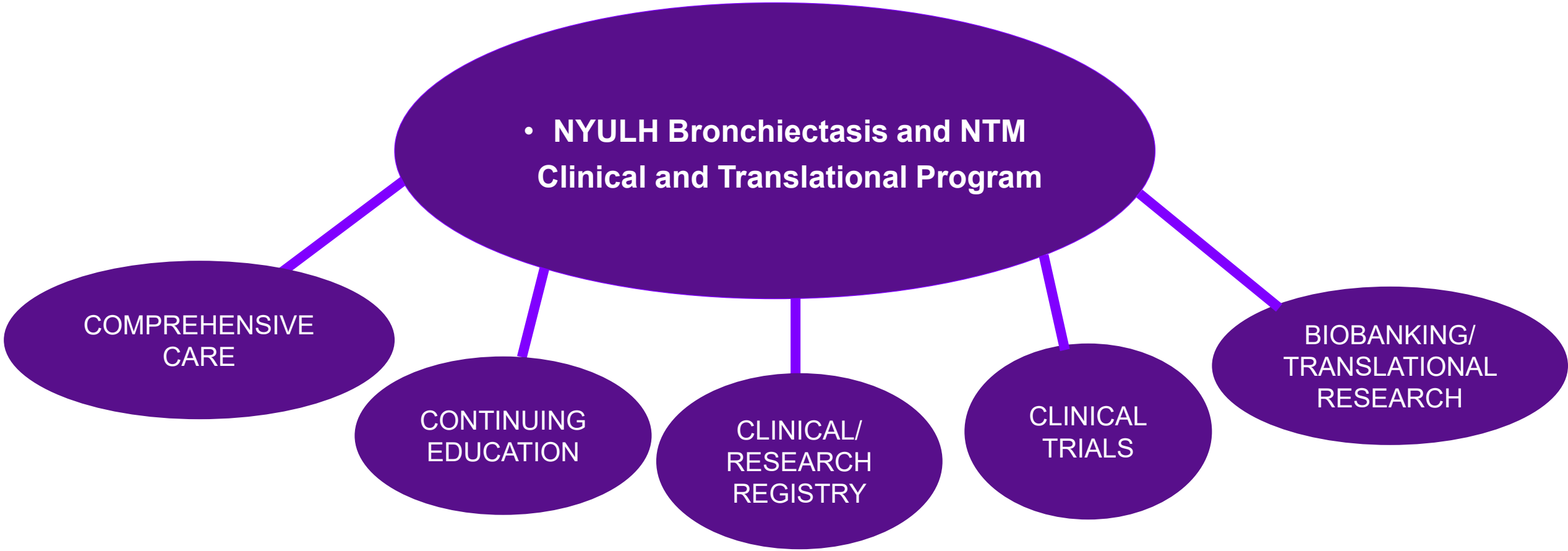
NYU Langone Health

NYULH Bronchiectasis and NTM Clinical and Translational Patient Education Program in Celebration of World Bronchiectasis Day

July 2, 2026

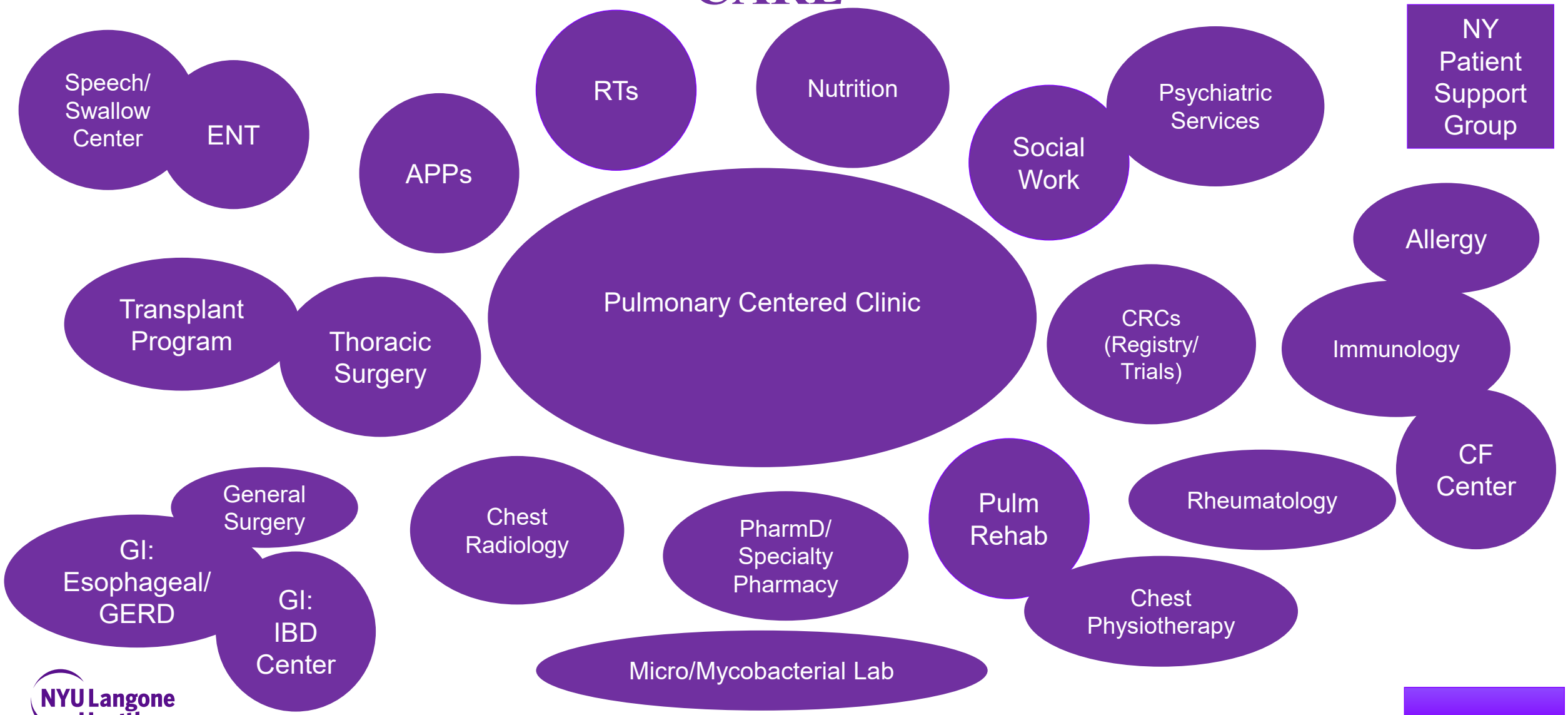
Patient-Focused Care



NYU Langone Health

DAH

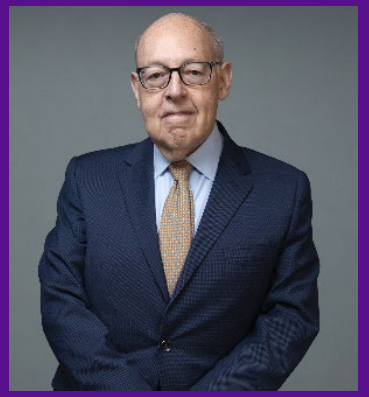
NYULH MULTI-DISCIPLINARY 360 CARE



BRONCHIECTASIS AND NTM PROGRAM LEADERSHIP

Doreen Addrizzo-Harris, MD
Director, Bronchiectasis and NTM Program, NYULH

Ashwin Basavaraj, MD
Director, Bronchiectasis and NTM Program, Bellevue Hospital



David Kamelhar, MD
Director, Multidisciplinary Cough Program

Nicole Lapinel, MD
Director, Adult Cystic Fibrosis Program

Leopoldo Segal, MD, MS
Director, NYU Translational Lung Laboratory

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BRONCHIECTASIS AND NTM CLINICIANS

Alexandria Imperato, MD

Robert Flowers, MD

Keshav Mangalick, MD

Shivani Singh, MD, PhD

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BRONCHIECTASIS AND NTM CLINICAL APPS

Amy Springer, NP
Administrative Nurse Practitioner Coordinator

Molly Martel, NP
Nurse Practitioner, Cystic Fibrosis, Bronchiectasis and NTM

Jacqueline Cavanagh, NP
Nurse Practitioner, Bronchiectasis and NTM

Gillian Earl, NP
Nurse Practitioner, Bronchiectasis and NTM

Gazelle Ong, FNP
Nurse Practitioner, Bronchiectasis and NTM, Bellevue Hospital

Christine Mavaro, NP
Nurse Practitioner, Cystic Fibrosis

Katherine Leiber, NP
Nurse Practitioner, Cystic Fibrosis

Anne Marie Katzenberg, RN
Registered Nurse, Cystic Fibrosis

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ALLIED HEALTH PROFESSIONALS

Hin Fai (Jack) Lam, RRT
Respiratory Therapist

Priscilla Mantuano, RRT
Respiratory Therapist

Danying Li, RDN, MS
Registered Dietitian

Victoria Lassen, LCSW
Social Worker

Francisco Da Silva, MA, PT
Physical Therapist

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BRONCHIECTASIS AND NTM RESEARCH TEAM

