

A Multi-Center, Phase IIb,  
Randomized, Placebo-Controlled,  
Double-Blind Study Of The Effects  
Of N-Acetylcysteine (NAC) On Redox  
Changes And Lung Inflammation In  
Cystic Fibrosis Patients.

Lead Site: Stanford University - Carol Conrad, MD  
and Rabin Tirouvanziam, PhD



## **Participating sites:**

**University of Utah** – Barbara Chatfield, MD

**Birmingham Children’s Hospital** – J.P. Clancy, MD

**Yale University** – Marie Egan, MD

**Duke University** – Peter Michelson, MD

**National Jewish Hospital** – David Nichols, MD

**Columbia University** – Lynne Quittel, MD

**Children’s Hospital of Philadelphia** – Ron Rubenstein, MD

**Children’s Hospital of Pittsburgh** – Jonathan Spahr, MD

**Penn State, Hershey** – Robert Vender, MD

**University of Florida, Gainesville** – Veena Antony, MD

# Effects of NAC on Redox Changes and Lung Inflammation

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- ▶ Hypothesis: GSH replenishment to blood neutrophils will allow for a decrease neutrophil inflammation in the sputum of CF subjects as determined by sputum elastase activity.
- ▶ Oral NAC fizzy tablets, 900 mg PO TID, or placebo
  - ▶ Primary efficacy measures: sputum elastase activity (ELISA)
  - ▶ Secondary efficacy measures: FEV<sub>1</sub> (% pred.)
- ▶ Sputum, blood, PFT's, and QOL on Day 0 and Week 6, Week 12, and Week 24.



# Phase IIB Proof of Concept

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- ▶ **Staged enrollment, Stanford first cohort**
  - ▶ In-depth studies to assess if any potential for pulmonary hypertension
  - ▶ 16 subjects completed study
    - ▶ No AE's related to NAC
    - ▶ No PH (detected by ECHO, DLCO, no free NAC in plasma, no S-nitrosylated NAC detected in plasma)
- ▶ **Other sites initiated in November 2009**
  - ▶ 11 sites/80 subjects planned/ 70 enrolled
  - ▶ Smaller panel PH studies



# Secondary Objectives

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- ▶ Eval effect of NAC on number of pulmonary and sinus exacerbations, antibiotic use
- ▶ Eval effect of NAC on inflammation in the lungs (neutrophil count)
- ▶ Eval effect of NAC on pulmonary function
- ▶ Eval effect of NAC on weight
- ▶ Eval effect of NAC on QOL



# Safety Objectives

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- ▶ Safety and tolerability
- ▶ Eval if NAC causes pulmonary hypertension if used chronically in high doses



# Inclusion Criteria

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- ▶ 7 years of age and older
  - ▶ Able to tolerate sputum induction
  - ▶ Perform reproducible spirometry
- ▶ Stable mild to moderate lung disease
- ▶ No use of acute antibiotics in prev. 4 weeks
- ▶ Must stop use of anti-oxidants in any form at least 6 weeks prior to and for the duration of the study
  - ▶ Usual doses of Vit E and C are allowed



# Exclusion Criteria

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- ▶ NSAID use in previous 1 week
  - ▶ To assure sputum neutrophil count and elastase are at 'baseline'
- ▶ Initiation of chronic dosing with azithro, ibuprofen, TOBI, IH Aztreonam or Colistin within previous 6 weeks
- ▶ Liver disease
- ▶ Active ABPA in previous 6 months
- ▶ Acetaminophen use in previous 3 days





## SAFETY/EFFICACY

## EFFICACY

16 Randomized To  
Stanford Cohort

Staggered Enrollment:  
To Assess Potential Development of  
PH, enrollment began at Stanford.  
Interim safety analysis by DSMB  
review of PH data after 8 subjects  
had completed Week 8 visit.  
Other sites began enrollment.

