Identifying participants, pre-screening, eligibility

Participant Identification & Pre-screen

- Identified from clinic, rehabilitation classes and local databases (where consent is given to receive information about research trials)

- Clinical team review patient's medical notes for eligibility (Pre-screen)
- Identified at clinic/rehab class:
  - Clinical team to give the patient a copy of the brief Participant Information Sheet (bPIS).
  - Clinical team to ask if the patient agrees for their details to be passed to research team (document agreement in medical notes).
  - Research team to follow-up.

- Identified via local database:
  - An invite letter and bPIS to be posted to the patient, along with contact details for the Research team
  - If no response, one follow-up invite will be sent.

- Where a potential participant agrees to take part, a full Participant Information Sheet (PIS) must be provided

- Potential participants must have at least 24 hours to consider whether or not to participate after receiving the full PIS before a screening visit is arranged.

- Record **all** participants who are **pre-screened** on the **Screening Log** for CONSORT reporting.
  - Record: if eligible, or the reason for ineligibility, or if patient declined

Screening Log

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

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

Inclusion Criteria

1. Age >18 to <86
2. Clinical diagnosis of Bronchiectasis.
3. Able to and provided informed consent.
4. Previous computerised tomography (CT) scan of the chest demonstrating bronchiectasis in 1 or more lobes
5. *P. aeruginosa* in sputum, bronchoalveolar lavage or another airway sample at least once in the 24 months prior to screening*.
6. A sputum sample that is culture or PCR positive for *P. aeruginosa* sent at the screening visit and within 35 days of randomization*.

*a participant who does not have a positive sample for *P. aeruginosa* in the previous 24 months may submit two samples, at least 21 days apart, during the 35-day screening period. If these samples are both positive for *P. aeruginosa* then inclusion criteria 5 and 6 will be deemed met and the patient may be enrolled.

Exclusion Criteria

1. Known hypersensitivity to Gremubamab or any excipient of the investigational product
2. Known clinical diagnosis of Cystic fibrosis
3. Immunodeficiency requiring replacement immunoglobulin.
4. Active tuberculosis or nontuberculous mycobacterial infection (currently under treatment or requiring treatment in the opinion of the investigator).
5. Active allergic bronchopulmonary aspergillosis (receiving treatment with corticosteroids and/or antifungal medication).
6. Recent significant haemoptysis (a volume requiring clinical intervention, within the previous 4 weeks prior to screening).
7. Treatment with long term inhaled, systemic or nebulized anti-pseudomonal antibiotics which are newly initiated within the previous 3 months prior to screening[a].

[a] Participants who are receiving stable chronic inhaled/nebulized antibiotics with no planned changes to treatment during the trial are eligible. Treatment with systemic macrolide or other oral prophylactic antibiotics are allowed, providing a stable dose, and initiation of treatment at least 3 months prior to screening and maintained throughout the study.

Exclusion Criteria continued

8. Chronic treatment with cyclical doses of inhaled or nebulized antibiotics e.g. 28 days on and 28 days off at the time of screening.

9. Receipt of antipseudomonal antibiotics for an exacerbation during the screening period[b].

[b] Patients receiving antipseudomonal antibiotics during the screening period may prolong the screening period to a maximum of 60 days and may be randomised provided they have a positive sputum sample for *P. aeruginosa* following cessation of antibiotic therapy. All eligibility criteria must be met prior to randomisation, re-screening procedures to assess eligibility may be required.

10. Treatment with immunosuppressives within previous 6 months prior to screening.

11. Participants with a primary diagnosis of Chronic obstructive pulmonary disease (COPD) associated with >10 pack years smoking history[c].

12. Participants with a primary diagnosis of asthma or asthma which is considered to be poorly controlled at screening[c].

[c]Asthma and COPD are common co-diagnoses in patients with bronchiectasis. Where a patient has a diagnosis of bronchiectasis plus either asthma or COPD, they may be enrolled in the trial if the clinician performing the screening assessment determines that bronchiectasis is the primary clinical diagnosis, i.e where the patient's symptoms and exacerbations are primarily due to bronchiectasis in the opinion of the investigator.

Exclusion Criteria continued

13. Participants with FEV_1 <25% predicted value at screening.
14. Glomerular filtration rate (eGFR) below 25ml/min/1.73m^2 or requiring dialysis. This will be determined at screening.
15. Use of any investigational drugs within five times of the elimination half-life after the last dose or within 30 days, whichever is longer.
16. Unstable co-morbidities (e.g., cardiovascular disease, active malignancy) which in the opinion of the investigator would make participation in the trial not in the participant's best interest.
17. Pregnant or lactating females.
18. Women of child baring age or male partners of women of child baring age and not practicing a method of acceptable birth control[d]

[d] See protocol section 8.1: Women of child bearing potential (WOCBP) must be willing to have pregnancy testing prior to trial entry and prior to each administration of trial medication dose. In addition, WOCBP must be willing to use a form of a medically approved birth control method throughout the trial (and for minimum of 16 weeks after last dose)