

Figure S1: Flow chart with patient enrolment at the NTM reference centre, Radboudumc, Nijmegen

S2

Lung function parameters	N=13
FEV1	1.83±0.82 (58.6%)
Tiffeneau-index	
VC max	4.2±0.89 (91.7%)

Figure S2: Lung functions parameters: FEV1= Forced expiratory volume in one second. VC= vital capacity. Tiffeneau index= FEV1/VC

Antibiotic treatment (major regimen)

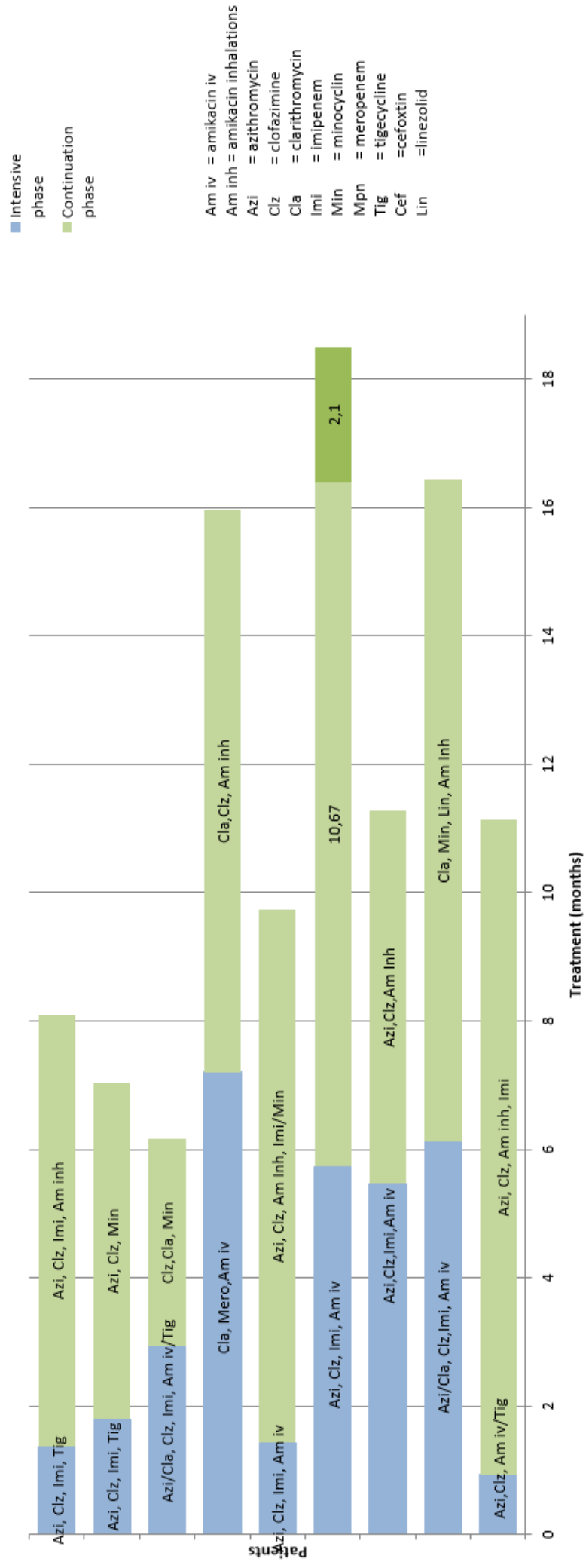


Figure S3: Treatment course in our patients with intensive phase and continuation phase
 Abbreviations: Amikacin intravenous (Am iv), Amikacin inhalations (Am inh), Azithromycin (Azi),
 Clofazimine (Clz), Clarithromycin (Cla), Imipenem (Imi), Minocycline (Min), Meropenem (Mpn),
 Moxifloxacin (Mox), Tigecyclin (Tig). Antibiotic treatment resulted in microbiological cure in 7
 patients (70.0%), one patient still receives treatment but reached culture conversion.

