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Additional important research priorities for bronchiectasis in China

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Title

Additional important research priorities for bronchiectasis worldwide

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Text

From the authors:

We thank Guan and colleagues for highlighting important additional research priorities for bronchiectasis in China. The EMBARC research priorities “roadmap” published in the ERJ was specifically developed to address the issue of research priorities from the point of view of European experts, and with this in mind it is important to consider how these priorities may be different across different healthcare systems.(1,2)

Bronchiectasis appears to be very different across the world. In addition to the different characteristics observed in China compared to Europe, (3,4)] the emerging Indian Bronchiectasis Registry, as part of the EMBARC network, has reported a high rate of post-TB bronchiectasis and bronchiectasis related to COPD. A further research priority is therefore to understand the prevalence, impact and outcomes of bronchiectasis following TB infection.

In the United States bronchiectasis registry, 63.5% of patients had a history of pulmonary NTM disease, an aetiology or complication seen much less frequently in Europe.(3) We may therefore add from a North American perspective, a key priority to identify the optimal treatment for NTM infections as well as understanding the susceptibility factors and disease characteristics associated with NTM infection.(5,6) While many of the research priorities for colleagues in Australasia would be similar to those of Europe, we might add priorities to understanding the burden of disease and aetiology in indigenous populations.(7)

Therefore it is clear that across the world, patient populations and therefore research priorities may be different. Nevertheless, the desire to improve patient outcomes and to find evidence for new treatments remains the same.(8)

It is in this spirit that an international collaborator effort for bronchiectasis is now well advanced. The EMBARC network (www.bronchiectasis.eu) is closely aligned with research efforts in many individual European countries,(9) but most importantly is collaborating closely with international bronchiectasis networks. The United States Bronchiectasis Research Registry began data collection in 2008 across 13 centres and incorporates data collection for bronchiectasis bronchiectasis and NTM disease. The Australian Bronchiectasis Registry, under the auspices of the Australian Lung Foundation has recently begun recruitment and has the unique feature of collecting data on children. EMBARC India, The Indian bronchiectasis registry, is far advanced with more than 500 patients enrolled at the time of writing from more than 33 centres. Emerging bronchiectasis research programmes are in development in other countries including Latin America, Sri Lanka and South Africa.

An important symbol of this new international consortium of bronchiectasis researchers was the first World Bronchiectasis Conference in Hannover, Germany in July 2016 (WBC; <http://world-bronchiectasis-conference.com>). This event saw the participation of more than 300 delegates from around the world who met to discuss clinical and translational aspects of bronchiectasis under the auspices of the European Respiratory Society, EMBARC and PROGNOSIS. In the wake of this major success, the 2nd WBC has been organized in Milan, Italy, in July 2017, with a special focus of bronchiectasis clinical trials and pulmonary NTM.

We invite all those with an interest in bronchiectasis to participate in these international collaborative efforts. Specific objectives of our collaboration are: 1) To merge different bronchiectasis registries on a common platform with shared definitions to allow comparative global studies and generalizable research findings; 2) To identify integrate and compare research needs in the field; 3) To share infrastructures and competencies in order to design and conduct high-quality

trials according to a common roadmap; 4) To plan educational policies to increase the disease awareness and enlarge the group of experts interested in bronchiectasis (10); 5) To facilitate the interaction between national groups of patients suffering from this disease. This integrated and multinational approach, we believe, is the way to achieve progress not just in one part of the world, but for the disease globally.

We look forward to working with all of our international colleagues who share the one and only core priority- to improve the quality of life for patients with bronchiectasis.

References

1. Guan WJ et al. Additional Important Research Priorities for Bronchiectasis in China. *Eur Respir J* 2016; in press
2. Aliberti S, Masefield S, Polverino E, De Soyza A, Loebinger MR, Menendez R, Ringshausen FC, Vendrell M, Powell P, Chalmers JD; EMBARC Study Group. Research priorities in bronchiectasis: a consensus statement from the EMBARC Clinical Research Collaboration. *Eur Respir J* 2016;48(3):632-7.
3. Lonni S, Chalmers JD, Goeminne PC, McDonnell MJ, Dimakou K, De Soyza A, Polverino E, Van de Kerkhove C, Rutherford R, Davidson J, Rosales E, Pesci A, Restrepo MI, Aliberti S. Etiology of non-cystic fibrosis bronchiectasis in adults and its relationship to severity. *Ann Am Thorac Soc* 2015; 12(12):1764-70.
4. Mao B, Yang JW, Lu HW, Xu JF. Asthma and bronchiectasis exacerbation. *Eur Respir J* 2016;47(6):1680-6.
5. Aksamit TR, Carretta E, Daley CL et al. The Bronchiectasis Research Registry: a Collaborative Research Cohort for Non-Cystic Fibrosis Bronchiectasis. *Am J Respir Crit Care Med*. 2012; A3654.
6. Hoefsloot W, van Ingen J, Andrejak C et al, The geographic diversity of nontuberculous mycobacteria isolated from pulmonary samples: an NTM-NET collaborative study. *Eur Respir J*

2013;42(6):1604-13.

7.Redding GJ, Singleton RJ, Valery PC et al. Respiratory exacerbations in indigenous children from two countries with non-cystic fibrosis chronic suppurative lung disease/bronchiectasis. *Chest* 2014;146(3):762-74.

8. Chalmers JD, Aliberti S, Blasi F. State of the art: management of bronchiectasis in adults. *Eur Respir J* 2015; 45(5):1446-62.

9. Chalmers JD, Aliberti S, Polverino E et al. The EMBARC European Bronchiectasis Registry: protocol for an international observational study. *ERJ Open Res* 2016;2(1):pii00081-2015.

10. Aliberti S, Hill AT, Mantero M et al. Quality standards for the management of bronchiectasis in Italy: a national audit. *Eur Respir J* 2016;48(1):244-8.