

**ANRS - AC 11 : RESISTANCE GROUP  
GENOTYPE INTERPRETATION: NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS**

	<b>Mutations associated to resistance</b>	<b>Mutations associated to « possible resistance »</b>
<b>ZDV</b>	<ul style="list-style-type: none"> <li>• T215Y/F</li> <li>• At least 3 mutations among : M41L, D67N, K70R, L210W, T215A/C/D/E/G/H/I/L/N/S/V, K219Q/E [1, 2, 3, 4]</li> <li>• Q151M</li> <li>• Insertion at codon 69</li> </ul>	<ul style="list-style-type: none"> <li>• T215A/C/D/E/G/H/I/L/N/S/V [1, 2, 3, 4]</li> </ul>
<b>3TC/FTC</b>	<ul style="list-style-type: none"> <li>• M184V/I</li> <li>• Insertion at codon 69</li> </ul>	<ul style="list-style-type: none"> <li>• K65R [11, 12, 16]</li> <li>• Q151M</li> </ul>
<b>ddl</b>	<ul style="list-style-type: none"> <li>• At least a score of + 2 among: M41L + T69D + L74V/I + 215Y/F + K219Q/E – K70R – M184 V/I [5, 14, 15, 17, 18]</li> <li>• L74V/I without any mutations among M41L, T69D, K70R, M184 V/I, T215Y/F, K219Q/E [19]</li> <li>• Q151M</li> <li>• Insertion at codon 69</li> </ul>	<ul style="list-style-type: none"> <li>• K65R [11, 12]</li> </ul>
<b>d4T</b>	<ul style="list-style-type: none"> <li>• V75A/M/S/T</li> <li>• T215Y/F [6]</li> <li>• At least 3 mutations among : M41L, D67N, K70R, L210W, T215A/C/D/E/G/H/I/L/N/S/V, K219Q/E [4, 7, 14, 15]</li> <li>• Q151M</li> <li>• Insertion at codon 69</li> </ul>	<ul style="list-style-type: none"> <li>• T215A/C/D/E/G/H/I/L/N/S/V [4, 7]</li> </ul>
<b>ABC</b>	<ul style="list-style-type: none"> <li>• At least 5 mutations among : M41L, D67N, L74V/I, M184V/I, L210W, T215Y/F [8, 19, 29]</li> <li>• No TAMs and at least 2 mutations among: K65R, L74V/I, Y115F and M184V/I [24, 25, 26, 27, 28, 29]</li> <li>• Q151M</li> <li>• Insertion at codon 69</li> </ul>	<ul style="list-style-type: none"> <li>• 4 mutations among : M41L, D67N, L74V/I, M184V/I, L210W, T215Y/F [8, 19, 29]</li> <li>• K65R [9, 11, 12]</li> </ul>
<b>TDF</b>	<ul style="list-style-type: none"> <li>• At least 6 mutations among: M41L, E44D, D67N, T69D/N/S, L74V, L210W, T215Y/F [13, 20]</li> <li>• K65R [9, 10, 11, 12]</li> <li>• Insertion at codon 69</li> </ul>	<ul style="list-style-type: none"> <li>• 3, 4 or 5 mutations among: M41L, E44D, D67N, T69D/N/S, L74V, L210W, T215Y/F [13]</li> <li>• K70E [21, 22, 23]</li> </ul>

TAMs = M41L, D67N, K70R, L210W, T215Y/F, K219Q/E

ZDV: zidovudine, 3TC: lamivudine, FTC: emtricitabine, ddl: didanosine, d4T: stavudine, ABC: abacavir, TDF: tenofovir

Mutations associated to antiretroviral regimen but with uncertain signification: E44A, D67E/G, T69A, K219N/R

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GENOTYPE INTERPRETATION: NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS**

