Tuesday, December 30, 2025

Poster abstract submission

Approval Status Not Started

Presenting author Michael Graz

Presenting author's email mgraz@disperazolpharma.com

Further authors (if any)

Michael Givskov
Heather Graz

Affiliation(s)

University of Copenhagen, Denmark
Biophys Limited, UK

Country Denmark

Type of organization Industry / company

Poster title

Perspectives from reimbursors on the requirements of an inhaled combination drug including Disperazol to improve management of Pseudomonas aeruginosa infections in Cystic Fibrosis

Poster abstract

Introduction: Lung disease resulting in chronic airway infection and inflammation is frequently cited as being the chief cause of both morbidity and mortality in CF with Pseudomonas aeruginosa the most common pathogen in a CF lung. A new antimicrobial such as Disperazol may reduce chronic infection in CF patients, provided it does not add to the daily treatment burden of the patient. Disperazol, disperses biofilms, and reduces the required dose of Standard of Care antibiotics 100-fold to treat Pseudomonas aeruginosa lung infections

Methods: The objective of this study was to understand payers' perspectives of unmet needs, value drivers and evidence requirements for Disperazol as well as exploring their willingness to pay for an adjunctive treatment. To explore this issue forty qualitative telephone interviews were conducted with payers and physicians across the EU5 and USA, with focus on the USA as it makes up two thirds of the global CF medication market. The research was performed based on anonymity by the participants and the understanding that participation would not be binding upon them should Disperazol be launched.

Results: The study identified a significant need for new treatments to improve long-term management of chronic P. aeruginosa infections in patients with CF. This is especially necessary as adherence rates in people with CF are low, ranging from 31% to 53% for inhaled antibiotics.

Physicians' responses on prescribing an adjunct like Disperazol focused on: a) ease of use, b) reduction in exacerbations, c) duration of treatment, d) cost, and finally e) eradication of the infection.
Payers' responses regarding Disperazol focused on a different sequence of outcomes: a) efficacy in eradication of the infection, b) reduction in exacerbations, c) cost, d) duration of treatment, and finally e) ease of use.

Physicians and payers agreed that treatment with Disperazol should focus on a reduction in exacerbations

and subsequent hospitalisations, reduction in use of aminoglycosides (reduction in side effects) and improvement of lung function (excluding the effect of correctors).

Conclusion: The opportunity for a new drug to deliver desired clinical outcomes whilst simultaneously reducing aminoglycoside use is a pioneering approach to how new approaches like Disperazol can be valued in a proactive manner and will provide a valuable contribution to the antimicrobial stewardship agenda and ultimately the long-term health of people with CF.

Research topic

Small molecule therapeutics