SPEAKER: In my own clinical practice, I think that the advance with liposomal amikacin inhaled has been very, very encouraging. The CONVERT trial looked at adding liposomal inhaled amikacin in patients with a refractory MAC lung disease and found that 29% of these patients, when used with guideline-based therapy, actually converted their sputum. And these were patients that had not converted their sputum being on the right therapy for six months.

So historically, even in my own practice, I had been using intravenous amikacin and adding that when patients were deemed refractory. Of course, IV amikacin, a still use it often, but it is fraught with some side effects. It has quite a bit of ototoxicity and renal toxicity. And people with underlying hearing loss and underlying chronic kidney disease are certainly risk to make that worse.

Based on this data that had come about about the liposome, I've found that patients actually tolerate the inhaled version better than the intravenous version in some situations. What we understand is that being attached to the liposome adds better penetration into the macrophage. In some animal studies, it looks like five to eight times more penetration into the macrophage. And so, we believe that inhaled amikacin in that context may actually be more beneficial without as much renal or ototoxicity.