

# Prospective Case-Control Safety Study of Bronchitol (inhaled mannitol) in Patients with Cystic Fibrosis from the UK CF Registry

**First published:** 22/08/2017

**Last updated:** 23/04/2024

Study

Finalised

## Administrative details

### EU PAS number

EUPAS20668

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### Study ID

33911

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### DARWIN EU® study

No

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### Study countries

United Kingdom

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### Study description

Post-authorisation safety study is being conducted pursuant to an obligation imposed by the EMA as a condition of the granting of a marketing authorisation for Bronchitol (mannitol) to confirm the safety profile of Bronchitol, identify, characterise and/or quantify any emergent safety issues, and measure the effectiveness of agreed risk management strategies.

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## Study status

Finalised

## Research institutions and networks

### Institutions

#### Cystic Fibrosis Trust

United Kingdom

**First published:** 01/02/2024

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**Institution**

**Not-for-profit**

### Contact details

#### Study institution contact

John Miller [john.miller@pharmaxis.com.au](mailto:john.miller@pharmaxis.com.au)

**Study contact**

[john.miller@pharmaxis.com.au](mailto:john.miller@pharmaxis.com.au)

#### Primary lead investigator

Siobhán Carr

Primary lead investigator

## Study timelines

### **Date when funding contract was signed**

Planned: 29/06/2012

Actual: 29/06/2012

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### **Study start date**

Planned: 01/07/2012

Actual: 01/07/2012

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### **Date of final study report**

Planned: 30/04/2018

Actual: 05/11/2018

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Pharmaxis Ltd

## Study protocol

[Registry Study Protocol V1.0 Final.pdf](#) (296.67 KB)

## Regulatory

**Was the study required by a regulatory body?**

Yes

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**Is the study required by a Risk Management Plan (RMP)?**

EU RMP category 2 (specific obligation of marketing authorisation)

## Methodological aspects

### Study type

#### Study type list

**Study topic:**

Human medicinal product

Disease /health condition

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**Study type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

Effectiveness study (incl. comparative)

**Data collection methods:**

Combined primary data collection and secondary use of data

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**Main study objective:**

To assess the rates of identified and potential risk of Bronchitol in CF through a comparison of Bronchitol treated vs. non-treated patients in a cohort matched for key characteristics from the CF registry over a 1 to 5 year period. Safety analysis would be conducted on a 6 monthly basis for three years and then annually for two further years..

## Study Design

### **Non-interventional study design**

Cohort

## Study drug and medical condition

### **Medicinal product name**

BRONCHITOL

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### **Medical condition to be studied**

Cystic fibrosis

## Population studied

### **Short description of the study population**

Adult ( $\geq 18$  years) patients in the CF registry database who were prescribed Bronchitol. The unexposed group were untreated patients.

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### **Age groups**

- Adults (18 to < 46 years)

- Adults (46 to < 65 years)
  - Adults (65 to < 75 years)
  - Adults (75 to < 85 years)
  - Adults (85 years and over)
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## **Special population of interest**

Other

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## **Special population of interest, other**

Patients with Cystic Fibrosis

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## **Estimated number of subjects**

446

# Study design details

## **Outcomes**

To assess the rates of identified and potential risks of Bronchitol through a comparison of treated vs. non-treated patients, - To compare the rates of identified and potential risks against background rates in the general CF population.- To assess the rate of identified and potential risks in the population below 18 years of age- To compare the effect on lung function in treated vs. non-treated patients- To compare the effect on CF exacerbations in treated vs. non-treated patients

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## **Data analysis plan**

At each analysis time a propensity score analysis will be performed. Here we will use logistic regression to estimate the probability of being treated with Bronchitol. This will generate a propensity score for each patient which will be used in subsequent analyses.□ Full Analysis PopulationAll patients (treated and

untreated) from CF Registry will be included in the analyses. For this population, we will include:- Simple descriptive analyses (frequency and percentage) for AEs- Negative Binomial regression for the count of events for each AE with adjustment for propensity scores.- Cox regression for time to first event for each AE (Hazard Ratio), with adjustment for propensity scores.Cox regression will be used to study the time to first event for each AE. As for the negative binomial regression models these will be done both with and without adjustment for potential confounders.Random effects linear models will be used to study changes in FEV1 over time

## Documents

### Study results

[5 yr PASS - NACF poster 2018 Final.pdf](#) (526.73 KB)

[Abstract 484 NACF 2018.pdf](#) (200.14 KB)

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### Study publications

[Carr S et al., Pediatric pulmonology Vol 53, Issue S2 Abstract 484](#)

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## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

## Data sources

## **Data sources (types)**

Disease registry

Other

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## **Data sources (types), other**

Prospective patient-based data collection

# Use of a Common Data Model (CDM)

## **CDM mapping**

No

# Data quality specifications

## **Check conformance**

Unknown

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## **Check completeness**

Unknown

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## **Check stability**

Unknown

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## **Check logical consistency**

Unknown

# Data characterisation

## **Data characterisation conducted**

No