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Title: Once-daily QVA149 demonstrates superior improvements in patient-reported dyspnea compared to tiotropium in patients with moderate-to-severe COPD: The BLAZE study

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Body: Introduction Dyspnea, the most distressing symptom experienced by COPD patients, is not always adequately relieved by bronchodilator monotherapy. The BLAZE study evaluated the superiority of QVA149, a dual bronchodilator combining the long-acting β_2-agonist indacaterol and the long-acting muscarinic antagonist glycopyrronium, versus placebo (PB) and tiotropium (TIO) for improvement in direct patient-reported dyspnea as assessed by the innovative self-administered computerized baseline and transition dyspnea index (SAC-BDI/TDI). Method In this multicenter, blinded, placebo-controlled, 3-period, crossover study, patients ≥40yrs were randomized to once-daily QVA149 110/50µg, TIO 18µg, or PB. Improvements were assessed by the total TDI score after 6wks. Results 247 patients (mean age 62.8yrs; FEV_1 post-bronchodilator 56.1% predicted) were randomized; 77.3% completed the study. Patient-reported SAC-TDI total score was significantly improved with QVA149 compared to PB ($p<0.001$) and TIO ($p=0.021$). Least squares mean treatment differences between QVA-PB, QVA149-TIO and TIO-PB were 1.37, 0.49 and 0.88, respectively. The percentage of patients achieving ≥1 point improvement in SAC-TDI score was significantly higher with QVA149 (QVA149 34.7%, TIO 24.9%, PB 18.1%) compared to PB (odds ratio [OR] 2.65; $p<0.001$) and TIO (OR 1.66; $p=0.037$). The percentage of patients showing any adverse event with QVA149 (35.0%) was similar to TIO (35.5%) and slightly lower than PB (39.4%). Conclusion Dual bronchodilation with QVA149 provided statistically superior improvements in patient reported breathlessness compared to tiotropium and placebo.