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Patient Name	DOB	Patient ID/Medical Record #	Gender	Monogram Accession #	
Date Collected	Date Received	Date Reported	Mode	Report Status	
Referring Physician			Reference La	ab ID/Order #	

Current Therapy:

Comments

	DRUG			PHE	NOSENSETM SUSCEPTIBILITY	ASSESSMENT		
	Generic Name	Brand Name	Cutoffs (Lower - Upper)	Fold Change	Increasing Drug Susceptibility Decreasing	Drug		
	Abacavir	Ziagen	(4.5 - 6.5)	4.88		ABC	Partially Sensitive	
	Didanosine	Videx	(1.3 - 2.2)	2.14		ddl	Partially Sensitive	
-	Emtricitabine	Emtriva	(3.5)	>MAX		FTC	Resistant	
RT	Lamivudine	Epivir	(3.5)	>MAX		зтс	Resistant	
z	Stavudine	Zerit	(1.7)	1.00		d4T	Sensitive	
	Tenofovir	Viread	(1.4 - 4)	0.75		TFV	Sensitive	
	Zidovudine	Retrovir	(1.9)	1.69		ZDV	Sensitive	

	Delavirdine	Rescriptor	(6.2)	55	DLV	Resistant
F	Efavirenz	Sustiva	(3)	7.91	EFV	Resistant
<u> </u> K	Etravirine	Intelence	(2.9 - 10)	0.93	ETR	Sensitive
z	Nevirapine	Viramune	(4.5)	23	NVP	Resistant
	Rilpivirine	Edurant	(2.5)	1.04	RPV	Sensitive

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	A 1	Reyataz	(2.2)	2.04					ATV	Sensitive
	Atazanavir	Reyataz / r‡	(5.2)	2.04					ATV/r	Sensitive
	Darunavir	Prezista / r‡	(10 - 90)	5.54				4	DRV/r	Sensitive
	Fosamprenavir	Lexiva / r‡	(4 - 11)	20	1	Þ	•		AMP/r	Resistant
	Indinavir	Crixivan / r‡	(10)	2.38	1		Þ		IDV/r	Sensitive
Ы	Lopinavir	Kaletra*	(9 - 55)	6.7 2	1			4	LPV/r	Sensitive
	Nelfinavir	Viracept	(3.6)	2.23	1	Þ			NFV	Sensitive
	Ritonavir	Norvir	(2.5)	5.66	1	Þ			RTV	Resistant
	Convincyin	Invirase	(1.7)	2.07	1	Þ			SQV	Resistant
	Saquinavir	Invirase / r‡	(2.3 - 12)	2.07	1		•		SQV/r	Sensitive
	Tipranavir	Aptivus / r‡	(2 - 8)	1.24	1		4		TPV/r	Sensitive
M L	Lower Clinical Cutoff (in bold)					rsusceptibilit	у		Sensit	live

scep Cutoff

Partial Sensitivity Resistance

Upper Clinical Cutoff (in bold) Biological Cutoff





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Important Definitions

IC50: Concentration of drug required to inhibit viral replication by 50%.

Fold Change = $\frac{IC50 \text{ patient}}{IC50 \text{ reference}}$

Clinical Cutoffs: Lower clinical cutoff denotes the fold change which was the best discriminator of reduced clinical response using drug- specific clinical outcome data. Reduced response was defined by the clinical endpoint for the specific clinical cohort analyzed for each cutoff value. Upper clinical cutoff denotes the fold change above which a clinical response is unlikely (<.5 log reduction in HIV RNA) and which was determined using the same drug-specific clinical cohort data as for the lower clinical cutoff. Biological cutoffs are used for specific antiretrovirals (ZDV, the NNRTIs and specific protease inhibitors when not pharmacokinetically enhanced with ritonavir). These values are defined as the fold change value below which reside 99% of tested wild-type isolates, i.e., those without known drug resistance mutations. Fold Change <0.4 indicates enhanced susceptibility.

* Boosted PIs: Clinical cutoff and genotypic interpretation algorithms for ritonavir-boosted protease inhibitors derived from individual studies using the following dosages: AMP/r 600mg/100mg BID; ATV/r 300mg/100mg QD; DRV/r 600mg/100mg BID; IDV/r 800mg/200mg BID; LPV/r 400mg/100mg BID; SQV/r 1000mg/100mg BID; and TPV/r 500mg/200mg BID.



For more information on interpreting this report, please visit www.MonogramHIV.com or call Customer Service at 800-777-0177 between the hours of 6:30am to 5:00pm PT Monday through Friday.

PhenoSense HIV is a proprietary, recombinant virus, single replication cycle assay which uses the protease (amino acids 1-99 plus p7/p1/p6 gag cleavage sites) and reverse transcriptase (amino acids 1-305) coding regions of HIV-1 from a patient blood sample to evaluate drug susceptibility. This assay meets the standards for performance characteristics and all other quality control and assurance requirements established by the Clinical Laboratory Improvement Amendments. This test is validated for testing specimens with HIV-1 viral loads equal to or above 500 copies/mL and should be interpreted only on such specimens. The results should not be used as the sole criteria for patient management. The results have been disclosed to you from confidential records protected by law and are not to be disclosed to unauthorized persons. Further disclosure of these results is prohibited without specific consent of the persons to whom it pertains, or as permitted by law.