

**SPEAKER:** So I hope I've conveyed that this is a challenging group of patients with a high unmet need. We have just begun to get started on answering some of the very, very important questions to better identify those patients at risk, those patients who have disease, those patients who would benefit from treatment, and then what our best practices in treating those patients. These patients present with actually a high burden of disease.

There's considerable morbidity when you see some of these patients in terms of their fatigue, their cough symptoms, scary events like hemoptysis, and there is an attributable mortality associated with this infection. It occurs in patients who have other comorbidities, or who are presenting later in life, and so it offers new challenges in terms of balancing the burden of treatment against the burden of disease. We have-- in so many questions to try to help us identify who needs to be treated, and how should we monitor them. Even simple questions, like what is the right frequency of imaging in these patients, what's the best way in which to isolate and define the pathogen of interest. For example, how do you deal with a patient who grows MAC and ,abscesses , which one do you go after?