S4

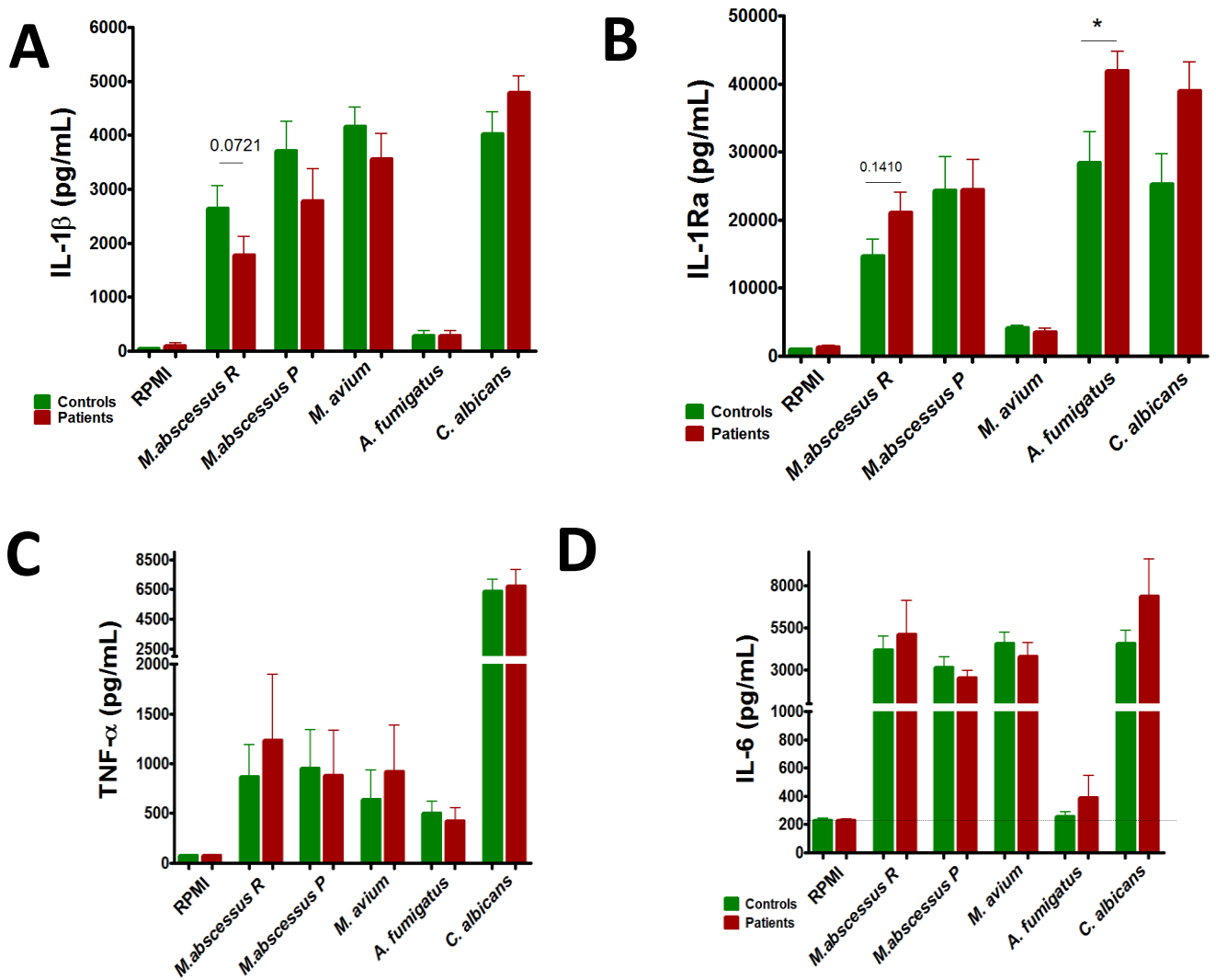


Figure S4: Innate PBMCs cytokine responses of the non-CF patients with pulmonary *M. abscessus* compared with healthy controls. IL-1 β (A), IL-1Ra (B), TNF α (C) and IL-6 (D) production upon 24-hour stimulation of PBMCs with RPMI, reference *M. abscessus* (clinical isolate CIP 104536) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$), *M. abscessus* from patient's own isolate ($1 \cdot 10^6$ cells \cdot mL $^{-1}$), *M. avium* (clinical isolate ATCC 700898) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$), *A. fumigatus* (clinical isolate V05) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$) and *C. albicans* (clinical isolate UC820) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$). Graphs represent mean \pm SEM, * $p < 0.05$, two-tailed Mann Whitney test

