

Web Appendix 1

BTS Bronchiectasis Guideline

Clinical questions

Q1. What is the incidence, prevalence and prognosis of bronchiectasis? – literature review
Q2/3. How (and in who) should the diagnosis and cause be determined? (previous questions 2, 3 and 19)
Q4. What treatments improve outcomes for patients with stable bronchiectasis?
a) Airway clearance techniques
b) Long term anti-inflammatory treatment (≥ 3 months)
c) Long term antibiotic treatment (≥ 3 months)
d) Long term mucoactive treatment (≥ 3 months)
e) Long term Bronchodilator treatment (≥ 3 months)
f) Pulmonary Rehabilitation
g) Surgery
h) Transplantation
i) GERD treatment
j) Vaccination
k) LTOT/non invasive ventilation
l) Other treatments- cough suppression, nutritional, complimentary therapy/homeopathy, supplemental treatments
Q5. What treatments improve outcomes in patients with bronchiectasis and Active Allergic Broncho-Pulmonary Aspergillosis?
Q6. Does immunoglobulin replacement therapy improve outcomes in patients with bronchiectasis due to antibody deficiency?
Q7. What is the prevalence of rhinosinusitis in patients with stable bronchiectasis and what are the outcomes of treatment?
Q8. Do pathogens influence the outcome of bronchiectasis?
Q9. Does the eradication of potentially pathological microorganisms improve outcomes in patients with stable bronchiectasis?
Q10. Does antibiotic therapy improve outcomes in patients with an exacerbation of bronchiectasis?
Q11. Is there a role for sensitivity testing?
Q12. Are there differences in outcome between patients with bronchiectasis treated in specialist versus non-specialist care settings?
Q13. What is the evidence for the role of fungal disease/viruses in patients with bronchiectasis?
Q14. How should we monitor bronchiectasis?
Q15. In exacerbations, is there a role for non invasive and invasive ventilation?
Q16. Is there any evidence of cross infection with pathogenic organisms (conventional and environmental mycobacteria)?

Q17. What are the complications of bronchiectasis? Literature review

Q18. Should treatment be altered if there is coexisting comorbid disease?

Name	Theme	Topic code	Partner/s
Dr A Hill	Anti-inflammatories/ bronchodilators	4b, 4e	JC
Dr M Loebinger	LTAb; eradication	4c,9	RW/PM/CH
Dr A Sullivan	Complications and comorbid disease; pathogens and prognosis	17,18, 8	KG-J, JC
Dr A De Soyza	Surgery, transplantation, GERD, Monitoring, Cross infection	4g, 4h, 4i, 14, 16	DW/JH/NS/ JF
Professor Stuart Elborn	Exacerbations, Specialist services, Fungi, Viruses	10,11,12,13	JF
Dr C Haworth	LTAb; eradication	4c,9	RW/PM/ML
Dr J Hurst	Incidence, prevalence, prognosis, LTOT, NIV, ventilation, monitoring	1, 4k, 14, 15	KP, AdeS, NS
Dr R Wilson	LTAb; eradication	4c,9	CH/PM/ML
Dr M Smith	Causes, Investigation, vaccination, Ig replacement therapy	2/3, 4j, 6	PK/NS/AF
Dr Andres Floto	Causes, Investigation, vaccination, Ig replacement therapy	2/3, 4j, 6	PK/NS/MS
Professor John Govan	Exacerbations, Specialist services, Fungi, Viruses, Cross infection	10,11,12, 13,16	SE, AdeS
Dr Peter Kelleher	Causes, Investigation, vaccination, Ig replacement therapy	2/3, 4j, 6	NS/MS/AF
Dr Nicholas Screaton	Investigation; Monitoring	2/3, 14	AF/MS/PK/AdeS/JH
Mr Hesham Saleh	Rhinitis	7	JC
Dr James Chalmers	Anti-inflammatories/ bronchodilators, Rhinitis, ABPA, pathogens and prognosis	4b, 4e, 5, 7,8	DW/AH/HS/ AS
Dr Pallavi Mandal	LTAb; eradication	4c,9	RW/ML/CH
Dr Deborah Whitters	Surgery, transplantation, GERD; other treatments; ABPA	4g,4h,4i,4l, 5	AdeS/ JC/KP
Alex Harvie and Lizzie Grillo	ACT, mucoactive, rehab	4a, 4d,4f	
Karen Payne	Incidence, prevalence, prognosis, ventilation, other treatments	1, 4k, 4l, 15	DW/JH
Dr Kevin Gruffydd- Jones	Complications and comorbid disease	17,18, 2/3	AS, NG

Other tasks

Andres Floto and Stuart Elborn to draft Research Priorities

Adam Hill to draft Audit Priorities in primary and secondary care

John Govan to draft a microbial section inc. SOPs