	<b>Mutations associated to resistance</b>	<b>Mutations associated to « possible resistance »</b>
<b>EFV</b>	<ul style="list-style-type: none"> <li>• L100I</li> <li>• K101E</li> <li>• K103H/N/S/T [1]</li> <li>• V106M [2]</li> <li>• Y181C/I</li> <li>• Y188C/L</li> <li>• G190A/C/E/Q/S/T/V</li> <li>• P225H</li> <li>• M230L</li> </ul>	
<b>NVP</b>	<ul style="list-style-type: none"> <li>• A98S (for HIV-1 subtype C only) [3]</li> <li>• L100I</li> <li>• K101E</li> <li>• K103H/N/S/T [1]</li> <li>• V106A/M [2]</li> <li>• Y181C/I</li> <li>• Y188C/H/L</li> <li>• G190A/C/E/Q/S/T/V</li> <li>• M230L</li> </ul>	<ul style="list-style-type: none"> <li>• A98S (for other subtypes than HIV-1 subtype C) [3]</li> </ul>
<b>ETV</b> TMC125	<ul style="list-style-type: none"> <li>• At least 4 among: V90I, A98G, L100I, K101E/P, V106I, V179D/F, Y181C/I/V, G190A/S [4]</li> </ul>	<ul style="list-style-type: none"> <li>• 3 mutations among: V90I, A98G, L100I, K101E/P, V106I, V179D/F, Y181C/I/V, G190A/S [4]</li> </ul>

EFV: efavirenz, NVP: nevirapine, ETV (TMC125): etravirine

Mutations associated to antiretroviral regimen but with uncertain signification: K101H/N/Q

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GENOTYPE INTERPRETATION: PROTEASE INHIBITORS

	Mutations associated to resistance	Mutations associated to « possible resistance »
IDV	<ul style="list-style-type: none"> <li>• M46I/L</li> <li>• V82A/F/M/S/T [11]</li> <li>• I84A/V [8]</li> <li>• L90M and at least 2 among : K20M/R, L24I, V32I, M36I, I54V/L/M/T, A71V/T, G73S/A, V77I</li> </ul>	<ul style="list-style-type: none"> <li>• L90M</li> </ul>
SQV/RTV 1000/100 mg BID	<ul style="list-style-type: none"> <li>• G48V</li> <li>• At least 4 mutations among: L10F/I/M/R/V, I15A/V, K20I/M/R/T, L24I, I62V, G73S/T, V82A/F/S/T, I84V, L90M [9]</li> </ul>	<ul style="list-style-type: none"> <li>• 3 mutations among: L10F/I/M/R/V, I15A/V, K20I/M/R/T, L24I, I62V, G73S/T, V82A/F/S/T, I84V, L90M [9]</li> </ul>
NFV	<ul style="list-style-type: none"> <li>• D30N</li> <li>• I84A/V [8]</li> <li>• N88S/D</li> <li>• L90M</li> </ul>	<ul style="list-style-type: none"> <li>• V82A/F/S/T and at least 2 among: L10I, M36I, M46I/L, I54V/L/M/T, A71V/T, V77I [1]</li> </ul>
fosAPV/RTV 700/100 mg BID	<ul style="list-style-type: none"> <li>• I50V</li> <li>• V32I and I47A/V [2, 13, 14]</li> <li>• At least 4 mutations among: L10F/I/V, L33F, M36I, I54A/L/M/S/T/V, I62V, V82A/C/F/G, I84V, L90M [2]</li> </ul>	
LPV/r	<ul style="list-style-type: none"> <li>• At least 8 mutations among : L10F/I/R/V, K20M/R, L24I, L33F, M46I/L, I50V, F53L, I54M/L/T/V, L63P, A71I/L/V/T, V82A/F/S/T, I84V, L90M [3, 4, 5]</li> <li>• I47A [15, 16]</li> <li>• L76V [18, 19]</li> </ul>	<ul style="list-style-type: none"> <li>• 6 or 7 mutations among: L10F/I/R/V, K20M/R, L24I, L33F, M46I/L, I50V, F53L, I54M/L/T/V, L63P, A71I/L/V/T, V82A/F/S/T, I84V, L90M [3, 4, 5]</li> </ul>
ATV/RTV 300/100 mg QD	<ul style="list-style-type: none"> <li>• I50L [6]</li> <li>• At least 3 mutations among: L10F/I/V, G16E, L33F/I/V, M46I/L, D60E, I84V, I85V, L90M [7, 12]</li> </ul>	
TPV/RTV 500/200 mg BID	<p>For HIV-1 subtype B only:</p> <p>At least a score of 3 : 36I/L/V – 53L/W/Y + 58E + 69I/K/N/Q/R/Y + 89I/M/R/T/V [10]</p>	<p>For HIV-1 subtype B only:</p> <p>a score of 2 : 36I/L/V – 53L/W/Y + 58E + 69I/K/N/Q/R/Y + 89I/M/R/T/V [10]</p>
DRV/RTV	<ul style="list-style-type: none"> <li>• At least 4 mutations among: V11I, V32I, L33F, I47V, I50V, I54L/M, G73S, L76V, I84V, L89V [17]</li> </ul>	<ul style="list-style-type: none"> <li>• 3 mutations among: V11I, V32I, L33F, I47V, I50V, I54L/M, G73S, L76V, I84V, L89V [17]</li> </ul>

