◆Current options for antiretroviral therapy in treatment-experienced patients.

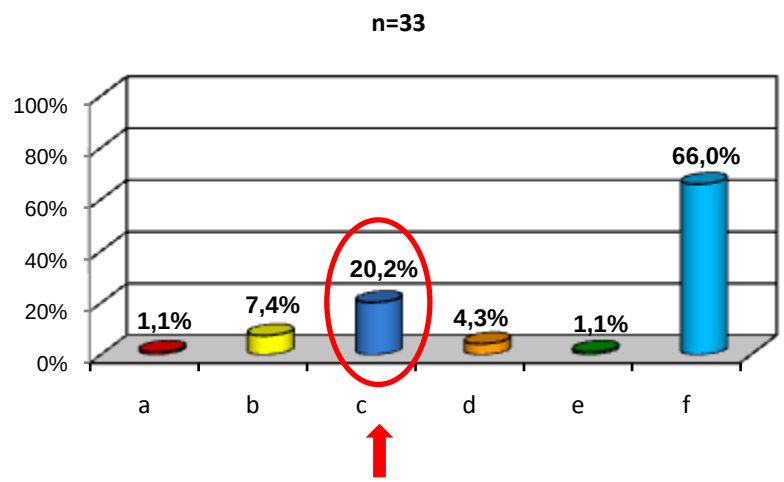
Dr. Joel Gallant:

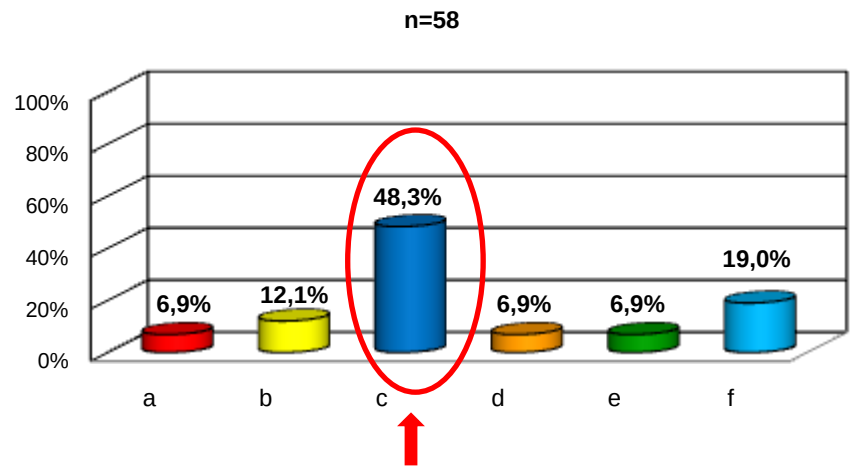
A 43-year-old man who has been extensively treated with non-suppressive ART regimen comes to you for an initial visit. He has been treated by many different physicians since the early 1990's, and attempts to find old records are unsuccessful. He does not know any of the details of his antiretroviral history, but does not believe that his viral load was ever undetectable. Based on a review of photographs of pills, he believes he has taken nelfinavir, indinavir, zidovudine, lamivudine, stavudine, and nevirapine. His current CD4 count is 156 cells/mm^3, and his viral load is 167,000 c/mL. Genotype analysis shows the 215D mutation and several protease polymorphisms (interpretation: no significant drug resistance). You are able to order an enhanced sensitivity tropism assay, and it shows that the patient has R5-tropic virus. In which of the following agents would you have the greatest confidence?

a) Etravirine
b) Darunavir/ritonavir
c) Maraviroc
d) Tenofovir
e) Tipranavir/ritonavir
f) I do not know; I'm coming to learn.

p33	%	n
a	1,1%	1
b	7,4%	7
c	20,2%	19
d	4,3%	4
e	1,1%	1
f	66,0%	62
Total	100,0%	94

P - 46	%	n
a	6,9%	4
b	12,1%	7
c	48,3%	28
d	6,9%	4
e	6,9%	4
f	19,0%	11
Total	100,0%	58





NOTA EDITORIAL: Cambio en el conocimiento: **+139,1%**, pues el tropismo viral encontrado (CCR5) predice muy bien el resultado esperado con Maraviroc mientras que la ausencia de mayores mutaciones (para NNRTIs, IP y NRTI) no descarta la posible afectación de dichas familias con las cuales el paciente fue altamente experimentado.

◆Special: Resistance to novel NNRTIs and PIs and their role in ARV therapy.

