



Participant ID					
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Eligibility form

Visit 1 Screening- Inclusion Criteria

Date: ___/___/___

Number	Question	Answer
9.1	Age 18 or over	<input type="radio"/> Yes <input type="radio"/> No
9.2	Able to provide informed consent	<input type="radio"/> Yes <input type="radio"/> No
9.3	Capable of complying with all trial procedures and of completing the trial, in the opinion of the investigator	<input type="radio"/> Yes <input type="radio"/> No
9.4	Bronchiectasis, confirmed by computed tomography (CT), showing bronchiectasis in 1 or more lobes	<input type="radio"/> Yes <input type="radio"/> No
9.5	Normally produces sputum on a daily basis	<input type="radio"/> Yes <input type="radio"/> No
9.6	Able to provide a sputum sample at the screening visit	<input type="radio"/> Yes <input type="radio"/> No
9.7	Active neutrophilic inflammation at screening indicated by a positive NEATstik (Neutrophil Elastase Airways Test) result (b)	<input type="radio"/> Yes <input type="radio"/> No

(b) A positive NEATstik test is equivalent to a NE concentration of 8µg/ml in sputum using the Proaxis 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.



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Visit 1 Screening- Exclusion Criteria

Date: ___/___/___

Number	Question	Answer
10.1	Enrolled previously in the trial 3 times	<input type="radio"/> Yes <input type="radio"/> No
10.2	Respiratory infection or bronchiectasis exacerbation 4 weeks prior to screening	<input type="radio"/> Yes <input type="radio"/> No
10.3	Antibiotic or corticosteroid 4 weeks prior to screening	<input type="radio"/> Yes <input type="radio"/> No
10.4	Active allergic bronchopulmonary aspergillosis (defined by International Society for Human and Animal Mycology criteria) on steroids and/or anti-fungals	<input type="radio"/> Yes <input type="radio"/> No
10.5	Nontuberculous mycobacterial infection on antibiotic therapy	<input type="radio"/> Yes <input type="radio"/> No
10.6	Immunodeficiency on immunoglobulin replacement	<input type="radio"/> Yes <input type="radio"/> No
10.7	A primary diagnosis of COPD or asthma (a secondary diagnosis of COPD or asthma is permitted)	<input type="radio"/> Yes <input type="radio"/> No
10.8	Cystic fibrosis	<input type="radio"/> Yes <input type="radio"/> No
10.9	Active malignancy except non-melanoma skin cancer	<input type="radio"/> Yes <input type="radio"/> No
10.10	Currently taking Brensocatib	<input type="radio"/> Yes <input type="radio"/> No
10.11	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	<input type="radio"/> Yes <input type="radio"/> No
10.12	Currently pregnant or breast-feeding	<input type="radio"/> Yes <input type="radio"/> No
10.13	Women of childbearing age and not practicing an acceptable method of birth control	<input type="radio"/> Yes <input type="radio"/> No

Visit 2 Baseline & randomisation -Inclusion Criteria

Date: ___/___/___

Number	Question	Answer
23.1	Age 18 or over	<input type="radio"/> Yes <input type="radio"/> No
23.2	Able to provide informed consent	<input type="radio"/> Yes <input type="radio"/> No
23.3	Capable of complying with all trial procedures and of completing the trial, in the opinion of the investigator	<input type="radio"/> Yes <input type="radio"/> No
23.4	Bronchiectasis, confirmed by computed tomography (CT), showing bronchiectasis in 1 or more lobes	<input type="radio"/> Yes <input type="radio"/> No
23.5	Normally produces sputum on a daily basis	<input type="radio"/> Yes <input type="radio"/> No
23.6	Able to provide a sputum sample at the screening visit	<input type="radio"/> Yes <input type="radio"/> No
23.6.1	Has provided a sputum sample BETWEEN screening and baseline visit	<input type="radio"/> Yes <input type="radio"/> No
23.7	Active neutrophilic inflammation at screening indicated by a positive NEATstik (Neutrophil Elastase Airways Test) result (b)	<input type="radio"/> Yes <input type="radio"/> No

b) A positive NEATstik test is equivalent to a NE concentration of 8µg/ml in sputum using the Proaxis 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.

