

Appendix: Questionnaire (Web Survey)



S2

Please estimate where you spend your professional time with respect to each care setting?

Hospital setting	<input type="text"/> %
Out of hospital setting	<input type="text"/> %
Other setting <input type="text"/>	<input type="text"/> %
Total	<input type="text"/> %

S2a

What percentage of your time spent in the hospital setting is spent with inpatients vs. outpatients?

Inpatients	<input type="text"/> %
Outpatients	<input type="text"/> %
Total	<input type="text"/> %

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S3

Which of the following patient indications have you **personally managed over the past 12 months?**

Please select all that apply, even if you treat these patients very seldomly.

- Asthma
- CF bronchiectasis
- COPD
- Cystic fibrosis
- Interstitial lung disease
- Lung cancer
- non CF adult bronchiectasis
- nontuberculous mycobacterial (NTM) pulmonary disease
- Obstructive pulmonary disease
- Pneumothorax
- Pulmonary hypertension
- Pulmonary oedema
- Pneumonia
- Sarcoidosis
- Tuberculosis
- None of the above

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S4

How many patients did you treat for non CF adult bronchiectasis over the last **12 months**?

S5

How many patients did you treat for nontuberculous mycobacterial (NTM) pulmonary disease over the last **12 months**?

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Q1

Which of the following statements most accurately reflects how you manage non CF adult bronchiectasis patients with respect to published guidelines:

Please select only one.

- I strictly follow the guidelines
- I know the guidelines and use them to inform my choices
- Although I'm aware of the guidelines, they play a minor role in my treatment decisions
- I do not follow the guidelines

Q2

Which guidelines do you follow?

Please select all that apply.

- American Thoracic Society (ATS)
- European Respiratory Society (ERS)
- Local or national guidelines, please state organisation/body

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Q3

Please select which of the following therapies you have prescribed or recommended to treat non CF adult bronchiectasis patients?

Please tick all that apply.

Therapies	Select
Secretion drainage	<input type="checkbox"/>
Oral antibiotics	<input type="checkbox"/>
Parenteral antibiotics	<input type="checkbox"/>
Inhaled antibiotics	<input type="checkbox"/>
Antiobstructive therapy	<input type="checkbox"/>
Anti-inflammatory therapy	<input type="checkbox"/>
Surgical therapy	<input type="checkbox"/>
Pulmonary rehabilitation	<input type="checkbox"/>

Q4

Of the $\{[SSI \text{ Script}]1\}$ non CF adult bronchiectasis patients you have managed **over the past 12 months**, how many have received long-term (≥ 3 months) macrolide (e.g. Clarithromycin, Azithromycin) monotherapy?

Patients

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Q5

In your view, what is the risk of contracting the following infections in patients with **non CF adult bronchiectasis**?
Please answer on a scale of 1-7, where 1 is: "this infection has **minimal risk**", and 7 is: "this infection has **extreme risk**".

	minimal risk 1	2	3	4	5	6	extreme risk 7
Pseudomonas aeruginosa	<input type="range"/>						
Haemophilus influenza	<input type="range"/>						
Mycobacterium tuberculosis	<input type="range"/>						
Non-tuberculous mycobacteria (NTM)	<input type="range"/>						
Bordetella pertussis	<input type="range"/>						
Staphylococcus aureus	<input type="range"/>						
Streptococcus pneumoniae	<input type="range"/>						
Influenza viruses	<input type="range"/>						
Adenovirus	<input type="range"/>						
Paramyxovirus	<input type="range"/>						

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Q6

Are patients with non CF adult bronchiectasis at particular risk of contracting non-tuberculous mycobacteria (NTM)?

- Yes
- No

Q7

In your view, what is the risk of contracting a NTM infection in patients with non CF adult bronchiectasis compared to patients with moderate-severe grade of COPD severity?

Please answer using a scale below from "substantially lower risk" to "substantially higher risk" vs. other common respiratory conditions.

Substantially lower risk	Somewhat lower risk	Same risk	Somewhat higher risk	Substantially higher risk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8

What percentage of all non CF adult bronchiectasis patients would you estimate contract non-tuberculous mycobacteria (NTM) **over the course of their disease**

%

I don't know

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Q9

Considering the [SS1 Script] non CF adult bronchiectasis patients you have managed over the last 12 months have you tested any for non-tuberculous mycobacteria (NTM)?

