A CASE FOR SPECIALIST NON-TUBERCULOUS OUTCOMES OF NON-TUBERCULOUS MYCOBACTERIAL DISEASE SERVICES: A RETROSPECTIVE STUDY ON CURRENT MANAGEMENT OF NON-TUBERCULOUS MYCOBACTERIUM PULMONARY DISEASE IN A REGIONAL TEACHING HOSPITAL

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Introduction Non-tuberculosis mycobacterial pulmonary disease (NTM-PD) commonly affects a frail, multi-comorbid population, and treatment involves extended courses of multi-antibiotic therapy with a vast side effect profile. Whilst specialist tuberculosis clinics are commonplace in most UK hospitals, NTM-PD patients are typically managed across various respiratory clinics. We present data on the management of NTM-PD in our centre over a six-year period and propose a case for a specialist NTM service with specialist nurse involvement to improve patient outcomes.

Methods We retrospectively collected data from 2016 to 2021 on patients with NTM isolated from sputum, bronchoalveolar lavage, pleural fluid or lung biopsy. Cystic fibrosis patients and patients under 18 years old were excluded. A broad range of data were collected, including microbiology, comorbidities, imaging, investigations, treatment and outcomes. We compared the management of patients seen in Specialist (tuberculosis or bronchiectasis) Clinics (SC) with patients in General Respiratory Clinic (GRC).

Results Between 2016 and 2021 we identified 459 positive pulmonary NTM cultures from 158 patients. Eight patients grew more than one NTM organism over the five-year period resulting in 170 cases total. ATS diagnostic criteria was met in 104 cases and 87 of these were clinically diagnosed with NTM-PD by respiratory consultants, with 17 probable contaminants. The average age of the NTM-PD patients was 68 years, 64.4% were female, and patients had an average of 2.8 comorbidities. Fifty-six patients started treatment. Of these, 33 were managed in a SC and 23 in a GRC. In the GRC group, only 4.5% of patients completed all required pre-treatment investigations compared with 40.6% in SC. HIV status was checked in 32.1% of GRC patients compared with 39.0% of SC patients. In the SC group, 78.8% of patients had contact with a specialist nurse compared to 26.1% in GRC. At the time of data collection 23 patient had completed treatment. Culture conversion was achieved in 25.0% of GRC patients compared to 53.3% in SC.

Discussion Treatment of refractory patients with MAC is challenging. To date 1/3 patients on Arikayce for 6 mts culture convert and stopped Arikayce. 5 others remain on Arikayce, 5 others managed by stopping/restarting or taking on alternate days.

Conclusion Our data reflects the complexity of managing NTM-PD and demonstrates improved management when receiving care in specialist clinics, thus supporting our case for a specialist NTM service with specialist nurse involvement.

REFERENCE


Please refer to page A289 for declarations of interest related to this abstract.