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Title: QVA149 provides superior peak lung function in patients with COPD

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Body: Introduction Peak FEV_1 represents an objective endpoint to assess the effectiveness of bronchodilation in the morning when COPD symptoms are worst. Here we present peak FEV_1 results from the QVA149 SHINE and ILLUMINATE trials. Methods Both studies randomized patients (pts) ≥40 yrs with moderate-to-severe COPD to: QVA149 110/50µg, indacaterol (IND) 150µg, glycopyrronium (GLY) 50µg, placebo (PB; all via the Breezhaler® device) or open-label tiotropium (TIO), 18µg; via the Handihaler® device) (2:2:2:1:2) in the SHINE study; and QVA149 110/50µg or salmeterol/fluticasone (SFC) 50/500µg (via the Accuhaler® device) (1:1) in the ILLUMINATE study. Results The SHINE and ILLUMINATE studies randomized 2144 pts (89.1% completed) and 523 (82.6% completed), respectively. Least squares mean (LSM) difference for peak FEV_1 was statistically significant and clinically relevant for QVA149 vs. SFC on Day 1, Wk 12 and 26 (Table). QVA149 showed a statistically significant improvement vs. PB, IND, GLY and TIO for peak FEV_1 at Day 1, Wk 12 and 26 (Table).

Table: Peak FEV_1 (0-4h post-dose)

	LSM treatment difference (SE) in mL*				
	SHINE				ILLUMINATE
	QVA149–PB	QVA149–IND	QVA149–GLY	QVA149–TIO	QVA149–SFC
Day 1	210 (10)	70 (8)	30 (8)	80 (8)	70 (12)
Wk 12	310 (17)	120 (13)	130 (13)	130 (13)	150 (17)
Wk 26	330 (18)	120 (14)	130 (14)	130 (14)	150 (20)

* for all values $p<0.001$

Conclusion Once-daily QVA149 provided sustained, superior and clinically relevant improvements in peak FEV_1 and vs. IND, GLY, TIO, SFC and PB.