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TMC114/rtv 600/100 mg BID		
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IDV: indinavir, SQV: saquinavir, NFV: nelfinavir, RTV: ritonavir, fosAPV: fosamprenavir, LPV: lopinavir, ATV:atazanavir, TPV: tipranavir,  
DRV (TMC114) : darunavir

Mutations associated to antiretroviral regimen but with uncertain signification: K20T, M46V

N88S mutation is associated to better virological response to fosamprenavir [2]

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**GENOTYPE INTERPRETATION: FUSION INHIBITOR**

<b>Mutations associated to resistance</b>	
<b>ENF</b>	<ul style="list-style-type: none"><li>• G36A/D/E/S/V [1, 2, 3, 4, 5, 6, 7]</li><li>• V38A/E/K/M</li><li>• Q40H/K/P/T</li><li>• N42D/T</li><li>• N43D/H/K/S</li><li>• L44M</li><li>• L45Q/M</li></ul>
<b>T20</b>	

**ENF (T20): enfuvirtide**

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GENOTYPE INTERPRETATION: INTEGRASE INHIBITORS

	Mutations associated to resistance
RAL	<ul style="list-style-type: none"><li>• Q148H/G/K/R/E [1, 2]</li><li>• N155H [1, 2]</li><li>• E157Q [2]</li><li>• E92Q [1, 2]</li></ul>

RAL: raltegravir

**ANRS - AC 11 : RESISTANCE GROUP  
GENOTYPE INTERPRETATION FOR HIV-2**

<b>NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</b>
<ul style="list-style-type: none"><li>• <b>Q151M</b> : Resistance to d4T, ABC [1]</li><li>• <b>Q151M + M184V</b> : Resistance to all NRTI except TDF [2]</li><li>• <b>M184V</b> : Resistance to 3TC/FTC [2]</li></ul>
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>
<ul style="list-style-type: none"><li>• <b>Naturally resistant to all NNRTI</b> [3, 4]</li></ul>
<b>PROTEASE INHIBITORS</b>
<ul style="list-style-type: none"><li>• <b>Naturally resistant to APV and fosAPV</b> [3, 4]</li><li>• <b>Contradictory data for ATV</b> [5]</li></ul>
<b>FUSION INHIBITOR</b>
<ul style="list-style-type: none"><li>• <b>Naturally resistant to T20</b> [3, 4]</li></ul>

## **REFERENCES**

### **Nucleoside and nucleotide Reverse Transcriptase Inhibitors**

- 1/ Riva C et al. Transmitted virus with substitutions at position 215 and risk of virological failure in antiretroviral naive patients starting highly active antiretroviral therapy. XI International HIV drug resistance workshop : basic principles and clinical implications , 2-5 July 2002, Seville, Spain, abstract 124.
- 2/ Lanier ER et al. Effect of baseline 215D/C/S « revertant » mutations on virological response to lamivudine /zidovudine- containing regimens and emergence of 215Y upon virological failure. XI International HIV drug resistance workshop : basic principles and clinical implications, 2-5 July 2002, Seville, Spain abstract 146.
- 3/ Garcia-Lerma et al. Increased ability for selection of zidovudine resistance in a distinct class of wild-type HIV-1 from drug-naive persons. PNAS 2001 ; 98 : 13907-13912.
- 4/ Chappey C et al. Evolution of amino acid 215 in HIV-1 reverse transcriptase in response to intermittent drug selection. XII International HIV drug resistance workshop : basic principles and clinical implications, 10-14 June 2003, Los Cabos, Mexico, abstract 32.
- 5/ Costagliola D et al. Presence of thymidine –associated mutations and response to d4T, abacavir and ddi in the control arm of the Narval ANRS 088 trial. 8<sup>th</sup> Conference on Retroviruses and opportunistic Infections. 4-8 february 2001, Chicago, Illinois, poster 450.
- 6/ Calvez V et al. Impact of stavudine phenotype and thymidine analogs mutations on viral response to stavudine plus lamivudine in ALTIS 2 ANRS trial. Antiviral Therapy 2002, 7(3):211-218.



