

SHANNON In 2018, there was a publication titled, "THE NTM-NET Consensus Statement," which included several experts
KASPERBAUER: around the globe who got together and tried to come up with definitions for treatment outcomes. And one of the important definitions was, what is a treatment failure? And they decided or the majority voted that treatment failure was a patient who had received 12 months of treatment and was persistently culture-positive.

I personally do not agree with that definition. I think subjecting a patient to a year of treatments before making changes in the therapy for that patient is a disservice to our patients. I believe that if we still have positive cultures at six months, which is the time at which the majority of patients will convert, we can call that patient treatment-refractory.

And in fact, that was the definition that was used in the CONVERT study. In order to be considered treatment-refractory, patients still had to be culture-positive at six months. Now, the terms refractory and resistance, I would say refractory is a clinical phenotype, whereas resistance is a term that we use as a microbiologic definition. And it's important that some patients may be refractory because they have in fact developed drug resistance. And that's why you should repeat drug susceptibility testing at that six-month time frame.