

SPEAKER: So in September of 2018, the FDA approved the first drug in the history of pulmonary NTM lung disease, and that was inhaled liposomal amikacin. The trade name for that drug is Arikayce. The recommendations are that if patients are persistently culture positive at six months, they can be considered for this new agent. So in my practice at National Jewish, it turns out that a lot of the patients that I see fit this definition because we are a referral center for treatment-refractory patients. And we have, in fact, used this drug in many patients in the last six months.

I think it's really important when you're thinking about an inhaled therapy to consider the individual patient and what's the likely tolerance going to be. So for example, in patients that have underlying reactive airways disease or COPD, they may have more difficulty tolerating the medication. And although it's not a standard recommendation from the company, we do recommend in those particular patients that you use pretreatment with a bronchodilator before administering the inhaled amikacin.

I think it's also important with all patients to set realistic expectations, that when you're using an inhaled therapy of any kind, there is a risk for airway irritation, whether or not that's in the upper airway and presents with dysphonia. That was the most common side effect in the CONVERT study. About half of their patients described having dysphonia, and about a third of the patients described having a cough while on the medication.

If you set those expectations with a patient that, yes, in fact, they may have a sore throat. They may have a change in their voice, and they may cough, but those symptoms will get better over time. And what we've seen is that the majority of those patients that have those symptoms, they will resolve by week four. So if a patient can get through that first month of treatment, oftentimes those symptoms subside, and it allows them to successfully continue treatment.

There are a small percentage of patients who will not be able to tolerate this medication despite your best efforts of coaching them through it. So when patients have had intolerable side effects, I always give them a break, and tell them to stop the medication completely, and take time off that medication. Now, if it wasn't a severe side effect, we will try to rechallenge them over the next week or two with the inhaled amikacin, the liposomal amikacin. And we've even tried to restart gradually by starting with just three days a week and then working our way back up to daily.

And in those patients that get on it successfully, they have been able to get back up to their daily treatment successfully. So we employ this technique with our oral agents too. And that's, again, if it's not a severe reaction, such as severe hemoptysis, hypersensitivity pneumonitis, hospitalization related to the inhalation medication, I think it's worthwhile giving them a break and trying to reintroduce it slowly and gradually.