followed up, 4/32 died. Of the patients who met the criteria for treatment for NTM-PD, 7/32 had repeat sputum of which 4 had persistent sputum AAFB positivity.

72/105 patients were followed up. 57% were unchanged, 24% showed improvement 2% deteriorated and 6% died (Unrelated).

Conclusion This review of the NTM-PD patient cohort has demonstrated that a significant number of patients were over-treated, but also there were missed opportunities for patients with NTM-PD. Patients who are treated need to be managed more closely, aligned with sputum conversion and radiology to optimize outcomes. The need for a dedicated service for the management of NTM-PD and other host defence disease has been identified with clearly defined pathways to achieve the best clinical outcomes.

REFERENCE

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A RETROSPECTIVE REVIEW OF TREATMENT OUTCOMES, MORBIDITY AND MORTALITY IN PATIENTS TREATED FOR NON-TUBERCULOUS MYCOBACTERIAL (NTM) INFECTION

K Pates, M Ogedengbe, R Enuechie, J Nwagwu, M Kanu, Y O'Neill, L Dennard, L Baker.
University Hospital Lewisham, London, UK

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Introduction NTM disease can be challenging to diagnose, requiring repeated samples, radiology and clinic attendances. Treatment requires prolonged administration of species-specific multidrug regimes, which can often themselves cause significant morbidity. The decision to treat can be difficult, often requiring longitudinal assessment, and certainly needs the patient to be on engaged. This retrospective review looked at patients treated for NTM disease in our service.

Methods Data were collected retrospectively for all patients treated for NTM disease between Nov 2017 and Dec 2020. Fulfilment of British Thoracic Society (BTS) criteria for NTM disease, NTM identity and patient co-morbidities were collected. Patient outcomes were assessed by treatment completion, length of treatment, side-effects experienced, and whether there was any relapse within one year of completing treatment.

Results 31 patients were treated for NTM disease. The median age was 59 (range 13–88 years), all patients had co-morbidities and all met the BTS criteria for NTM disease. Patients were treated for *M.avium* 13, *M.chimera* 2, *M.abcessus* 6, *M. chelonae* 1 and *M.kansasii* 9. 21 have completed treatment and 5 are still undergoing treatment. 2 had treatment stopped due to intolerance of medications and 1 stopped due to the failure to culture convert. 2 patients died while treatment was on-going. 12 patients experienced treatment-related side effects/complications necessitating either stepwise reintroduction or alteration of their regimen, 7 of which successfully recommenced treatment. To date, no one who is considered to have completed treatment has had a return of NTM disease.

Conclusions Treatment of NTM disease is long, with lots of potential drug side effects necessitating nursing support and

monitoring. Furthermore patients are often older and certainly co-morbid. This is reflected in our data, where 40% of patients experience treatment-related side effects significant enough to lead to the alteration of treatment. Encouragingly however many were to recommence and complete treatment. Careful selection of those most likely to experience severe disease, evaluation of benefit versus risks of treatments, and patient engagement are paramount to treatment success.

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ABSTRACT WITHDRAWN