

Physicians who manage patients with refractory MAC-LD should have access to information on all potential treatment approaches, as this disease remains quite difficult to treat and is associated with poor outcomes and high mortality.⁵ Amikacin liposome inhalation suspension is currently the only FDA-approved pharmaceutical product with a specific indication in patients with MAC-LD and is an important therapeutic option for some patients with treatment-refractory disease. The CONVERT study, together with the phase 2 study mentioned in Shulha's review,^{1(p1574)} represents the largest body of evidence for antibiotic efficacy and safety in this rare and difficult-to-treat pulmonary disease.

Colin Swenson, MD

Division of Pulmonary, Allergy, Critical Care, and Sleep Medicine
Emory University
Atlanta, GA

Angelo Del Parigi, MD

Insmed Incorporated
Bridgewater, NJ

Potential Competing Interests: Dr Swenson was an investigator on the CONVERT study and has received a research grant, consultancy fees, and speaker's fees from Insmed Incorporated (outside the submitted work). Dr Del Parigi is employed by as well as owns stocks in Insmed Incorporated (outside the submitted work).

1. Shulha JA, Escalante P, Wilson JW. Pharmacotherapy approaches in nontuberculous mycobacteria infections. *Mayo Clin Proc.* 2019;94(8):1567-1581.
2. Arikayce [package insert]. Bridgewater, NJ: Insmed Inc; 2018.
3. Griffith DE, Eagle G, Thomson R, et al; CONVERT Study Group. Amikacin liposome inhalation suspension for treatment-refractory lung disease caused by *Mycobacterium avium* complex (CONVERT): a prospective, open-label, randomized study. *Am J Respir Crit Care Med.* 2018; 198(12):1559-1569.
4. Griffith DE, Thomson R, Addrizzo-Harris DJ, et al. Sustainability and durability of culture conversion in patients receiving amikacin liposome inhalation suspension (ALIS) for treatment-refractory *Mycobacterium avium* complex lung disease (MAC-LD) in the CONVERT study. *Am J Respir Crit Care Med.* 2019;199:A7359.

5. Griffith DE, Aksamit TR. Therapy of refractory nontuberculous mycobacterial lung disease. *Curr Opin Infect Dis.* 2012;25(2):218-227.

<https://doi.org/10.1016/j.mayocp.2019.10.024>

In reply—Amikacin Liposome Inhalation Suspension as a Treatment Option for Refractory Nontuberculous Mycobacterial Lung Disease Caused by *Mycobacterium avium* Complex

We thank Swenson and Del Parigi¹ for their comments on our article.² The article originally submitted on September 6, 2018. This formulation of amikacin inhalation (Arikayce) received Food and Drug Administration approval on September 28, 2018. Although we agreed that liposomal amikacin is an important therapeutic option for refractory mycobacterium avium complex pulmonary disease, at the time of our original submission we had included timely information on pages 1574 to 1575. Unfortunately, we did not have the Food and Drug Administration–approved dosage of Arikayce at the time of submission nor did the reviewers request us to include this information in Table 2 upon editing.

Jennifer Shulha, PharmD

Mayo Clinic
Rochester, MN

Potential Competing Interests: The author reports no competing interests.

1. Swenson C, Del Parigi A. Amikacin liposome inhalation suspension as a treatment option for refractory nontuberculous mycobacterial lung disease caused by *Mycobacterium avium* complex. *Mayo Clin Proc.* 2020;95(1):201-202.

2. Shulha JA, Escalante P, Wilson JW. Pharmacotherapy approaches in nontuberculous mycobacteria infections. *Mayo Clin Proc.* 2019;94(8):1567-1581.

<https://doi.org/10.1016/j.mayocp.2019.10.023>

FRIENDS: A Communication Guide for Advance Care Planning

To The Editor: We propose a user-friendly communication tool to guide and routinize Advance Care Planning (ACP) discussions with patients in any care setting. ACP empowers patients to communicate their preferences for medical care in case they become incapacitated. ACP decreases stress for surrogate decision makers,¹ reduces health care costs, and produces positive outcomes at both patient and systems levels.² However, a national survey³ found that almost half (46%) of physicians felt unsure of what to say and less than one third reported having any end-of-life conversation training. Now that Medicare requires its beneficiaries be offered ACP services routinely,⁴ it is critical for physicians to get comfortable having these discussions. We propose FRIENDS as a communication tool to train clinicians on ACP discussions.

1. Familiarize yourself with advance directives forms: An Advance Directive (AD) is the documentation of decisions generated from ACP discussions. Clinicians must educate themselves on different types of ADs, as laws and documentation required vary by state (Table).

2. Routinize the conversation: ACP discussions should be a routine part of the clinical encounter regardless of the patient's age or stage of illness. This normalizes the process for both the patient and clinician.