SPEAKER 1: A separate question then subsequently becomes one of whether the patient will be started on therapy. And I think that has to be a discussion, an agreed decision, between the clinician and the patient. And that follows, but accompanies, those questions around the specific diagnosis of disease, but it's incredibly important. And this is one of those, I think critical features, of what constitutes informed consent for us as clinicians.

So patients should know about the need for multiple antibiotics as a treatment strategy. That this is not a single, nor a short, antibiotic course. That this is a multi-antibiotic strategy. That the goal of treatment is to eradicate disease. And our best and consensus view is that a multi-drug strategy needs to be provided to the patient. And that respiratory sample-- particularly, or generally, sputum culture monitoring, should-- for a successful treatment strategy, needs to be drug therapy for a duration that would include a 12 month period of repeated culture negative sputum determination.

And that needs to be included upfront in the discussion with patients so as to not, I think, misguide them or delude them into the notion that this might be a brief treatment strategy. For what we know about this disease, long-term treatment is unfortunately what patients embark on. So that a typical strategy might be multi-drug treatment for what could be easily 14 to 16 months or longer.

And I think it's incumbent upon the clinician to have that conversation with patients before the treatment strategy is initiated. And to be engaged with them as the process goes forward so that the patient would be aware of what there might be for side effects of medications, can speak with the clinician or nursing staff about any issues that arise, and thus, avoid some of the surprises and disappointments that might occur in patients who weren't reasonably informed upfront about the disease management, and the duration, and really, intensity of the management strategy.