

SPEAKER 1: The reasons to start therapy, again, thinking about predictors for progression. In a patient that has cavitary disease, you're absolutely thinking about starting treatment, or a patient that has "severe disease." And I say that with quotation marks, because that's not well defined in the guidelines of who has severe disease. So we think about it in patients that have bilateral disease, for example, or even severe focal destruction of a large area of one lung.

Patients that come in with recurrent hemoptysis, those patients should be started on more aggressive therapy if they have severe disease or cavitary disease. And as I said, those patients should be started on daily treatment, and it's also recommended in both the ATS and the British Thoracic Society guidelines that they receive two to three months of intravenous aminoglycoside treatment, or intramuscular aminoglycoside treatment.

If a patient has milder disease, they have bronchiectatic nodular disease, you can consider using intermittent treatment with a macrolide, ethambutol, and a rifamycin, either rifampin or rifabutin, three days a week.

The predictors for progression, also in addition to having bilateral disease and cavitary disease, include patients that are underweight. So patients with a low BMI have been found to have a greater likelihood of progressing without treatment. So it's another reason to employ the help of a nutritionist and emphasize the importance to those patients of gaining weight by whatever means necessary while they're on treatment.