8 Assigned to NAC  
8 Assigned to Placebo

Follow up at:  
Week 12: 16  
Week 24: 16

0 withdrawals

91 Participants Assessed for Eligibility

6 Not Eligible  
2 unable to forego Vit E, Vit C  
or more than 2 alcoholic  
drinks per day  
16 Failed screening  
FEV1 > 85% predicted

70 Randomized

36 Assigned to NAC

Follow up at:  
Week 12: 33  
Week 24: 30

6 Withdrawals  
5 Subject Decision  
1 Due to AE not drug  
related

ITT Population:  
36 NAC  
34 Placebo

34 Assigned to Placebo

Follow up at:  
Week 12: 32  
Week 24: 32

2 Withdrawals  
2 Subject Decision

PP Population:  
18 NAC  
23 Placebo

# Baseline Characteristics

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|                | <b>NAC<br/>(N=36)</b> | <b>Placebo<br/>(N=34)</b> | <b>Total<br/>(N=70)</b> | <b>P-value</b> |
|----------------|-----------------------|---------------------------|-------------------------|----------------|
|                | N (%)                 | N (%)                     | N (%)                   |                |
| Female         | 16 (44)               | 19 (56)                   | 35 (50)                 | 0.34           |
| DF508          | 18 (50)               | 16 (47)                   | 34 (49)                 | 0.46           |
| 7 - < 18 years | 9 (25)                | 10 (29)                   | 19 (27)                 | 0.68           |
| Azithromycin   | 23 (64)               | 24 (71)                   | 47 (67)                 | 0.55           |
| AZLI or TOBI   | 23 (64)               | 17 (50)                   | 40 (57)                 | 0.24           |

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# Baseline Characteristics – Pulmonary Function

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|               | <b>NAC<br/>(N=36)</b> |     | <b>Placebo<br/>(N=34)</b> |     | <b>Total<br/>(N=70)</b> |     | <b>P-<br/>value</b> |
|---------------|-----------------------|-----|---------------------------|-----|-------------------------|-----|---------------------|
| FEV1 (% pred) | N                     | %   | N                         | %   | N                       | %   |                     |
| 40% - <60%    | 15                    | 42% | 13                        | 38% | 28                      | 40% | 0.77                |
| 60% - 85%     | 21                    | 58% | 21                        | 62% | 42                      | 60% |                     |
| All x (SD)    | 62.9 (13.4)           |     | 63.8 (13.2)               |     |                         |     | 0.44                |

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# Summary - Primary and Secondary Analyses

