

SPEAKER 1: There are several, actually, different phenotypes that exist with non-tuberculosis microbacterial lung disease. Among experts, we kind of think of two broad categories. One are COPD patients with underlying structural lung disease. Many of these patients tend to get upper lobe cavitary disease and present with cough, sometimes hemoptysis, shortness of breath, and weight loss. These patients can often look like TB.

Another different type of phenotype is bronchiectasis, underlying structural lung disease. And many of these are typically your more thin, slender, female-predominant population that have other distinct differences in their body, things like mitral valve prolapse, scoliosis, and pectus excavatum.

So these are different types of patients, but both of them can present with an insidious cough that won't go away, that when treated multiple times with antibiotics, should raise a suspicion that maybe something else is going on. And that requires further investigation. For these distinct phenotypes usually with bronchiectasis, we end up recommending a high resolution CAT scan to better understand the lung parenchyma and then also, a low index of suspicion to suspect something like NTM, so that you can get AFB cultures and monitor for it.