Stephanie Lau, MD
Senior Clinical Research Coordinator

Rosemary Schluger, RN
Senior Research Nurse

Danielle Harris
Program Manager, Bronchiectasis and NTM

Yicheng Feng, MD
Clinical Research Coordinator

Natia Nikoladze, MD
Clinical Research Coordinator

Isabella Atandi, MS
Clinical Research Coordinator

Gabriella Porter
Clinical Research Coordinator

Shreya Kulkarni, BSA, MPH
Research Data Associate

Chloe Mak
Research Data Associate

Basmala Fadel
Clinical Research Coordinator

Gavin Hanna
Research Data Associate

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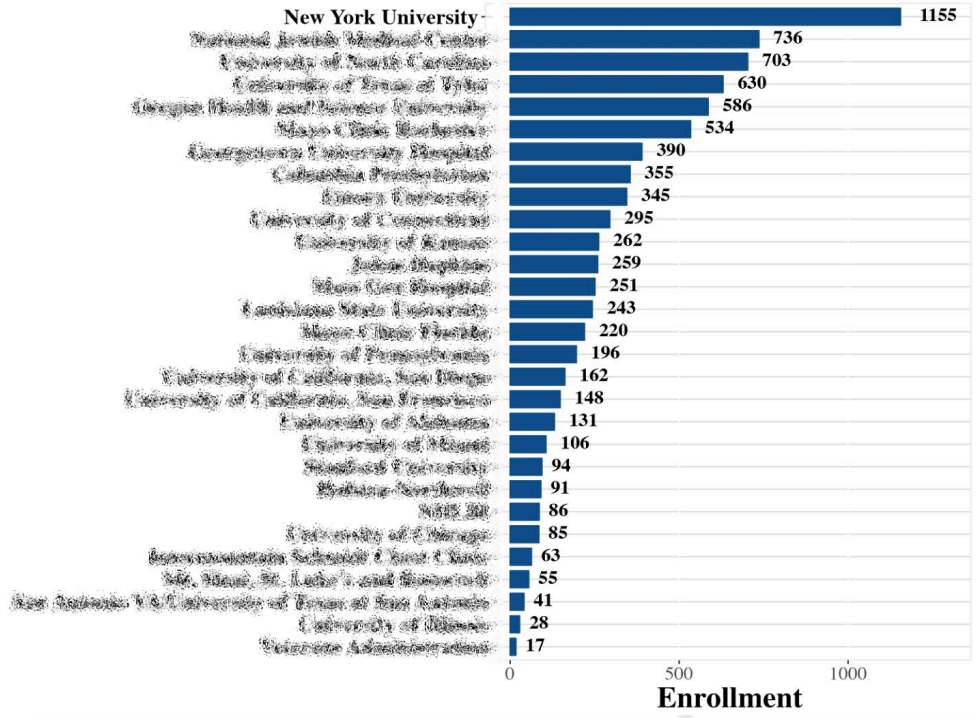
NYU Langone Lung & Airways Disease Registry

Bronchiectasis and NTM Research Registry 2025



Bronchiectasis & NTM
ASSOCIATION

Bronchiectasis and NTM Care Center Network (CCN)

The Bronchiectasis and NTM Care Center Network mission is to **establish a network of centers across the country, with the goal of reducing the time to diagnosis and supporting high-quality bronchiectasis and nontuberculous mycobacterial (NTM) lung disease care.**

The Vision of the Bronchiectasis and NTM Care Center Network is that **every patient receives a prompt, accurate diagnosis; the highest quality, patient-centered care; and the resources, education and support necessary to properly manage their disease.**

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KEY LEADERSHIP

RESEARCH

Chuck Daley, MD

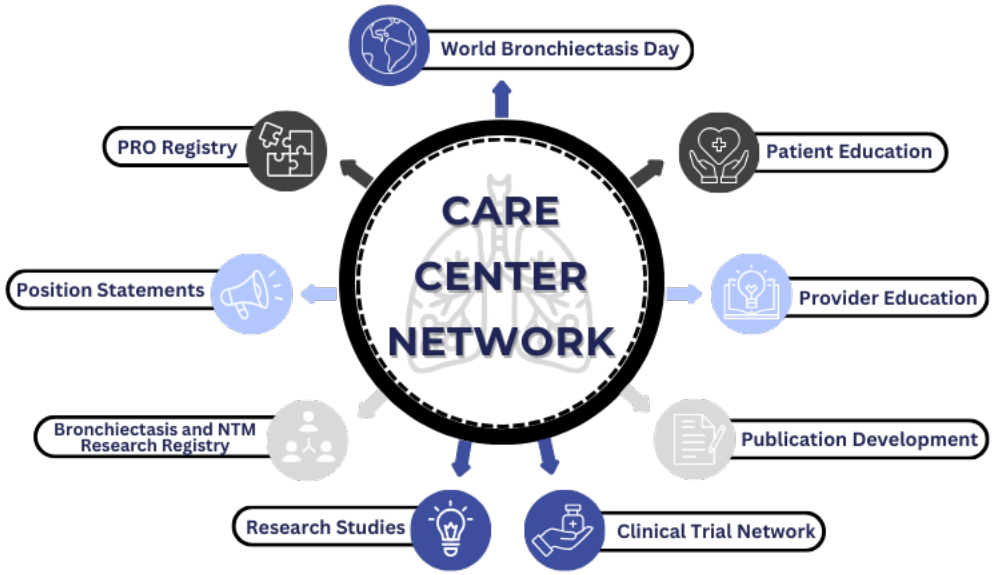
CARE DELIVERY

Doreen Addrizzo-Harris, MD

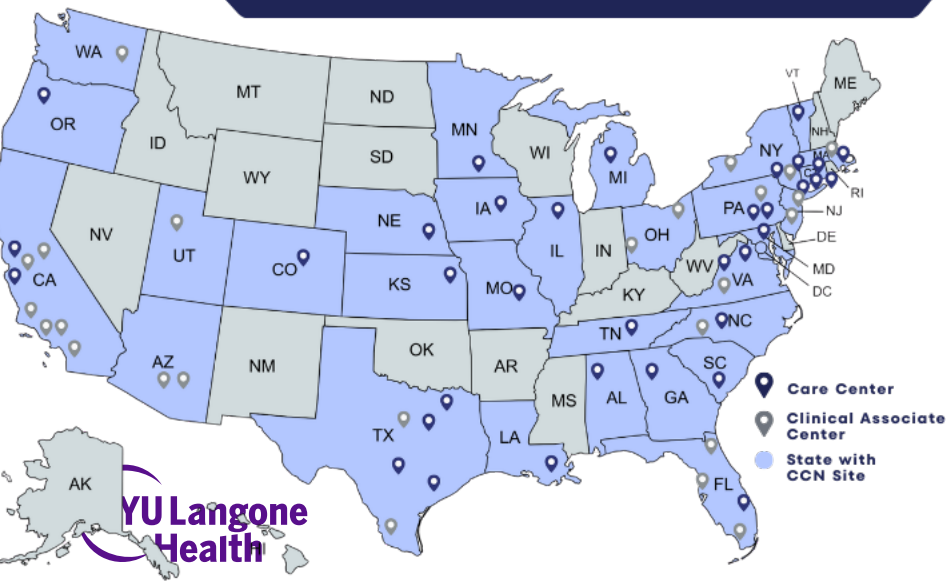
EDUCATION & AWARENESS

Tim Aksamit, MD

ENGAGEMENT



CCN REACH



60 SITES

30 STATES

35 CARE CENTERS

25 CLINICAL ASSOCIATE CENTERS

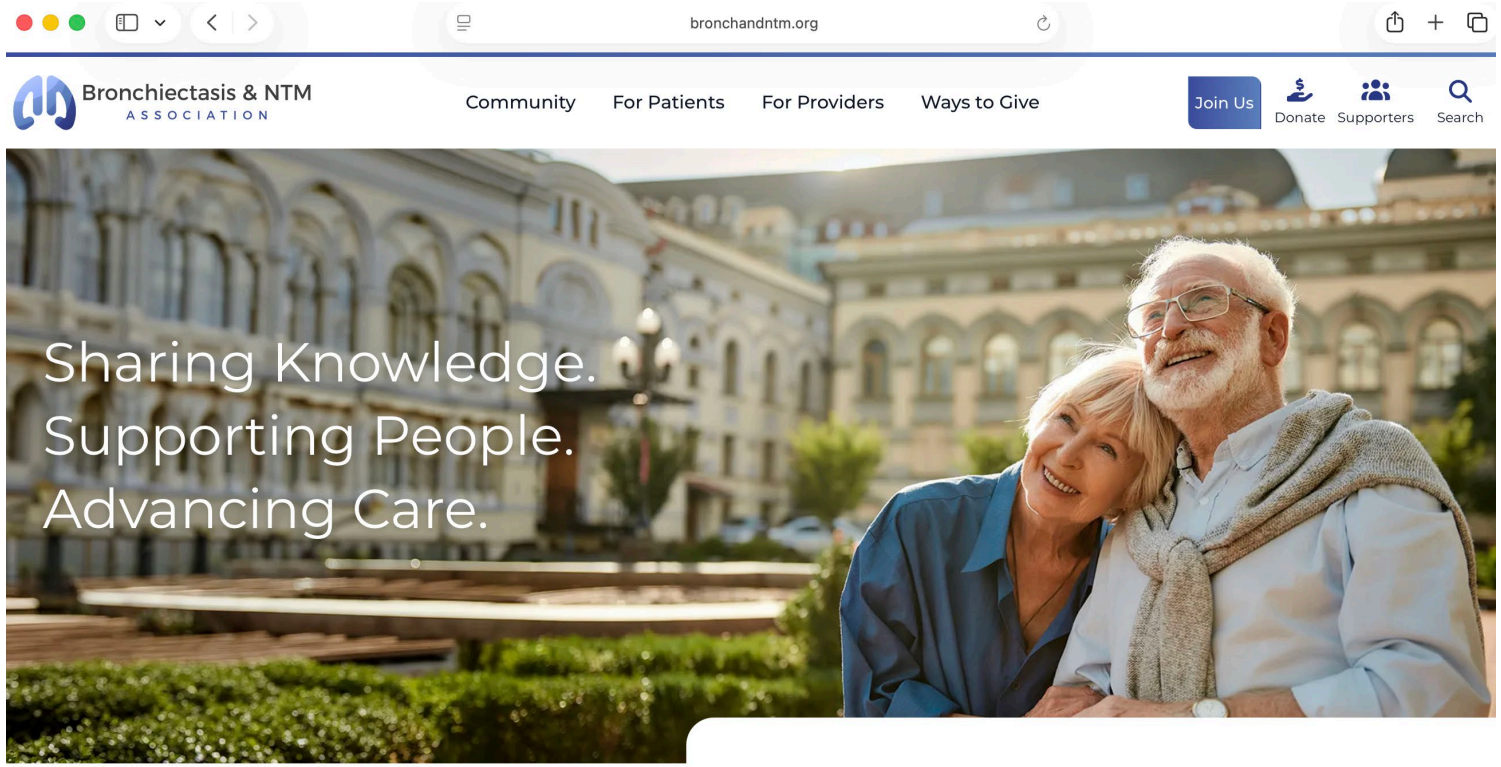
JOIN THE CCN

Become a CCN Site!

Scan the QR code to submit an application to the Care Center Network!

For more information visit:
www.bronchandNTM.org

Bronchiectasis & NTM ASSOCIATION



About the Bronchiectasis and NTM Association

The Bronchiectasis and NTM Association is dedicated to improving the lives of people affected by bronchiectasis and NTM lung disease. The Association is committed to advancing high-quality, specialized care, research, education, support, and advocacy within the bronchiectasis and NTM lung disease communities, helping people live longer, healthier lives.

BronchandNTM.org

NEW APP AVAILABLE

CareCentral:Bronchiectasis&NTM -

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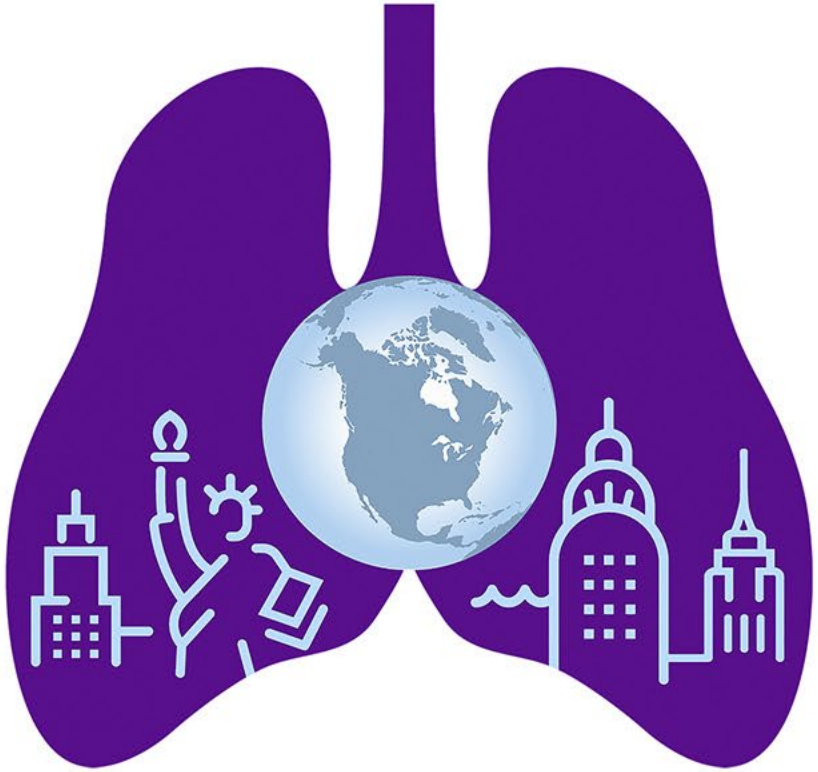


SAVE THE DATE

3rd North American Bronchiectasis & Non-Tuberculous Mycobacteria Symposium

December 8–9, 2026 | New York, NY

Exploring real-world challenges and the complexities of bronchiectasis and NTM management from a multidisciplinary perspective.

In-Person & Livestreaming
www.nyulmc.org/ntmcme

Call for Abstracts and Case Reports!
Deadline for Submission: September 15, 2026

Location:
NYU Langone Health
550 First Avenue, Alumni Hall
New York, NY 10016

NYU Langone Health

SAVE THE DATE!

3rd North American Bronchiectasis & NTM Patient Education Program

Monday, December 7
3:00–6:00 pm
550 First Avenue, New York, NY 10016
In-Person & Livestreaming

An interactive educational session for patients, families, and caregivers.

IN-PERSON & LIVE-STREAMING

Featured Topics:

- Genetics & Bronchiectasis
- Environmental Risk Factors
- Bronchiectasis & NTM Care Center Networks
- Clinical Trials Updates
- Global Awareness & Advocacy

For more information and to register, please visit:
nyulangone.org/ntmpatienteducation

To support our program, please visit:
http://giving.nyulangone.org/goto/NTM

Contact us:
NYULHbronchntmprogram@nyulangone.org

For additional resources, please visit:
Bronchiectasis and NTM Association:
www.bronchandntm.org

NTMir:
www.ntminfo.org

BRONCHIECTASIS and NTM CARE CENTER NETWORK
Designated Care Center

Bellevue Program

Robert Flowers, MD

Bellevue Hospital

Oldest public hospital in the United States; established in 1736

Part of NYC Health + Hospitals and affiliated with NYU Grossman School of Medicine

Mission: high-quality care for all patients, regardless of ability to pay

Bellevue Bronchiectasis Clinic

Why it was established

Created in 2021 as the bronchiectasis and NTM referral clinic for NYC Health + Hospitals system

Coordinate access to advanced bronchiectasis care: airway clearance devices, inhaled antibiotics, and newer bronchiectasis therapies

Support patients with public insurance, no insurance, or other access barriers

Expand access to research for patients historically underrepresented in bronchiectasis studies

What makes it unique

Multilingual, diverse patient population

Frequent public insurance and access barriers

High burden of prior TB and post-TB lung disease

One of few public-hospital CCN sites nationally

Leading member of the CCN Health Equity Workgroup

Bellevue Bronchiectasis Clinic

NYC HEALTH+ HOSPITALS

Who we are

Isabella Atandi, MS

Basmala Fadel, BS

Alexandria Imperato, MD

Ashwin Basavaraj, MD, FCCP, ATSF

Gazelle Ong, FNP

Jackie Cavanaugh, FNP

Keshav Mangalick, MD

Robert Flowers, MD

Research at Bellevue

Core goals

Make bronchiectasis diagnosis, treatment, and research more accessible to the patients who are often missed.

Identifying barriers to registry and trial enrollment for non-English-speaking and underserved patients

Bellevue helps make bronchiectasis research more representative of the patients cared for in safety-net settings.

Current and upcoming work

Understanding Bellevue's diverse bronchiectasis population and how care access affects outcomes

Improving risk prediction for *Mycobacterium abscessus* lung disease

Studying real-world access to brensocatib, a new bronchiectasis treatment

Participating in a multicenter grant-funded project to reduce missed bronchiectasis diagnosis when symptoms resemble COPD or asthma

UPDATE:
Adult Cystic Fibrosis Program

Nicole Lapinel, MD, MS

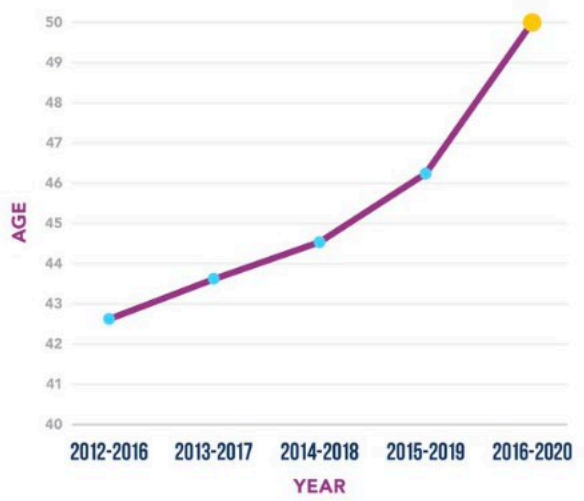
NYU Langone Health

Welcome!

CYSTIC FIBROSIS FOUNDATION®

THE GOOD NEWS:

- Longer, healthier lives
- Highly effective CFTR modulators
- Focus shifting from survival to **thriving**



SURVIVAL RATE

Between 2016 and 2020, the median predicted survival age was **50 years,** up from 2015 and 2019, which was 46.2 years. This means that half of individuals born in the years from 2016 to 2020 are predicted to live beyond 50 years of age assuming present trends continue.

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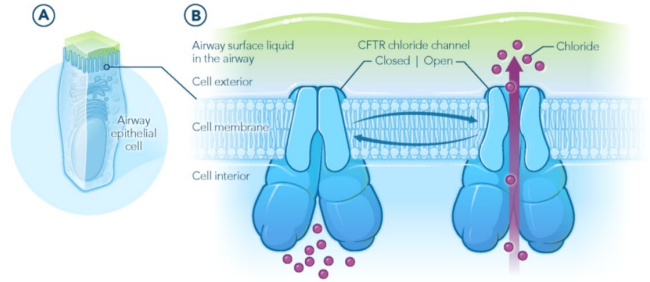
NYU Adult Cystic Fibrosis Center

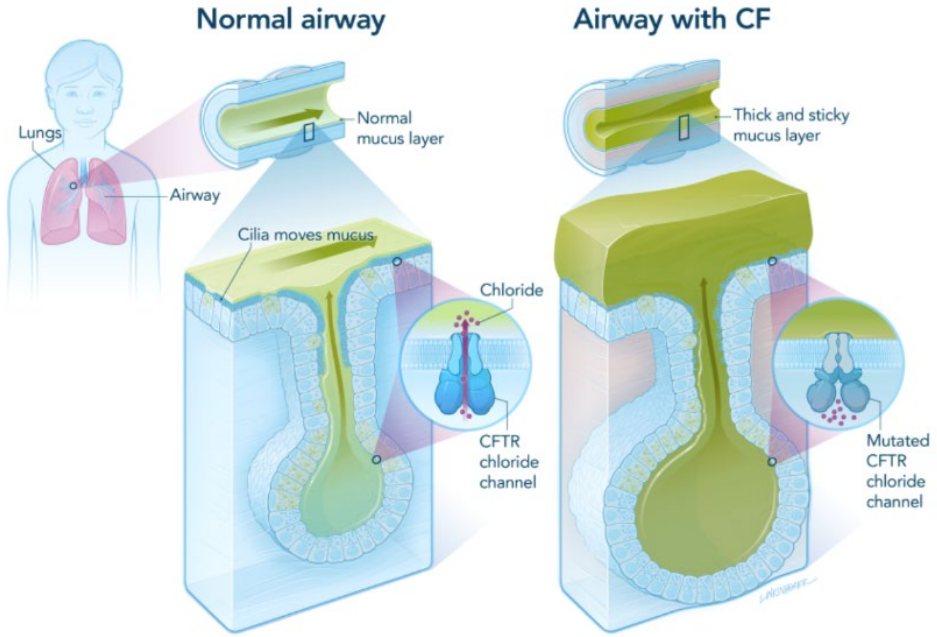


CFTR protein forms a tube that allows chloride ions to move from inside to outside the cell.

CFTR deficiency in airway epithelium causes a reduction in the layer of airway surface liquid, mucus accumulation, influx of neutrophils, and bacterial infection leading to BRONCHIECTASIS

Adult CF Center Evaluates and Manages:

- ✓ **Cystic Fibrosis**
- ✓ **Cystic Fibrosis-Related Disorder**
- ✓ **Cystic Fibrosis carriers**



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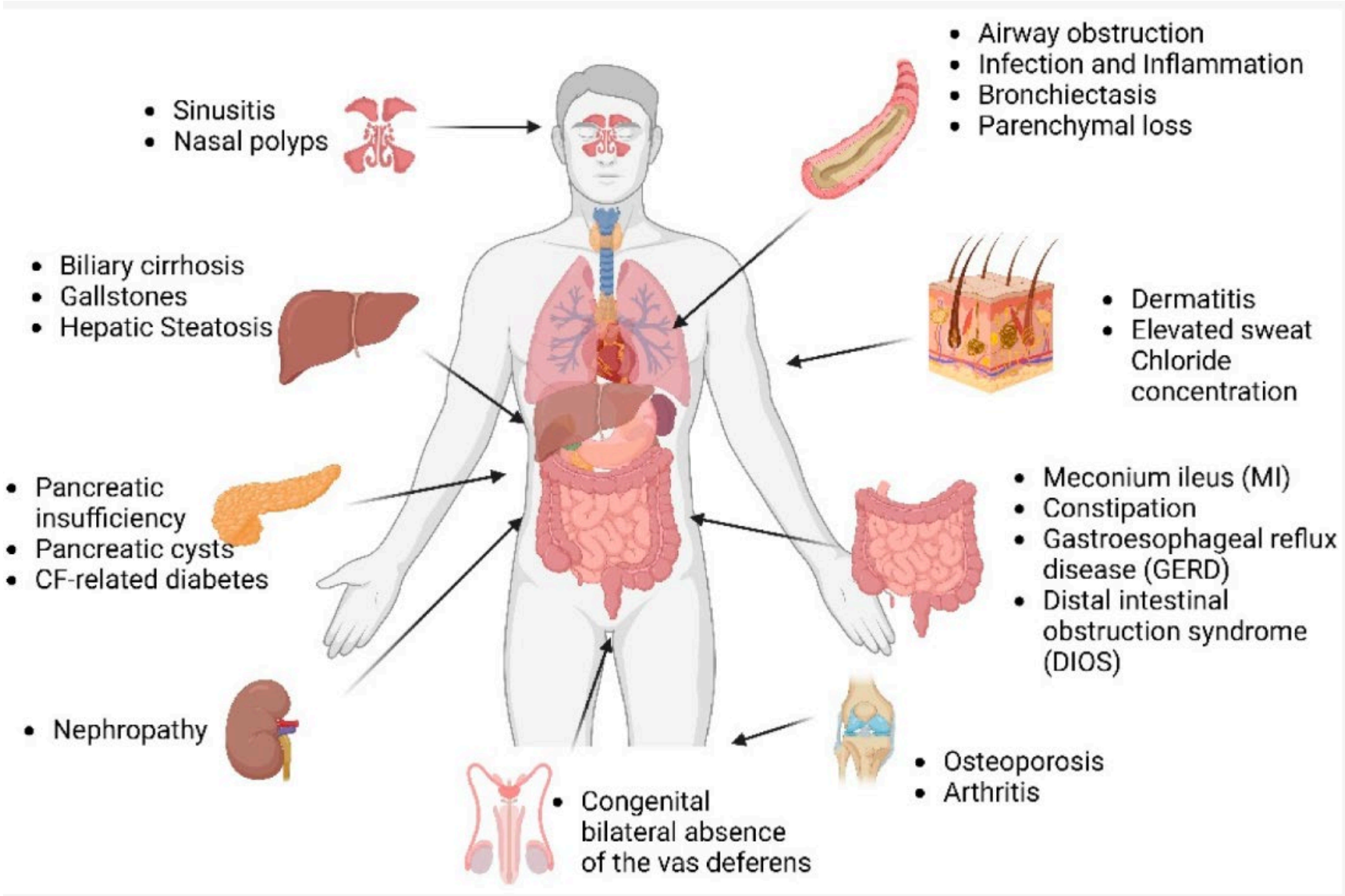
CYSTIC FIBROSIS FOUNDATION®



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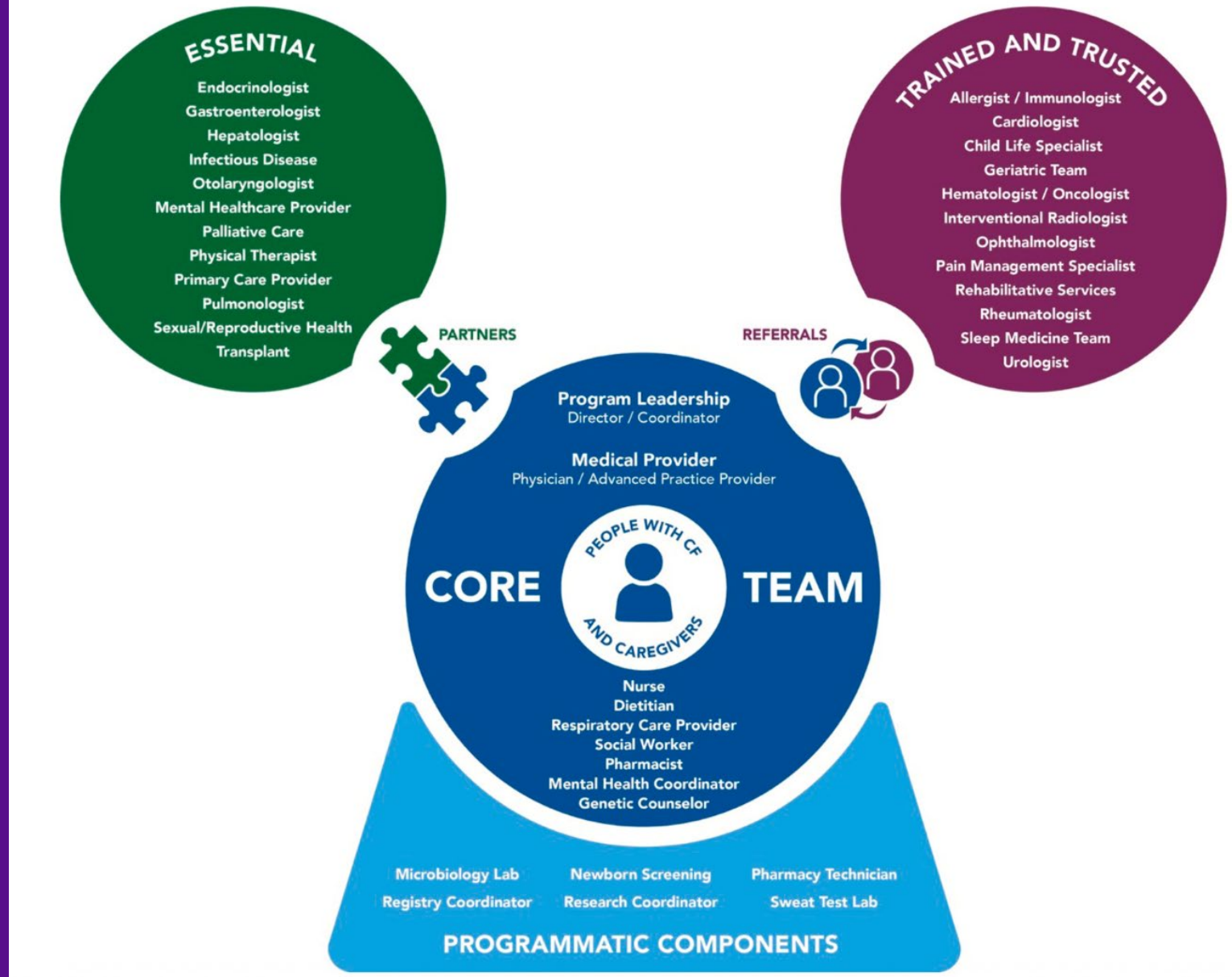
Structure of a CF Care Center



