AIR-NET

Identifying participants, pre-screening & eligibility

Participant Identification & Pre-screen

Identification of potentially eligible trial participants by the research or clinical teams may make use of any or all of the following:

- From secondary care via contact with participants at specialist respiratory clinics or pulmonary rehabilitation classes.

- From local Bronchiectasis databases where participants have given prior consent to be contacted for future research projects, e.g. EMBARC registry, or local registers such as TAYBRIDGE, BRONCH-UK, or similar databases with appropriate approval in other NHS facilities as defined locally.

- Recruitment of participants registered via the Scottish Health Research Register (SHARE)

- From primary care via the Primary Care Networks.

Participant Identification & Pre-screen

Potential participants identified from clinic lists:

- Clinical team will review the patient's medical notes to see if they are potentially eligible (Pre-screen)
- If identified at clinic, a member of the clinical team will give the patient a copy of the brief Participant Information Sheet (bPIS).
- The clinical team will pass on potential participant details to the RNs
- Potential participant details added to pre-screening log

Potential participants identified from locally held databases/SHARE:

- RNs check the potential participants medical notes to see if they meet eligibility criteria
- Check screening log to ensure potential participant has not been approached in clinic
- Database invitation letter and PIS sent to potential participant
- Potential participant details added to pre-screening log

Potential participants identified from primary care via the Primary Care Networks.

- participants will be sent an invitation letter and bPIS from the GP practice. GP practices will also be asked to display bPIS in their waiting rooms

Pre-screening Log

Pre-Screening Log

AIR-NET: Testing anti-inflammatories for the treatment of bronchiectasis

IRAS ID:	1010124	**Sponsor:**	University of Dundee & NHS Tayside	**Site:**	
EudraCT ID:		**Chief Investigator:**	Prof. James Chalmers	**Principal Investigator:**	

DATE OF SCREEN	PARTICIPANT NAME	DATE OF BIRTH	GENDER	ETHNICITY	ELIGIBLE YES/NO	REASON FOR INELIGIBILITY/DECLINED

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Inclusion Criteria

- ≥ 18 years.
- Able to provide informed consent.
- Capable of complying with all trial procedures and of completing the trial, in the opinion of the investigator.
- Bronchiectasis, confirmed by computed tomography (CT), showing bronchiectasis in 1 or more lobes.
- Normally produces sputum daily.
- Able to provide a sputum sample at the screening visit or between screening and randomisation[a].
- Active neutrophilic inflammation at screening/baseline indicated by a positive NEATstik (Neutrophil Elastase Airways Test) result[b].

[a]Repeat sputum samples may be provided during the screening period, if the sample taken during the screening visit is deemed to be of insufficient quality or quantity by the laboratory.

[b]A positive NEATstik test is equivalent to a NE concentration of 8µg/ml in sputum using the Proaxsis active NE immunoassay. If NEATstik is not available for screening, a frozen sputum sample will be shipped to the central laboratory in Dundee where the immunoassay will be performed and used to confirm eligibility.

Exclusion Criteria

- Enrolled previously in the trial 3 times
- Respiratory infection or bronchiectasis exacerbation 4 weeks prior to screening and/or between screening and randomisation[c]
- Antibiotic or corticosteroid 4 weeks prior to screening and/or between screening and randomisation[c]
- Active allergic bronchopulmonary aspergillosis (defined by International Society for Human and Animal Mycology criteria) on steroids and/or anti-fungals
- Nontuberculous mycobacterial infection on antibiotic therapy
- Immunodeficiency on immunoglobulin replacement
- A primary diagnosis of COPD or asthma (a secondary diagnosis of COPD or asthma is permitted)
- Cystic fibrosis
- Active malignancy except non-melanoma skin cancer
- Currently taking brensocatib
- Use of any investigational drugs within five times of the elimination half-life after the last dose or within 30 days, whichever is longer. Current enrolment in non-interventional, observational studies will be allowed
- Currently pregnant or breast-feeding
- Women of childbearing age and not practicing an acceptable method of birth control

[c] *In the event of a respiratory infection or bronchiectasis exacerbation during the screening period, the screening period may be extended, once only by up to 8 weeks, to ensure that randomisation occurs at least 4 weeks after the last dose of antibiotics is given.*

Treatment Specific Exclusion Criteria

Arm 2: Disulfiram

- Currently on Disulfiram (patients should have a washout period of at least 30 days from last dose if they have previously received this medication)
- Hypersensitivity to Disulfiram
- Participant, or investigator objects to randomisation to Disulfiram
- Does not agree to cease consumption of alcohol during intervention and for 14 days following treatment discontinuation
- Chronic liver disease
- Alanine transaminase (ALT)>135 U/L at screening,
- Bilirubin >30 umol/L at screening.
- Uncompensated cardiac failure
- Coronary artery disease (diagnosis of stable or unstable angina, previous myocardial infarction)
- Previous history of stroke or transient ischaemic attack
- Uncontrolled hypertension
- Hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption
- Recent psychiatric exacerbation
- Any significant acute or chronic psychiatric condition, including severe personality disorder, psychotic disorder or suicide risk.
- Hypothyroidism
- Porphyria
- Diabetes Mellitus
- Epilepsy

Treatment Specific Exclusion Criteria

Arm 3: Dipyridamole

- Currently on Dipyridamole (patients should have a washout period of at least 30 days from last dose if they have previously received this medication)
- Hypersensitivity to Dipyridamole
- Participant, or investigator, objects to randomisation to Dipyridamole
- Currently on dual antithrombotic therapy (aspirin or P2Y12 inhibitor plus anticoagulation)
- Current on direct oral anticoagulants (Dabigatran, Rivaroxaban, Edoxaban, Apixaban, Betrixaban or drugs in the same class) or long-term warfarin
- Any major trauma or haemorrhage including gastrointestinal bleeding, operation within the past 30 days
- Coagulation disorder
- Severe coronary artery disease (unstable angina, recent myocardial infarct in 30 days, decompensated/unstable severe left systolic dysfunction, uncontrolled heart failure)
- Myasthenia gravis

Treatment Specific Exclusion Criteria

Arm 4: Doxycycline

- Currently on Doxycycline (patients should have a washout period of at least 30 days from last dose if they have previously received this medication)
- Hypersensitivity to Doxycycline
- Participant, or investigator, objects to randomisation to Doxycycline
- Myasthenia Gravis
- Systemic Lupus Erythematosus
- Chronic Liver Disease
- Porphyria
- Alcohol dependence
- Suspected Syphilis

Enrolment Log

All participants who are consented and randomised should be added to the enrolment log.

Anonymised information on participants who are consented but not randomised will be collected for CONSORT reporting and includes:

- age
- gender
- ethnicity
- the reason not eligible for trial participation, or if they are eligible but declined

Enrolment Log

ENROLMENT & RANDOMISATION LOG

AIR-NET: Testing anti-inflammatories for the treatment of bronchiectasis

IRAS ID:	1010124	**Sponsor:**	University of Dundee & NHS Tayside	**Site:**	
EudraCT ID:		**Chief Investigator:**	Prof. James Chalmers	**Principal Investigator:**	

PARTICIPANT NAME	DATE OF BIRTH	ADDRESS	CHI/HOSPITAL NUMBER	PARTICIPANT ID NUMBER	RANDOMISED YES/NO

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Reporting Screening & Enrolment Figures to the Trial Management Team

- TMT will request monthly figures (no identifiable data will be requested, numbers only)
- TMT will compile Screening, Enrolment & Randomisation report for monthly TMG meeting