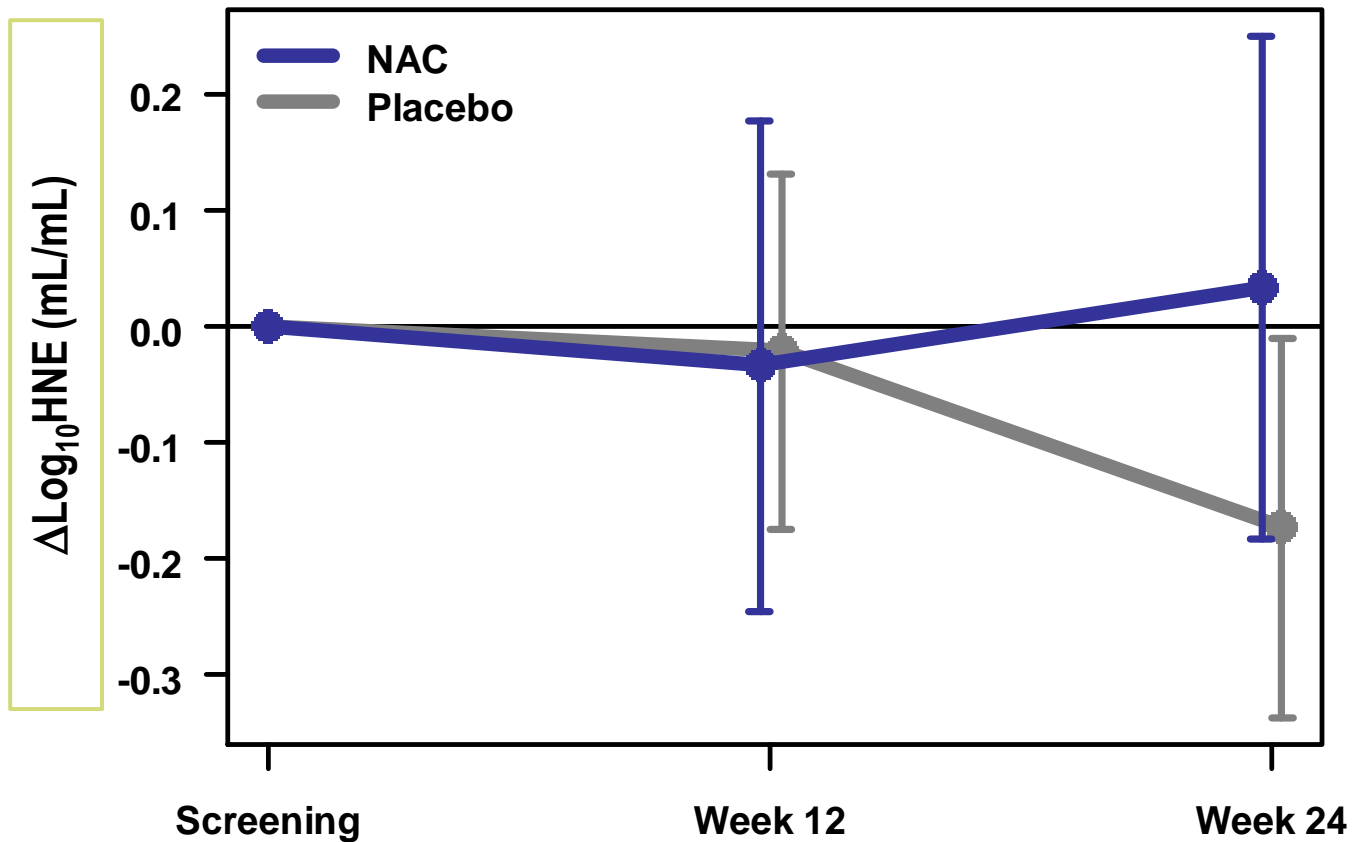
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| Variable                                     | Treatment Effect (95% CI) | P-value |
|--|---------------------------|---------|
| Sputum Neutr. Elastase (Log <sub>10</sub> )  | 0.21 (-0.07, 0.48)        | 0.14    |
| Sputum Neutrophil Count (Log <sub>10</sub> ) | 2.6 (-12.1, 17.3)         | 0.73    |
| Sputum IL-8 (Log <sub>10</sub> )             | 0.19 (-0.03, 0.42)        | 0.09    |
| Plasma IL-8 (Log <sub>10</sub> )             | -0.1 (-0.33, 0.14)        | 0.42    |
| GSH in whole blood                           | 64.2 (-177.6, 305.9)      | 0.60    |
| FEV1 (% pred)                                | 4.4 (0.83, 7.9)           | 0.02    |
| FEV1 (L)                                     | 0.15 (0.03, 0.28)         | 0.02    |
| Incidence of Pulm Exacerbation               | -0.08 (-0.30, 0.14)       | 0.48    |
| New use of antibiotics                       | 0.08 (-0.14, 0.29)        | 0.50    |
| CFQ-R Respiratory Domain                     | -0.34 (-6.3, 5.67)        | 0.91    |
| CFRSD number of resp sx                      | -0.15 (-1.1, 0.8)         | 0.75    |



# Neutrophil Elastase ( $\text{Log}_{10}$ )

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# Exacerbations and Related Events

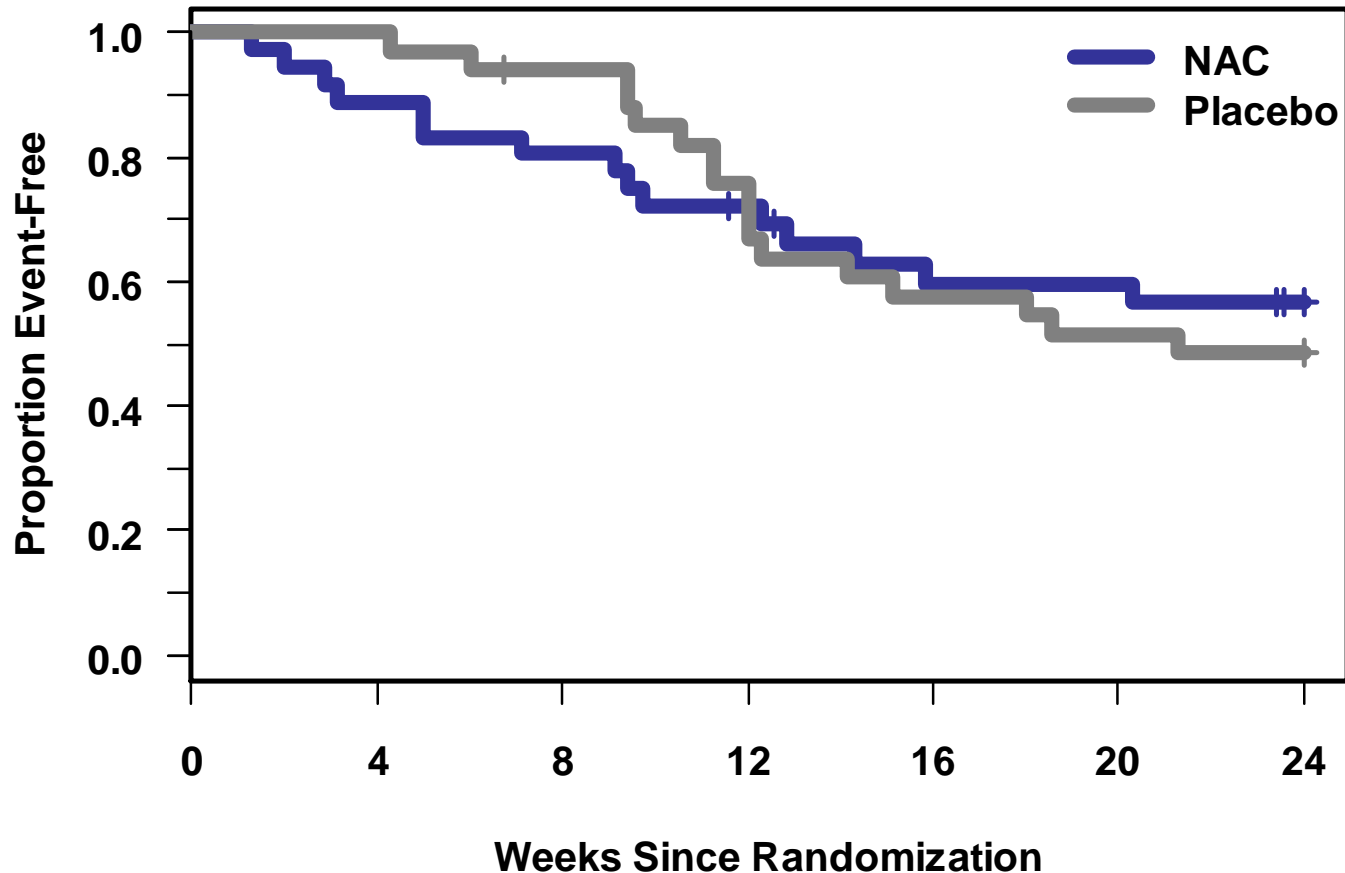
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|                               | <b>NAC<br/>(N = 36)</b> | <b>Placebo<br/>(N = 34)</b> | <b>Difference (95% CI)</b> | <b>p-value</b> |
|-------------------------------|-------------------------|-----------------------------|----------------------------|----------------|
| <b>Pulmonary Exacerbation</b> | 15 (42%)                | 17 (50%)                    | -8% (-30%, 14%)            | 0.48           |
| <b>Sinus Exacerbation</b>     | 10 (28%)                | 6 (18%)                     | 10% (-10%, 29%)            | 0.31           |
| <b>Hospitalized</b>           | 12 (33%)                | 12 (35%)                    | -2% (-23%, 19%)            | 0.86           |
| <b>Antibiotics</b>            | 30 (83%)                | 28 (82%)                    | -2% (-23%, 19%)            | 0.86           |
| <b>Oral Antibiotics</b>       | 22 (61%)                | 19 (56%)                    | 5% (-17%, 27%)             | 0.66           |
| <b>Inhaled Antibiotics</b>    | 26 (72%)                | 21 (62%)                    | 10% (-11%, 31%)            | 0.35           |
| <b>IV Antibiotics</b>         | 12 (33%)                | 12 (35%)                    | -2% (-23%, 19%)            | 0.86           |



# Time to Pulmonary Exacerbation

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# Adverse Events

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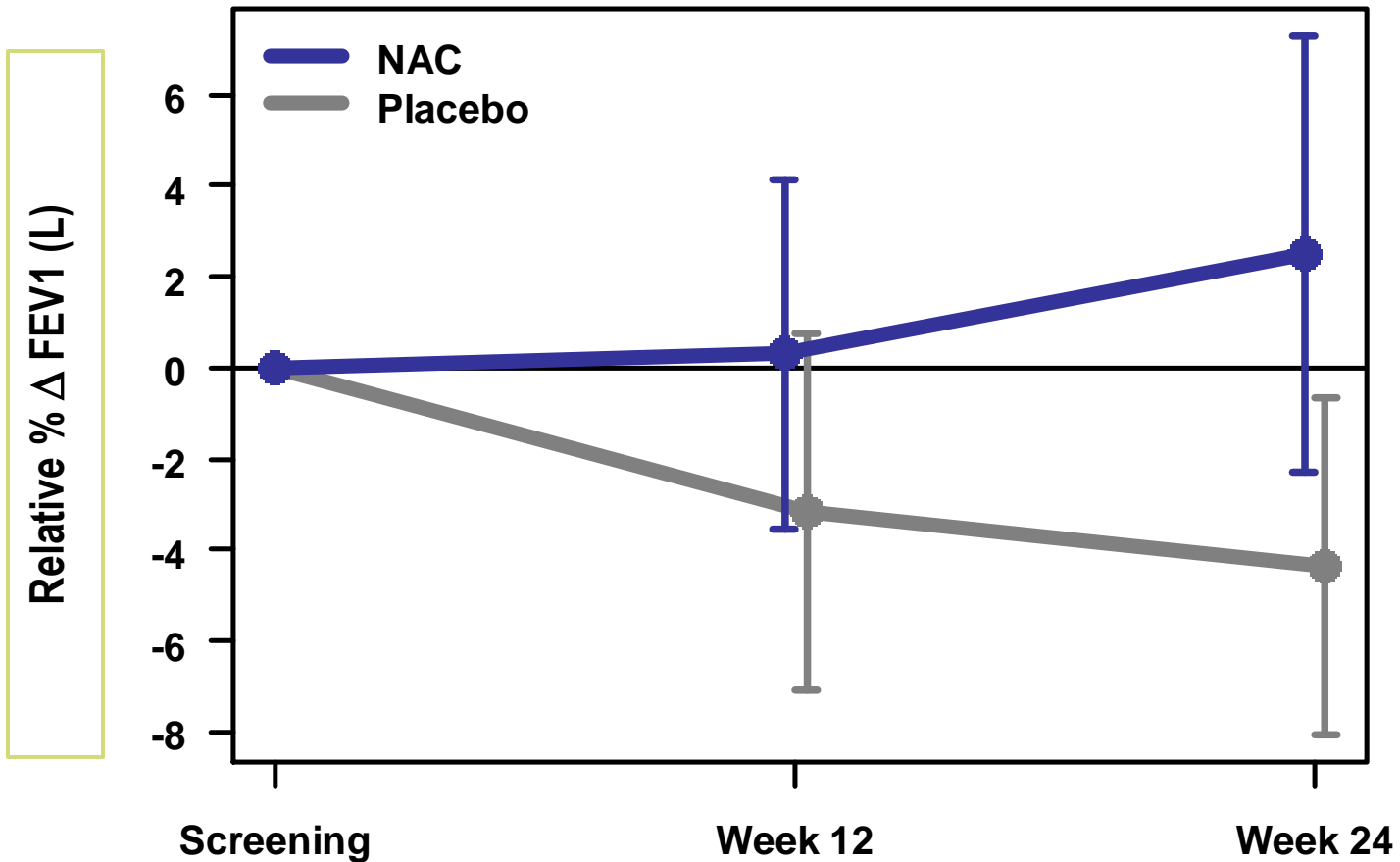
|                                | <b>NAC<br/>(N=36)</b> | <b>Placebo<br/>(N=34)</b> | <b>Rate Ratio<br/>(95% CI)</b> |
|--------------------------------|-----------------------|---------------------------|--------------------------------|
| <b>Total number of AEs</b>     | 357                   | 349                       |                                |
| <b>AE rate</b>                 | 0.43                  | 0.43                      | 1.00 (0.87, 1.16)              |
| <b>Avg. N. AEs per person</b>  | 9.9                   | 10.3                      | 1.04 (1.22, 0.89)              |
| <b>Number (%) w/≥1 AE</b>      | 33 (92%)              | 30 (88%)                  |                                |
| <b>Total number of SAEs</b>    | 26                    | 29                        |                                |
| <b>SAE rate</b>                | 0.03                  | 0.04                      | 0.88 (0.52, 1.49)              |
| <b>Avg. N. SAEs per person</b> | 0.72                  | 0.85                      | 0.87 (1.69, 0.44)              |
| <b>Number (%) w/≥1 SAE</b>     | 11 (31%)              | 12 (35%)                  |                                |





# Change in FEV1 (Absolute volume)

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# CFRSD Number of Respiratory Symptoms

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|                         |           | <b>NAC<br/>(N=36)</b> | <b>Placebo<br/>(N=34)</b> | <b>Difference<br/>(95% CI)</b> | <b>p-value</b> |
|-------------------------|-----------|-----------------------|---------------------------|--------------------------------|----------------|
| <b>Screening</b>        | N         | 35                    | 31                        |                                |                |
|                         | Mean (SD) | 2.69 (1.78)           | 2.29 (1.22)               | 0.4 (-0.36 1.15)               |                |
| <b>Week 12 (Change)</b> | N         | 32                    | 29                        |                                |                |
|                         | Mean (SD) | 0.00 (1.59)           | 0.34 (1.47)               | -0.34 (-1.13 0.44)             | 0.38           |
| <b>Week 24 (Change)</b> | N         | 30                    | 29                        |                                |                |
|                         | Mean (SD) | 0.43 (1.70)           | 0.59 (1.96)               | -0.15 (-1.11 0.80)             | 0.75           |



# CFQ-R Respiratory Score

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|                         |           | <b>NAC<br/>(N=36)</b> | <b>Placebo<br/>(N=34)</b> | <b>Difference<br/>(95% CI)</b> | <b>p-value</b> |
|-------------------------|-----------|-----------------------|---------------------------|--------------------------------|----------------|
| <b>Screening</b>        | N         | 36                    | 34                        |                                |                |
|                         | Mean (SD) | 70.76 (15.564)        | 72.06 (9.121)             | -1.302(-7.43 4.83)             |                |
| <b>Week 12 (Change)</b> | N         | 31                    | 31                        |                                |                |
|                         | Mean (SD) | 0.09 (12.431)         | -3.94 (11.670)            | 4.032(-2.09 10.16)             | 0.19           |
| <b>Week 24 (Change)</b> | N         | 30                    | 31                        |                                |                |
|                         | Mean (SD) | -4.82 (11.556)        | -4.48 (11.865)            | -0.336(-6.34 5.67)             | 0.91           |



# Acknowledgments

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| CF Clinical Team    | Support               | Funding          |
|---------------------|-----------------------|------------------|
| Carol Conrad        | Bioadvantex           | CFFT             |
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|                     | Leonore Herzenberg    | Bahram Aram      |
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| James Lymp          | CFF                   |                  |
| Kimberly Gilmore    | Preston Campbell      |                  |
|                     |                       |                  |

# Thank-You To All Study Participants!!!

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Discoveries and advances can't be made  
without your participation.  
You are the best!

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