## October 2007- Version n°16

- 7/ Garcia-Lerma G et al. In vitro selection of the T215Y and K65R mutations by stavudine and demonstration of high-level resistance to stavudine. XI International HIV drug resistance workshop : basic principles and clinical implications, 2-5 July 2002, Seville, Spain, abstract 31.
- 8/ Brun-Vézinet F et al. Clinically relevant interpretation of genotype for resistance to abacavir : a study from the Narval trial (ANRS 088). AIDS 2003; 17(12):1795-802.
- 9/ Stone C et al. HIV-1 reverse transcriptase mutations identified by in vitro selection with tenofovir (TDF) +/- abacavir and tenofovir +/- lamivudine. XI International HIV drug resistance workshop : basic principles and clinical implications, 2-5 July 2002, Seville, Spain , abstract 44.
- 10/ Miller MD et al. Multivariate analyses of antiviral response to tenofovir DF therapy in antiretroviral-experienced patients. XI International HIV drug resistance workshop : basic principles and clinical implications, 2-5 July 2002, Seville, Spain abstract 14.
- 11/ Miller MD et al. Characterization of resistance mutation patterns emerging over 2 years during first-line antiretroviral treatment with tenofovir DF or stavudine in combination with lamivudine and efavirenz. XII International HIV drug resistance workshop : basic principles and clinical implications, 10-14 June 2003, Los Cabos, Mexico, abstract 135.
- 12/ Parikh et al. K65R : a multi-nucleoside resistance mutation of a low but increasing frequency. XII International HIV drug resistance workshop : basic principles and clinical implications, 10-14 June 2003, Los Cabos, Mexico, abstract 136.
- 13/ Masquelier B et al. Genotypic and pharmacological determinants of the virological response to tenofovir in nucleoside reverse transcriptase inhibitor-experienced patients. Antivir Ther. 2004 ; 9(3):315-23.
- 14/ Izopet J. et al. Mutations conferring resistance to zidovudine diminish the antiviral effect of stavudine plus didanosine. Journal of Medical Virology 1999 ; 59 : 507-511.

## October 2007- Version n°16

- 15/ Pellegrin I. et al. Emergence of zidovudine and multidrug-resistance mutations in the HIV-1 reverse transcriptase gene in therapy-naive patients receiving stavudine plus didanosine combination therapy. STADI group. AIDS 1999 ; 13 : 1705-1709.
- 16/ Mulamba GB et al. Pre-steady state kinetic analysis of the incorporation of FTC 5'-monophosphate and 3TC 5'-monophosphate by mutants HIV-1 RTs K65R, K65R/Q151M and Q151M. 16<sup>th</sup> International Conference on Antiviral Research, 27 April-1 May 2003, Savannah, USA. Abstract 39.
- 17/ Marcelin AG et al. Clinically relevant genotype interpretation of resistance to didanosine. Antimicrob Agents Chemother. 2005 May;49(5):1739-44.
- 18/ Capdepon S et al. An additive/subtractive genotypic score as a determinant of the virological response to didanosine in HIV-1 infected patients. J Clin Virol. 2006 May;36(1): 36-42.
- 19/ Initiatives for developing and comparing genotype interpretation systems step1: external validation of existing rules-based algorithm for abacavir and DDI evaluated on virologic response. XIV International HIV Drug Resistance Workshop: basic principles and clinical implications, 7-11 June 2005, Québec City, Québec, Canada, abstract 9.
- 20/ Waters J et al. K65R, L74V and TAMs in HIV-1 RT associated with reduced response to tenofovir DF in antiretroviral-experienced patients. 13<sup>th</sup> Conference on Retroviruses and opportunistic Infections. 5-8 february 2006, Denver, Colorado, poster 633.
- 21/ Ross L et al. Selection of the HIV-1 reverse transcriptase mutation K70E in antiretroviral naïve subjects treated with tenofovir/abacavir/lamivudine therapy. XIV International HIV Drug Resistance Workshop: basic principles and clinical implications, 7-11 June 2005, Québec City, Québec, Canada, abstract 92.

