SPEAKER 1: The treatment of NTM disease is complex, it's varied, it's not fixed. You know, the guideline-based treatment is 18 months. That's fine, but as I've emphasized, it's successful in 55% of treatment. So in a large number of patients, it extends beyond that. How far beyond that? It depends on the individual patient.

So we have this idea that the goal is to get AFB negative sputums, consistently for 12 months, before we declare that a patient is cured. That's a great guidepost. Can we get 12 samples in 12 months on every patient? No.

So lots of times we have to modify that. And we play with the three elements-- clinical, radiographic, microbiological. Each of them have some play, some give in them-- it's not fixed. But our goal is to get to AFB negative. Our goal is to get to clinical clearance of symptoms. Radiology-- you know, the cavities, in most cases, aren't going to close. In most cases, the bronchiectasis is not going to go away. The ground glass appearance-- hopefully most of that goes away, but not always. Tree-in-bud almost never goes away.

So there's a lot of clinical judgment required in when a patient is declared under good control. Notice, I hesitate to use the word cure, because many patients, after 12 months of microbiological negativity, sometimes will reactivate, sometimes they get the same NTM again, sometimes they get a different NTM. So it's really the patient is susceptible to NTM disease, there's a lot of variation involved, so I never discharge a patient. I always, kind of, stretch them out.

Like I said, I like to see patients once a month, but you can't do that forever. So I stretch them out to every three months, every six months, every 12 months. I never-- and, you know, you're never supposed to say never-- but I never discharge an NTM patient. I never tell them, God bless you, you're fine, you don't have to come back. I want to follow them always because there's a high risk of recurrence of disease, there's a high risk of even developing a new disease.

It's the best we can do. And I think the best we can do today is better than it was 10 years ago. And we've got a new drug in our armamentarium and I'm grateful for that.