

**SPEAKER:** So a cautionary tale when you're making decisions about the diagnosis in your patients. The radiologists have become much more attuned to the reality of NTM lung disease, and so they're paying much closer attention to small nodules or even mild bronchiectasis. And very frequently, they will put in their interpretation, this looks like MAC lung disease. And that is a reason why many patients are referred to us. And in fact, they're correct, it could be MAC lung disease. But in our experience, it very well could be many other things. For example, bacterial infection that we also see in bronchiectasis. So we are equally likely to get a bug like pseudomonas or haemophilus in those patients.

It might be that they actually have reflux and chronic aspiration causing those nodules, and actually we're not going to grow any bugs when we do cultures. And so there may be patients in which one has tempted to say, this is the poster child for MAC lung disease. I would not recommend treatment in those patients without microbiologic evidence, and so we would do a very, very careful examination of those patients, including a bronchoscopy.