Pharmaceutical development company Pharmaxis has completed a successful round of engagement at the European Cystic Fibrosis Conference (ECFC) in Gothenburg, Sweden, hosting eight sessions featuring the clinical and practical experience of key cystic fibrosis (CF) clinics with Bronchitol® and involving a global panel of key opinion leaders.

The four day conference was attended by more than two thousand European healthcare professionals and included abstract presentations from a number of European CF centres highlighting results for Bronchitol® in the treatment of adult patients which were consistent with results from the large Phase III clinical trials including:

- In a cohort of 124 patients within three CF centres in the UK, there was a greater than 90% pass rate when performing the Bronchitol initiation dose assessment (BIDA).  
- The authors from two CF centres in London reported that those patients who continued on Bronchitol showed a statistically significant improvement in FEV₁ achieved on top of best standard of care.
  - Patients at King’s College Hospital, experienced a significant increase in mean FEV₁ of 124mL (p=0.014) and FEV₁ % predicted of 4.4% (p=0.004) at 2 months post-BIDA.  
  - 50 adult patients at the Royal Brompton Hospital provided data for follow up (continuing after approx. 6 weeks treatment), showing improvement of median FEV₁ from 1.47L to 1.61L (p=0.02), and median FEV₁ % predicted from 44% to 50% (p=0.03).  

In addition, the University Hospital Mainz in Germany presented results from a pilot prospective, observational study that indicated inhaled dry powder mannitol might influence Lung Clearance Index (LCI) in adult CF patients with well-preserved lung function (FEV₁ > 70% pred.), showing an average change in LCI of 4.6% (p=0.044) and supporting the need for further investigation.  

Pharmaxis CEO Gary Phillips said, “These presentations reinforce the fact that clinics are adopting Bronchitol as an increasingly important part of their standard of care in cystic fibrosis and are able to repeat the benefits shown in the clinical studies. The ECFC proved a valuable opportunity for CF centres to exchange information on their experiences with Bronchitol. The case-study based talks were well attended by conference delegates and Pharmaxis staff from Eastern Europe, Italy, Germany and the UK were able to interact with a large number of representatives from CF centres around Europe.”

Bronchitol is a precision spray-dried form of mannitol, delivered to the lungs by a specially designed, portable inhaler. The product is approved for marketing for cystic fibrosis patients aged over six years in Australia and for patients aged 18 years and over throughout the European Union.

#ENDS#

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About Pharmaxis

Pharmaxis (ACN 082 811 630) is a specialist pharmaceutical company involved in the research, development and commercialization of therapeutic products for chronic respiratory disorders. Its product Aridol® for the assessment of asthma is sold in key international markets. Its product Bronchitol® for cystic fibrosis is recently launched in Europe and Australia and its development pipeline of products includes, Bronchitol for bronchiectasis, PXS64 for the treatment of lung fibrosis, ASMB for asthma and PXS4728 for fibrotic disease. Pharmaxis is listed on the Australian Securities Exchange (symbol PXS). The company’s head office and manufacturing facilities are located in Sydney. For more information about Pharmaxis, go to www.pharmaxis.com.au or contact Investor Relations on phone +61 2 9454 7200.

References

1. Scott E. et al The King’s experience of Bronchitol. One UK centre’s results of Bronchitol Initiation. 37th ECFC Gothenburg, Sweden; 2014 11-14 June. Journal of Cystic Fibrosis 2014; 13 (Suppl. 2) poster 170
3. Henry A.C. et al Implementation of non-medical prescribing (NMP) within the clinical CF setting. 37th ECFC Gothenburg, Sweden; 2014 11-14 June. Journal of Cystic Fibrosis 2014; 13 (Suppl. 2) poster 172