

European Respiratory Society Annual Congress 2013

Abstract Number: 2004

Publication Number: P762

Abstract Group: 5.1. Airway Pharmacology and Treatment

Keyword 1: COPD - exacerbations **Keyword 2:** COPD - management **Keyword 3:** E-health

Title: FORWARD: A study of extrafine beclomethasone/formoterol compared with formoterol alone in patients with severe COPD and a history of exacerbations

Prof. Alvar 10314 Agusti Alvar.Agusti@clinic.ub.es MD ¹, Prof. Massimo 10315 Corradi massimo.corradi@unipr.it MD ², Ms. Geraldine 10316 Cohuet g.cohuet@chiesifrance.com ³, Mr. Stefano 10317 Vezzoli s.vezzoli@chiesi.com ³, Prof. Dave 10318 Singh DSingh@meu.org.uk MD ⁴, Prof. Jorgen 10319 Vestbo Jorgen.Vestbo@manchester.ac.uk MD ⁵, Prof. Pierluigi 10320 Paggiaro lpaggiaro@dcap.med.unipi.it MD ⁶, Prof. Paul 10325 Jones pjones@sgul.ac.uk MD ⁷, Prof. Stefano 10331 Petruzzelli s.petruzzelli@chiesi.com MD ³ and Prof. Jawidga 10336 Wedzicha w.wedzicha@ucl.ac.uk MD ⁸.

¹ Thorax Institute, Hospital Clinic, University of Barcelona, FISIB-CIBER Enfermedades Respiratorias (CIBERES), Mallorca, Barcelona, Spain ; ² Department of Clinical and Experimental Medicine, University of Parma, Parma, Italy ; ³ Chiesi Farmaceutici, Sponsor, Parma, Italy ; ⁴ Medicines Evaluation Unit, University Hospital of South Manchester, Manchester, United Kingdom ; ⁵ Respiratory & Allergy Research Group, Manchester Academic Health Sciences Centre, South Manchester University Hospital, Manchester, United Kingdom ; ⁶ Cardio-Thoracic and Vascular Department, University of Pisa, Pisa, Italy ; ⁷ Clinical Science, St. George's, University of London, London, United Kingdom and ⁸ Centre for Respiratory Medicine, Royal Free Campus, University College London, London, United Kingdom .

Body: FORWARD, a phase III, randomised, double-blind trial, compared the efficacy and safety of 48 weeks treatment with Foster® pMDI (extrafine beclomethasone dipropionate/formoterol fumarate, BDP/FF 100/6µg), 2 puffs bid versus Atimos® pMDI (extrafine FF 12µg), 1 puff bid, in patients with severe COPD. Co-primary endpoints were pre-dose morning FEV₁ after 12 weeks of treatment and health care resource use defined exacerbation rate over 48 weeks (detection enhanced with EXACT electronic diary cards). The ITT population included 1186 severe COPD patients (69% males, mean age 64 years, post-bronchodilator FEV₁ 42% of predicted) with a smoking exposure of ≥10 pack-year and at least 1 exacerbation in the previous year. Salbutamol on an as-needed basis, theophylline and tiotropium (if stable regimen prior to screening) were allowed. Results showed that, compared to FF, BDP/FF: (1) reduced exacerbation rate by 28% (rate ratio 0.72 [95% CI: 0.62, 0.84], p<0.001); (2) improved mean change in morning trough FEV₁ from baseline to Week 12 (0.069 L [95% CI: 0.043, 0.095] p<0.001) and FEV₁ or FVC 2hr post dose; and, (3) reduced EXACT-reported symptoms scores over 48 weeks and SGRQ score at the end of treatment. The number of adverse effects was relatively small and similar in both groups. Most patients did not show changes of clinical concern in laboratory parameters, ECG or vital signs. Extrafine BDP/FF pMDI significantly reduced the annual exacerbation rate and improved lung function of severe COPD patients as compared to FF alone, thus supporting the positioning of this pMDI combination among the appropriate

therapeutic options for these patients.