

**SPEAKER:** So one of the important questions that we get asked all the time is, who needs to be treated? And we've talked about this being a very heterogeneous, clinical presentation in patients. And as the guidelines suggest, some patients have milder disease and can be treated with intermittent treatment three days a week, and some patients have severe disease that should be treated with daily treatments and consider advancing to four-drug treatment, including an injectable agent.

And I would stop and think about, what are, first of all, the predictors for progression in our patients? And how many patients historically actually go on treatment? So in general, about 50% of our patients probably need to be started on treatment whereas the rest of them can be observed-- now, not observed without doing anything. And I'd like to start off by saying that almost all of our patients have bronchiectasis.

So the first thing that happens when they come to our clinic is we start management for their bronchiectasis by understanding why they have it, if we can find an etiology, and, secondly, by starting them on airway clearance. And the reason why this is of paramount importance is because of this overlap in symptoms. So if patients come to me and they've not had any treatment for their bronchiectasis, and they're not rapidly progressing, and they don't have cavitary disease-- and I think that's really important because cavitary disease is a group of patients who you're going to be starting on treatment when you meet them.

So if they don't have those things, they're not progressing rapidly, and they don't have cavities, you have time to start airway clearance, again, with a flutter valve. Consider mucolytic therapy, and then see them back in three to six months. And what you'll find is that a significant proportion of those patients will certainly feel better after starting management for their bronchiectasis. And in fact, their CAT scan might actually get better. So I think that that's always the first step that we should consider in patients with this disease because you're treating two diseases, not just one disease.