



Introduction

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The *ERS Monograph* on Bronchiectasis provides a comprehensive guide to the investigation and management of the disease. This book will be an essential reference for all clinicians caring for bronchiectasis patients. <http://ow.ly/Onzn301rI0>

It is 7 years since the first *ERS Monograph* on Bronchiectasis was published by the European Respiratory Society (ERS). Expertly composed by Dr Floto and Dr Haworth from Cambridge (UK), the book became one of the most successful in the *ERS Monograph* series.

It is exciting and revealing to look back at what has changed in the field since 2011. In that time, bronchiectasis has taken on new importance in the practice of respiratory medicine. Estimates of disease prevalence have risen up to 10 fold and continue to rise. Specialist services for bronchiectasis have developed throughout Europe and beyond, while treatment guidelines have become more widespread, culminating in the 2017 publication of the ERS guidelines for management, the first international recommendations. The disease has been “renamed” with the “non-CF” label abandoned by the majority of authors and international societies.

Perhaps most importantly, there has been a remarkable international collaborative effort to advance clinical care and research. More than 300 investigators have participated in the global European Multicentre Bronchiectasis Audit and Research Collaboration (EMBARC) project which at the time of writing has recruited more than 12 000 patients. There have been more major publications in leading general and respiratory journals in the past 7 years than in the previous 70 years; of these, studies into the benefits of long-term macrolides and the concept of illness severity have been the most impactful.

But this period has not been without its challenges. Alongside great progress we have met with great disappointments in the form of the repeated failure of clinical trials to consistently reach their primary end-points. Large-scale phase 3 trials into mucoactive drugs and particularly inhaled antibiotics have led to frustration, as drugs which appear

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beneficial in clinical practice fail to reduce exacerbations or improve quality of life in regulatory studies. The heterogeneity of bronchiectasis is almost its characteristic feature and remains the greatest challenge both in clinical care and in designing and interpreting research.

Patients with bronchiectasis urgently need proven therapies and better pathways of care. This *Monograph* brings together a team of leading global experts to discuss the many challenges and opportunities for the disease. Covering topics from pathophysiology, diagnostic testing and management through to critical research topics, such as trial end-points, this book is essential reading for anyone caring for those with the disease or conducting research.

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