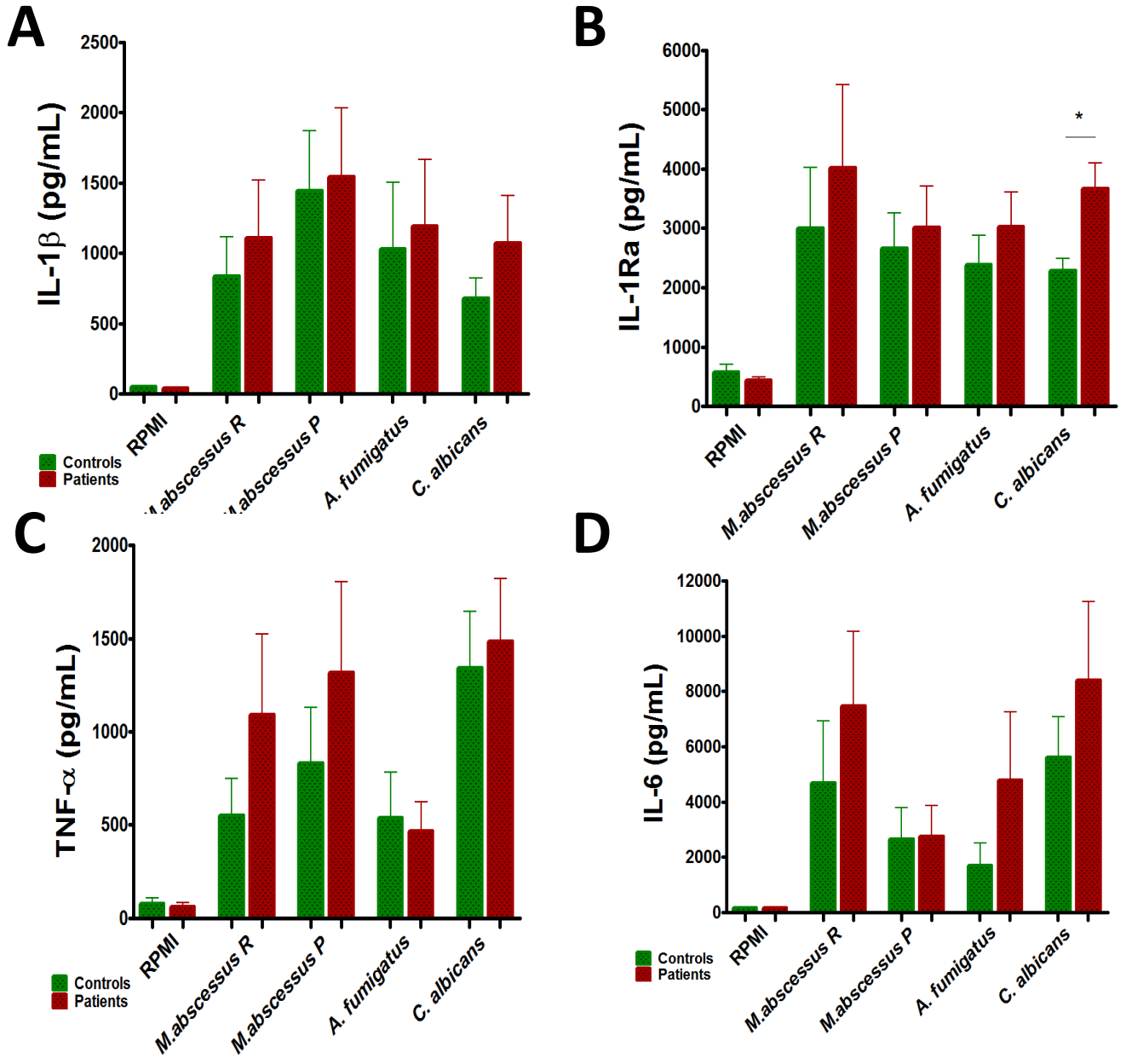


Figure S5: Whole blood cytokine responses of the non-CF patients with pulmonary *M. abscessus* disease compared with healthy controls . IL-1 β (A), IL-1Ra (B), TNF α (C) and IL-6 (D) production upon 48-hour stimulation of whole blood with RPMI, reference *M. abscessus* (clinical isolate CIP 104536) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$), *M. abscessus* from patient’s own isolate ($1 \cdot 10^6$ cells \cdot mL $^{-1}$), *M. avium* (clinical isolate ATCC 700898) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$), *A. fumigatus* (clinical isolate V05) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$) and *C. albicans* (clinical isolate UC820) ($1 \cdot 10^6$ cells \cdot mL $^{-1}$). Graphs represent mean \pm SEM, * $p < 0.05$, two-tailed Mann Whitney test

