

Bioequivalence study of Tobramycin PARI (T100) versus TOBI® (Novartis) in cystic fibrosis patients with bronchopulmonary chronic *Pseudomonas aeruginosa* (PA) infection

Submission date

03/02/2011

Recruitment status

No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date

12/04/2011

Overall study status

Completed

☐ Statistical analysis plan

☒ Results

Last Edited

29/06/2015

Condition category

Nutritional, Metabolic, Endocrine

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

12012.101

Study information

Scientific Title

A comparative, randomised, two period, multi-centre, cross-over 14 weeks bioequivalence study of Tobramycin PARI (T100) versus TOBI® (Novartis) in cystic fibrosis patients with bronchopulmonary chronic Pseudomonas aeruginosa (PA) infection

Acronym

T100

Study objectives

It is postulated that the pharmacokinetics of T100 170 mg delivered with the Pari eFlow® after 4 weeks treatment is bioequivalent with the pharmacokinetics of TOBI® 300 mg delivered with the PARI LC® PLUS

Ethics approval required

Old ethics approval format

Ethics approval(s)

Bioethics Committee of the Institute of Mother and Child in Warsaw, 21/01/2011, ref: 05/2011

Study design

Comparative randomised two period multi-centre cross-over bioequivalence study

Primary study design

Interventional

Secondary study design

Randomised cross over trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Cystic fibrosis patients with bronchopulmonary chronic Pseudomonas aeruginosa infection

Interventions

Each patient will be randomised in a (1:1) ratio to receive either 2 x 170 mg/day T100/ Pari eFlow® or 2 x 300 mg/day TOBI®/PARI LC® PLUS.

After treatment phase 1 all patients switch to the conversed treatment group. Each treatment phase will last for 28 days.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Tobramycin

Primary outcome measure

Comparison of mean plasma tobramycin AUC (0-12h) of T100 170 mg nebulised via Pari eFlow® and the registered TOBI® 300 mg nebulised via PARI LC® PLUS

Secondary outcome measures

Comparison of tobramycin peak plasma levels (Cmax plasma) of T100 nebulised via Pari eFlow® and the registered TOBI® nebulised via PARI LC® PLUS

Overall study start date

15/03/2011

Completion date

30/08/2011

Eligibility**Key inclusion criteria**

1. Signed by patient (or appropriate legal representative) the written informed consent including data protection agreement after the nature of the study has been fully explained prior to any screening procedure
2. Patient is a male or female and at least 4 years of age at the time of screening
3. Patient's diagnosis of cystic fibrosis (CF) was confirmed by one or more specific clinical features consistent with CF and elevated chloride concentration in the sweat is greater than 60 mEq/l (by quantitative pilocarpine iontophoresis test - QPIT)
4. Presence of disease associated CF transmembrane conductance regulator (CFTR) mutations in both alleles
5. Patient has adequate pulmonary function at screening defined as:
 - 5.1. Forced expiratory volume in one second (FEV1) between at least 25% and less or equal to 85% of normal predicted values for age, sex and height based on Knudson criteria and peripheral artery haemoglobin oxygen saturation (SaO2) of at least 88% at rest measured by pulse oximetry on room air
6. Patient has a positive culture for PA at screening (Visit 1)
 - 6.1. Patient should have PA isolated from sputum only if patient do not have a known history of positive PA culture within the last 2 months
7. Patient is clinically stable at screening (no change in FEV1 greater than 20% within one month prior to screening visit)
8. Patient is able to comply with all protocol requirements (e.g. able to produce sputum and perform pulmonary function tests)
9. Sexually active women of childbearing potential and sexually active men will use a highly

effective method of contraception throughout the IMP treatment period

10. Females of childbearing potential have a negative serum pregnancy test (within 7 days before visit 2/randomisation)

Participant type(s)

Patient

Age group

Mixed

Sex

Both

Target number of participants

60

Key exclusion criteria

1. Use of investigational medications within 30 days before study entry or during the trial
2. Inability to handle the study inhalers to inhale the test preparations
3. Patient has a known local or systemic hypersensitivity or adverse reaction to inhaled aminoglycosides or systemic aminoglycosides
4. Administration of anti-pseudomonas aminoglycoside antibiotics are not allowed within 30 days before first administration of IMP. Macrolide are permitted, provided that they are taken as a maintenance therapy for at least 6 weeks before entering the trial. Other antibiotics are not allowed within 7 days before first administration of IMP
5. Patient with haemoptysis at any time within 4 weeks prior to screening (Visit 1)
6. FEV1 less than 25% predicted
7. Patient has a positive sputum or deep throat cough culture or bronchoalveolar lavage (BAL) with *Burkholderia cepacia* (B cepacia) at screening (visit 1) and/or a history of positive culture yielding B cepacia within 1 year prior to screening
8. Presence of allergic bronchopulmonary aspergillosis (ABPA)
9. Patient experienced severe respiratory infection within one month prior to screening (visit 1) which requires hospitalisation or treatment with intravenous (i.v.) antibiotics
10. Elevated serum creatinine greater than 1.2 mg/dl or blood urine nitrogen (BUN) 20 mg/dl or proteinuria of grade 2plus or greater
11. Significant liver disease -greater than 2x upper standard limits and no thrombocytopenia or clinical active disease
12. Patients with auditory or/and vestibular dysfunctions
13. Patient has a history of lung transplantation
14. Patient has a co-existing medical condition or abnormality that would compromise the participant's safety or the quality of the study data, in the opinion of the investigator
15. Active drug and alcohol abuse or psychiatric disease

Date of first enrolment

15/03/2011

Date of final enrolment

30/08/2011

Locations

Countries of recruitment

Poland

Study participating centre

Instytut Matki i Dziecka

Warszawa

Poland

01-211

Sponsor information

Organisation

PARI Pharma GmbH (Germany)

Sponsor details

Lochhamer Schlag 21

Graefelfing

Germany

82166

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info@paripharma.com

Sponsor type

Industry

ROR

<https://ror.org/011pcrd91>

Funder(s)

Funder type

Industry

Funder Name

PARI Pharma GmbH (Germany)

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	01/12/2014		Yes	No