

**SUPPLEMENTARY MATERIAL**

**Exploring the impact of elexacaftor-tezacaftor-ivacaftor treatment on opinions regarding airway clearance techniques and nebulisers – TEMPO a qualitative study in children with cystic fibrosis, their families and healthcare professionals.**

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## Interview topic guide

### Young people with cystic fibrosis aged 12-18 years on Kaftrio.

We are interested in how you look after your CF and how you feel about the treatments after starting on Kaftrio (ETI).

#### **A. Before being on a ETI drug:**

1. what was your daily treatment routine?

Prompts:

- How did you feel about this routine especially physiotherapy and nebuliser?
  - Who did you turn to for help? Example.
2. How would you describe your daily life (e.g. going to school, playing sport, going out, travel)?
  3. What was the worst CF treatment in your opinion? Why?

#### **B. After starting on ETI:**

4. What are the changes you notice after starting ETI?

Prompts:

- symptoms
  - treatments
  - complaints
  - adherence
  - expectations
  - What's the reason behind this change?
  - How did it make you feel when you see these changes?
5. How would you describe the impact of this treatment on your daily (social) life (e.g. going to school, playing sport, going out, travel)?

#### **C. Simplifying the treatment.**

6. What do you think about the idea of doing less physiotherapy after starting ETI?

Prompts:

- Do you think you still need to do physiotherapy? Why?
- If you could stop one nebuliser, what would it be?

**D. Conclusion.**

7. What questions would you like future research studies to focus on to help CF population in the future?
8. To me the main points from this interview have been (Summarise the main points from the interview) Have I missed anything?
9. Is there anything else that you would like to comment on about the modulators, load of treatment, physiotherapy or nebulisers that we haven't discussed today?

**Parents or guardians of children or young people with CF:****A. Before starting on ETI:**

1. Can you talk me through what a typical day in your child's life involved?

Prompts:

- What is your role when it comes to physiotherapy for your child? Does anyone else assist you with caretaking?
  - What was the worst treatment in your opinion?
2. Could you describe the impact of this on your child's day-to-day life (going to school, playing, travel)?

**B. After starting on ETI:**

3. What are the things that changed after starting ETI in your child's life?

Prompts:

- symptoms
  - treatments
  - complaints
  - adherence
  - social life
  - What's the reason behind this change?
  - How did it make you feel when you see these changes?
4. How do you currently feel about the level of support you have now in caring for your child?

**C. Simplifying the treatment.**

5. How do you feel about the idea of simplifying the physiotherapy after starting ETI?

Prompts:

- What do you expect after ETI in terms of physiotherapy?
- If you could stop one nebuliser, what would it be?

**D. Conclusion.**

6. What questions would you like future research studies in this area to address?
7. To me the main points from this interview have been (Summarise the main points from the interview) Have I missed anything?
8. Is there anything else that you would like to comment on about the modulators, burden of treatment, physiotherapy or nebulisers that we haven't discussed today?

**Healthcare professionals****A. Before the introduction of ETI:**

1. What is your role on the CF team? How long have you been working with CF?

Prompts:

- In your view, how important is physiotherapy for CF patients?
- How do you help CF patients to manage their treatment? Especially physiotherapy.

**B. After the introduction of ETI:**

2. What is the difference you notice after the ETI on CF practice?

Prompts:

- Importance of physiotherapy
  - Dealing with patients/family
  - Challenges
3. What's the impact of Kaftrio on the workload?

**C. Simplifying the treatment**

4. How do you feel about simplifying physio treatment?

Prompts:

- Advantages/disadvantages?
- What type of physio treatment do you think can be stopped? Nebulisers?

**D. Conclusion:**

5. What questions would you like future research studies to address in this area?
6. To me the main points from this interview have been (Summarise the main points from the interview) Have I missed anything?
7. Is there anything else that you would like to comment on about the modulators, burden of treatment, physiotherapy or nebulisers that we haven't discussed today?