

Late Breaking Abstract - A phase 2, dose-finding study of inhaled itraconazole in ABPA-complicating asthma (ERS 2025)

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Background: Oral itraconazole use in allergic bronchopulmonary aspergillosis (ABPA) is limited by suboptimal pharmacokinetics, drug interactions, and adverse effects (AEs). PUR1900, a novel dry powder inhaled formulation of itraconazole, enables targeted lung delivery. Herein, we evaluated the efficacy and safety of PUR1900.

Methods: We conducted a phase 2, randomized, double-blind, placebo-controlled trial including subjects with ABPA-complicating asthma. Participants received PUR1900 (20 or 40 mg) or placebo (2:2:1) once daily for 16 weeks. Efficacy endpoints included FEV1, asthma control (ACQ-7), serum total IgE, and quality of life (AQLQ).

Results: Forty-three subjects (mean age 40.2 years) received PUR1900 20 mg (n=18), 40 mg (n=16), or placebo (n=9). Baseline pre-dose FEV1% was 63.5±10.2 predicted; serum total IgE was 4469±55 kU/L. At week 16, PUR1900 40 mg significantly improved FEV1, reduced IgE, and achieved clinically meaningful improvement in ACQ-7 (Table). AQLQ improvement was not statistically significant. The frequency and severity of AEs were comparable across groups.

	Placebo-adjusted effect at week 16	
	PUR1900 20 mg	PUR 1900 40 mg
Predose FEV1 (L)	0.17 (-0.07, 0.40) p=0.15	0.28 (0.02, 0.53) p=0.03
IgE (KU/L)	431.27 (-250.14, 2112.68) p=0.88	-2010.42 (-3633.23, -387.61) p=0.05
ACQ-7	-0.24 (-0.68, 0.20), p=0.2790	-0.51 (-0.97, -0.06), p=0.0295
AQLQ	0.17 (-0.28, 0.61), p=0.45	0.06 (-0.41, 0.52), p=0.79
<i>Data presented as least square mean, 95% confidence intervals; p value vs placebo.</i>		

Conclusions: PUR1900 (40 mg) significantly improved lung function, asthma control, and IgE levels in adults with ABPA, with a favourable safety profile.