

SPEAKER: Airways disease of bronchiectasis and the sputum production for both management as well as diagnosis-- so we know that we need sputum cultures for diagnosis, and we would like to know that we can get optimized samples for culture. We, hopefully as clinicians, would have already obtained a CT scan which reveals bronchiectasis.

And alas, for many of the patients, that pattern of bronchiectasis also has an associated component of mucus plugging in the airways, which is, if you will, visual evidence of part of the problem, namely that the destructive features of bronchiectasis mean there is incomplete clearing of an increased amount of secretions and that, if not identified and addressed, will have a negative effect on the overall management of patients so that it's, I think, incumbent upon physicians to educate patients around the need for secretion clearance to do it optimally and the need for clinicians to have access to best sputum samples that are possible for initial diagnosis as well as ongoing monitoring of respiratory infections.

So teaching patient secretion clearance techniques will be important, how to use a positive expiratory pressure device. There are many now. Flutter device, the Acapella, the Aerobika device are all expiratory devices that are used with substantial utility for patients.

To have, potentially, a nebulizer at home to use nebulized hypertonic saline in assistance of secretion clearance as well as sputum production for sputum sample collection is also incredibly important. And I think that those things underlie substantially the best management of bronchiectasis with NTM infection.

And I would argue that before a clinician even gets to the topic of planning or initiation of antibiotic therapy, there would, hopefully, ideally be a discussion around optimized secretion clearance so that the patient then knows that she or he will be embarking on two parallel pathways, one, the persistence of optimized secretion clearance as well as what hopefully will be a successful antibiotic management strategy.

And I would humbly submit, if you're not addressing and embracing both of those things, then there's a risk for incomplete management of that patient with those diseases. And that can be a discussion that might actually be ongoing in a course of office visits in clinic with that patient, but it really needs to happen.