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Abstract (publication only)

**Pulmonary infection caused by non-tuberculous mycobacteria in cancer patients: is treatment always necessary?**

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Objectives: Cancer patients frequently undergo pulmonary imaging (usually chest CT) to monitor for recurrent or metastatic disease. Occasionally lesions seen on CT represent infection (predominantly fungal or mycobacterial). Many patients with Non-Tuberculous Mycobacteria (NTM) isolated from BAL are asymptomatic. Our objective was to determine whether antimicrobial therapy was necessary in such patients, and to assess treatment outcomes when it was deemed necessary. Methods: Retrospective case review of 33 cancer patients with documented microbiologically NTM pulmonary infection. Results: Twenty-two patients (67%) were women. The median age of patients was 69 years (range 35 to 82). Lymphoma, lung, and breast cancer were the most common underlying tumors. Nine patients were actively receiving chemotherapy when the infection was diagnosed. The NTM isolated were *M. avium*-complex in 26 patients (79%), *M. gordonae* in 2, and *M. abscessus*, *M. chelonae*, *M. fortuitum*, *M. kansasii* and *M. scrofulaceum* in 1 patient each. Twenty one pts (64%) were asymptomatic. Sixteen of these (76%) chose not to, or were recommended not to, receive any anti-mycobacterial therapy. All have remained asymptomatic despite radiographic waxing and waning with a median follow-up of 48 months. Seventeen patients received standard therapy for the NTM isolated. Five (29%) discontinued therapy within 4 to 20 weeks due to serious side effects (intractable vomiting, rash, *C. difficile* colitis, tendinitis). Seven were able to complete 18 months of therapy. All have remained clinically stable after discontinuation of therapy (any length) despite persistent radiographic changes in most, and repeat positive cultures for NTM in 5 patients. Conclusion: Therapy for NTM infections in asymptomatic cancer patients is not indicated. In patients who do need treatment, it can be quite toxic and may not lead to the eradication of the NTM in those who are able to tolerate a full course.