

primary studies - published RCT

Long term effects of denufosol tetrasodium in patients with cystic fibrosis.

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

Phase IIb, randomised, double-blind, placebo-controlled study

Participants

Patients with CF, ≥ 12 years of age (N=286)

Interventions

Patients were randomised to ciprofloxacin DPI (32.5 mg (n=93) or 48.75 mg (n=93)), or corresponding placebo (32.5 mg, n=65; 48.75 mg, n=35) twice daily for 28 days.

Outcome measures

The primary objective was the change in forced expiratory volume in 1 s (FEV1) from baseline (day 0) to end of treatment (day 29) in the intent-to-treat population for ciprofloxacin DPI compared with the corresponding placebo group.

Main results

The primary effectiveness objective was not met; there were no significant differences in change in FEV1 between ciprofloxacin DPI and the corresponding placebo group for either dose ($p=0.154$). However, in pooled analyses, FEV1 decline from baseline to treatment end was significantly lower with ciprofloxacin DPI than with placebo (pooled data; $p=0.02$). Ciprofloxacin DPI showed positive effects on sputum bacterial load and quality of life, but these effects were not maintained at the 4-week follow-up. Ciprofloxacin DPI was well tolerated and there were no significant differences in type/incidence of treatment-emergent adverse events by treatment group ($p=0.115$).

Authors' conclusions

Further investigations are needed to determine the full scope of the beneficial effects of ciprofloxacin DPI for patients with CF.

<http://dx.doi.org/10.1016/j.jcf.2012.05.003>

See also

J Cyst Fibros. 2012 Dec;11(6):539-49. doi: 10.1016/j.jcf.2012.05.003. Epub 2012 Jun 8.

Keywords

Anti-Bacterial Agents; Ciprofloxacin; Inhalation OR nebulised; pharmacological_intervention; Powders; Bacterial Infections; Respiratory Tract Infections; Respiratory Tract Diseases; Infection; Quinolones;