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

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Background

- 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

Demographics:

- 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)).

Drug response Assessment (DRA):

- 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.

Taste at DRA:

- 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).

DRA ppFEV₁ 100% 80% 63% 57% 55% Median -1% constriction

Figure 1. The drug response assessment (DRA)

Figures 2 and 3. Taste at DRA

Pre

Post

Best in 12/12

20%

0%

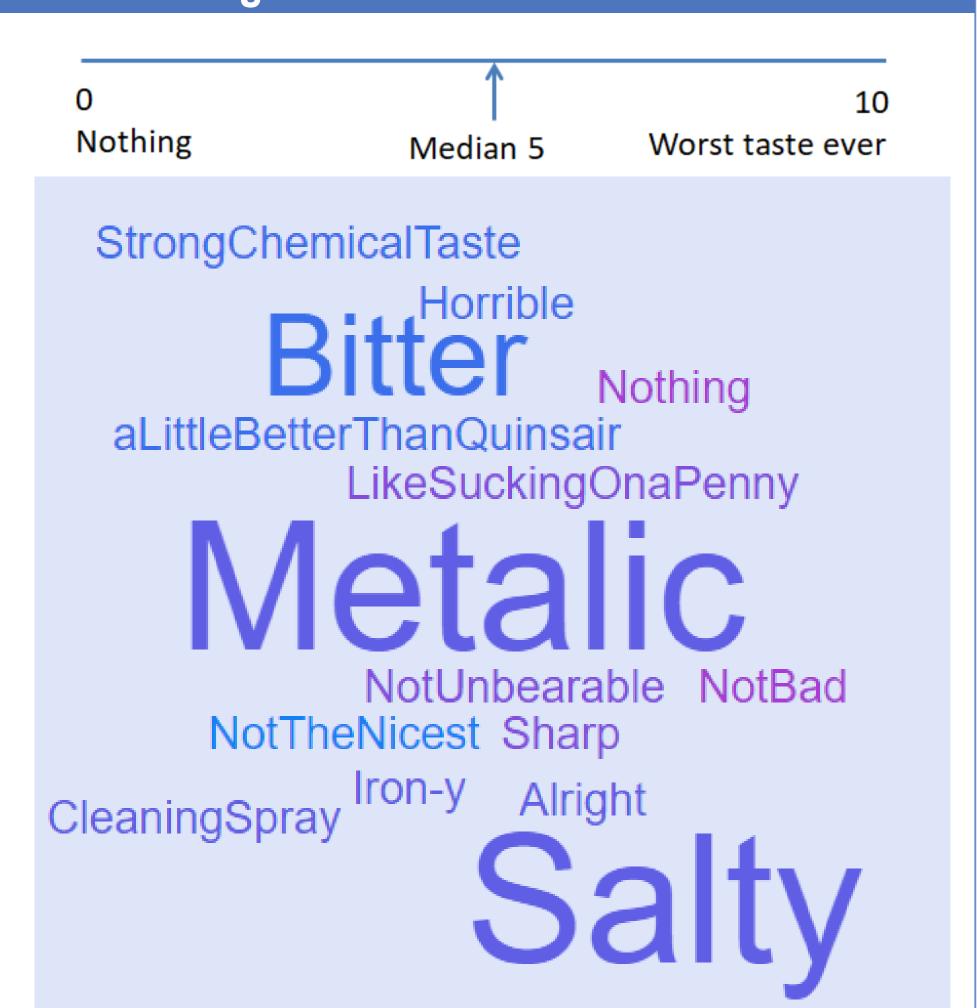


Figure 4. Follow-up

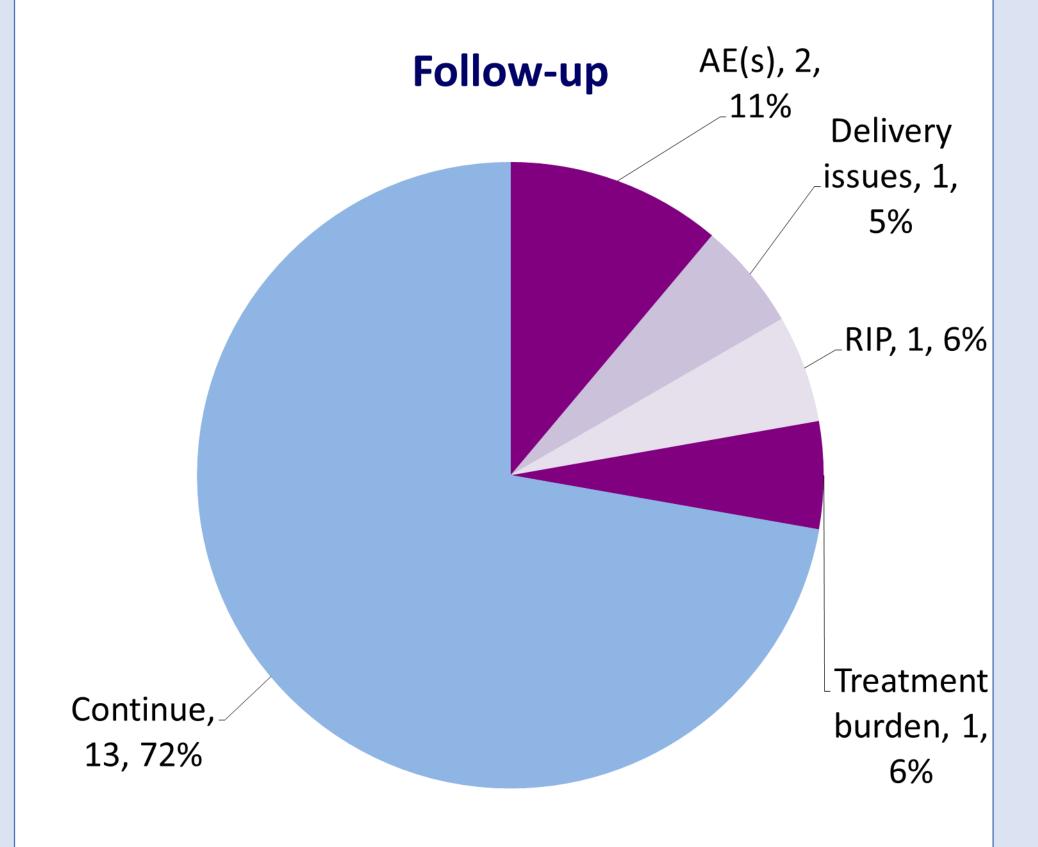
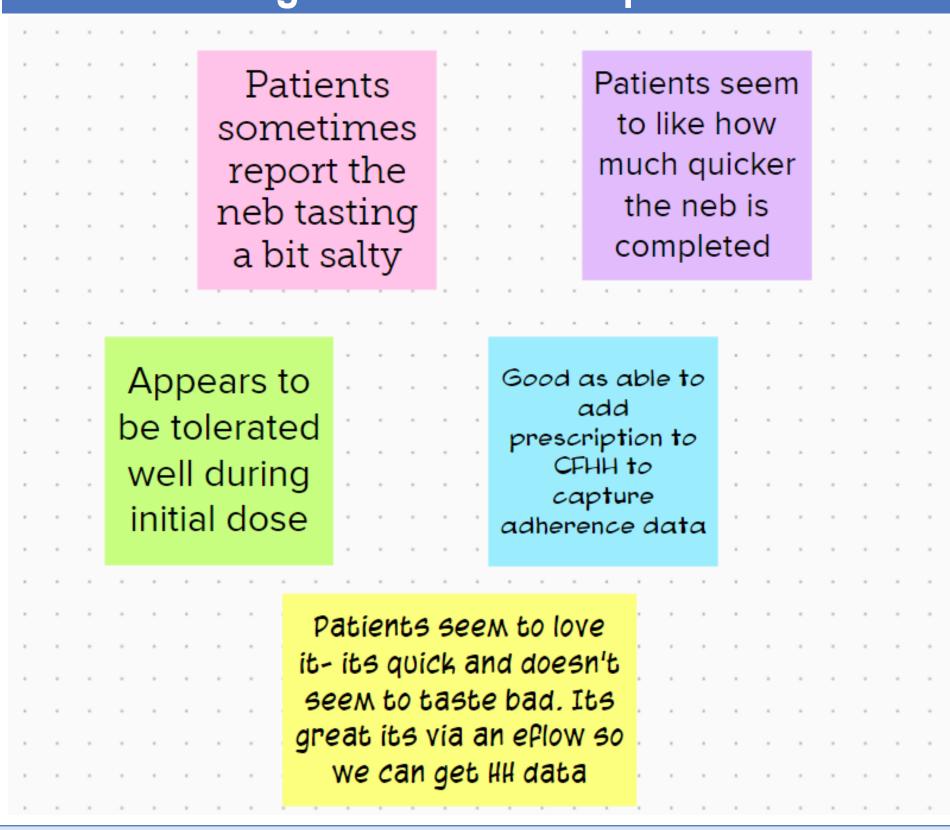


Figure 5. Clinician opinion



Results- Follow-up

Follow-up

- 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).

CF HealthHub adherence

• In the 28% (5) on CFHH, median adherence increased by 6% (IQR -2-9%) on Vantobra®.

Clinician feedback:

• 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

What have your experiences been with Vantobra®?

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