

primary studies - published RCT

## **Elexacaftor/tezacaftor/ivacaftor in children aged 6-11 years with cystic fibrosis heterozygous for F508del and a minimal function mutation: Results from a 96-week open-label extension study.**

**Code:** PM40210412

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**Author:** Mall MA

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

Phase 3b extension study

### **Participants**

Children aged 6-11 years with cystic fibrosis (CF) heterozygous for F508del and a minimal function CFTR variant (F/MF genotypes)

### **Interventions**

Dosing was based on weight and age with children weighing

### **Outcome measures**

Primary endpoint was safety and tolerability. Secondary and other efficacy endpoints included absolute changes from parent study baseline in sweat chloride concentration, LCI(2.5), ppFEV(1), and CFQ-R respiratory domain score.

### **Main results**

erate (48.3%) in severity. The most common AEs (≥20% of children) were COVID-19 (58.3%), cough (51.7%), nasopharyngitis (45.0%), pyrexia (40.0%), headache (37.5%), upper respiratory tract infection (30.8%), oropharyngeal pain (26.7%), rhinitis (24.2%), abdominal pain (22.5%), and vomiting (20.0%). Children who transitioned from the placebo and ELX/TEZ/IVA groups of the parent study had improvements from parent study baseline at Week 96 in mean sweat chloride concentration (-57.3 [95% CI: -61.6, -52.9] and -57.5 [95% CI: -62.0, -53.0] mmol·L<sup>-1</sup>), LCI(2.5) (-1.74 [95% CI: -2.09, -1.38] and -2.35 [95% CI: -2.72, -1.97] units), ppFEV(1) (6.1 [95% CI: 2.6, 9.7] and 6.9 [95% CI: 3.2, 10.5] percentage points), and CFQ-R respiratory domain score (6.6 [95% CI: 2.5, 10.8] and 2.6 [95% CI: -1.6, 6.8] points).

### **Authors' conclusions**

ELX/TEZ/IVA treatment was generally safe and well-tolerated, with a safety profile consistent with parent study and older age groups. After starting ELX/TEZ/IVA, children had robust improvements in sweat chloride concentration and lung function that were maintained through 96 weeks. These results demonstrate the safety and durable efficacy of ELX/TEZ/IVA in this pediatric population.

<http://dx.doi.org/10.1183/13993003.02435-2024>

### **See also**

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### **Keywords**

CFTR Modulators; Genetic Predisposition to Disease; pharmacological\_intervention; placebo; VX-770; VX-661; ivacaftor; Aminophenols; tezacaftor; VX-445; elexacaftor; Trikafta;