

primary studies - published RCT

Randomized controlled study of in-hospital exercise training programs in children with cystic fibrosis.

Code: PM11836799

Year: 2002 Date: 2005

Author: Selvadurai HC

Study design (if review, criteria of inclusion for studies)

double-blind, placebo-controlled, multicenter trial

Participants

37 adult (18 years of age or older) and 24 pediatric (5-17 years of age) subjects with CF were evaluated in five cohorts.

Interventions

ascending single doses of denufosal (10, 20, 40, and 60 mg, administered by inhalation via the Pari LC Star nebulizer) vs. placebo (normal saline), followed by twice-daily administration of the maximum tolerated dose (MTD) of denufosal or placebo for 5 days. Subjects were randomized in a 3:1 ratio to receive either denufosal or placebo within each cohort.

Outcome measures

adverse events, FEV1.

Main results

The percent of subjects experiencing adverse events was similar between the denufosal and placebo groups. The most common adverse event in subjects receiving denufosal was chest tightness in adult subjects (39%) and cough in pediatric subjects (56%). Three (7%) subjects receiving denufosal and one (7%) subject receiving placebo experienced a serious adverse event. Forced expiratory volume in 1 sec (FEV(1)) profiles following dosing were similar across treatment groups, with some acute, reversible decline seen in both groups, most notably in subjects with lower lung function at baseline.

Authors' conclusions

Doses up to 60 mg of denufosal inhalation solution were well-tolerated in most subjects. Some intolerability was noted among subjects with lower baseline lung function. Based on the results of this phase 1/phase 2 study, the Therapeutics Development Network (TDN) of the Cystic Fibrosis Foundation (CFF) and Inspire Pharmaceuticals, Inc., recently completed a multicenter, 28-day, phase 2 safety and efficacy clinical trial of denufosal inhalation solution in CF subjects with mild lung disease.

<http://dx.doi.org/10.1002/ppul.10015>

See also

Pediatr Pulmonol. 2002 Mar;33(3):194-200.

Keywords

Adolescent; Child; Other drugs; denufosal; Inhalation OR nebulised; pharmacological_intervention;