INCREASES IN BRONCHIECTASIS DIAGNOSES OVER DECADE

Analysis of published data demonstrates increasing prevalence of diagnosed, symptomatic bronchiectasis (BE), based on government and private payer healthcare claims.
ANALYSIS

Published data demonstrates increasing prevalence of diagnosed, symptomatic bronchiectasis, based on government and private payer healthcare claims.²⁻⁸

**BRONCHIECTASIS (NON-CFBE) DIAGNOSIS PREVALENCE (US)**

- **2018**
  - Noone (2017)²
  - Quint (2018)³

- **2014**
  - Henkle (2018)³
  - Weycker (2005)³

- **2013**
  - Seltz (2012)⁷
  - Weycker (2017)³

- **2007**
  - Seltz (2012)⁷

- **2001**
  - Weycker (2005)³

- **2000**
  - Seltz (2012)⁷

![Graph showing bronchiectasis prevalence over time](image)

- Below 200K considered orphan disease

Undiagnosed bronchiectasis (BE) remains a burden with estimates indicating only 15% of those with symptomatic BE identified in 2018.

- **4.3M are symptomatic³**
  - 3.7M go undiagnosed
  - 640K are diagnosed

- **85K were diagnosed (incidence)²**

- **24M are asymptomatic⁶⁻⁹**

**BRONCHIECTASIS (SYMPTOMATIC) PREVALENCE (US, 2018)³**

- **3.7M** Undiagnosed

- **4.3M** Symptomatic Bronchiectasis Patients

- **640K** Diagnosed

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*a. Leverages data on non-CF BE prevalence by age applied to US census data
b. Patients meeting criteria indicating a BE diagnosis: 2+ claims a specified number of days apart, or a single claim with a CT scan within a certain number of days, or a hospitalization with a BE diagnosis; specific measure required 2 BE claims ≥ 90 days apart
c. Medicare or ≥ 65 years of age patients only
d. Patients with a health care claim with an attached BE diagnosis from a pulmonologist over a number of years
e. Patients with a health care claim with an attached BE diagnosis in a single year
f. Patients with a health care claim with an attached BE diagnosis over a number of years

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* 2018 estimates based on claims data analysis²
WHAT HAS CHANGED?

The growth in use of high resolution CT (HRCT) scans has driven growth in bronchiectasis (BE) diagnoses.2

CONCLUSION

Data demonstrates increasing diagnoses of symptomatic bronchiectasis (BE). Many more patients suffering from BE could benefit from airway clearance therapy using an HFCWO device. HFCWO helps clear retained airway secretions that otherwise may lead to repeated, serious lung infections in BE patients.20

WHO RECEIVES HFCWO?

- Of the estimated 640,000 diagnosed, symptomatic BE patients in 2018, only 3% of these are estimated to have a high frequency chest wall oscillation (HFCWO) device.
- Using HFCWO as part of prescribed BE treatment has demonstrated a reduction in hospital visits, related healthcare usage (e.g., emergency room trips), and prescriptions/antibiotic use, and an improvement in quality of life.10
For more information or to place an order, please contact your local Hillrom sales representative or call Hillrom Customer Service at 1-800-426-4224.

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References
9 Estimate leverages prevalence data (from Tan, et al, 2016) of asymptomatic and minimally symptomatic respiratory disease patients that would otherwise be undiagnosed through HRCT scans, age ≥ 40 years, applied to US census data. Tan, et al. Findings on Thoracic Computed Tomography Scans and Respiratory Outcomes in Persons with and without Chronic Obstructive Pulmonary Disease: A Population-Based Cohort Study. 2016. PLOS ONE. November 18, 2016. DOI:10.1371/journal.pone.0166745.

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