

Reduction of COPD exacerbations with tiotropium/olodaterol: pooled analysis of TONADO®/DYNAGITO®

TONADO® 1+2

Phase III, randomised, double-blind trials in patients with and without a history of exacerbations (52 weeks)

DYNAGITO®

Phase III, randomised, double-blind trial in patients with a history of exacerbations (52 weeks)

Post hoc analysis of

9,942



patients with moderate-to-very severe COPD

Patients received T/O 5/5 µg or tio 5 µg

T/O significantly reduces moderate/severe exacerbations vs tio across a range of patient subgroups



In all patients and in patients with different exacerbation histories

Moderate/severe exacerbations

All patients^b

0 to 1 moderate exacerbation^c

≥2 moderate or ≥1 severe exacerbation^c

Exacerbations leading to hospitalisation

All patients^b

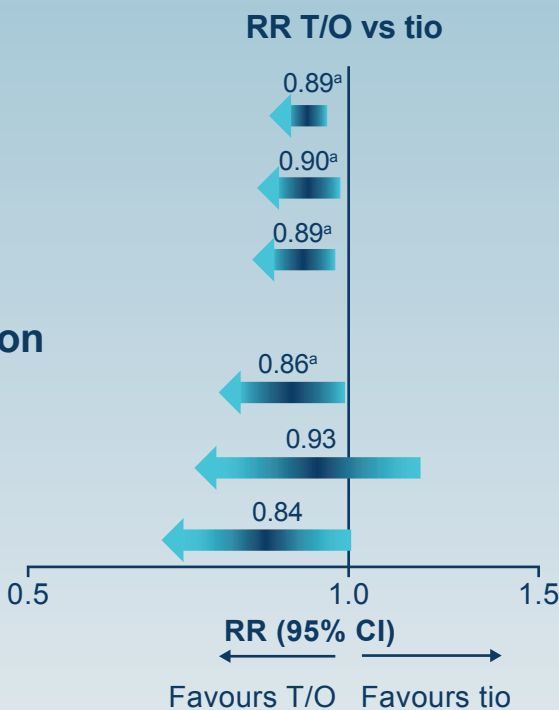
0 to 1 moderate exacerbation^c

≥2 moderate or ≥1 severe exacerbation^c

^aP<0.05

^bIncludes patients with missing exacerbation history

^cIn previous year



Similar adverse event profiles were noted between the two treatment arms [1]



GOLD 2–4



GOLD 2: 0.49 vs 0.60^a
moderate/severe exacerbations per patient-year (T/O vs tio)
RR 0.82 (95% CI 0.73, 0.92)



GOLD 3: 0.76 vs 0.84^a
moderate/severe exacerbations per patient-year (T/O vs tio)
RR 0.90 (95% CI 0.82, 0.98)



GOLD 4: 1.14 vs 1.12
moderate/severe exacerbations per patient-year (T/O vs tio)
RR 1.01 (95% CI 0.88, 1.17)

^aP<0.05

Patients continued on ICS if they were on ICS at baseline

Conclusion: this large, pooled, post hoc analysis, reflecting the broad range of patients seen in clinical practice, demonstrated that dual bronchodilation with T/O decreases moderate/severe exacerbations compared with tio monotherapy, without compromising patient safety

CI, confidence interval; COPD, chronic obstructive pulmonary disease; GOLD, Global Initiative for Chronic Obstructive Lung Disease; ICS, inhaled corticosteroids; RR, rate ratio; T/O, tiotropium/olodaterol; tio, tiotropium

1. Ferguson GT, Buhl R, Bothner U, et al. Safety of tiotropium/olodaterol in chronic obstructive pulmonary disease: pooled analysis of three large, 52-week, randomized clinical trials. *Respir Med*. 2018; 143:67–73

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