## October 2007- Version n°16

- 22/ Kagan R et al. Adefovir HIV-1 RT mutation K70E in the age of tenofovir. XIV International HIV Drug Resistance Workshop: basic principles and clinical implications, 7-11 June 2005, Québec City, Québec, Canada, abstract 93.
- 23/ Sluis-Cremer N et al. Molecular mechanism of tenofovir, abacavir and lamivudine resistance by the K70E mutation in HIV-1 reverse transcriptase. 13<sup>th</sup> Conference on Retroviruses and opportunistic Infections. 5-8 february 2006, Denver, Colorado, poster 152.
- 24/ Miller V et al. HIV-1 reverse transcriptase (RT) genotype and susceptibility to RT inhibitors during abacavir monotherapy and combination therapy. *AIDS* 2000; 14:163–171.
- 25/ Moyle GJ, et al. Ziagen Once-Daily in Antiretroviral Combination Therapy (CNA30021) Study Team. Abacavir once or twice daily combined with once-daily lamivudine and efavirenz for the treatment of antiretroviral-naïve HIV-infected adults: results of the Ziagen Once Daily in Antiretroviral Combination Study. *J Acquir Immune Defic Syndr*. 2005 Apr 1;38(4):417-25.
- 26/ Irlbeck D *et al.* Treatment-emergent mutations for previously naïve HIV-infected adults failing ZDV+3TC+EFV and ABC+3TC+EFV (CNA30024). 11<sup>th</sup> Conference on Retroviruses and Opportunistic Infections. San Francisco, CA, USA. February 8–11, 2004. Abstract 661.
- 27/. Rodriguez-French A, *et al.* The NEAT study: a 48-week open-label study to compare the antiviral efficacy and safety of GW433908 versus nelfinavir in antiretroviral therapy-naïve HIV-1-infected patients. *J Acquir Immune Defic Syndr* 2004; **35**:22–32.
- 28/. Gathe JC Jr et al. SOLO: 48-week efficacy and safety comparison of once-daily fosamprenavir /ritonavir versus twice-daily nelfinavir in naïve HIV-1-infected patients. *AIDS*. 2004 Jul 23;18(11):1529-37

## **October 2007- Version n°16**

29/ Wirden et al. Risk factors for selection of the L74I reverse transcriptase mutation in human immunodeficiency virus type 1-infected patients. *Antimicrob Agents Chemother.* 2006 Jul;50(7):2553-6.

### **Non nucleoside transcriptase inhibitors**

1/ Harrigan PR et al. Mutations at reverse transcriptase codon 103 : phenotypic resistance to non-nucleoside reverse transcriptase inhibitor and clinical correlates. XII International HIV drug resistance workshop : basic principles and clinical implications, 10-14 June 2003, Los Cabos, Mexico, abstract 110.

2/ Brenner B et al. A V106M mutation in HIV-1 clade C viruses exposed to efavirenz confers cross-resistance to non-nucleoside reverse transcriptase inhibitors. *AIDS.* 2003 Jan 3;17(1):F1-5.

3/ Deshpande A et al. Resistance mutations in subtype C HIV type 1 isolates from Indian patients of Mumbai receiving NRTIs plus NNRTIs and experiencing a treatment failure: resistance to AR. *AIDS Res Hum Retroviruses* 2007; 23 : 335-40.

4/ Vingerhoets J et al. Impact of baseline NNRTI mutations on the virological response to TMC125 in the Phase III clinical trials DUET-1 and DUET-2. XVI International HIV drug resistance workshop : basic principles and clinical implications, 12-16 June 2007, Barbados, West Indies, abstract 32.

### **Protease inhibitors**

1/ Phenotype/genotype correlation from Stanford database.

