## **Clinical Topic Guide**

**Demographics**

* What is your current role?
* Do you have any other positions or memberships?
* Where in the UK do you work? Which Trust?
* How many years have you worked with cystic fibrosis patients?
* How are you involved with diagnosis of exacerbations or infections, and care of CF patients
* What sort of hospital do you work in? (teaching/research, community specialist centre, or smaller practice)

**Current Practice**

* What are the initial clinical signs and symptoms that would make you suspect infection or exacerbation in CF?
* Are these specific to CF patients?
* What else could it be? (alternative diagnoses, % chance that is it something else?)
* Are there patient populations more likely to experience exacerbations?
* Are there patient populations less likely to experience exacerbations?

* What does the CF patient pathway look like in cases of suspected infection and exacerbations?
* How are patients referred to you/how do they contact you?
* Approximately what are the proportions of patients coming through to you from various routes?
* What type of infections are most common (bacterial, viral, fungal)?
* How often are they recurrent infections?
* Does it change by patient or specific infection?
* How often do you see the patients while they aren’t experiencing exacerbation?
* How often, when they are experiencing exacerbations?
* Do you refer patients on to anyone else?

* Do you use any diagnostic tools when managing and treating exacerbations and infection?
* If yes,
* Why this particular tool over another?
* What combination of tools
* Any reference to routine tests (bloods, etc)?
* How long does it typically take to make a diagnosis of infection?
* How confident are you in the tools that you use to make the diagnosis?

* At what point in this process would treatment be administered? (empirical/informed)
* Would this treatment course change, if so, why?
* How often might treatment change based on test results?
* What impacts your choice of which treatment to prescribe?
* Do different patients get different treatments? How do you stratify patients?
* How involved are patients in the treatment plan?
* How do you assess if the treatment is effective?
* What are the consequences of an incorrect treatment?

* Where are the major economic costs in the current pathway for CF infection and exacerbation?
* Do you know what the costs are?
* Where are the best opportunities for reducing costs?

**Unmet Diagnostic Needs / TPP elicitation**

* What are the unmet needs in CF infection and exacerbation diagnostics?
* Are there any clinical features that you consider, that aren’t represented in a diagnostic tool?
* Are there any clinical features you would like to take into account but can’t?
* Why? What are they? How could they be brought into practice?
* How could CF infection and exacerbation diagnostics be improved in your opinion?
* What evidence would you want to see on these diagnostics?
* What do you think the future holds for patient management, diagnosis, and treatment in CF infection and exacerbation?
* Are there any other diagnostic tools that you know of that are in the pipeline but not yet in clinical practice?

**Closing comments**

* Is there anything else you feel is important to tell us about diagnosing CF infection and exacerbation that we haven’t touched upon in this interview?
* Do you have any feedback on questions from the interview?