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Journal of Cystic Fibrosis 23 (2024) 1045–1054

NYU Adult CF Care Center: 2 Practice Locations

NYU Langone Pulmonary & Critical Care Associates

222 E 41st Street, 21st Floor
New York, NY 10017
Tel: 212-263-7951
Fax: 212-263-0462

NYU Langone Ambulatory Center Garden City

1111 Franklin Avenue, 1st Floor
Garden City, NY 11530
Tel: 516-663-2834 Fax: 516-663-4696

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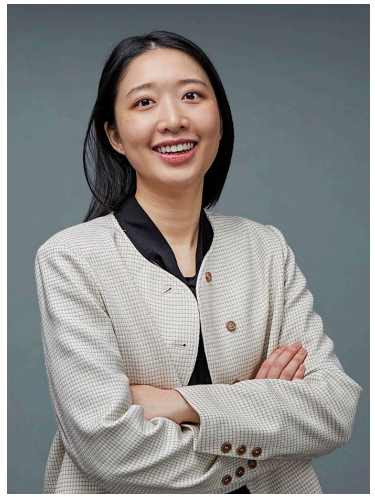
Alexandria Imperato, MD
Assistant CF Director

Katherine “KC” Leiber, NP
CF Clinical Coordinator

Christine Mavaro, FNP-BC
CF Transitional Coordinator



Danying Li, MS, RDN, CDN
Registered Dietitian

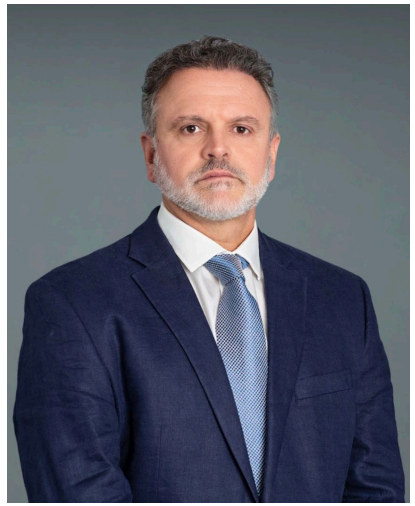
Respiratory Therapists

Hin Fai “Jack” Lam, RRT
Aisha Beauvais, RRT
Priscilla Mantuano, RRT
Amanda Sukhram, RRT
Vianny Schwimmer, RRT

Victoria Lassen, LCSW
Social Worker

Anne Marie Katzenberg, RN
Registered Nurse

Shreya Kulkarni, MPH
Research Data Associate



Francisco Da Silva, MA, PT
Physical Therapist

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Cystic Fibrosis Research

- CF Registry
  - Intended to further both patients and providers' understanding of cystic fibrosis and its related disorders.
  - Involvement is completely voluntary.
  - Allows patients who want to contribute to the scientific growth of CF to be more involved in our research studies.

"Our patients will help us to lead the way in research."

NYU Langone Health

NYU Langone Pulmonary & Critical Care Associates

cff.org

CYSTIC FIBROSIS FOUNDATION

Search | Local Chapter | español

Intro to CF | Managing CF | Research and Clinical Trials | Support | Community Blog | News

GET INVOLVED | DONATE

Research and Clinical Trials

The CF Foundation supports a wide range of innovative research programs to discover and develop new and effective CF therapies.

- Research Updates
- Drug Development Pipeline and Clinical Trials
- Our Research
- Providing Medical Care?
- Conducting Research?
- Academic Funding Opportunities
- Industry Funding Opportunities

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The Future of CF and CFTR-RD Management

✓ Next-Generation CFTR Modulators

- Improve CFTR protein function even further
- Require less frequent dosing
- Work for additional mutations

✓ Genetic and RNA Therapies

These approaches aim to address the underlying genetic defect regardless of mutation

- Messenger RNA (mRNA) therapies
- Gene replacement therapies
- Gene editing technologies

✓ Anti-Inflammatory Therapies

✓ Novel Anti-Infective Therapies

- Bacteriophage
- Biofilm targeting
- New inhaled antibiotics

Patient Advisory Board

Interested in joining?

Connect

Quarterly virtual meetings with the care team, patients, and caregivers.

Collaborate

Share experiences and feedback about care that can be improved.

Implement

Put feedback into practice.

Email:
Victoria.Lassen@nyulangone.org

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NYU Langone Pulmonary & Critical Care Associates

NYU Langone Health

Thank you

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222 E 41st Street, 21st Floor
New York, NY 10017
Tel: 212-263-7951 Fax: 212-263-0462

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Garden City, NY 11530
Tel: 516-663-2834 Fax: 516-663-4696

Division of Pulmonary, Critical Care & Sleep Medicine

NYU Langone Multidisciplinary Cough Program: Just in Time

David Kamelhar, MD

NYU Langone Health

NYU Langone Multidisciplinary Cough Program: Why Now – Why Here?

- Cough: Most common chief complaint to a pulmonary specialist
- Chronic cough: lasting 8 weeks or more; often years and *decades*
- Productive or dry
- Female to male: 60/ 40
- In addition to the chest discomfort, QOL disturbance.
- QOL issues often what bring patient to the physician, often not discussed
  - *Urinary incontinence*
  - Personal life interference/ mood disturbance
  - Job performance interference

NYU Langone Multidisciplinary Cough Program: Why now - Why here?

- Since the 1990's, Richard Irwin, et al have tried to better understand cough and build an algorithm to organize an assessment of chronic cough.
- Many of you have been the "journey" of that evaluation
  - UACS: Upper airway cough (post drip)
  - Asthma
  - GERD/ LPR
  - Cough as part of other:
    - Bronchiectasis
    - ILD, etc.
- Problem: Typical "vicious vortex": MD to MD with long waits in between and *no central coordination*
- Bottom line: Nothing to show for time and effort

NYU Langone Multidisciplinary Cough Program: Why now - Why here?

- **Why now: It is recognized that patients with decades of cough have in common:**
- ***Cough hypersensitivity* originating in the *upper* airway: the vagus nerve in the larynx/ voice box is overly sensitive to both noxious stimuli and non-noxious stimuli**

- **Thus GERD, post drip are *triggers* of cough, *not the cause***
- ***Recognition that most patients have 2,3, or MORE triggers , not just one!***
- **Problem: No specific solution for this hypersensitivity *as yet***

Thus: Some patients have legitimate refractory chronic cough(RCC)

RCC or UCC is NOT where a patient wants to be

NYU Langone Multidisciplinary Cough Program: Why now - Why here?

- NEJM 2025:Although reviews have stated that 60% of patients are RCC/ UCC, when referred to a multidisciplinary cough program, the incidence is 10%
- NYU Langone multidisciplinary team together for >10 years
- Include laryngologist, esophagologists, rhinologist, swallow
- Include asthma, bronchiectasis/ CF, ILD/ speech pathologists/allergists
- QOL team: GYN urologist re female incontinence, behavior and mood specialists versed in cough
- Logistics: Expedited appts., introduction to next consultant, constant and ongoing feedback one team-member to the next

Most important: A *central team member* to coordinate the care to keep UCC/ RCC to 10% or less!! Avoid the vicious vortex!!

Research Updates: Lab Expansion, Biobank & Phage

Leopoldo N. Segal, MD, MSc

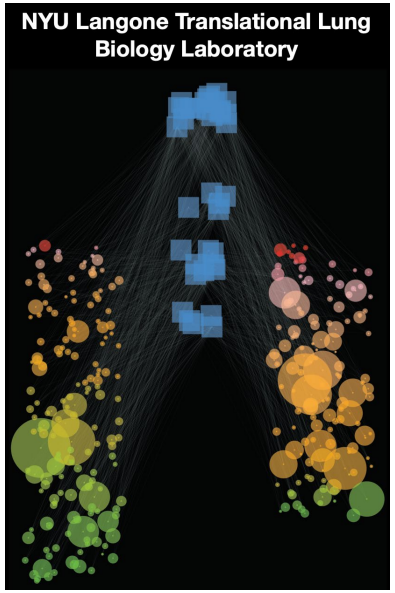
William Rom and David Kamelhar Associate Professor of Medicine