## October 2007- Version n°16

- 2/ Masquelier B et al. Genotypic determinants of the virological response to fosamprenavir/ritonavir in protease inhibitors experienced patients. XV International HIV drug resistance workshop : basic principles and clinical implications, 13-17 June 2006, Sitges, Spain, abstract 91.
- 3/ Calvez V et al. Identification of individual mutations in HIV protease associated with virological response to lopinavir/ritonavir therapy. 5<sup>th</sup> international Workshop on HIV Drug resistance and treatment strategies. 4-8 June 2001, Scottsdale, Arizona, abstract 82.
- 4/ Chantret M et al. Comparison of different lopinavir/ritonavir resistance algorithms. XI International HIV drug resistance workshop : basic principles and clinical implications, 2-5 July 2002, Seville, Spain abstract 114.
- 5/ Masquelier B et al. Human Immunodeficiency virus type 1 genotypic and pharmacokinetic determinants of the virological response to lopinavir-ritonavir-containing therapy in protease inhibitor-experienced patients. *Antimicrob Agents and Chemother* 2002 ; 46 : 2926-2932.
- 6/ Colonna RJ et al. Identification of I50L as the signature atazanavir (ATV)-resistance mutation in treatment naïve HIV-1 infected patients receiving ATV-containing regimens. *JID* 2004; 189: 1802-10.
- 7/ Vora S et al. Clinical validation of atazanavir/ritonavir genotypic resistance score in PI-experienced patients. *AIDS* 2006 Jan 20;20(1):35-40.
- 8/ Mo H et al. I84A and I84C mutations in protease confer high level resistance to protease inhibitors and impair replication capacity. XII International HIV drug resistance workshop : basic principles and clinical implications, 10-14 June 2003, Los Cabos, Mexico, abstract 51.
- 9/ Marcelin AG et al. Interpretation of genotype for resistance to boosted saquinavir in HIV-1 infected protease inhibitor experienced patients. 4<sup>th</sup> European HIV Drug Resistance Workshop. 29-31 March 2006, Monte Carlo, Monaco, abstract 54.

## October 2007- Version n°16

- 10/ Marcelin AG et al. Mutations Associated with Response to Boosted Tipranavir in HIV-1-infected PI-experienced Patients. 14<sup>th</sup> Conference on Retroviruses and opportunistic Infections. 25-28 february 2007, Los Angeles, California, poster 612.
- 11/ Camacho R et al. Different substitutions under selective pressure at protease codon 82 in HIV-1 subtype G compared to subtype B infected individuals including a novel I82M resistance mutation. XIV International HIV Drug Resistance Workshop: basic principles and clinical implications, 7-11 June 2005, Québec City, Québec, Canada, abstract 138.
- 12/ Marcelin AG et al. External validation of atazanavir/ritonavir genotypic score in HIV-1 protease inhibitor experienced patients. JAIDS 2006; 42 (1): 127-8.
- 13/ Brutus A et al. The Neat Study: Virologic response in subjects receiving GW433908 (908) BID by viral load/CD4 cell Counts at study entry. XV International AIDS Conference, July 11-16 2004, Bangkok ,Thailand, abstract TuPeB 4500.
- 14/ Pellegrin I et al. Impact of baseline protease drug mutations on virological response to fosamprenavir/ritonavir-based regimens in antiretroviral-experienced patients (Zephir study). XIV International HIV Drug Resistance Workshop: basic principles and clinical implications, 7-11 June 2005, Québec City, Québec, Canada, abstract 31.
- 15/ Friend J et al. Isolated lopinavir resistance after virological rebound of a ritonavir/lopinavir-based regimen. AIDS. 2004 Sep 24;18(14):1965-6.
- 16/ de Mendoza C et al. Prevalence of the HIV-1 protease mutation I47A in clinical practice and association with lopinavir resistance. AIDS 2006 Apr 24; 20(7): 1071-4.

## **October 2007- Version n°16**

17/ De Meyer S et al. Phenotypic and genotypic determinants of resistance to TMC114: pooled analysis of POWER 1, 2 and 3. XV International HIV drug resistance workshop : basic principles and clinical implications, 13-17 June 2006, Sitges, Spain, abstract 73.

18/ Nijhuis N et al. A novel genetic pathway involving L76V and M46I leading to lopinavir/r resistance. XVI International HIV drug resistance workshop : basic principles and clinical implications, 12-16 June 2007, Barbados, West Indies, abstract 127.

19/ Delaugerre C et al. Protease gene mutations in a trial comparing first-line lopinavir/ritonavir monotherapy to lopinavir/ritonavir + zidovudine/lamivudine (MONARK Trial). XVI International HIV drug resistance workshop : basic principles and clinical implications, 12-16 June 2007, Barbados, West Indies, abstract 75.