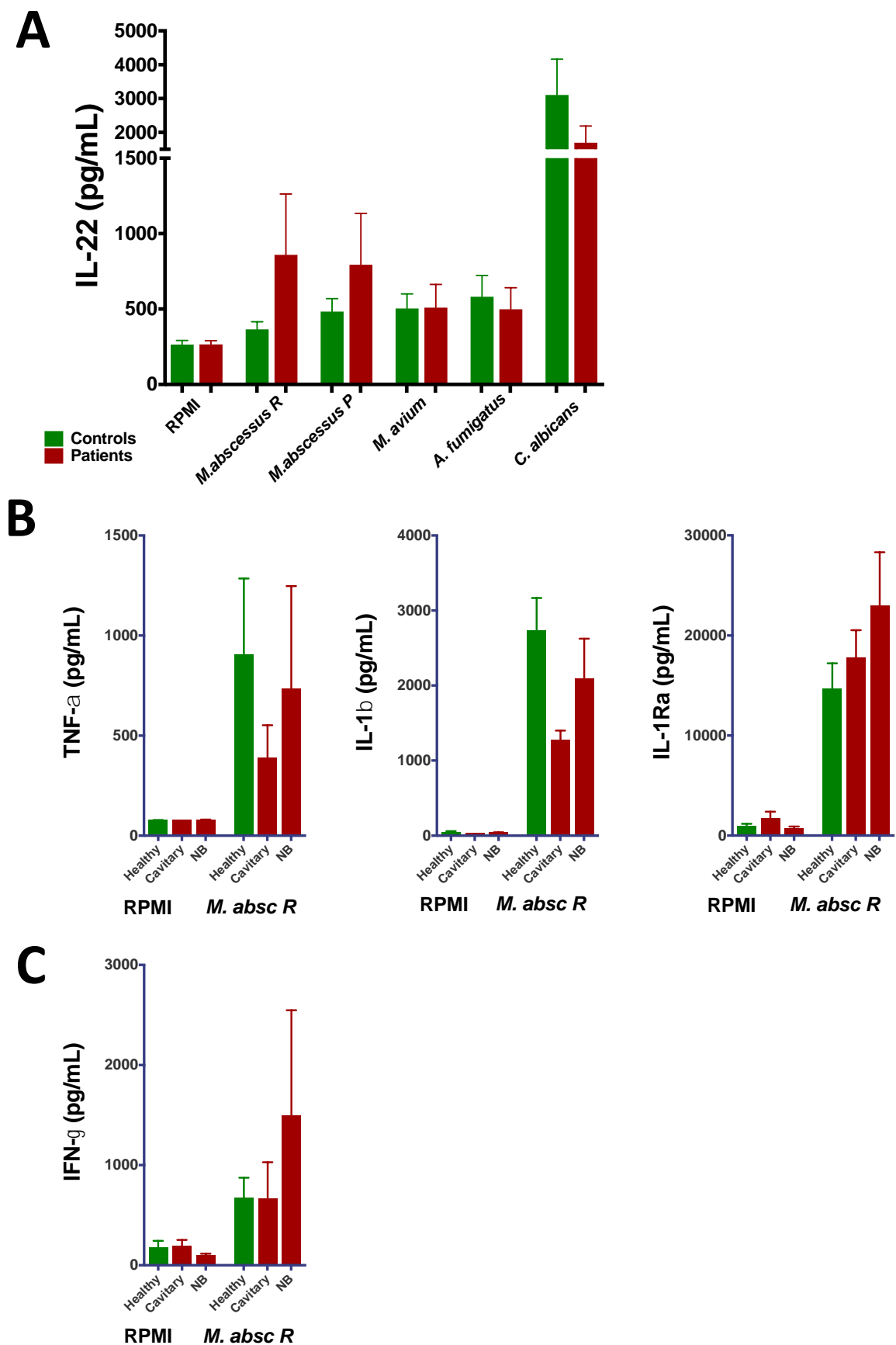


Figure S6: PBMCs cytokine responses of the non-CF patients with pulmonary *M. abscessus* compared with healthy controls. IL-22 (A) production upon 7 days stimulation of PBMCs with RPMI, reference *M. abscessus* (clinical isolate CIP 104536) ($1 \cdot 10^6$ cells·mL⁻¹), *M. abscessus* from patient's own isolate ($1 \cdot 10^6$ cells·mL⁻¹), *M. avium* (clinical isolate ATCC 700898) ($1 \cdot 10^6$ cells·mL⁻¹), *A. fumigatus* (clinical isolate V05) ($1 \cdot 10^6$ cells·mL⁻¹) and *C. albicans* (clinical isolate UC820) ($1 \cdot 10^6$ cells·mL⁻¹). (B-C) Cytokine production upon PBMCs stimulation between healthy controls (n=13), patients with fibrocavitary disease (Cavitory, n=4) and patients with nodular bronchiectasic disease (NB, n=8). Graphs represent mean \pm SEM.

