# Randomised, placebo controlled trial of itraconazole in the treatment of fungal sensitised patients with severe asthma and without allergic bronchopulmonary aspergillosis (ABPA)

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
26/09/2005		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
21/11/2005	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
28/10/2008	Respiratory			

# Plain English summary of protocol

Not provided at time of registration

#### Contact information

#### Type(s)

Scientific

#### Contact name

**Prof David Denning** 

#### Contact details

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### Additional identifiers

EudraCT/CTIS number

**IRAS** number

#### ClinicalTrials.gov number

#### Secondary identifying numbers

N/A

# Study information

#### Scientific Title

#### **Acronym**

**FAST** 

#### **Study objectives**

Itraconazole is effective as an adjunctive treatment in the treatment of severe asthma patients with skin test positivity for one of five fungal aero-allergens, who do not satisfy the criteria for ABPA.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Not provided at time of registration

#### Study design

Randomised controlled trial

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

#### Study setting(s)

Not specified

#### Study type(s)

Treatment

#### Participant information sheet

#### Health condition(s) or problem(s) studied

Severe asthma with allergy to mould

#### **Interventions**

Itraconazole versus placebo

#### **Intervention Type**

Drug

#### Phase

**Not Specified** 

#### Drug/device/biological/vaccine name(s)

Itraconazole

#### Primary outcome measure

To assess whether antifungal treatment with itraconazole is beneficial in the management of severe asthma

#### Secondary outcome measures

- 1. To investigate whether there are subsets of patients who particularly benefit, or do not benefit from antifungal treatment
- 2. To determine whether any benefit of itraconazole is related to steroid interaction
- 3. To archive DNA for molecular genetic studies

#### Overall study start date

05/10/2004

#### Completion date

30/06/2006

# Eligibility

#### Key inclusion criteria

Asthma requiring: high dose inhaled steroids or continuous steroids or at least 4 courses oral /intravenous (IV) steroids over previous 12 months or at least 6 courses oral/IV steroids over the previous 24 months

#### Participant type(s)

Patient

#### Age group

Adult

#### Sex

Both

#### Target number of participants

100

#### Key exclusion criteria

- 1. ABPA (IgE >1000, precipitins positive)
- 2. Recurrent bacterial chest infections
- 3. Allergy to Azoles
- 4. Pregnancy
- 5. Current treatment with drugs that interact with itraconazole and which cannot be stopped
- 6. Significant cardiac disease
- 7. Significant immunosuppression other than corticosteroids
- 8. Abnormal liver function tests

## Date of first enrolment

05/10/2004

#### Date of final enrolment

30/06/2006

#### Locations

#### Countries of recruitment

England

**United Kingdom** 

# Study participating centre ATR 4 Education & Research Centre

Manchester United Kingdom M23 9LT

# Sponsor information

#### Organisation

South Manchester University Hospitals NHS Trust (UK)

#### Sponsor details

Wythenshawe Hospital
Southmoor Rd
Manchester
England
United Kingdom
M23 9LT
+44 (0)161 291 5770
rdsec@fsl.with.man.ac.uk

#### Sponsor type

Hospital/treatment centre

#### **ROR**

https://ror.org/00he80998

# Funder(s)

#### Funder type

#### Funder Name

The Moulton Charitable Trust (UK)

# **Results and Publications**

# Publication and dissemination plan

Not provided at time of registration

Intention to publish date

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	01/01/2009		Yes	No