European Respiratory Society Annual Congress 2013

Abstract Number: 2937

Publication Number: P3397

Abstract Group: 5.1. Airway Pharmacology and Treatment

Keyword 1: Asthma - management Keyword 2: Treatments Keyword 3: Adolescents

Title: Efficacy and safety of once-daily (OD) fluticasone furoate (FF) 50mcg over 24 weeks in adults and adolescents with persistent asthma

Prof. William W. 13328 Busse wwb@medicine.wisc.edu MD ¹, Eric D. 13329 Bateman eric.Bateman@uct.ac.za ², Paul M. 13330 O'Byrne obyrnep@mcmaster.ca ³, Jan 18727 Lötvall jan.lotvall@gu.se ⁴, Ashley 13331 Woodcock ashley.woodcock@manchester.ac.uk ⁵, Hilary 13332 Medley hilary.v.medley@gsk.com ⁶, Richard 13333 Forth richard.6.forth@gsk.com ⁷, Loretta 13339 Jacques loretta.a.jacques@gsk.com ⁶ and Eugene R. 13341 Bleecker ebleeck@wakehealth.edu ⁶. ¹ Department of Medicine, University of Wisconsin, Winston-Salem, United States ; ² Department of Medicine, University of Cape Town, Cape Town, South Africa ; ³ Michael G DeGroote School of Medicine, McMaster University, Hamilton, ON, Canada ; ⁴ Krefting Research Centre, University of Gothenburg, Gothenburg, Sweden ; ⁵ Institute of Inflammation and Repair, University of Manchester, Manchester, United Kingdom ; ⁶ Respiratory Medicines Development Centre, GlaxoSmithKline, London, United Kingdom ; ⁶ Quantitative Sciences Division, GlaxoSmithKline, Research Triangle Park, United States and ⁶ Center for Human Genomics and Personalized Medicine, Wake Forest School of Medicine, Winston-Salem, United States .

Body: Introduction: The OD FF 50mcg dose showed effectiveness in asthma patients (pts) uncontrolled by short-acting $β_2$ agonists (SABAs) in a 12-week dose-ranging study. Objective: To assess efficacy/safety of FF 50mcg OD compared with placebo (PBO) in pts with asthma uncontrolled by non-corticosteroid therapies and/or SABA. Methods: Randomised, double-blind, double-dummy, parallel-group study (N=347;ITT) of FF 50mcg in the PM via dry powder inhaler, FP (active control) 100mcg BD via DISKUS or PBO for 24 weeks. Endpoints (all Δ baseline): primary–trough (pre-bronch.) FEV₁; secondary–%rescue-free 24-h periods (powered; %RF), PM and AM PEF, %symptom-free 24-h periods (%SF). Safety was assessed throughout. Results: FF (126mL), FP (191mL) and PBO (89mL) increased trough FEV₁ at 24 weeks vs baseline. %RF: FF 28.9, FP 31.7, PBO 21.1. PM PEF (L/min): FF 24.9, FP 12.0, PBO 7.6. AM PEF (L/min): FF 30.0, FP 21.4, PBO 10.8. %SF: FF 25.1, FP 24.3, PBO 16.8. See Table for treatment differences. AE profile was broadly similar across groups; AEs of special interest: FP and PBO both 10%; FF 3%.

Conclusions: This study showed a small statistically significant improvement in trough FEV₁ with FP, but not FF, vs PBO in pts with persistent asthma uncontrolled by non-ICS therapy. Secondary endpoints showed variable results. No safety concerns were identified for FF or FP. Funded by GSK (FFA115285;NCT01436110).