

**SPEAKER:**

My clinical practice is to see patients once a month, in general. Some patients I see more commonly, and some patient I see less commonly. But on average, it's about once a month. And I find that to be a good pace for patients with NTM. Whether it's getting them ready for treatment or in the follow-up period, once a month is my typical practice.

The questions that I pursue during those once-a-month visits vary depending on the time point in that patient's development or understanding of disease. What do I mean by that? So in the early stages, patients need to understand what NTM disease is and what is not.

It's not tuberculosis, and that has to be dealt with very carefully. It's not contagious. Patients need to understand that. They're usually very worried about that. But it does require attention.

That attention is not the same for every patient. It's not like TB. If you've got TB, you need treatment. Many patients with NTM don't need treatment. And you need to sort that out.

The three things that we talked about-- clinical, micro, and radiology-- what I typically say to myself and to my patients is that two out of the three need to be strong before I'll recommend treatment. So, we need to have-- the most important of these is clinical symptomatology. Because if a patient has radiographic abnormalities that meet the criteria for NTM disease, but have no clinical discomfort to go along with that, and very little microbiological evidence of disease, it's going to be very hard to convince them to take treatment because treatment, as recommended by both Infectious Disease Society and the American Thoracic Society, is complicated.

It requires at least three drugs given daily for 18 months. And the success is approximately 55%. So, that's a lot of treatment for 55% success. It's not that great of a sales-- not that great of a situation.

A lot of patients will look at that and say, why do I want to take all those pills and expose myself to the side effects? And I say the same thing as a clinician. Many

patients have NTM disease satisfy all the ATS criteria NTM disease, but the disease is not severe enough to warrant treatment at this time. And that's critical because they may not require treatment this time. But in six months, the situation may change, in 12 months, 18 months, maybe five years, who knows?

So I like to see these patients repeatedly over a period of time. I typically start seeing them once a month. But then depending on what it's like, I might see them every three to six months or maybe even every year depending on where they are in the continuum with keeping those three things in mind.