Sputum colour assessment and clinical outcomes in bronchiectasis: data from the EMBARC Registry

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Objective: Investigate the relationship between sputum colour, a biomarker of neutrophilic inflammation, and long term outcomes in bronchiectasis.

Methods: A 4-point sputum colour chart (Murray scale) was used in the EMBARC registry which reviews bronchiectasis patients annually to collect long term outcome data.

Results: 19324 patients were enrolled from 31 countries. 13484 patients reported regular sputum expectoration with a sputum colour grade. 5541 had mucoid sputum (40.4%), 5380 mucopurulent (39.9%), 2486 purulent (18.4%) and 177 severe purulent (1.3%). Patients with more purulent sputum had higher BSI scores, lower FEV1, and more frequent chronic infection including with P.aeruginosa. During 5 years follow-up, baseline sputum colour was strongly predictive of future exacerbations. Compared to patients with mucoid sputum (1.0 reference), those with more purulent sputum experienced more exacerbations (IRR1.26 95%CI 1.19-1.33, 1.45 95%CI 1.36-1.55 and 1.54 95%CI 1.26-1.89, all p<0.0001- figure). Similar results were observed for severe exacerbations (hospitalisation)(IRR1.29 95%CI 1.19-1.39, 1.73 95%CI 1.58-1.90 and 2.01 95%CI 1.54-2.63, all p<0.0001). Mortality significantly increased with increasing sputum purulence, HR1.12 95%CI 1.01-1.24,p=0.027 indicating a 12% increased risk of death for each 1point increase in sputum purulence.

Conclusion: Sputum colour is a simple biomarker associated with future outcomes.

| BIM, n=245 | Cough | Sputum | Breathlessness | Tiredness | Daily Activity | Overall health | | Control | Exacerbatio |
|-----------------------|----------|---|----------------|-----------|-------------------|-------------------|--|----------|-------------|
| вно | -0.513** | -0.501** | -0.800** | -0.789** | -0.793** | -0.733** | | -0.586** | -0.567** |
| QoL-B Physical | -0.451** | -0.366** | -0.805** | -0.682** | -0.702** | -0.654** | | -0.491** | -0.498** |
| Role | -0.387** | -0.356** | -0.625** | -0.635** | -0.717** | -0.685** | | -0.533** | -0.525** |
| Vitality | -0.335** | -0.235** | -0.644** | -0.774** | -0.577** | -0.571** | | -0.452** | -0.451** |
| Emotion | -0.132* | -0.165* | -0.378** | -0.425** | -0.351** | -0.397** | | -0.267** | -0.248** |
| Social | -0.469** | -0.384** | -0.436** | -0.453** | -0.470** | -0.477** | | -0.410** | -0.498** |
| Treatment Burden | -0.357** | -0.378** | -0.369** | -0.375** | -0.466** | -0.439** | | -0.377** | -0.337** |
| Health | -0.402** | -0.405** | -0.665** | -0.692** | -0.724** | -0.738** | | -0.592** | -0.584** |
| Symptoms | -0.634** | -0.626** | -0.707** | -0.642** | -0.730** | -0.659** | | -0.548** | -0.545** |
| r<0.3 low correlation | | r = 0.3-0.49 moderate correlation $r = 0.5-0.69$ strong correlation $r ≥ 0.7$ very strong correlation | | | | | | | |

Convergent validity. Correlations r, shown alongside corresponding P-values. *P<0.05, **P<0.01

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