European Respiratory Society Annual Congress 2012

Abstract Number: 2633

Publication Number: P2882

Abstract Group: 5.1. Airway Pharmacology and Treatment

Keyword 1: Bronchodilators Keyword 2: COPD - management Keyword 3: No keyword

Title: Dose-finding study for tiotropium and olodaterol when administered in combination via the Respimat® inhaler in patients with COPD

René 18416 Aalbers R.Aalbers@MZH.NL MD ¹, M. Reza 18434 Maleki-Yazdi maleki.pccrc@on.aibn.com ², Alan 18631 Hamilton alan.hamilton@boehringer-ingelheim.com ³, Stella 18743 Waitere-Wijker stella.waitere-wijker@boehringer-ingelheim.com ⁴, Anna 18768 Pivovarova anna.pivovarova@boehringer-ingelheim.com ⁵, Olaf 18776 Schmidt dr.olafschmidt@online.de ⁶ and Leif 18787 Bjermer Leif.Bjermer@med.lu.se ⁻.¹ Department of Pulmonary Disease, Martini Hospital, Van Swietenplein 1, Groningen, Netherlands ; ² Division of Respiratory Medicine, Women's College Hospital, University of Toronto, ON, Canada ; ³ Boehringer Ingelheim, Burlington, Ontario, Canada ; ⁴ Boehringer Ingelheim bv, Comeniusstraat 6, Alkmaar, Netherlands ; ⁵ Boehringer Ingelheim, Pharma GmbH and Co. KG, Biberach, Germany ; ⁶ Lungen- und Bronchialheilkunde, Emil-Schüller-Straße 29, Koblenz, Germany and ⁻ Department of Respiratory Medicine and Allergology, Skåne University Hospital, Lund, Sweden .

Body: Background: The novel long-acting $β_2$ -agonist olodaterol (O) and long-acting muscarinic antagonist tiotropium (T) have a duration of action of at least 24 h in clinical studies. Dual administration may provide improved bronchodilation with convenient once-daily dosing. Objective: To determine the optimum once-daily combination of T+O delivered via the Respimat® inhaler in patients with COPD. Methods: In a randomised, double-blind, 4-period, incomplete crossover study, patients with post-bronchodilator forced expiratory volume in 1 second (FEV₁) of ≥30% and <80% of predicted normal received combinations of T and O, with both agents delivered via separate Respimat® inhalers, as well as O monotherapy, once daily for 4 weeks (NCT 01040403). The primary end point was trough FEV₁ response (L) at the end of week 4. Results: In total, 232 COPD patients (133 male; 99 female) received treatment. FEV₁ responses (trough and up to 6 h post-dose) for O 5 and 10 μg monotherapy were similar. For all doses of T, FEV₁ responses were significantly increased when added to O 5 and 10 μg. Dose ordering for T when added to O was evident. No safety or tolerability concerns were identified.

Conclusions: Addition of T to O resulted in significant improvements in FEV $_1$ versus O alone. These data support further investigation of T 2.5 and 5 μg combined with O 5 μg in the Phase III T+O clinical trial programme.