Division of Pulmonary and Critical Care Medicine

NYU School of Medicine

Patient Education Program

July 2nd, 2026



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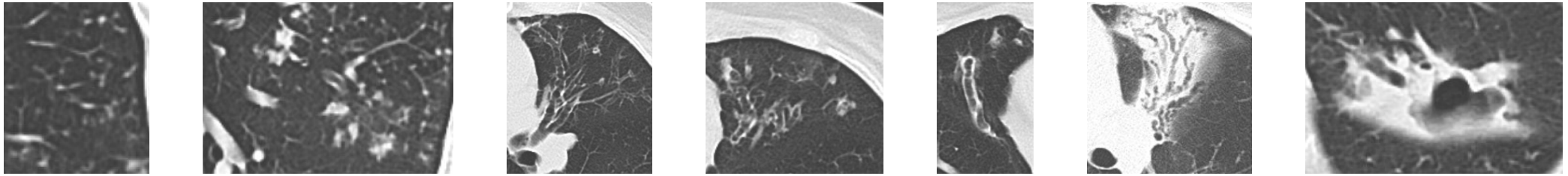
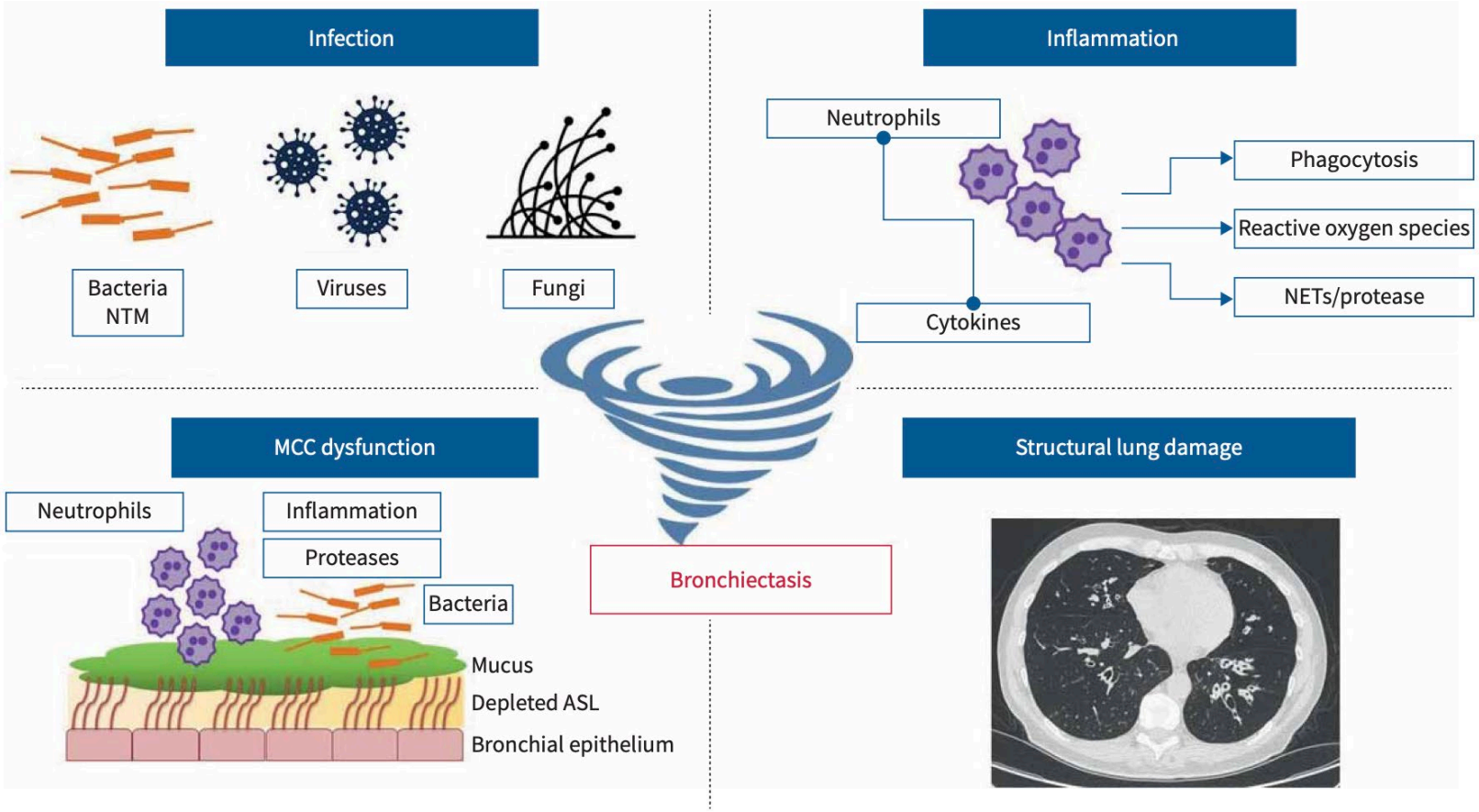
Why do patients suffer from such different phenotypes?

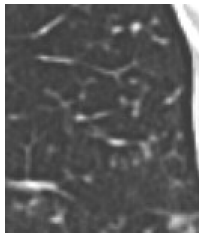
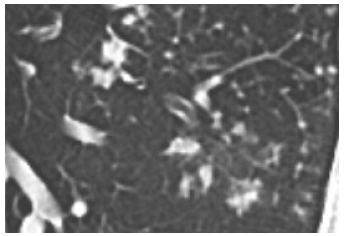
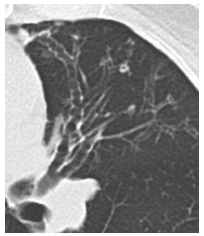
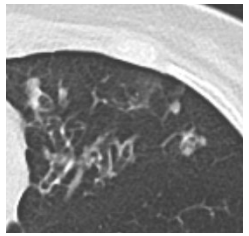
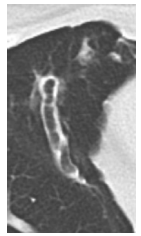
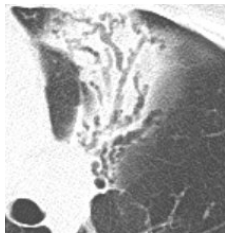
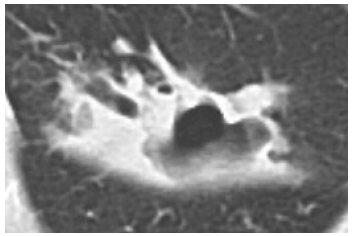
Structural Damage



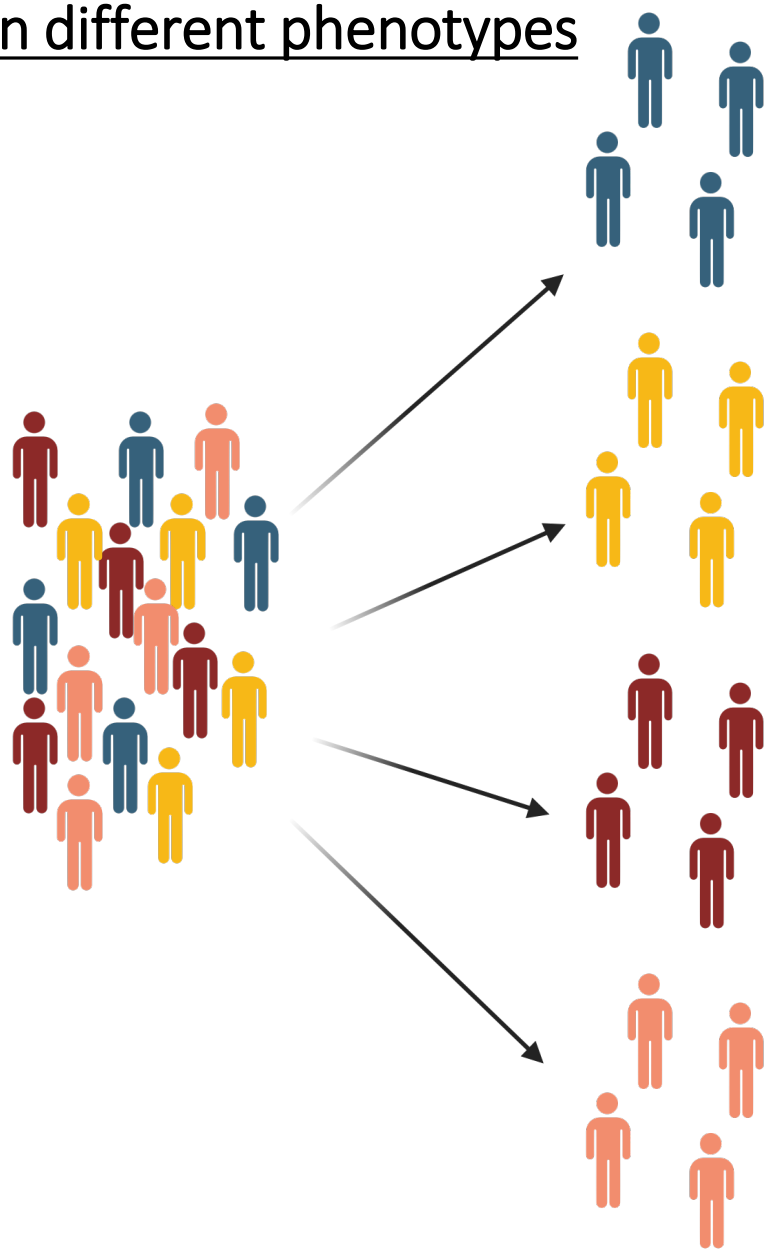


Why do patients suffer from such different phenotypes?

