

SPEAKER 1: I have a case study that I'd like to talk about. One of my patients who I think is just a good example of someone that would benefit from this agent. And this was a young woman. She was in her 50s, who presented in 2018 with a chronic cough to her local providers.

Chest X-ray was abnormal. And CAT scan actually revealed that she had a cavitary lesion in the periphery of her right lung. So appropriately, she was started on intravenous amikacin in addition to a macrolide, rothampin, and ethambutol. And after about a month of that four drug therapy she felt like she was dying.

She had significant toxicity to the intravenous amikacin. Including both tinnitus and vestibular dysfunction. So she stopped the medication. And she continued on with her medicines for a couple of months. Until she got to that six month time frame and was noted to be persistently culture positive. Now that wasn't surprising because she had a cavity.

But then she qualified for inhaled liposomal amikacin. And she started that now three months ago. Every culture that she has submitted since she's been on this medication has been negative. So she is one of the patients that fortunately culture converted with the initiation of that antibiotic. And we have three consecutive months of negative cultures.

So I think that that's durable evidence that in fact, we've had successful culture conversion. Additionally, she was like several patients in the CONVERT study that had the sore throat and dysphonia when she started ARIKAYCE. And with a lot of coaching and encouragement from her local team, and the use of some throat lozenges, she was able to overcome that. And those symptoms resolved at week 4.

So she's now three months into her treatment and she still has a small cavity. But in fact, her imaging has improved. And she's clinically feeling better. So I think that this is an example of one of the many patients who are treatment refractory that have had a successful outcome with the ARIKAYCE.