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| **Consideration of diversity and socioeconomic inclusions in clinical trial protocols for use of long-term antibiotics in bronchiectasis: a systemic review** |
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| **Introduction/Aim:** Social determinants of health (SDH), including sex, ethnicity and socioeconomic status, are intrinsically linked to health outcomes in people with bronchiectasis. Despite their importance, these factors are often not specified in clinical trial protocols. This review examined clinical trial protocols and outcomes regarding long-term antibiotics in people with bronchiectasis to determine whether SDH are actively considered and reported. **Methods:** Three trial registries (Clinicaltrials.gov, ISRCTN and ANZCTR) and the Cochrane CENTRAL database were searched to identify trials involving adults with bronchiectasis and long-term antibiotic use (defined as four or more weeks), registered between 1/1/2000 and 1/1/2023. Data were extracted from registry records, protocols, and published results where available. Data included trial characteristics, reported recruitment strategies, pre-defined targets for different SDH groups, and reported demographics for completed trials. **Results:** Of 83 records identified, 30 primary trials were included and 23 (76.7%) were completed with published results. 70% (n=21) had trial protocols available. There were 3527 participants in the published studies, of which 60.1% were female; only 2 studies had fewer than 50% female participants. Mean age of participants was 63.7 years. No clinical trial protocols specified ethnicity targets and only 33.3% (n=10) of published trials reported ethnicity; of these all were either entirely (n=2) or predominantly Caucasian participants (over 60% white). No registry records, protocols, or published papers described socioeconomic factors such as occupation, income education or rurality. Most trials were conducted in high income and English-speaking countries (66.7%). However, 33.3% (n=10) of trial protocols includes sites across multiple countries.**Conclusion:** SDH were not fully considered in clinical trial protocols or published results for long-term antibiotics usage in bronchiectasis. Given the critical importance of these factors in the outcomes of bronchiectasis, it is imperative that diversity is considered in future trial protocols.**Grant Support:** nil  |