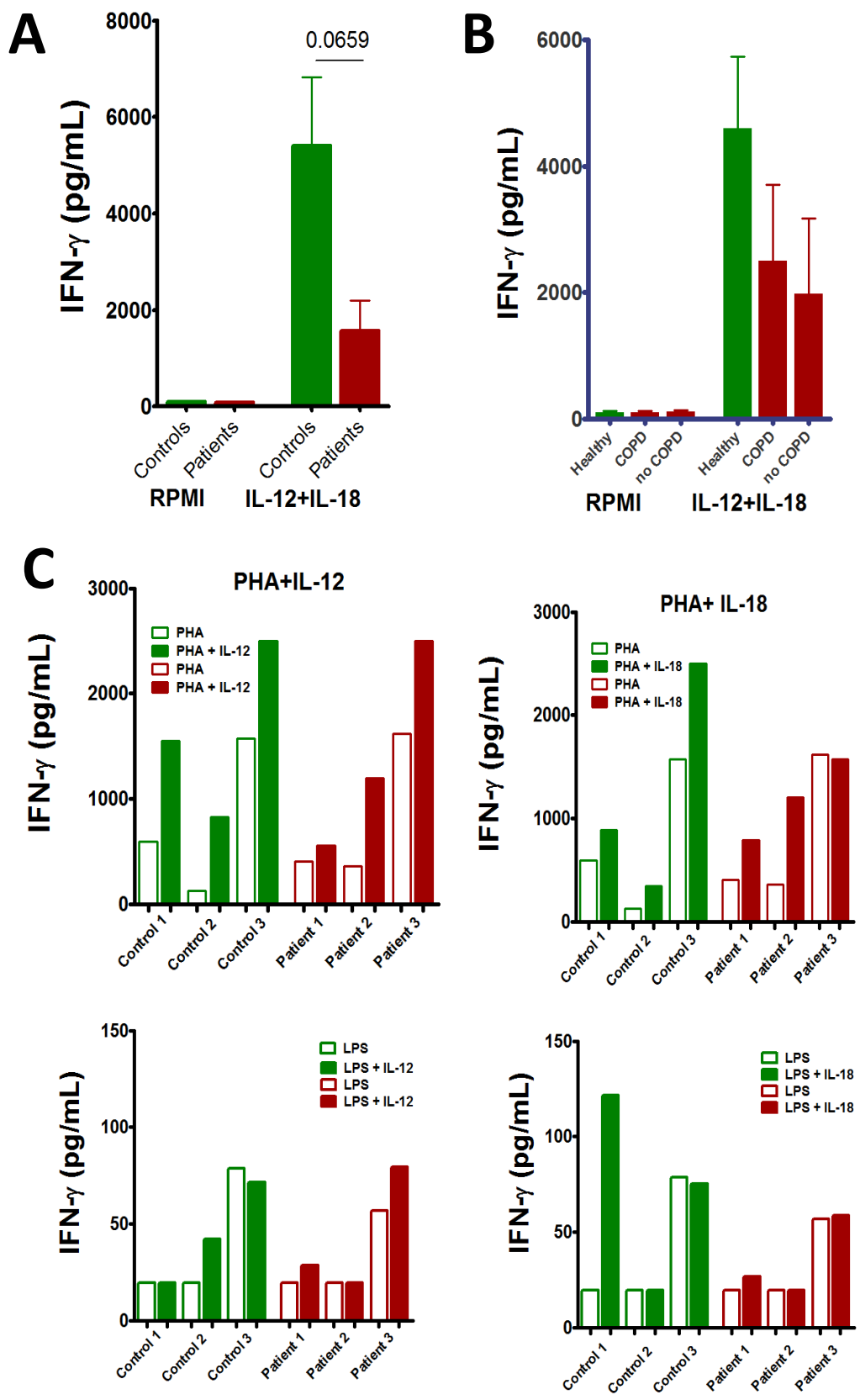


Figure S7: Additional experiments for elucidating cytokine pathways involved in IFN γ defect in *M. abscessus* patients. **A-B**, IFN γ production upon 7-days stimulation of PBMCs with the combination of IL-12 (10 ng·mL⁻¹) and IL-18 (50 ng·mL⁻¹) in patients (n=13) compared to controls (n=13) (**A**) and between healthy controls (n=13), COPD (n=6), non COPD (n=7) patients (**B**)., **C**, IFN γ production upon 7-days stimulation of PBMCs from patients (n=3) and controls (n=3) using either IL-12 or IL-18 separately with the addition of stimulus phytohemagglutinin (PHA, 10 μ g·mL⁻¹) or *E. coli* lipopolysaccharide (LPS, 1 ng·mL⁻¹), or the combination of both.

S8

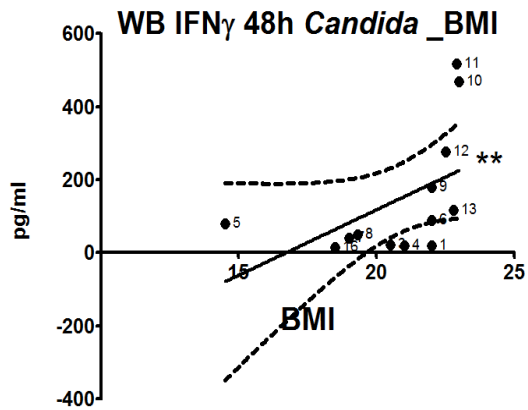


Figure S8: correlation between IFN gamma levels in whole blood of *M. abscessus* patients upon *C. albicans* stimulation after 48h and their BMI

S9

Adverse events	
Gastro-intestinal complaints	5 (38.5)
Ototoxicity	7 (53.8)
Rash	1 (7.7)
Qtc prolongation	1 (7.7)
trombocytopenia	1 (7.7)

Figure S9: Reported adverse events due to antibiotic use