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| **Comparison of bronchiectasis disease profile among Aboriginal Australians against published ethnically diverse global bronchiectasis registry cohorts** |
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| **Introduction/Aim:** The aim of this study is to compare the demographic and clinical profiles of adult Aboriginal Australians with bronchiectasis against previously published international bronchiectasis registry cohorts.  **Methods:** Aboriginal Australians aged >18 years with chest computed tomography (CT) confirmed bronchiectasis between 2011 and 2020 in the Top End Northern Territory of Australia were included. Demographics, chest CT findings, pulmonary function results, sputum microbiology, coexistent medical comorbidities, and pharmacotherapy use was assessed and compared against five published international bronchiectasis registry reports [Australian (ABR), European (EMBARC-Europe), Indian (EMBARC-India), Korean (KMBARC) and The United States of America (USBRR)].  **Results:** A total of 459 patients were assessed. In comparison to international and non-Aboriginal Australian national cohorts, Aboriginal Australians were younger (median 56 years (IQR (48, 65)), however, gender distribution (55% female) and BMI (23 kg/m2 (IQR 19.4-27)) were similar. Smoking rates were higher at 85% compared to other registry cohorts (22-46%) as was the prevalence of comorbidities (88%): cardiovascular disease (43%); diabetes (50%); COPD (83%) compared to other registry cohorts ((4-32%); (6-14%); (14-37%) respectively). Spirometry demonstrated median FEV1 of 38% predicted in comparison to 61-77% in other cohorts. Sputum microbiology showed *H. influenzae* (57%) isolated at 3.4 to 6 times the rate of other registry cohorts. Chest CT demonstrated multi-lobar and lower lobes involvement in 73% and inhaled pharmacotherapy use was recorded in 62% with long-term antibiotics in 5%.  **Conclusion:** The overall bronchiectasis disease burden is higher in Aboriginal Australian adults in comparison to global ethnically diverse non-Indigenous populations. Further efforts are required to address this disparity secondary to bronchiectasis among Indigenous people.  **Grant Support:** This research received the TSANZ - Robert Pierce Grant-In-Aid for Indigenous Lung Health. The TSANZ did not have any role in the study design, data collection, analysis, or interpretation. |