

Participant Information

Welcome to MARCiE - Macrolides for Asthma: Registry of Clinical Experience. The MARCiE database allows you to enter de-identified data on selected patients for whom you have chosen to prescribe long-term (>6 weeks) antibiotics as adjunctive treatment for severe, refractory asthma, new-onset asthma, or other asthma. This project has been reviewed by the University of Wisconsin School of Medicine and Public Health Institutional Review Board and has been classified as Exempt.

Please complete the survey below.

Thank you!

Enter your CLINICIAN CODE (three digit number from 001 to 999 provided by the MARCiE administrator)
Please see MARCiE Instructions for details

CLINICIAN CODE

(Enter every time you record data)

Enter this PATIENT CODE (three digit number from 001 to 999 that you assign to this patient)
Please see MARCiE Instructions for details

PATIENT CODE

(Enter every time you record data)

What do you want to enter?

(Select one option)

- ☐ Baseline Data for A New Patient
☐ Follow Up Data for A Previously Entered Patient

BASELINE FOR A NEW PATIENT

Today's Date _____

Patient Age _____

Patient Sex
☐ Male
☐ Female
☐ Other

Describe Other _____

Patient Smoking Status
☐ Current Smoker
☐ Past Smoker
☐ Never SmokerAsthma Classification
☐ Severe refractory asthma
☐ New-onset asthma
☐ Severely uncontrolled asthma ($ACT \leq 15$), unable to classify as refractory
☐ OtherPlease Describe Asthma Clinical Characteristics for this patient
_____Does patient report that asthma began after an acute respiratory tract illness?
☐ Yes
☐ No
☐ UnknownAsthma Duration
☐ >3 mo to 1 year
☐ > 1 year to 2 years
☐ >2 years to 5 years
☐ > 5 years
(if New-Onset, then can only be the first two categories)Is the Asthma Confirmed by PFT-Evidence of Reversible Airway Obstruction?
☐ Yes
☐ No

Enter available PFT data:

Pre-bronchodilator FEV1% predicted _____

Post-bronchodilator FEV1% predicted _____

Pre-bronchodilator/PEFR (L/minute) _____

Post-bronchodilator PEFR (L/minute) _____

Lung Comorbidities
☐ COPD
☐ Emphysema
☐ Chronic Bronchitis
☐ Bronchiectasis
☐ Other
☐ None

If available, provide FEV1/FVC ratio % _____

if available, provide DLCO% predicted _____

Describe Other

Antibiotic Treatment for Asthma

Which antibiotic(s) have you prescribed for this patient?

- ☐ Azithromycin
- ☐ Clarithromycin
- ☐ Doxycycline
- ☐ Minocycline
- ☐ Other

Azithromycin: Total weekly dose in milligrams

Azithromycin: Duration in Weeks

Clarithromycin: Dose in milligrams twice daily

Clarithromycin: Duration in Weeks

Doxycycline: Dose in milligrams twice daily

Doxycycline: Duration in Weeks

Minocycline: Dose in milligrams twice daily

Minocycline: Duration in Weeks

Name of Other Antibiotic

Other Antibiotics Dose per day in milligrams

(Enter number only)

Other Antibiotics Duration in Weeks

(Enter number only)

Do you want to display the Asthma Control Test (ACT)

- ☐ Yes
☐ No

In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

- ☐ All of the time (=1)
☐ Most of the time (=2)
☐ Some of the time (=3)
☐ A little of the time (=4)
☐ None of the time (=5)

During the past 4 weeks, how often have you had shortness of breath?

- ☐ More than once a day (=1)
☐ Once a day (=2)
☐ 3 to 6 times a week (=3)
☐ Once or twice a week (=4)
☐ None of the time (=5)

During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

- ☐ 4 or more nights a week (=1)
☐ 2 to 3 nights a week (=2)
☐ Once a week (=3)
☐ Once or twice (=4)
☐ Not at all (=5)

During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

- ☐ 3 or more times per day (=1)
☐ 1 or 2 times per day (=2)
☐ 2 to 3 times per week (=3)
☐ Once a week or less (=4)
☐ Not at all (=5)

How would you rate your asthma control during the past 4 weeks?

- ☐ Not Controlled at All (=1)
☐ Poorly Controlled (=2)
☐ Somewhat Controlled (=3)
☐ Well Controlled (=4)
☐ Completely Controlled (=5)

Total Score

ENTER THE TOTAL SCORE INTO THE "Asthma Control Test (ACT) Score" BOX BELOW

Asthma Control Test (ACT) Score

Date this ACT score was obtained

Asthma Exacerbations

Has your patient experienced any of the following in the past 12 months?