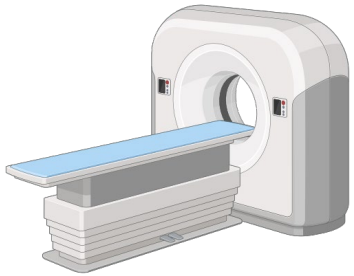
Structural Damage

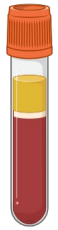








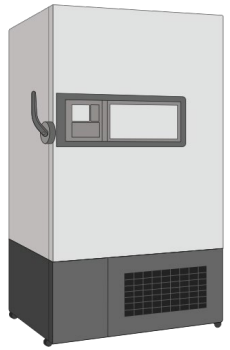
Discern different phenotypes

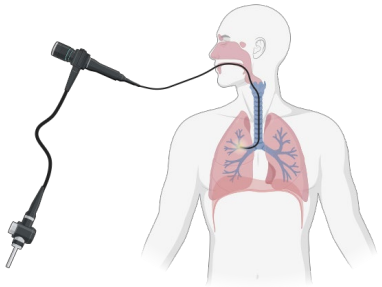


Judy Horrigan Bronchiectasis and NTM Biobank at NYU Langone

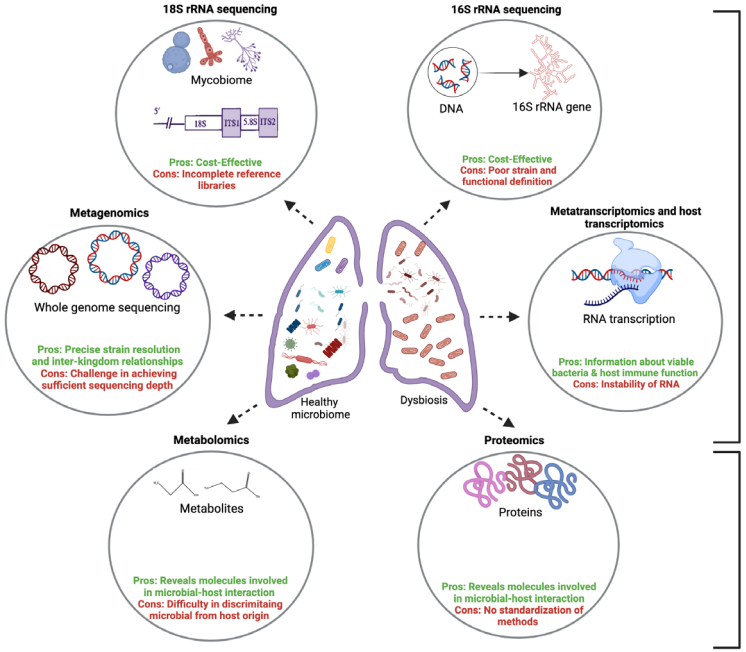






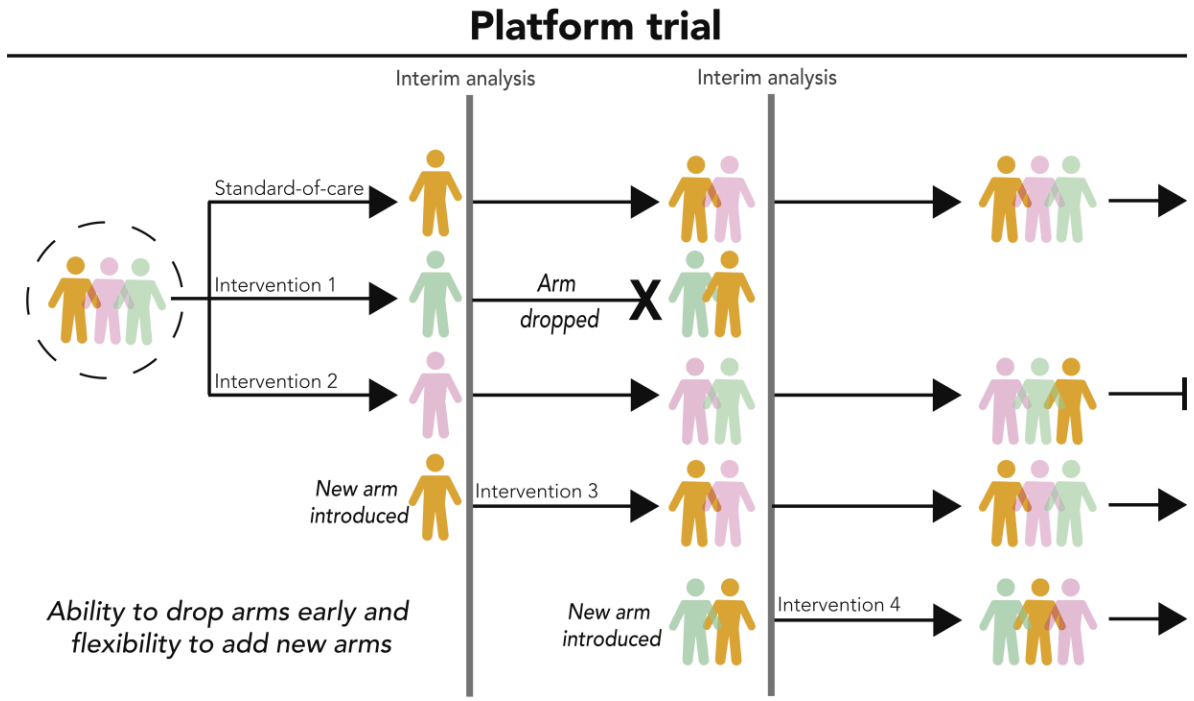


Microbial and host cutting edge profiling



The Future of Translational Research

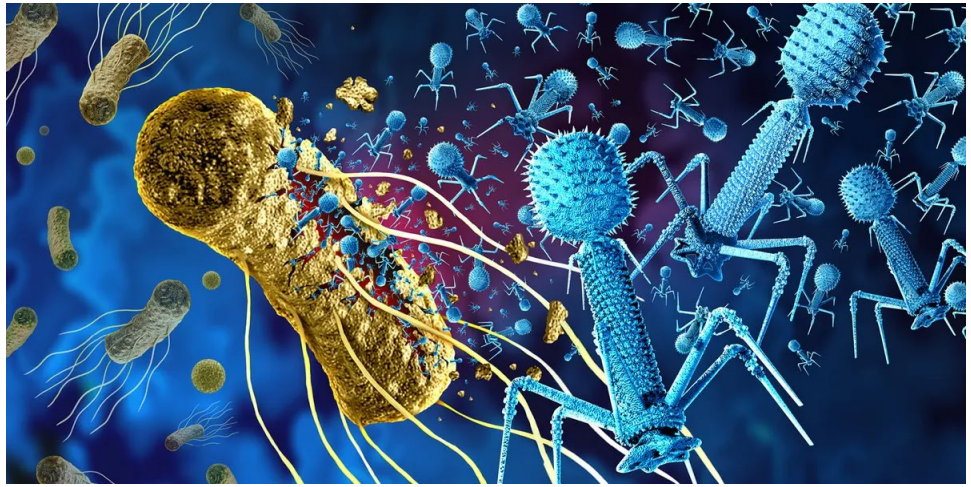
Mucus Clearance
Novel Antimicrobial
Targeted immune modulation

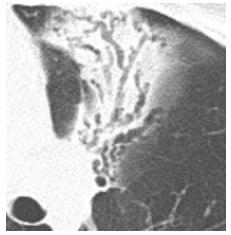


Developing personalized medicine approaches that tailor treatment based on an individual's specific disease characteristics, such as their inflammatory profile or the specific bacteria present in their lungs.

Utilizing multi-omics approaches, which integrate different types of biological data (like genes, proteins, and metabolites) to provide a more comprehensive understanding of these complex diseases

Phage therapy

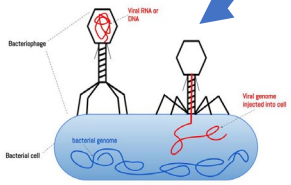




M abscessus

HATFULL LAB

Research and Education in the Hatfull Lab



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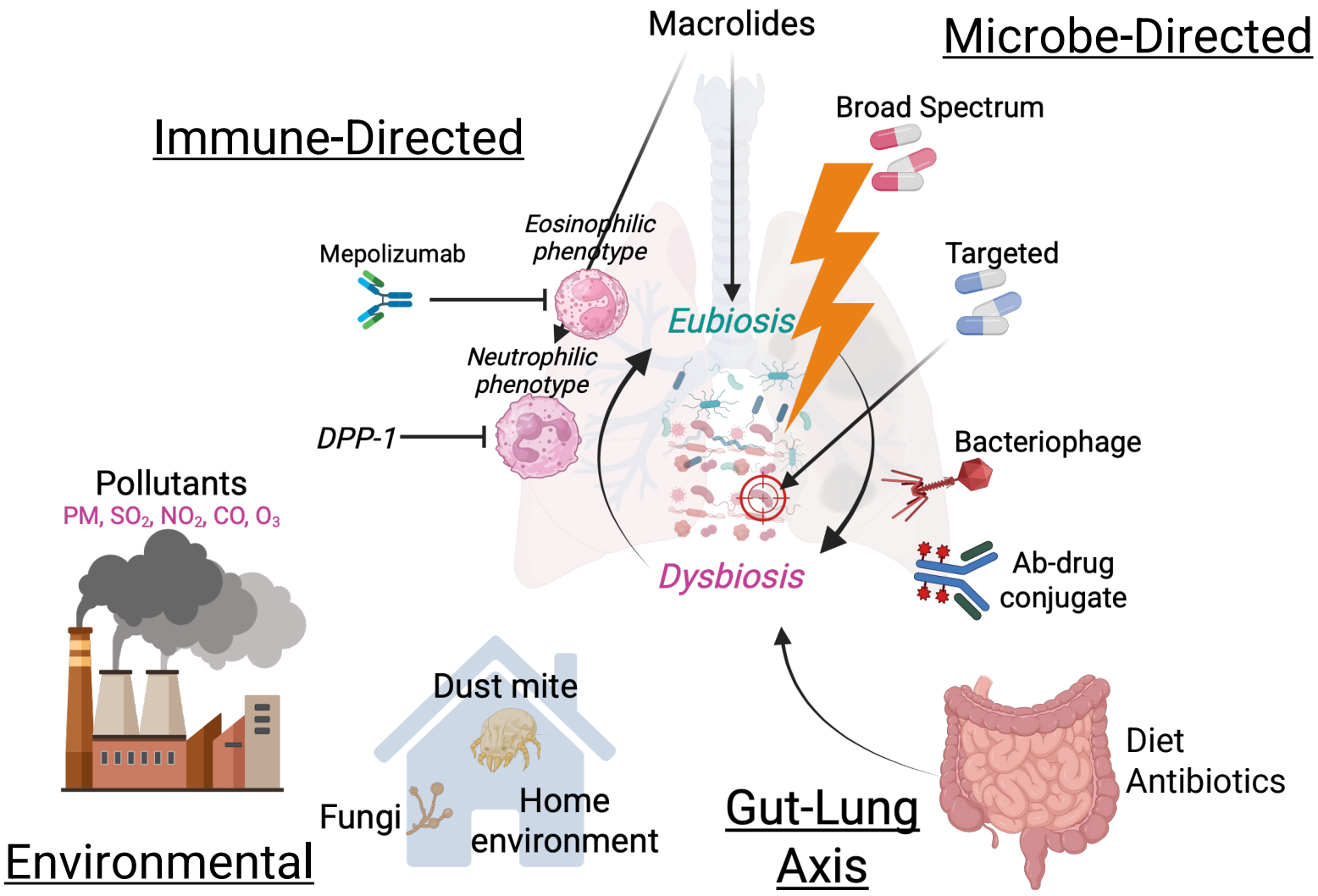
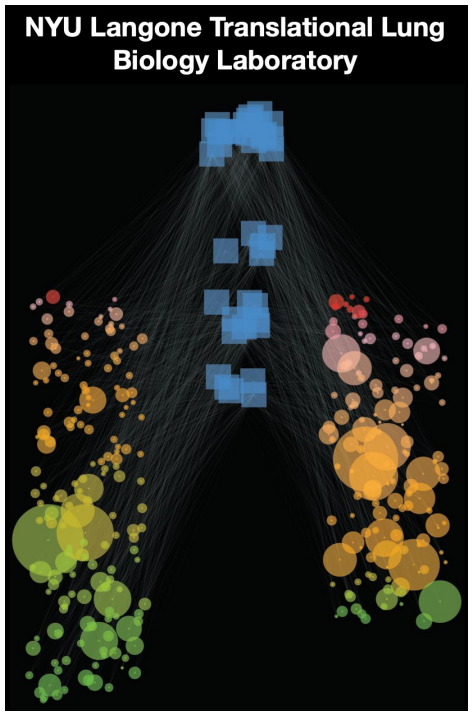
What's the future like?



Conclusion

- **Translational research is essential for driving progress in the management of bronchiectasis and NTM disease**.
- Key to this is a comprehensive cohort with a carefully curated biobank, all of which is present at the **Judy Horrigan Bronchiectasis and NTM Biobank at NYU Langone**.
- By systematically moving discoveries from the laboratory to clinical practice, we are gaining a deeper understanding of these conditions, identifying new therapeutic targets, and developing more effective and personalized treatments.

Thanks



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NIH National Institute of General Medical Sciences

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THANK YOU TO OUR PARTNERS

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Active Clinical Trials

Stephanie Lau, MD

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Clinical Trials in Bronchiectasis and NTM

Active Trials

- A Randomised, Double-Blind, Parallel Group, Roll-Over Study Evaluating Long-Term Safety and Efficacy of Oral Doses of BI 1291583 q.d. in Patients with Bronchiectasis (Clairleaf™)
- A Phase II, Randomized, Double-Blind, Placebo-Controlled Study of Ensifentrine in Subjects with Non-Cystic Fibrosis Bronchiectasis
- A Phase IIb Randomized, Double-blind, Placebo-controlled, Parallel Study Evaluating Efficacy, Safety and PK of AZD0292 in Patients with Bronchiectasis and Chronic *Pseudomonas aeruginosa* Colonization (CLEAR)

Clinical Trials in Bronchiectasis and NTM

Active Trials

- CRISPR detection of circulating cell-free Mycobacterium avium complex (MAC) DNA for rapid diagnosis and monitoring of MAC pulmonary disease
- Intravenous Mycobacteriophage Therapy for Refractory NTM Lung Disease
- NYU Lung and Airways Disease Registry
- Evaluation of the Lung Microbiome in NTM Bronchiectasis
- Observational Study of Patients Started on Brensocatib for Bronchiectasis

Clinical Trials in Bronchiectasis and NTM

Future Trials

- A Randomized, Double-Blind, Placebo-Controlled Parallel-Group, Phase 2a Study to Assess the Activity, Safety, and Tolerability of SAR445399 in patients with non-CF Bronchiectasis
- A Phase 2, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Efficacy and Safety of Galvokimig in patients with non-CF Bronchiectasis (ATMOS)
- A Phase III Randomised, Double-Blind, Placebo-Controlled Study to Investigate the Efficacy and Safety of CHF10196 Tablets in Subjects with Bronchiectasis
- A Randomized, Double-Blind, Placebo-Controlled, Multicenter, Prospective, Investigator-Initiated Trial to Assess the Efficacy, Safety and Pharmacokinetics of Epetraborole in Patients with Mycobacterium abscessus Lung Disease: REBOUND Study

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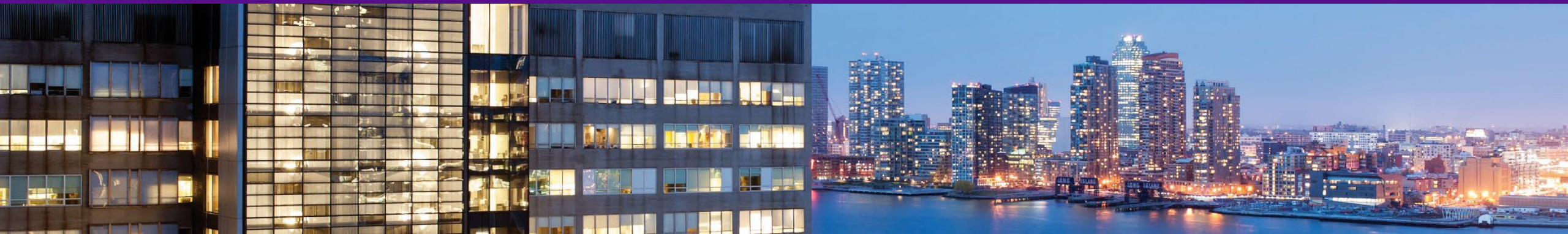
CHEST Bronchiectasis Guidelines

Ashwin Basavaraj, MD, FCCP, ATSF



Current international bronchiectasis guidelines

- European Respiratory Society (revised 2025)
- British Thoracic Society (2019)
- Spanish guidelines (SEPAR 2018)
- Australia/New Zealand (TSANZ 2023)

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CHEST bronchiectasis guidelines

- Guideline process began in June 2023
- Conflicts of interests assessed for all panel members
- 8 PICO questions developed by chairs with input provided by panel members
- Underwent systematic evidence review process and certainty evaluation
- Recommendations require 80% agreement
- Approved by CHEST's Guideline Oversight Committee.
- Guidelines accepted by CHEST journal, pending publication

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Guideline panel members

- Rachel Thomson, MBBS, PhD (co-chair)
- Christina Thornton, MD, PhD (co-chair)
- Timothy Aksamit, MD, FCCP
- Alan Barker, MD
- Ashwin Basavaraj, MD, FCCP
- Lucy Burr, MBBS
- Adam Hill, MBChB MD
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- Ranjani Somayaji, MD
- Gregory Tino, MD, FCCP
- Lindsy Frazer-Green, PhD

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Recommendations

1. Antibiotic selection

Targeted antibiotic therapy based on microbiological culture results for acute exacerbations.

2. Duration of antibiotics

Either longer duration antibiotic therapy (e.g.,≥10 days) or shorter duration of antibiotic therapy (<10 days), depending on clinical response.

3. Pseudomonas eradication

No specific recommendation for or against eradication therapy

4. Inhaled antibiotics

Long term (≥ 3months) inhaled antibiotic therapy could be considered for patients with frequent exacerbations.

Recommendations

5. Anti-inflammatory therapy

Macrolides and brensocatib is recommended for patients with frequent exacerbations.

6. Hemoptysis

Inhaled tranexamic acid for acute hemoptysis in bronchiectasis.

7. Airway clearance

Recommendations *for*:

- ELTGOL or ACB
- PEP
- HFCWO
- Hypertonic saline

8. Surgery

Surgical resection can be considered in patients who are appropriate candidates.

THANK YOU

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Questions & Answers

To ask a question, please message the panelists using the chat feature

For more information, slides from today's program and registration for our December 7th Event, please visit:
www.nyulangone.org/ntmpatienteducation

Or contact us at: NYULHbronchntmprogram@nyulangone.org

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