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**Title:** Predicting hospital admissions in non-CF bronchiectasis using COPD specific severity tools

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**Body:** Introduction There are no accepted clinical severity criteria for bronchiectasis. There are, however, well-validated prognostic tools for COPD. This study tested the ability of 3 COPD specific prognostic tools to predict hospital admissions in patients with bronchiectasis. Method 100 consecutive patients with bronchiectasis attending a specialist clinic were studied 2011-2012. Baseline data recorded were age, FEV1% predicted, MRC dyspnoea score, exacerbation history and body mass index. These were used to calculate 3 COPD prognostic tools: The GOLD 2011, ADO and BOD indices. The primary outcome was hospitalisation for a severe exacerbation during follow-up to February 2013. Scoring systems were assessed using the area under the receiver operator characteristic curve (AUC). Results The median age was 66 years (IQR 58-73). 27% of patients were hospitalised at least once during follow-up. GOLD 2011 stage predicted hospitalisation risk AUC 0.71 (95% CI 0.65-0.77,  $p < 0.0001$ ) as did the BOD index AUC 0.74 (0.68-0.80,  $p < 0.0001$ ) and ADO AUC 0.71 (0.65-0.77). The distribution of patients and hospitalisation risk according to GOLD stage is shown in figure 1.

**Conclusion** In the absence of specific prognostic tools for bronchiectasis, COPD prognostic tools perform well in predicting hospital admissions in bronchiectasis.