23.7.1	<p><i>If 'Active neutrophilic inflammation at screening indicated by a positive NEATstik (Neutrophil Elastase Airways Test) result (b)' is equal to 'NO' answer this question:</i></p> <p>Active neutrophilic inflammation at BASELINE indicated by a positive NEATstik (Neutrophil Elastase Airways Test) result (b)</p> <p>(b) A positive NEATstik test is equivalent to a NE concentration of 8µg/ml in sputum using the Proaxis active NE immunoassay.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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Visit 2 Baseline & randomisation -Exclusion Criteria

Date: ___/___/___

Number	Question	Answer
24.1	Enrolled previously in the trial 3 times	<input type="radio"/> Yes <input type="radio"/> No
24.2	Respiratory infection or bronchiectasis exacerbation 4 weeks prior to screening	<input type="radio"/> Yes <input type="radio"/> No
24.2.1	<i>If 24.2 is Yes, answer the following</i> Respiratory infection or bronchiectasis exacerbation BETWEEN screening and randomisation	<input type="radio"/> Yes <input type="radio"/> No
24.3	Antibiotic or corticosteroid 4 weeks prior to screening	<input type="radio"/> Yes <input type="radio"/> No
24.3.1	<i>If 'Antibiotic or corticosteroid 4 weeks prior to screening' is equal to 'YES' answer this question:</i> Antibiotic or corticosteroid BETWEEN screening and randomisation	<input type="radio"/> Yes <input type="radio"/> No
24.4	Active allergic bronchopulmonary aspergillosis (defined by International Society for Human and Animal Mycology criteria) on steroids and/or anti-fungals	<input type="radio"/> Yes <input type="radio"/> No
24.5	Nontuberculous mycobacterial infection on antibiotic therapy	<input type="radio"/> Yes <input type="radio"/> No
24.6	Immunodeficiency on immunoglobulin replacement	<input type="radio"/> Yes <input type="radio"/> No
24.7	A primary diagnosis of COPD or asthma (a secondary diagnosis of COPD or asthma is permitted)	<input type="radio"/> Yes <input type="radio"/> No
24.8	Cystic fibrosis	<input type="radio"/> Yes <input type="radio"/> No
24.9	Active malignancy except non-melanoma skin cancer	<input type="radio"/> Yes <input type="radio"/> No
24.10	Currently taking Brensocatib	<input type="radio"/> Yes <input type="radio"/> No
24.11	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	<input type="radio"/> Yes <input type="radio"/> No
24.12	Currently pregnant or breast-feeding	<input type="radio"/> Yes <input type="radio"/> No
24.13	Women of childbearing age and not practicing an acceptable method of birth control	<input type="radio"/> Yes <input type="radio"/> No



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Visit 2 Baseline & randomisation -Intervention
Specific Exclusion Criteria

Date: ___/___/___

Arm-2 DISULFIRAM

Number	Question	Answer
25.1	Currently on Disulfiram (patients should have a washout period of at least 30 days from last dose if they have previously received this medication)	<input type="radio"/> Yes <input type="radio"/> No
25.2	Hypersensitivity to Disulfiram	<input type="radio"/> Yes <input type="radio"/> No
25.3	Participant, or investigator objects to randomisation to Disulfiram	<input type="radio"/> Yes <input type="radio"/> No
25.4	Does not agree to cease consumption of alcohol during intervention and for 14 days following treatment discontinuation	<input type="radio"/> Yes <input type="radio"/> No
25.5	Chronic liver disease	<input type="radio"/> Yes <input type="radio"/> No
25.6	Alanine transaminase (ALT)>135 U/L at screening	<input type="radio"/> Yes <input type="radio"/> No
25.7	Bilirubin >30 umol/L at screening	<input type="radio"/> Yes <input type="radio"/> No
25.8	Uncompensated cardiac failure	<input type="radio"/> Yes <input type="radio"/> No
25.9	Coronary artery disease (diagnosis of stable angina, previous myocardial infarction)	<input type="radio"/> Yes <input type="radio"/> No
25.10	Previous history of stroke or transient ischaemic attack	<input type="radio"/> Yes <input type="radio"/> No
25.11	Uncontrolled hypertension	<input type="radio"/> Yes <input type="radio"/> No
25.12	Hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption	<input type="radio"/> Yes <input type="radio"/> No
25.13	Recent psychiatric exacerbation	<input type="radio"/> Yes <input type="radio"/> No
25.14	Any significant acute or chronic psychiatric condition, including severe personality disorder, psychotic disorder or suicide risk'	<input type="radio"/> Yes <input type="radio"/> No
25.15	Hypothyroidism	<input type="radio"/> Yes <input type="radio"/> No



