

Ahead of the Curve –  
Emerging CF Therapies 2009:  
Managing Patient Expectations  
Patients' Case Scenarios

**Christopher H. Goss, MD, MSc, FCCP**  
Associate Professor of Medicine  
University of Washington



## Case 1

23 year old CF female with an FEV<sub>1</sub> of 55% of predicted. Sputum is culture positive for *Pseudomonas aeruginosa*. The patient qualifies for three different ongoing clinical trials that are open for enrollment at the site.

## Question Case 1

The patient is reluctant to enroll in a research study because she does not want to get the placebo. She thinks she will lose ground and have disease progression in the study.

### THE CFTR MODULATORS

- The study agent is investigational and not FDA approved. What should the PI do?

### THE MUCUS CLEARERS

- The study agent is FDA approved for another indication. What should the PI do?

# Question Case 1

## THE CFTR Modulators

- The patient wants to be in a study and is eligible for three studies, one of which is under-enrolled. How should the PI present the clinical research at the site?

## THE MUCUS CLEARERS

- The patient really wants to participate in the study but is on an excluded agent. What should you do as a PI?

## Case 2

- A family meets with the CF team regarding their 2 ½ year old CF child. He was diagnosed on new born screening and has no symptoms and a normal chest radiograph. The FDA has just approved a novel agent for CF which improved CFTR function in adolescents and adults.

## Question Case 2

### THE CFTR MODULATORS

- The family requests that their child receive this novel treatment. No further clinical trials of this therapy are planned. What should the physician do?

### THE MUCUS CLEARERS

- A new study has started to enroll children age 2-14 years of age in an RCT studying this FDA approved agent. The family requests that the CF team treat the patient outside of the clinical trial.

## Question Case 2

### FOR EVERYONE

The FDA approval is for a specific genotype (type 2). The family requests the drug despite having a different genotype (type 1). What should the physician do?