SPEAKER 1: If the patient requires treatment, as I say with those criteria, the most common quote guideline-based treatment that's recommended by the ATS is a combination of a macrolide, rifambutin, and ethambutol. These drugs add up to be maybe 10 or 20 pills, I forget. But it's quite a few. And there's a big cost issue.

And Richard Wallace likes to say that the gene for susceptibility to NTM disease is right next to the gene for side effects to the treatment of NTM. So you've got to be aware, and you have to make your patient aware that side effects are going to happen. And be prepared to treat them. And in fact, what I typically do is I start patients on one of the three drugs at a time.

So I'll start one drug for two weeks, and then add the second one, and then add the third one, to kind of give them a chance to get used to it. So I follow patients in general once a month. And in general, I take a sputum exam once a month.

Why? As I said, the organism is shed intermittently, whether they're on treatment or not, and I need to get an overall picture. I need to go from-- I need to understand whether there is a microbiological response, whether there is a clinical response. And the radiology typically drags way behind. And I do those obviously a good deal less often. So my typical practice is to see patients once a month, and I vary from that sometimes a lot less commonly, and occasionally more frequently.