

Appendix 5: Summary table of papers for investigations/causes

	Pasteur et al 2000 [1]				Li et al 2005 [2]			
Study site	UK tertiary clinic				UK tertiary clinic			
Subjects with bronchiectasis	150 adults				136 children			
M:F	56:94				65:71			
Age yrs	Mean 52.7 (Range 13-82)				Mean 12.1 (Range 3.1-18.1)			
FEV1 %	Mean 74				Mean 71			
Aetiology	Investigation	Performed n	Abnormal n	Diagnostic n (%)	Investigation	Performed n	Abnormal n	Diagnostic n (%)
Cystic fibrosis	CFTR gene analysis (Panel covering 86% of local disease causing mutations)	146	10 +/- 1 +/-	4 (2.7)	Pre-excluded by sweat test and genetic analysis with selected measurement of nasal potential difference and faecal elastase			
	Sweat sodium chloride equivalent (only in those patients with at least one CFTR mutation)	11	4					
Alpha-1 antitrypsin deficiency	ALAT levels	150	2	0 (0.0)	Not investigated			
	ALAT ZZ phenotype	150	0					
Primary ciliary dyskinesia	Cilia brushings for LM and EM	150	3	3 (2.0)	Ciliary function	66	19	19 (29.0)
					Nasal nitric oxide (only in those patients with abnormal ciliary function)	19	9	
Allergic bronchopulmonary aspergillosis	Aspergillus specific IgE	150	28	11 (7.3)	Not investigated			
	Aspergillus specific IgG (only undertaken in sensitised subjects)	11	2					
	Total IgE							
	Blood eosinophilia Skin prick tests							
Humoral immunodeficiency	Serum immunoglobulins	150	5	12 (8.0)	Immunoglobulins IgG subclasses Specific antibody responses to Hib, Tetanus and Streptococcus pneumoniae Lymphocyte subsets	110	46	46 (42.0)
	IgG subclasses	150	7					
	Anti-pneumococcal antibody titre	150	25					
	Pneumovax response (only undertaken in those with <10th percentile pre-immunisation antibody titre)	25	6					
Defect in neutrophil function	Neutrophil adhesion markers	150	0	1 (0.7)	Not investigated			
	Neutrophil respiratory burst	150	2					
Autoimmunity	Not investigated				Not investigated			
Aspiration	Not investigated			6 (4.0)	24h oesophageal pH monitoring	51	23	23 (45.0)
					Barium meal	18	2	1 (5.5)
Previous Tuberculosis	Not investigated				Mantoux	23	0	0 (0)
Diagnosis made on investigation n (%)	31 (20.7)				89 (65.4)			
Overall diagnostic rate n (%)	70 (46.7)				101 (74.2)			
Overall rate of change of management n (%)	22 (14.7)				77 (56.7)			

(Continued)

Lonni et al 2015 [6]				Qi et al 2015 [7]			
9 European University teaching hospitals				China - 5 general hospitals			
1258 adults				476 adults			
506:752				Not reported			
Median 67 (IQR 58-75)				≥ 18			
Median 73				Mean 73.8			
Investigation	Performed n	Abnormal n	Diagnostic n (%)	Investigation	Performed n	Abnormal n	Diagnostic n (%)
CFTR gene analysis			0 (0)	Not investigated			
Sweat test							
Only investigated if suggestive signs and symptoms							
A1AT deficiency evaluated if family history or CT evidence of lower lobe emphysema				Not investigated			
Not specified			8 (0.6)				
Only investigated if suggestive signs and symptoms			Only investigated if suggestive signs and symptoms				
Nasal NO and Saccharin test			21 (1.7)	Sacharrin test	71	8	4 (0.9)
Referral to specialist centre				Ciliated epithelial biopsies for EM only in those with positive saccharin test	8	2	
Total IgE				Only investigated in the presence of wheeze			
Aspergillus specific IgE	1258		56 (4.5)	Blood eosinophilia			19 (4.0)
Serum precipitins				Skin prick tests	78		
				Total IgE			
Serum immunoglobulins				Serum immunoglobulins			17 (3.6)
Serum electrophoresis	1258		73 (5.8)		476	23	
Not investigated				Not investigated			
Investigated if clinical features of rheumatological disease				Investigated if clinical features of rheumatological disease			
Rheumatoid factor, Anti-CCP			128 (10)	Standard criteria			21 (4.4)
ANA, ENA, ANCA							1 (0.2)
Not investigated			8 (0.6)	Not investigated			
Not investigated				Not investigated			
286 (22.7)				61 (12.8)			
756 (60.0)				162 (34.0)			
166 (13.2)				Not reported			