

Appendix 7: Studies of lower respiratory tract microbiology in adult bronchiectasis patients

Date	Ref	Country	N	Age ¹	Method	Hi	Pa	Sa	Sp	Mc	Anaer	GnNF	Spy	Asp	Myco	Non-pathogenic ²	No Growth
1992	[1]	Hong Kong	91	50	Sputum	N/D	N/D	N/D	N/D	N/D	N/D		N/D	N/D	13% ³	N/D	
1995	[2]	USA	123	57	Sputum	30%	31%	7%	11%	2%	2%			5%	23% ⁴	23%	
1996	[3]	UK	135	-	Sputum	N/D	12%	N/D	N/D	N/D	N/D			N/D	N/D	N/D	N/D
1997	[4]	UK	152	-	Sputum	11%	15%	3%	4%	3%	N/D	3%	N/D	N/D	N/D	N/D	22%
1997	[5]	Spain	17	57	BAL	35%	5%				N/D				N/D	60%	23%
1998	[6]	Hong Kong	100	57	Sputum	10%	33%	5%	6%	2%		5%			3%	35%	
2000	[7]	UK	150	53	Sputum	35%	31%	14%	13%	20%	N/D			2%	N/D	5%	
2001	[8]	Spain	49	57	BAL	26%	20%		2%		N/D				N/D	28%	
2002	[9]	Thailand	50	58	Sputum	14%	20%		6%	4%	N/D				6% ⁵	36%	
2002	[10]	Spain	42	58	Sputum	26%	9%		14%	5%	N/D			2%	0%	60%	
2002	[10]	Spain	59	58	BAL	32%	10%	3%	7%		N/D				0%	32%	
2007	[11]	Australia	89	57	Sputum	47%	12%	4%	7%	8%	N/D	3%		2%	2%	21%	
2008	[12]	Australia	61	42	Sputum	62%	20%	7%	15%	5%	N/D	20%		N/D	2%	23%	
2009	[13]	UK	141	67	Sputum	20%	19%	2%	6%	4%	N/D	2%		N/D	N/D	44%	
2011	[14]	Turkey	50	51	Sputum	10%	21%		5%	3%							63%
2012	[15]	New Zealand	141	60	Sputum	28%	12%	3%	3%	4%	N/D	N/D	N/D	N/D	N/D	50%	
2014	[16]	Belgium	245	68	Sputum	19%	8%	14%	15%	8%	N/D	7%		11%	N/D	N/D	N/D
2014	[17]	Spain	819	59	Sputum	15%	32%	5%	N/D	N/D	N/D	5%		22% ⁷	3%	N/R	N/R
2014	[18]	UK	608	67	Sputum	29%	12%	7%	6%	10%	N/D	7%		N/D	Excluded	28%	
2015	[19]	UK and Spain	50	65	Sputum	20%	20%	6%		6%		10%				40%	
2015	[20]	UK	81	63	BAL	23%	5%	12%	8%	1%	N/D	6%		1%	ND	49%	
2015	[21]	China	144	45	Sputum	10%	31%	2%	N/D	N/D	N/D	7%		N/D	N/D	40%	
2015	[22]	UK	155	61	Sputum ⁸	57%	49%	20%	33%	25%	N/D	Not calculable		10%	3%	N/R	

Exclusions: studies that were selective e.g studies of only positive cultures or only including P.aeruginosa or NTM patients; studies that did not report a full range of pathogens.

¹ mean or median age in adult series

² Non-pathogenic: non-pathogenic organisms such as Corynaebacterium, Neisseria spp, coagulase negative Staphylococcus, β-haemolytic Streptococcus

³ 11% M. tuberculosis, 2% M. avium, 1% M. chelonae

⁴ 17% M. avium intracellulare

⁵ M. kansasii 4%, M.c chelonae 2%

⁷ includes other fungi

⁸ Includes positive cultures over time only.

Anaer, anaerobe; Asp, Aspergillus; BAL, bronchoalveolar lavage; Hi, Haemophilus influenzae; Mc, Moraxella catarrhalis; Myco, mycobacteria; N/D, not done; Pa, Pseudomonas aeruginosa; Sa, Staphylococcus pneumoniae; Spy, Streptococcus pyogenes; GnNF= Gram-negative non-fermenters

Appendix 7 (Continued)

