

European Respiratory Society Annual Congress 2012

Abstract Number: 7146

Publication Number: 2811

Abstract Group: 10.1. Respiratory Infections

Keyword 1: Bronchiectasis **Keyword 2:** Infections **Keyword 3:** Chronic disease

Title: Multidimensional approach to non-cystic fibrosis bronchiectasis. The FACED score

Dr. Miguel Angel 1362 Martínez-García miangel@comv.es MD ¹, Dr. Javier 1363 De Gracia-Roldán jgracia@separ.es MD ², Dr. Montserrat 1364 Vendrell-Relat mvendrell@separ.es MD ³, Dr. Rosa 1365 Girón rmgiron@gmail.com MD ⁴, Dr. Luis 1366 Maiz Lmaiz@separ.es MD ⁵, Dr. David 1367 de la Rosa doctordelarosa@gmail.com MD ⁶ and Dr. Casilda 1368 Olveira casi1477@separ.es MD ⁷. ¹ Pneumology Service, La Fe University Hospital, Valencia, Spain ; ² Pneumology Service, Vall Hebron University Hospital, Barcelona, Spain ; ³ Pneumology Service, Josep Trueta University Hospital, Girona, Spain ; ⁴ Pneumology Service, La Princesa University Hospital, Madrid, Spain ; ⁵ Pneumology Service, Ramón y Cajal University Hospital, Madrid, Spain ; ⁶ Pneumology Unit, Hospital Platón, Barcelona, Spain and ⁷ Pneumology Service, Carlos Haya University Hospital, Málaga, Spain .

Body: Background. The severity of non-cystic fibrosis (NCF) bronchiectasis cannot be adequately quantified by analyzing one single variable. Objective: To develop and validate an easy-to-use multidimensional score that classifies the severity of bronchiectasis according to its prognosis. Methods. Multicenter study in an initial cohort of 819 patients diagnosed with NCF bronchiectasis by HRCT scan. 397 subjects were selected at random (construction cohort) and 422 were the validation cohort. Outcome: 5-year all-cause mortality after diagnosis. From an initial set of 30 variables, those included in the final score were selected using a logistic regression analysis and dichotomized to facilitate the score's interpretation. Results. Mean age: 58.7 yrs (56% women). 154 deaths during follow-up. The final 7-point calculated score (FACED score) incorporated 5 dichotomized variables (OR[95%IC]): FEV₁ predicted % (F, cut-off point 50%; OR:5.2 [2.8-9.8]; maximum value:2 points); age (A, cut-off point: 70 yrs; OR: 4.9 [2.7-9.3]; maximum value:2); chronic colonization by *P. aeruginosa* (C, OR:2.4 [1.3-4.6]; maximum value:1); radiological extension (E, number of lobes affected; cut-off point at 2 lobes; OR:1.9 [1.1-3.5]; maximum value:1) and dyspnea (D, cut-off point at grade II on the MRC scale; OR:2.8 [1.5-5.2]; maximum value:1). No differences were found between the ABC-ROC (prognostic value) of the construction cohort: 0.87 [0.82-0.91] and validation cohort 0.83 [0.78-0.89]. All centers had an ABC-ROC > 0.8. Conclusions: This easy-to-use multidimensional grading system proved capable of accurately classifying the severity of bronchiectasis according to its prognosis.