Dr. Joel Gallant:

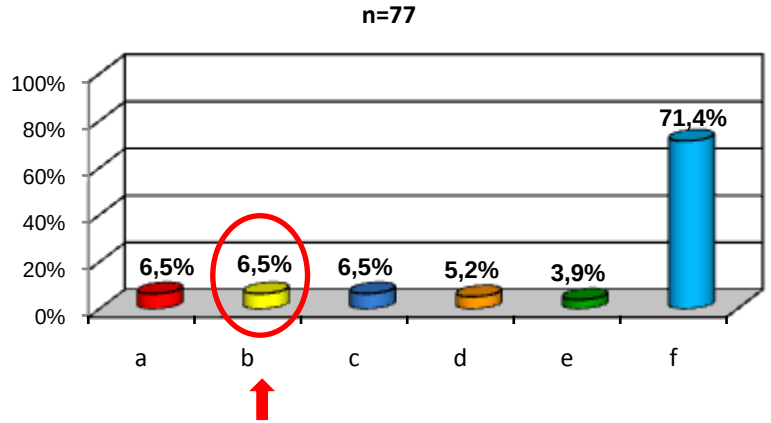
A 45-year-old woman with longstanding HIV infection and extensive treatment experience is now on a regimen of lopinavir/ritonavir, tenofovir/emtricitabine, and zidovudine. Her CD4 count is 126 cells/mm^3 and her viral load is 4,530 c/mL. She has been previously treated with numerous regimens, including combinations that include stavudine, nevirapine, indinavir, nelfinavir, and didanosine. She does not believe that she ever had an undetectable viral load, despite reportedly good adherence. She has R5-tropic virus. A genotype shows the following mutations: NRTI: 41L, 184V, 210W, 215Y. Interpretation: High-level resistance to lamivudine & emtricitabine; intermediate resistance to all other NRTIs. NNRTI: 101E, 179D. Interpretation: low-level resistance to efavirenz and etravirine; high-level resistance to nevirapine and delavirdine. PI: 10V, 20R, 33F, 63P, 77I, 82L, 84V, 90M. Interpretation: High-level resistance to fosamprenavir, nelfinavir, atazanavir, indinavir, and saquinavir; intermediate resistance to lopinavir and tipranavir; low-level resistance to darunavir.

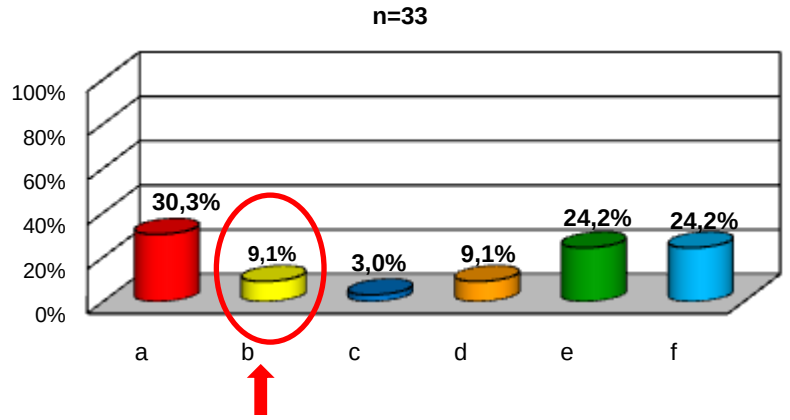
Which of the following drugs is *least* reliable in this patient?

a) Maraviroc
b) Etravirine
c) Darunavir
d) Raltegravir
e) None of the above: all should be active
f) I do not know; I'm coming to learn.

p55	%	n
a	6,5%	5
b	6,5%	5
c	6,5%	5
d	5,2%	4
e	3,9%	3
f	71,4%	55
Total	100,0%	77

P - 47	%	n
a	30,3%	10
b	9,1%	3
c	3,0%	1
d	9,1%	3
e	24,2%	8
f	24,2%	8
Total	100,0%	33





NOTA EDITORIAL: Cambio en el conocimiento: **+40%**, aunque persiste un alto desconocimiento parcial (casi 90%); en este caso, hay una modesta afectación genotípica de la Etravirina, pero debe tenerse en cuenta que en el pasado falló con Nevirapina y el virus podría ser más resistente que como se expresa; Maraviroc debe ser totalmente activo, pues el tropismo y la falta de exposición previa así lo sugieren; los demás fármacos deben ser altamente activos. Se considera necesario intensificar la educación médica especializada sobre estos novedosos aspectos terapéuticos.