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<https://reachmd.com/programs/cme/non-cf-bronchiectasis-ncfbe-redefined/15618/>

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Non-CF Bronchiectasis (NCFBE): Redefined

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Swenson:

Hello everyone. My name is Colin Swenson. I am an Assistant Professor at Emory University in Atlanta, Georgia, where I also run the Non-CF Bronchiectasis and Nontuberculous Mycobacterial Clinics. I'm here to talk to you today about non-CF bronchiectasis, what we knew then and what we know now.

So starting off, there have been a lot of changes in recent years and what we know about non-CF bronchiectasis. For instance, we used to think that bronchiectasis was a rare disease with around 100,000 to 150,000 patients in the U.S. We used to think that most cases of bronchiectasis were caused by past infection, such as a pneumonia. We also used to think that it occurred almost exclusively in older women, and that it wasn't associated with an increase in mortality. But our understanding over the years has changed.

What we now know is that non-CF bronchiectasis is not a rare disease. In the U.S. alone, there are up to 500,000 adults affected by this disease. And we believe that this number is in fact an underestimate. Its prevalence is increasing every year. And over the past 10 years alone, as you can see in this slide, there has been a 40% increase in this diagnosis. The prevalence does increase with age. The graph that the right demonstrates this well, there's a 10-fold difference in prevalence in those aged 60 versus those 50 or younger. In patients over the age of 65, there's an 8.7% increase per year in incidence.

We know that women are still more affected than men at around a 2:1 ratio. Certain ethnic groups tend to be affected more than others. For instance, prevalence is higher in patients of Asian ancestry as opposed to those of white European ancestry. But those of white European ancestry are more affected than those of Black or African ancestry. We also know that there's a higher healthcare utilization amongst those affected by bronchiectasis, and this results in increased

hospitalization rates and unscheduled clinic visits. And of course, this translates into increased healthcare expenditures. And lastly, while we used to think that non-CF bronchiectasis was not associated with an increase in mortality, we now know that it is indeed. In some studies, there's a 10 to 16% increase over 4 years. And lastly, our understanding of the etiology of bronchiectasis has also evolved. Rather than exclusively postinfectious, we know that there are multiple factors at play when it comes to the development of non-CF bronchiectasis.

So in summary, non-CF bronchiectasis affects many more than we initially thought. Around 500,000 adults in the U.S. alone and likely many more. There's an 8.7% increase in prevalence per year in those aged 65 and older. And of course, this results in higher healthcare utilization and of course expenditures. There's an increase in morbidity and mortality associated with this diagnosis. And unfortunately, similar to asthma in years past, we've taken a one-size-fits-most approach, and current treatments are woefully lacking. The good news is that there are therapeutics in the pipeline targeting the underlying pathway in the formation of non-CF bronchiectasis.

Thank you so much for your participation today. And I hope that you were able to learn something. Thank you.

Announcer:

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