

SPEAKER 1: Part of the clinical decision-making, the overall circumstance of the patient plays a role. And insofar as this disease disproportionately affects an older population. We're oftentimes, as clinician, presented with the dilemma of-- I guess, to put it somewhat succinctly, can the patient tolerate the burden of management better or worse than the burden of disease?

And when one considers the duration of antibiotic therapy, and the risk for side effects of the drugs themselves, that necessarily plays a role in how the clinician will view the circumstance and what they might negotiate with the patient as a plan for management.

We probably all know that the side effect profiles of long-term antibiotics are not always great. And with these agents, that certainly is an issue, as well. The uncertainty that often arises is to what extent is this disease process truly changing for patients, particularly the more elderly, more frail patients? Is this something that they have weathered for a long time, and may in fact not change that much, and may in fact not more adversely affect their overall health? Or on the other hand, were they elderly and spry, and now they're elderly and not so spry, importantly, indirectly because of the impact of one might be untreated indolent infection.

And there are, I think, needs to reflect on all three of those critical diagnostic features, not just the symptomatic circumstance-- so that's incredibly important-- but also to have a sense of whether, by pulmonary function testing, there has been change in spirometry. And then, critically importantly, whether one has backdrop CT radiographic data-- is it possible to, in the composite, make a statement about progression of radiographic disease? Because that will be, not exclusively a point of determination, but it will be a very helpful one.

And thus, the discussion with the patient will necessarily include the consideration of these three different kinds of data-- their symptomatic circumstance, their radiographic issues, and stability or progression of that. As well as, where it's available, the stability or progression in spirometric status.

And thus, it's a data rich environment, but it's also a complex environment, where the clinician sitting with the patient can try to extract a plan for management that reasonably addresses whether this is something that is in the composite-- worse and we need to treat, or not yet a problem, and let's watch closely-- and make a determination as we go forward as to whether and when to treat.