SPEAKER 1: So as I mentioned, we don't treat everybody. Not at the front end, and we first meet them, looking for that compelling evidence to support the need to treat. But a clear message that we deliver to the patients is that, we also are not saying that we never will need to treat you, or that we're not dismissing them from clinic. And actually, we'll tell them that this is probably going to be a long-term relationship that we will monitor with you over time.

And the reason for that is because, based on our experience, is that of the patients who get referred to us who are naive to treatment, I'm going to guesstimate that perhaps half of those patients, early in our relationship, we will decide that they warrant treatment. Either because they showed up to us, they already had cavitary disease, or we finally we tried to treat a couple of things and it wasn't making any difference, and so we felt like, OK, we need to focus on the MAC. But of those patients that we've elected to monitor over time, or they did respond to some of our therapy-- so for example, a patient who exhibits features of esophageal reflux and aspiration, and with some therapy, her symptoms improve-- some of those patients we are going to make a decision to treat them at some point later.

I'll give you an example of one of my patients who was exactly what I just described. That she came in, we treated her reflux, and for two years she did beautifully. We saw her every three months, she was stable, wasn't have any problem, and then she started coughing up blood. And at that time, her MAC had increased to 4+ on the smear, and it became clearly evident that it was now contributing to her symptoms. Previous CT scans and cultures hadn't shown any other signs of progression.

So perhaps another 30% to 50% of those patients you will end up choosing to treat, because there's evidence of progression. I don't know how to identify those patients earlier. To think that you could have done something earlier that could prevent any further complications. But what that means is that somewhere, 25% to 30% of your patients, you may choose never to treat. That you would monitor them over time and elect to withhold therapy, and just keep focusing on other things that might be beneficial.

I'm not aware of any data to really tell us how long you can monitor those patients, and what ultimately you can decide that they're never going to progress. That's why we inform our patients that they're probably going to be seeing us for a long, long time.