Table 22: Clinical evidence profile: Comparison 1.2.1. Mannitol versus Dornase alfa

Quality assessment							No of patients		Effect			
No of studie s	Design	Risk of bias	Inconsistency	Indirectnes s	Imprecisio n	Other consideration s	Mannitol	Dorn ase alfa	Relativ e (95% CI)	Absolute	Quali ty	Importan ce
FEV <sub>1</sub> (% 1 (Mina sian 2010)	change from randomise d trials¹	n baseling serious 2	e) - Up to 3 mor no serious inconsistency	iths (follow-u	p 3 months; serious <sup>4</sup>	none	es: 0-100; Better indica 20		ated by h	igher values MD 2.8 higher (4.8 lower to 10.4 higher)	VER Y LOW	CRITICAL

Abbreviations: CI: confidence interval; FEV<sub>1</sub>: forced expiratory volume in 1 second; MD: mean difference

<sup>1</sup> Cross-over design

<sup>2</sup> The quality of the evidence was downgraded by 1 because this is an open trial, and there is high risk of incomplete reporting

<sup>3</sup> The quality of the evidence was downgraded by 1 as the participants in the trial underwent a tolerance test at screening. Those who fail were not entered in the study, and this limits the generalisability of the results to the general CF population

<sup>4</sup> The quality of the evidence was downgraded by 1 as the 95% CI crossed 1 clinical MIDs