- Yes
 No

Q10

Of all the non CF adult bronchiectasis patients you have **managed over the past 12 months**. How many have you tested for non-tuberculous mycobacteria (NTM) and how many of these tested positive?

	Number of patients
Number of non CF adult bronchiectasis patients you have managed over the past 12 months	<input type="text"/>
Number tested for non-tuberculous mycobacteria (NTM)	<input type="text"/>
Number of those that tested positive	<input type="text"/>

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Q11

What are the triggers for you to test for non-tuberculous mycobacteria (NTM) in adult non CF bronchiectasis patients?

Please select all that apply.

- All adult non CF bronchiectasis patients are tested for NTM on diagnosis/ initial presentation
- Results of radiology exams, physical features of the lung which lead me to suspect NTM
- Specific clinical symptoms which lead me to suspect NTM
- I would test for NTM when I want to treat the patient with macrolide monotherapy
- Failure to respond to treatment of bronchiectasis
- Increased symptoms or complications in general
- All of the above
- Other (please specify)
- Other (please specify)

Q12

How often would you test for NTM in an at risk patient with adult non CF bronchiectasis?

- Less frequently than once a year
- Once a year
- Every 6 months
- Other

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Q13

Is frequency of testing for non-tuberculous mycobacteria (NTM) adversely impacted by any of these factors?

	Yes, this impacts frequency of testing	No, this does not impact frequency of testing
The patient may be referred to and managed by other physicians, I may not see the patient frequently	<input type="radio"/>	<input type="radio"/>
The costs of the tests	<input type="radio"/>	<input type="radio"/>
Our access to laboratories that can perform the tests	<input type="radio"/>	<input type="radio"/>
Other, (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>
Other, (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Q14

Why have you not tested your non CF adult bronchiectasis patients for non-tuberculous mycobacteria (NTM)?

Please select all that apply.

- I have not suspected that any patients have the disease
- I am not aware how to test and diagnose NTM
- I would refer the patient to a specialist physician who manages NTM patients, they would order the tests and diagnose the patient
- Other, (please specify)
- Other, (please specify)

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L1

Based on which criteria do you diagnose non-tuberculous mycobacteria (NTM)?

Please select all that apply.

- Clinical
- Radiographic
- Microbiologic
- Other

L2

Thinking of all the patients you have treated for non-tuberculous mycobacteria (NTM) over the past 12 months. In what percentage have you prescribed?

	Percentage
Monotherapy	<input type="text"/> %
Combination therapy	<input type="text"/> %

The total does **not** need to equal 100%

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L3

Which drugs do you prescribe as monotherapy?

Please select all that apply.

- Clarithromycin
- Azithromycin
- Rifampicin
- Rifabutin
- Ethambutol
- Amikacin
- Streptomycin
- Linezolid
- Trimethoprim
- Ciprofloxacin
- Other

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L4

Thinking of all the patients you have treated for non-tuberculous mycobacteria (NTM) which of the following drugs:

	Would be the most common combination when you initiate treatment?	If this combination proves not to be effective, which combination would you prescribe next to the patient?
Clarithromycin	<input type="checkbox"/>	<input type="checkbox"/>
Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>
Rifampicin	<input type="checkbox"/>	<input type="checkbox"/>
Rifabutin	<input type="checkbox"/>	<input type="checkbox"/>
Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>
Amikacin	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>
Linezolid	<input type="checkbox"/>	<input type="checkbox"/>
Trimethoprim	<input type="checkbox"/>	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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For each of the following statements, please select how strongly you agree or disagree:

Q15

Patients with structural lung damage are at **higher risk** of being infected with NTM.

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16

When left untreated or inappropriately managed, NTM lung disease can lead to severe consequences, including progressive worsening of respiratory function.

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17

NTM lung disease has **no significant impact on mortality risk** as mortality is determined by the underlying condition.

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18

NTM lung infection in any patient **significantly increases morbidity** and leads to more frequent hospitalizations

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19

Use of **long-term treatment with macrolide monotherapy** to prevent exacerbations in non CF bronchiectasis **can increase the risk of macrolide resistance in active NTM infection.**

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>