### **Fusion inhibitor**

1/ Sista P et al. Subgroup analysis of baseline susceptibility and early virological response to enfuvirtide in the combined TORO studies. XII International HIV drug resistance workshop : basic principles and clinical implications, 10-14 June 2003, Los Cabos, Mexico, abstract 55.

2/ Mink M et al. Impact of HIV-1 gp41 amino acid substitutions (position 36-45) on susceptibility to T20 (enfuvirtide) in vitro ; analysis of primary virus isolates recovered from patients during chronic enfuvirtide treatment and site-directed mutants in NL4-3. XI International HIV drug resistance workshop : basic principles and clinical implications, 2-5 July 2002, Seville, Spain, abstract 22.

## **October 2007- Version n°16**

3/ Greenberg ML et al. Enfuvirtide (T-20) and T-1249 resistance : observations from phase II clinical trials of enfuvirtide in combination with oral antiretrovirals and a phase I/II dose-ranging monotherapy trial of T-1249. XI International HIV drug resistance workshop : basic principles and clinical implications, 2-5 July 2002, Seville, Spain, abstract 128.

4/ Greenberg ML et al. Baseline and on-treatment susceptibility to enfuvirtide seen in TORO 1 and TORO 2 to 24 weeks. 10<sup>th</sup> Conference on Retroviruses and Opportunistic Infections, February 10-14, 2003, Boston, USA, abstract 141.

5/ Chakraborty B et al. Replicative fitness of HIV-1 strains with reduced susceptibility to protease-, reverse transcriptase- and entry (enfuvirtide)-inhibitors. XIII International HIV drug resistance workshop : basic principles and clinical implications, 8-12 June 2004, Tenerife, Spain, abstract 61.

6/ Walmsley SL et al. Development of a new genotypic resistance assay involving the entire gp41 sequence for evaluating resistance to enfuvirtide. XIII International HIV drug resistance workshop : basic principles and clinical implications, 8-12 June 2004, Tenerife, Spain, abstract 134.

7/ Melby T et al. Evolution of enfurvitide resistance in longitudinal samples obtained after continued enfuvirtide dosing post-virological failure. XIV International HIV Drug Resistance Workshop: basic principles and clinical implications, 7-11 June 2005, Québec City, Québec, Canada, abstract 67.

## **Integrase inhibitors**

1/ Hazuda DJ et al. Resistance to the HIV-integrase inhibitor raltegravir: analysis of protocol 005, a Phase II study in patients with triple-class resistant HIV-1 infection XVI International HIV drug resistance workshop : basic principles and clinical implications, 12-16 June 2007, Barbados, West Indies, abstract 8.



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2/Malet I et al. Biochemical characterizations of the effect of mutations selected in HIV-1 integrase gene associated with failure to raltegravir (MK-0518). XVI International HIV drug resistance workshop : basic principles and clinical implications, 12-16 June 2007, Barbados, West Indies, abstract 7.

### **HIV-2**

1/ Damond F et al. In vitro phenotypic susceptibility to nucleoside reverse transcriptase inhibitors of HIV-2 isolates with the Q151M mutation in the reverse transcriptase. *Antivir Ther* 2005; 10(7): 861-5.

2/ Damond F et al. Phenotypic susceptibility to nucleoside reverse transcriptase inhibitors of HIV-2 isolates with the Q151M mutation in the reverse transcriptase. 13<sup>th</sup> Conference on Retroviruses and opportunistic Infections. 5-8 february 2006, Denver, Colorado, poster 607.

3/ Descamps D et al. In vitro phenotypic susceptibility of HIV-2 clinical isolates to protease inhibitors: amprenavir, atazanavir, lopinavir and tipranavir. XV International HIV drug resistance workshop : basic principles and clinical implications, 13-17 June 2006, Sitges, Spain, abstract 93.

4/ Witvrouw E et al. Susceptibility of HIV-2, SIV and SHIV to various anti-HIV-1 compounds: implications for treatment and postexposure prophylaxis. *Antivir Ther* 2004; 9(1): 57-65.

5/ Parkin NT et al. Antiretroviral drug resistance in non-subtype B, HIV-2 and SIV. *Antivir Ther* 2004; 9(1): 3-12.