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- 25.16 Porphyria Yes No
- 25.17 Diabetes Mellitus Yes No
- 25.18 Epilepsy Yes No

ARM 3 - DIPYRIDAMOLE

- | Number | Question | Answer |
|--------|---|--|
| 25.19 | Currently on Dipyridamole (patients should have a washout period of at least 30 days from last dose if they have previously received this medication) | <input type="radio"/> Yes <input type="radio"/> No |
| 25.20 | Hypersensitivity to Dipyridamole | <input type="radio"/> Yes <input type="radio"/> No |
| 25.21 | Participant, or investigator objects to randomisation to Dipyridamole | <input type="radio"/> Yes <input type="radio"/> No |
| 25.22 | Currently on dual antithrombotic therapy (aspirin or P2Y12 inhibitor plus anticoagulation) | <input type="radio"/> Yes <input type="radio"/> No |
| 25.23 | Current on direct oral anticoagulants (Dabigatran, Rivaroxaban, Edoxaban, Apixaban, Betrixaban or drugs in the same class) or long-term warfarin | <input type="radio"/> Yes <input type="radio"/> No |
| 25.24 | Any major trauma or haemorrhage including gastrointestinal bleeding, operation within the past 30 days | <input type="radio"/> Yes <input type="radio"/> No |
| 25.25 | Coagulation disorder | <input type="radio"/> Yes <input type="radio"/> No |
| 25.26 | Severe coronary artery disease (unstable angina, recent myocardial infarct in 30 days, decompensated/unstable severe left systolic dysfunction, uncontrolled heart failure) | <input type="radio"/> Yes <input type="radio"/> No |
| 25.27 | Myasthenia gravis | <input type="radio"/> Yes <input type="radio"/> No |



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ARM 4 – DOXYCYCLINE

Number	Question	Answer
25.28	Currently on Doxycycline (patients should have a washout period of at least 30 days from last dose if they have previously received this medication)	<input type="radio"/> Yes <input type="radio"/> No
25.29	Hypersensitivity to Doxycycline	<input type="radio"/> Yes <input type="radio"/> No
25.30	Participant, or investigator objects to randomisation to Doxycycline	<input type="radio"/> Yes <input type="radio"/> No
25.31	Myasthenia gravis	<input type="radio"/> Yes <input type="radio"/> No
25.32	Systemic Lupus Erythematosus	<input type="radio"/> Yes <input type="radio"/> No
25.33	Chronic Liver Disease	<input type="radio"/> Yes <input type="radio"/> No
25.34	Porphyria	<input type="radio"/> Yes <input type="radio"/> No
25.35	Alcohol dependence	<input type="radio"/> Yes <input type="radio"/> No
25.36	Suspected Syphilis	<input type="radio"/> Yes <input type="radio"/> No



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Visit 2 - Baseline and randomisation – Confirmation of eligibility

Number	Question	Answers
26.1	Eligible for Arm 1: Standard care?	<input type="radio"/> Yes <input type="radio"/> No
26.2	Eligible for Arm 2: Disulfiram?	<input type="radio"/> Yes <input type="radio"/> No
26.3	Eligible for Arm 3: Dipyridamole?	<input type="radio"/> Yes <input type="radio"/> No
26.4	Eligible for Arm 4: Doxycycline?	<input type="radio"/> Yes <input type="radio"/> No

Eligibility review completed by *(must be a Dr on delegation log)*:

Signature:

Name:

Date: