

Vantobra®, a new formulation of nebulised tobramycin: early real-world experiences at our large regional UK adult CF centre

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Background
<ul style="list-style-type: none"> Vantobra® (170mg/1.7ml), a new formulation of nebulised tobramycin, is nebulised via a drug-specific eFlow handset and eFlow device. Vantobra® has been shown to have comparable efficacy and safety as TOBI® 300mg/5ml via an LC Plus handset and conventional nebuliser device (Sands 2014). With a reduced treatment time of 4.4 minutes, 19.9 minutes faster than TOBI, Vantobra® is an appealing option for pwCF. There is currently no real-world data available for tolerance or adherence to Vantobra®.
Objective
To evaluate the real-world patient tolerance, experience and use of Vantobra® in pwCF.
Method
A prospective audit of patient’s experience and clinical outcomes completing a drug response assessment (DRA) of Vantobra® prior to 31/10/22.
Results
<p>Demographics:</p> <ul style="list-style-type: none"> 18 pwCF (61% (11) Female) completed a DRA of Vantobra® Median age 30 (IQR 24-39), best ppFEV in 12 months 63% (IQR 48-75%), all grew PsA. The most common reason for a Vantobra® trial was ‘unable to tolerate alternatives’ (56% (10)). 83% (15) had tried and discontinued (due to adverse events (AEs) or adherence or both) at least 1 other formulation of inhaled tobramycin (TOBI Podhaler® (14), Bramitob® (6) or TOBI® (6)). <p>Drug response Assessment (DRA):</p> <ul style="list-style-type: none"> All (18) passed the DRA (Figure 1). 11% (2) reported a mild AE during the DRA (cough) but were assessed as safe to continue use. <p>Taste at DRA:</p> <ul style="list-style-type: none"> Taste, rated on a scale of 0-10 (10 = worst), was median 5 (IQR 2-6). (Figure 2). Taste was described by each pwCF (Figure 3).

Figure 1. The drug response assessment (DRA)
Figures 2 and 3. Taste at DRA
Figure 4. Follow-up
Figure 5. Clinician opinion
<div> <div>Patients sometimes report the neb tasting a bit salty</div> <div>Patients seem to like how much quicker the neb is completed</div> <div>Appears to be tolerated well during initial dose</div> <div>Good as able to add prescription to CFHH to capture adherence data</div> <div>Patients seem to love it- its quick and doesn't seem to taste bad. Its great its via an eFlow so we can get HH data</div> </div>

Results- Follow-up
<p>Follow-up</p> <ul style="list-style-type: none"> At time of review 72% (13) continue on Vantobra®, 11% (2) discontinued due to an AE (1 cough, 1 tight chest), 6% (1) discontinued due to treatment burden (compared to no treatment), 6% (1) had delivery issues, 6% (1) died (not related to Vantobra®) (Figure 4). Median days on Vantobra® at follow up in those who continue 163 (~5.5 months) (IQR 128-222). Median days on prior to discontinuation 5 (IQR 0-9). <p>CF HealthHub adherence</p> <ul style="list-style-type: none"> In the 28% (5) on CFHH, median adherence increased by 6% (IQR -2-9%) on Vantobra®. <p>Clinician feedback:</p> <ul style="list-style-type: none"> Feedback from the CF Physiotherapy team was collected via an anonymous ‘Jamboard’ (Figure 5).
Conclusion
Our early real-world experiences with Vantobra® have shown that it is well tolerated and has the potential to improve adherence to treatment in pwCF.
Reference
Sands. D et al (2014) Journal of Cystic Fibrosis.13(6) 653-660.
Contact Information
<p><i>What have your experiences been with Vantobra®?</i></p> <p><i>Please contact:</i> Email: Catherine.brown@uhb.nhs.uk Twitter: @cf_physios</p>