References

1. Chan CH, Ho AK, Chan RC, et al. Mycobacteria as a cause of infective exacerbation in bronchiectasis. *Postgraduate medical journal* 1992;68(805):896-9
2. Nicotra MB, Rivera M, Dale AM, et al. Clinical, pathophysiologic, and microbiologic characterization of bronchiectasis in an aging cohort. *Chest* 1995;108(4):955-61
3. Evans SA, Turner SM, Bosch BJ, et al. Lung function in bronchiectasis: the influence of *Pseudomonas aeruginosa*. *European Respiratory Journal* 1996;9(8):1601-4
4. Wilson CB, Jones PW, O'Leary CJ, et al. Effect of sputum bacteriology on the quality of life of patients with bronchiectasis. *European Respiratory Journal* 1997;10(8):1754-60
5. Cabello H, Torres A, Celis R, et al. Bacterial colonization of distal airways in healthy subjects and chronic lung disease: a bronchoscopic study. *European Respiratory Journal* 1997;10(5):1137-44
6. Ho PL, Chan KN, Ip MS, et al. The effect of *Pseudomonas aeruginosa* infection on clinical parameters in steady-state bronchiectasis. *Chest* 1998;114(6):1594-8
7. Pasteur MC, Helliwell SM, Houghton SJ, et al. An investigation into causative factors in patients with bronchiectasis. *American Journal of Respiratory and Critical Care Medicine* 2000;162(4 pt1):1277-84
8. Angrill J, Agustí C, De Celis R, et al. Bronchial inflammation and colonization in patients with clinically stable bronchiectasis. *American Journal of Respiratory and Critical Care Medicine* 2001;164(9):1628-32
9. Palwatichai A, Chaoprasong C, Yattanathum A, et al. Clinical, laboratory findings and microbiologic characterization of bronchiectasis in Thai patients. *Respirology* 2002;7(1):63-6
10. Angrill J, Agustí C, de Celis R, et al. Bacterial colonisation in patients with bronchiectasis: microbiological pattern and risk factors. *Thorax* 2002;57(1):15-19
11. King PT, Holdsworth SR, Freezer NJ, et al. Microbiologic follow-up study in adult bronchiectasis. *Respiratory medicine* 2007;101(8):1633-8
12. Steinfurt DP, Brady S, Weisinger HS, et al. Bronchiectasis in Central Australia: a young face to an old disease. *Respiratory medicine* 2008;102(4):574-8
13. Murray MP, Pentland JL, Turnbull K, et al. Sputum colour: a useful clinical tool in non-cystic fibrosis bronchiectasis. *European Respiratory Journal* 2009;34(2):361-4 doi: <http://dx.doi.org/10.1183/09031936.00163208> [published Online First: Epub Date].
14. Ergan Arisava B, Coplu L. Does airway colonization cause systemic inflammation in bronchiectasis? *Tuberkuloz ve Toraks* 2011;59(4):340-7
15. Wong C, Jayaram L, Karalus N, et al. Azithromycin for prevention of exacerbations in non-cystic fibrosis bronchiectasis (EMBRACE): a randomised, double-blind, placebo-controlled trial. *Lancet* 2012;380(9842):660-7 doi: [http://dx.doi.org/10.1016/S0140-6736\(12\)60953-2](http://dx.doi.org/10.1016/S0140-6736(12)60953-2) [published Online First: Epub Date].
16. Goeminne PC, Nawrot TS, Ruttens D, et al. Mortality in non-cystic fibrosis bronchiectasis: a prospective cohort analysis. *Respiratory medicine* 2014;108(2):287-96 doi: <http://dx.doi.org/10.1016/j.rmed.2013.12.015> [published Online First: Epub Date].
17. Martinez-Garcia MA, de Gracia J, Vendrell Relat M, et al. Multidimensional approach to non-cystic fibrosis bronchiectasis: the FACED score. *European Respiratory Journal* 2014;43(5):1357-67 doi: <http://dx.doi.org/10.1183/09031936.00026313> [published Online First: Epub Date].
18. Chalmers JD, Goeminne P, Aliberti S, et al. The bronchiectasis severity index. An international derivation and validation study. *American Journal of Respiratory & Critical Care Medicine* 2014;189(5):576-85 doi: <http://dx.doi.org/10.1164/rccm.201309.15750C> [published Online First: Epub Date].
19. Sibila O, Suarez-Cuartin G, Rodrigo-Troyano A, et al. Secreted mucins and airway bacterial colonization in non-CF bronchiectasis. *Respirology* 2015;20(7):1082-8 doi: 10.1111/resp.12595 [published Online First: Epub Date].
20. McDonnell MJ, Ahmed M, Das J, et al. Hiatal hernias are correlated with increased severity of non-cystic fibrosis bronchiectasis. *Respirology* 2015;20(5):749-57 doi: 10.1111/resp.12522 [published Online First: Epub Date].
21. Guan WJ, Gao YH, Xu G, et al. Sputum bacteriology in steady-state bronchiectasis in Guangzhou, China. *The international journal of tuberculosis and lung disease : the official journal of the International Union against Tuberculosis and Lung Disease* 2015;19(5):610-9 doi: 10.5588/ijtld.14.0613 [published Online First: Epub Date].
22. McDonnell MJ, Jary HR, Perry A, et al. Non cystic fibrosis bronchiectasis: A longitudinal retrospective observational cohort study of *Pseudomonas* persistence and resistance. *Respiratory medicine* 2015;109(6):716-26 doi: 10.1016/j.rmed.2014.07.021 [published Online First: Epub Date].