

Inhaled Promixin® in the treatment of non-cystic fibrosis bronchiectasis

Submission date 20/10/2008	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 31/10/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 09/09/2014	Condition category Respiratory	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Charles Haworth

Contact details
Consultant in Respiratory Medicine
Papworth Hospital
Cambridge
United Kingdom
CB23 3RE

Additional identifiers

Clinical Trials Information System (CTIS)
2008-005045-34

Protocol serial number
PPCTP/001

Study information

Scientific Title

A double-blind, vehicle-controlled, multi-centre, clinical study to investigate the efficacy and safety of up to 6 months of therapy with inhaled Promixin® in the treatment of patients with

non-cystic fibrosis bronchiectasis infected with *Pseudomonas aeruginosa* susceptible to Promixin®

Acronym

PROMIS

Study objectives

Promixin® (colistimethate sodium) is currently approved for use in the management of patients with cystic fibrosis (CF) bronchiectasis who have pseudomonal lung infections, but not for use in patients with non-CF bronchiectasis who have pseudomonal lung infections. The infective agent is the same in both cases and it could be expected that Promixin® will provide benefit in patients with non-CF bronchiectasis as well as patients with CF bronchiectasis.

The purpose of this study is to determine if the use of inhaled colistimethate sodium (Promixin®) increases the time, compared to vehicle, from starting treatment with the investigational medicinal product (IMP) until the patients experience an infective pulmonary exacerbation, in patients with non-CF bronchiectasis infected with *Pseudomonas aeruginosa* (P. aeruginosa) susceptible to Promixin®. Treatment will be for up to 6 months and the safety profile of inhaled Promixin® therapy will be evaluated over this period.

On 28/09/2011 the following changes were made to the trial record:

1. The anticipated end date was changed from 26/08/2010 to 31/01/2012.
2. The Russian Federation and Ukraine have been added to the countries of recruitment.
3. The target number of participants was changed from 260 to 144; recruitment is now complete.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Submitted to London Research Ethics Committee Northwick Park Hospital for the meeting on 29/10/2008 (ref: 08/H0718/71)

Study design

Multi-centre double-blind parallel-group vehicle-controlled randomised study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Non-cystic fibrosis bronchiectasis; patients with proven *Pseudomonas aeruginosa* pulmonary infections

Interventions

Investigational medicinal product:

Inhaled Promixin® (colistimethate sodium) at a concentration of 1 million international units per mL (300 µL dose via an I-neb™ system) administered twice a day for up to 6 months.

Control:

Vehicle, 0.45% saline(300 µL dose via an I-neb™ system) administered twice a day for up to 6 months.

Joint/scientific contact details:

Diana Bilton MD FRCP
Consultant Physician/Honorary Senior Lecturer
Department of Respiratory Medicine
Royal Brompton Hospital
Sydney Street
London SW3 6NP
United Kingdom

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Promixin® (colistimethate sodium)

Primary outcome(s)

The time (in days) from baseline/visit 2 (first dose) for each individual patient, until he/she experiences an exacerbation.

Key secondary outcome(s))

1. Number of adverse events and serious adverse events, measured at end of the patients' involvement in the study
2. Changes in sputum mass from baseline to week 4
3. Changes in sputum flora, measured over the course of the study, samples collected at weeks 4, 12 and at the end of the patients' involvement in the study
4. Improvement in quality of life as assessed by Saint George's Respiratory Questionnaire (SGRQ) and compliance with treatment, measured at week 12 and at the end of the patients' involvement in the study
5. Changes in forced expiratory volume in one second (FEV1), measured at the end of the patients' involvement in the study and at the first dose

Completion date

31/01/2012

Eligibility**Key inclusion criteria**

1. Patients of either gender, over 18 years of age
2. Non-CF bronchiectasis
3. Are known to have grown *P. aeruginosa* from their sputum at least twice in the previous 12 months
4. Have experienced and completed treatment for an exacerbation of bronchiectasis within 21 days of screening

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. CF bronchiectasis
2. Confirmed recent allergic bronchopulmonary aspergillosis
3. Immune suppression, hypogammaglobulinaemia, inflammatory bowel disease, primary ciliary dyskinesia or myeloproliferative disease
4. Bronchoreactivity
5. Have used colistimethate sodium in the past, or are taking hypertonic saline, high doses of steroid or anti-tumour necrotising factor alpha (anti-TNFa)
6. Have recently started azithromycin
7. Female patients who are pregnant or nursing

Date of first enrolment

26/01/2009

Date of final enrolment

31/01/2012

Locations**Countries of recruitment**

United Kingdom

England

Russian Federation

Ukraine

Study participating centre**Consultant in Respiratory Medicine**

Cambridge

United Kingdom

CB23 3RE

Sponsor information

Organisation

Profile Pharma Ltd (UK)

ROR

<https://ror.org/00222m642>

Funder(s)

Funder type

Industry

Funder Name

Profile Pharma Ltd (UK) (ref: PPCTP/001)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	15/04/2014		Yes	No
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes