12th November 2012

Dear Ms Pye,

Re: Colistimethate sodium powder and tobramycin powder for inhalation for the treatment of pseudomonas lung infection in cystic fibrosis [ID342] - Appraisal Consultation Document – Comments

These comments are from the 'Association of Chartered Physiotherapists in Cystic Fibrosis' (ACPCF) which is a specialist group within the Chartered Society of Physiotherapy. Specialist Physiotherapists in Cystic Fibrosis are key experts in the delivery of inhalation therapy.

The ACPCF believes that the relevant evidence has been considered in the appraisal of the two above treatments for the treatment of pseudomonas lung infection in CF. Long-term inhaled antibiotics are core components of comprehensive CF care in suppressing pseudomonas. Traditionally, these have only been available in nebulised forms which have required dilution and mixing of the antibiotic (Colistimethate) or storing in the refrigerator (Tobramycin) plus assembly of the equipment (nebuliser system) and then connection to an air compressor, all of which results in additional time required by the patient or family to prepare the nebuliser before the inhalation can begin. Even with the latest nebuliser technology typical inhalation times are 5-10 mins for Colistimethate and 8-15mins for Tobramycin. All of the nebuliser component parts then need to be washed and dried after each use and sterilised weekly, which adds significantly to the treatment burden for patients.

The development of dry powder forms of the two most commonly used inhaled antibiotics is of significant benefit to the CF population. They are quick and simple to use and dramatically reduce the complete inhalation time with minimal set up or cleaning required. As the dry powder tobramycin has been available since September 2011, we have noticed a significant interest from patients who have been prescribed this, as it is so much simpler and quicker to take than the nebulised form, as well as being completely portable and with the benefit of equivalent efficacy to the nebulised form. We have noticed markedly improved adherence to these important treatments. As we encourage patients to be independent and to optimise their quality of life the availability of dry powder inhaled drugs to them is vital.

In addition to the benefits to the patients and families, it must also be appreciated the benefits to the health-care provider. Nebulised drugs require regular equipment provision and health

professional time to service and test equipment on a regular basis. By making the two most common inhaled antibiotics in CF available as dry powders, there is a large reduction in nebuliser consumable component parts and health professional time required, thereby freeing up time for other clinical tasks.

As tobramycin is licensed for use as a 28 day on/off cycle, then it is advantageous for patients who use an alternative inhaled antibiotic during the off cycle to be able to use a dry powder, such as Colistimethate. Patients with CF have a high burden of several treatments including regular daily physiotherapy which is time-consuming and hence adherence is challenged due to time restrictions. Any treatment advances that increase the 'free time' available to patients, while not compromising on efficacy of treatments is advantageous.

While we applaud the positive draft recommendation for dry powder inhaled tobramycin and appreciate the larger body of evidence in support, we would urge the committee to reconsider the draft negative opinion for Colistimethate dry powder as an advance in the treatment of pseudomonas lung infection in CF.

Yours truly,

Association of Chartered Physiotherapists in Cystic Fibrosis (ACPCF)