



## **NTM and Treatment Strategies for Patients with Cavitory Disease**

Sapana Panday: Hello. The PILOT Team is here in Toronto at the CHEST Annual Conference, and I'm here with Dr. Sandra Adams.

Dr. Adams, I hear there's been a couple of interesting presentations on NTM. Can you give us a brief overview for those folks who did not make the conference this year?

Dr. Sandra Adams: Absolutely. I went to a session earlier today where there were three cases presented on NTM. Turns out that cavitory disease in NTM is a big problem, which we all know. Turns out that if you have greater than 2-cm cavitory lesions, those are the ones that really need IV amikacin, and as we all know, there's a lot of issues with IV amikacin with hearing and other toxicities.

So, the idea is when can we use other antibiotics and especially inhaled? We know that there's actually an inhaled amikacin coming out that is not just the formulation where they have the IV formulation inhaled, but it turns out that this is studied and purified for that. The studies are ongoing. They're coming out, and it looks like it's going to be a much safer way to give amikacin in those smaller cavitory lesions.

We also learned that it's really important if somebody has significant cavitory disease, especially if it's not spread throughout both lungs, that we go to surgery and get our surgical colleagues involved early on. In addition, we know that if you give only one or two antibiotics with NTM, that's a really dangerous thing to do because of the resistance that forms.