≥3 days of a steroid burst to manage worsening
asthma symptoms

- ☐ Yes
☐ No

Enter the Total Number of Episodes in This Time Frame

Unscheduled Office or ER Visit for Worsening Asthma
Symptoms

- ☐ Yes
☐ No

Enter the Total Number of Episodes in This Time Frame

Hospitalization for Asthma

- ☐ Yes
☐ No

Enter the Total Number of Episodes in This Time Frame

Total number of discrete asthma exacerbations meeting
one or more of the criteria above:

Asthma Medications, currently taking (check all that
apply)

- ☐ Inhaled corticosteroid (ICS)
☐ Oral corticosteroids
☐ Long-Acting Beta-Adrenoceptor Agonist (LABA)
☐ Long-Acting Muscarinic Antagonist (LAMA)
☐ Biologic
☐ Other
☐ None

(See MARCiE Instructions for definitions and
details)

Describe Inhaled corticosteroid (ICS)

☐ Low Dose ICS ☐ Medium Dose ICS ☐ High Dose ICS

Describe Other Asthma Medication

Follow Up Data for A Previously Entered Patient

Today's Date

Do you want to display the Asthma Control Test (ACT)

- ☐ Yes
☐ No

In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

- ☐ All of the time (=1)
☐ Most of the time (=2)
☐ Some of the time (=3)
☐ A little of the time (=4)
☐ None of the time (=5)

During the past 4 weeks, how often have you had shortness of breath?

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How would you rate your asthma control during the past 4 weeks?

- ☐ Not Controlled at All (=1)
☐ Poorly Controlled (=2)
☐ Somewhat Controlled (=3)
☐ Well Controlled (=4)
☐ Completely Controlled (=5)

Total Score

ENTER THE TOTAL SCORE INTO THE "Asthma Control Test (ACT) Score" BOX BELOW

Asthma Control Test (ACT) Score

Date this ACT score was obtained

Asthma Exacerbations

Has your patient experienced any of the following since the last MARCiE data entry?

 ≥ 3 days of a steroid burst to manage worsening asthma symptoms

- ☐ Yes
☐ No

Enter the Total Number of Episodes in This Time Frame

Unscheduled Office or ER Visit for Worsening Asthma Symptoms

- ☐ Yes
☐ No

Enter the Total Number of Episodes in This Time Frame

Hospitalization for Asthma

☐ Yes

☐ No

Enter the Total Number of Episodes in This Time Frame

Total number of discrete asthma exacerbations meeting one or more of the criteria above:

Asthma Medications, currently taking (check all that apply)

☐ Inhaled corticosteroid (ICS)

☐ Oral corticosteroids

☐ Long-Acting Beta-Adrenoceptor Agonist (LABA)

☐ Long-Acting Muscarinic Antagonist (LAMA)

☐ Biologic

☐ Other

☐ None

(See MARCiE Instructions for definitions and details)

Describe Inhaled corticosteroid (ICS)

☐ Low Dose ICS ☐ Medium Dose ICS ☐ High Dose ICS

Describe Other Asthma Medication

Antibiotic Treatment Adherence for Asthma

Did your patient begin the prescribed antibiotic(s)?

- ☐ Yes
☐ No

Please describe why patient has not started the prescribed antibiotic(s)

Has your patient completed the prescribed duration of antibiotic(s)?

- ☐ Yes
☐ No
☐ Not Applicable

Please describe why patient has not completed the prescribed antibiotic(s), e.g. "discontinued due to side effects", "medication refilled and still taking", "switched to a different antibiotic (indicate drug and dose)"

Antibiotic Side Effects or Adverse Events

A drug side effect is defined as a secondary, typically undesirable effect of a drug. The definition of an adverse drug event is a negative consequence of the drug that results in unintended injury or illness that may or may not have been preventable. Check "Not Applicable" if the antibiotic course was completed prior to the previous data entry for this patient, and you have previously completed these questions.

Has your patient experienced any side effects while taking the antibiotic(s)?

- ☐ Yes
☐ No
☐ Not Applicable

Please check all that apply side effects

- ☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Rash
☐ Hearing Loss
☐ Other Side Effects

Describe Other Side Effects

Was the antibiotic discontinued due to side effects?

- ☐ Yes
☐ No

Has your patient experienced any adverse events while taking the antibiotic(s)?

- ☐ Yes
☐ No
☐ Not Applicable

Please Describe the Adverse Event(s)

Was the antibiotic discontinued due to adverse event(s)?

- ☐ Yes
☐ No

Thank you for participating in MARCiE!

Please enter follow up data on your patient at 3, 6, 9 and 12 months after beginning antibiotic treatment for asthma.

If you have any questions, comments, or concerns about the MARCiE process please contact Dr. Hahn at dlhahn@wisc.edu.