

Identification of Center

First Name, Last Name:

Department:

City:

Center information

1) In how many patients referred to your Center have NTM been isolated in the last 12 months?

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- >20

Do you have a dedicated microbiology laboratory exist at your Institution?

- Yes
- No
- If yes, indicate laboratory's name: _____

2) Does the microbiology laboratory at your Institution perform acid fast bacilli (AFB) typing?

- Yes
- No, but AFB typing is performed in another Center
- No, AFB typing is not performed

3) If you answered yes to the prior question:

- Which method and kit are used (to be completed after discussing with the microbiologist):

- Number of NTM isolated in the last 12 months: _____

4) In which microbiological sample have NTM been isolated? (indicate, if known, also the % of the total number of isolations)

	Yes/No	%
Sputum		

Bronchial aspirate		
Lung biopsy		
Lymphonode biopsy/trans bronchial needle aspiration (TBNA)		
Bronchoalveolar Lavage (BAL)		

Other (please specify): _____

5) Which NTM have been isolated? (If known, also indicate the number of diagnosis)

	Yes/No	N.
Mycobacterium avium complex		
Mycobacterium Kansasii		
Mycobacterium Xenopi		
Mycobacterium Abscessus		
Mycobacterium Chelonae		

Other (please specify): _____

Features of patients in whom NTM have been isolated

6a) Gender

Male (%): _____

Female (%): _____

6a.i) Indicate, if known, the % of the total number of female patients per age group:

< 20-year-old (%): _____

20-40-year-old (%): _____

40-60-year-old (%): _____

>60-year-old (%): _____

6a.ii) Indicate, if known, the % of the total number of male patients per age group:

- < 20-year-old (%): _____
- 20-40-year-old (%): _____
- 40-60-year-old (%): _____
- >60-year-old (%): _____

6b) Smoking history (indicate the % of the total number of patients)

- Smokers (%): _____
- Never smokers (%): _____
- Former smokers (%): _____
- Indicate, if known, number of pack/years (p/y) for smokers: _____

6c) Percentage of HIV patients on the total number of patients (%): _____

6d) Concomitant diseases (% of the total number of patients)

- COPD (%): _____
- Asthma (%): _____
- Bronchiectasis (%): _____
- Lung cancer (%): _____
- Past history of tuberculosis (%): _____
- Heart diseases (%): _____
- Other lung infections (%): _____
- Other concomitant diseases (%): _____

7) Chest CT radiological pattern (indicate the type and site of lesions)

	Yes/No	%	Site 1*	Site 2*	Site 3*
Solid nodules					
Cavitated nodules					
Tree-in-bud					
Bronchiectasis					

*Answer options: Right Upper Lobe, Middle Lobe, Right Lower Lobe, Left Upper Lobe, Left Lower Lobe

Other lesions (specify): _____

8) Which diagnostic-therapeutic criteria do you follow?

- American Thoracic Society (ATS) guidelines 2007
- Local protocols
- Other guidelines (specify): _____

9) Relationship between clinical presentation and isolation (risk of NTM Pulmonary Disease in patients with NTM isolation)

	Number	%
a) Clinically significant (isolation + disease)		
b) Non-clinically significant (colonization or contaminants)		
c) Indeterminate (including unknown and/or uncertain)		

10a) What percentage of clinically significant patients (patients at point 9a) was initiated to treatment?

10b) Specify, if known, the percentage of clinically significant subjects (isolation + disease) according to the type of NTM isolated:

- Mycobacterium avium complex (%): _____
- Kansaii (%): _____
- Xenopi (%): _____
- Abscessus (%): _____
- Chelonae (%): _____
- Other (%): _____

10c) How long is the time between NTM Pulmonary Disease diagnosis and treatment initiation?

- Maximum number of days: _____
- Minimum number of days: _____

11) Does your microbiology laboratory perform sensitivity tests to antibiotics?

- Yes
- No

12) Referring to the type of NTM, what antibiotic did you choose?

Drug 1*	Drug 2*	Drug 3*	Drug 4*
Mycobacterium avium complex			
Mycobacterium Kansasii			
Mycobacterium Xenopi			
Other NTM (specify): _____			

*Answer options: list of antibiotics

13) Adjuvant surgical therapy has been performed?

- Yes
- No
- If yes, specify, if known, the number of cases: _____

14a) Do you have patients on therapy for at least 6 months?

- Yes
- No
- If yes, specify, if known, the number of cases: _____

14b) Patients' outcome after treatment:

- Sputum conversion without recurrence or new infection (%): _____
- NTM Persistence (%): _____
- Sputum conversion followed by true relapse (confirmation on genotypic analysis) (%):

- Sputum conversion followed by presumed relapse (%): _____
- Sputum conversion followed by new infection (different type of NTM or same type but with different genotype) (%): _____

15) Other concomitant/adjuvant therapies (in addition to antibiotics):

	Yes/No	%
Respiratory physiotherapy		
Bronchodilator therapy		
Other inhaled therapies		
Mucolytic agents		
Other (Specify)		

16) Patient follow-up:

- Outpatient clinic
- Day Service
- Day Hospital
- Other (please specify): _____

17) Indicate problems or issues occurred during the diagnostic process and/or treatment:

- Microbiological tests
- Patients compliance
- Adverse events related to treatment
- Others (specify): _____

Notes and observations: _____