has saved the lives of tens of millions of people living with HIV/AIDS. At the end of 2021, 28.7 million people, out of an estimated 38.4 million people living with HIV, were receiving ART globally.

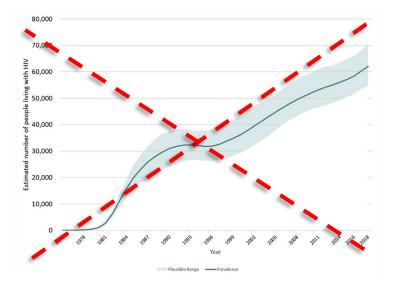
Increased use of HIV medicines has been accompanied by the emergence of HIV drug resistance – the levels of which have steadily increased in recent years.

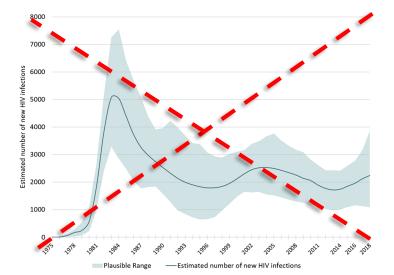
HIV drug resistance is caused by changes in the genetic structure of HIV that affect the ability of drugs to block the replication of the virus. All current antiretroviral drugs, including newer classes, are at risk of becoming partly or fully inactive due to the emergence of drug-resistant virus strains. If not prevented, HIV drug resistance can jeopardize the efficacy of antiretroviral drugs, resulting in increased numbers of HIV infections and HIV-associated morbidity and mortality.



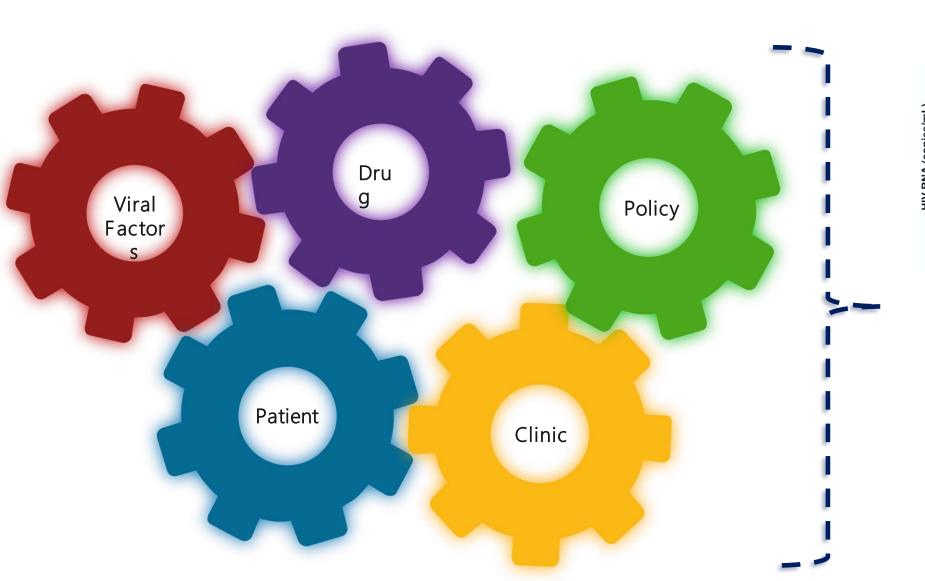
infections and HIV-associated morbidity and mortality.

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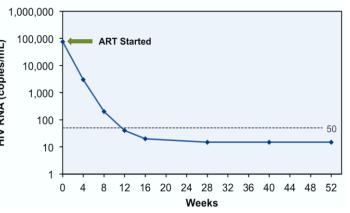




HIV Drug Resistance; Key Factors



Main Goal



Main problem



HIV Drug Resistance, Basic Concepts

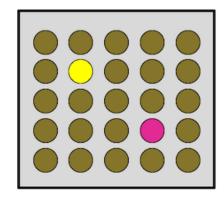
Antiretroviral Therapy

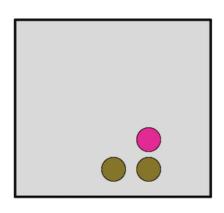
Pretreatment

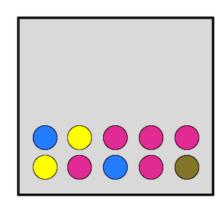
Initial Response

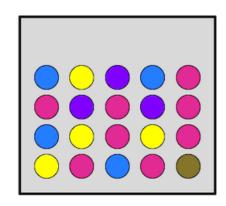
Adherence Problems

Transmitted



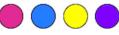








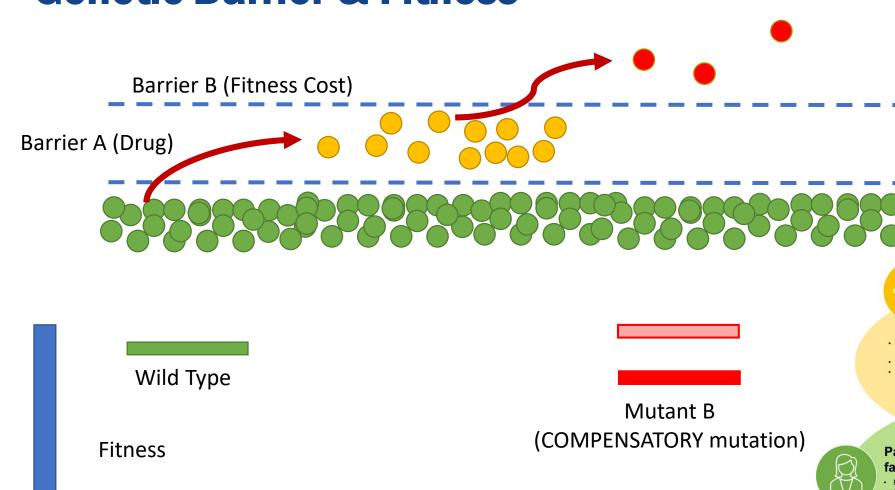
Wild-Type HIV



Resistant HIV

Acquired

Selection of Mutants Genetic Barrier & Fitness





HIV-1 characteristics

- · Error-prone genome replication (HIV RT has no proofreading activity, resulting in 10⁻⁵-10⁻³ errors/base pair/cycle)82
- Genetic recombination (1.35 × 10⁻³ events/nucleotide/round of infection)⁸³
- Rapid HIV replication (10¹⁰ virions/day in untreated PLWH)¹⁷

Pre-existing DRMs

factors/side effects/pill burden)

Patient-specific factors

- Prior treatment failure
- High pre-ART HIV RNA
- Low pre-ART CD4 counts
- · Comorbidities
- Food requirements
- Drug-drug interactions with concomitant medications
- Incomplete adherence
 - · Suboptimal concentration (<EC95) Inconsistent access to ART (availability/ · Long pharmacokinetic tail socio-economic causes/missed clinic
 - Missed doses (psychological
 - · Suboptimal potency



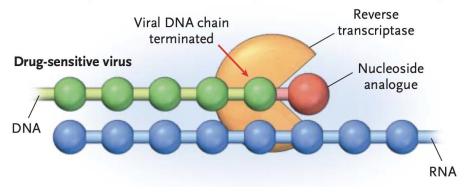
ART choice

· Low barrier to resistance

Mutant A

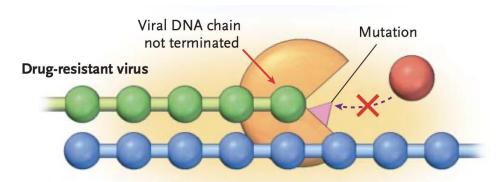
Mechanism of NRTI Resistance

Resistance by Interference with the Incorporation of a Nucleoside Analogue

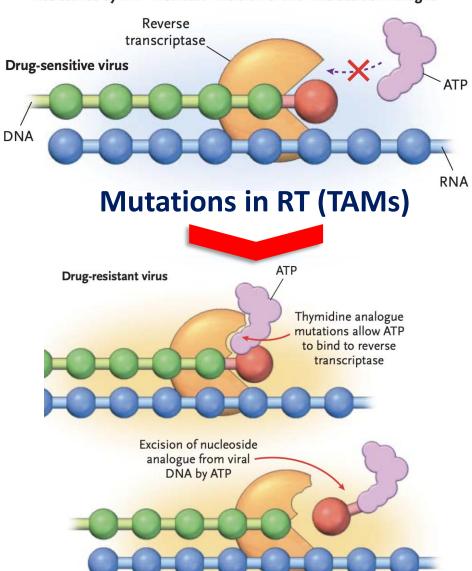


Mutations in RT

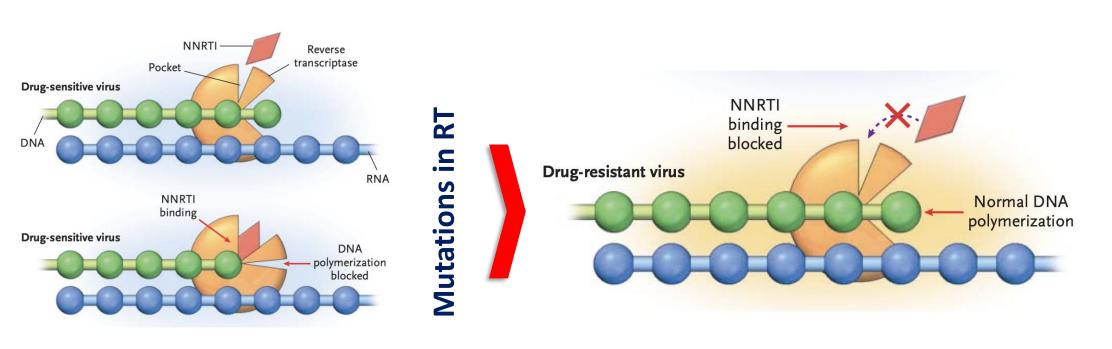




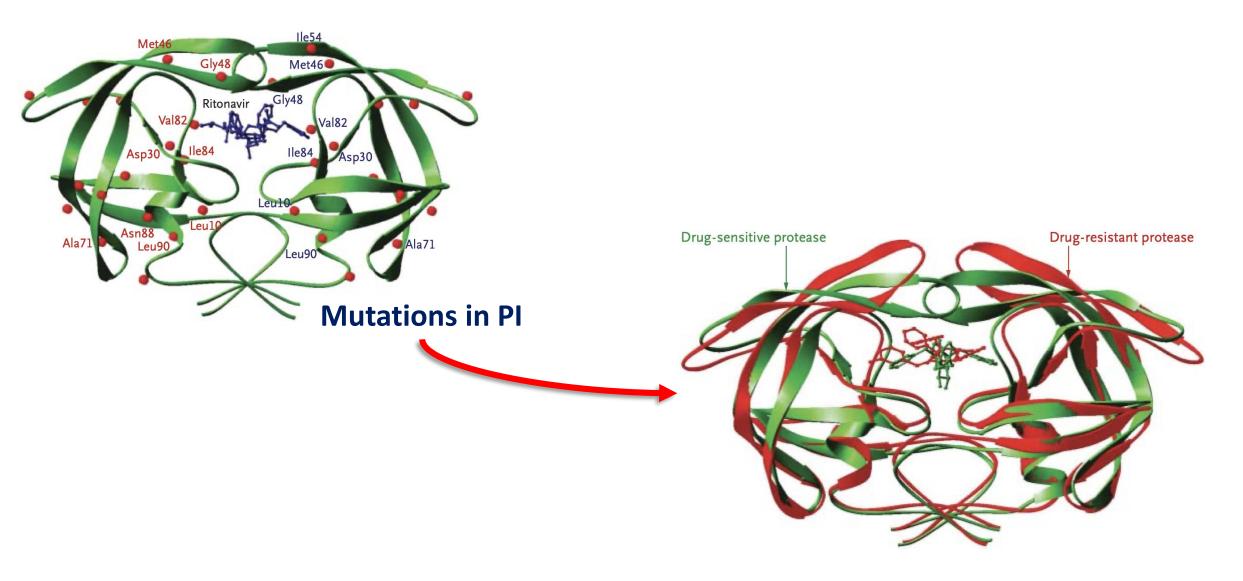
Resistance by ATP-Mediated Excision of the Nucleoside Analogue



Mechanism of NNRTI Resistance



Mechanism of PI Resistance



New Classes, New Problems

Fostemsavir-CD4 attachment inhibitor

 A study published in 2020 analyzed HIV-1 env gp120 sequences from both ART-naïve and ART-treated patients and identified several genomic positions with mutations associated with decreased susceptibility to fostemsavir, however, the BRIGHTE trial did not find consistent associations between virologic failure and gp120 substitutions

Ibalizumab- post-attachment inhibitor

 Resistance to ibalizumab is conferred by decreased viral expression of specific binding sites in the HIV gp120 envelope protein. This mechanism of resistance was observed in the TMB-301 study for 8 out of 10 patients who had virologic failure or rebound at week 25 and showed a lower degree of susceptibility to ibalizumab than at baseline

Lenacapavir-long-acting capsid inhibitor

• Studies showed viral escape strategies of M66I and Q67H, a highly LEN-resistant but fitness-impaired HIV-1 mutant.

https://www.iasusa.org/hiv-drug-resistance/hiv-drug-resistance-mutations/



Drug Resistance Mutations Chart



Download

A current list of mutations associated with clinical resistance to HIV and the accompanying user notes, regularly revised and disseminated by the IAS-USA <u>Drug Resistance Mutations Group</u>, are epublished in <u>Drujos in Antiviral Medicine</u>*. The figures are also available as downloadable <u>PDF</u> and <u>PowerPoint Sildes</u>.

Request to Reprint Figures

The Drug Resistance Mutations Group welcomes interest in the mutations figures as an educational resource for practitioners and encourages making the material available to as broad an audience as possible. You do not need permission to reprint or distribute the figures for purely educational purposes, for instance, to post in a hospital or share in a classroom.

If you wish to reprint or distribute the mutations figures for commercial purposes, we require that you obtain permission. Please send your request to the IAS-USA via email to info@lasusa.org. Requests to reprint the material should include the name of the



https://hivdb.stanford.edu/hivdb/by-patterns/

НОМЕ	GENOTYPE-RX	GENOTYPE-PHENO	GENOTYPE-CLINICA	L HIVDB PROGRAM	VISTAS PROGRAM	ABOUT HIVDB	SUPPORT HIVDB!	
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w: this p	rogram is now availa	able for analyzing SARS-CoV	7-2 mutations, FASTA, and	FASTQ (NGS) sequences.				
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