

**Table 12: Clinical evidence profile: Comparison 1. FEV<sub>1</sub>% predicted versus chest CT scan for prognosis of pulmonary exacerbations and FEV<sub>1</sub>% predicted at 10 years**

Quality assessment							No of patients	Effect			Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations		Relative (95% CI)		Difference between tests P-value		
							FEV <sub>1</sub> % predicted, 5-point decrease	Brody chest CT score, 1-point increase				
<b>Pulmonary exacerbations (defined as hospitalizations treated with IV AB) (Follow-up: 10 years; Better indicated by lower values)</b>												
1 (Sanders 2015)	Cohort study	serious risk of bias <sup>1</sup>	no serious inconsistency	no serious indirectness	Not calculable <sup>2</sup>	none	60	adjRR: 1.19 (95% CI 1.10 to 1.30) <sup>2</sup>	adjRR: 1.39 (95% CI 1.15 to 1.67) <sup>2</sup>	RR = 0.86*; p-value = 0.037 By Chi-Square test <sup>2</sup>	MODERATE	CRITICAL
<b>Change/ decline in FEV<sub>1</sub> % predicted (Follow-up: 10 years; Better indicated by lower values)</b>												
1 (Sanders 2015)	Cohort study	serious risk of bias <sup>1</sup>	no serious inconsistency	no serious indirectness	Not calculable <sup>2</sup>	none	60	Mean difference: -4.47 (95% CI: -6.48 to -2.76)	Mean difference: -4.76 (95% CI: -7.80 to -1.72)	MD: 0.29*; p-value = 0.4 By F test <sup>2</sup>	MODERATE	CRITICAL

Abbreviations: AB: antibiotics; adjRR: adjusted rate ratio; CI: confidence interval; FEV<sub>1</sub>: forced expiratory volume in 1 second; IV: intravenous; MD: mean difference

\* Calculated by NGA technical team

<sup>1</sup> The quality of the evidence was downgraded by 1 due to no adjustments for the confounder of concurrent treatment with immunomodulatory and/or mucolytic agents

<sup>2</sup> Imprecision is not calculable, as the result is reported narratively only