IMPACT: InforMing the **PA**thway of **COPD T**reatment

GSK's landmark study of the first once-daily single inhaler triple therapy in COPD: Trelegy Ellipta (FF/UMEC/VI)¹



A unique landmark study

- One of the **biggest studies** ever conducted in COPD (10,355 patients)¹
- First study undertaken to compare single inhaler triple therapy with its component dual therapies; all delivered once-daily in the Ellipta inhaler enabling direct comparisons to be made between

the molecules in each of the medicines studied¹



Conducted to explore the effect of treatment to reduce the annual rate of moderate/severe exacerbations ('flare ups')¹

An exacerbation is the most common reason for hospitalisation with COPD²

Patients in the study had experienced at least one exacerbation in the past 12 months, which is representative of around 50% of the COPD population³

Trelegy Ellipta was superior in reducing exacerbations vs both comparators^{1*}

Primary endpoint: the annual rate of on-treatment moderate and severe exacerbations at week 52



* FF/UMEC/VI, 100/62.5/25mcg (Trelegy Ellipta); FF/VI, 100/25mcg (Relvar/Breo Ellipta); UMEC/VI, 62.5/25mcg (Anoro Ellipta).

Trelegy Ellipta: superiority across a range of clinically important secondary endpoints¹

Change from baseline at 52 weeks Annual rate of on-treatment severe (hospitalised) Lung function improvement with Trelegy Ellipta Improvement in quality of life with Trelegy Ellipta exacerbations with Trelegy Ellipta compared to Breo compared to Breo Ellipta and Anoro Ellipta compared to Breo Ellipta and Anoro Ellipta Ellipta and Anoro Ellipta 34% **Ö**units lower lower areater areater greater areater Vs Breo Ellipta Vs Anoro Ellipta Vs Breo Vs Breo Vs Anoro Vs Anoro -1%, 24% p=0.064 22%, 44% p<0.001 Ellipta Ellipta Ellipta St George's Respiratory Ellipta Trough Breo Ellipta Numerical improvement was not Questionnaire p<0.001 p<0.001 p<0.001 p<0.001 (SGRQ) total score statistically significant for Trelegy Ellipta vs Breo Ellipta on this endpoin

The safety profile of Trelegy Ellipta was consistent with the known profile of the individual medicines and their dual combinations.¹

The most common adverse events across the treatment groups were viral upper respiratory tract infection, worsening of COPD, upper respiratory tract infection, pneumonia and headache.

As with all ICS-containing products approved for the treatment of COPD, there was a higher rate

of pneumonia seen with the fluticasone furoate (FF) containing arms (Trelegy Ellipta and Breo Ellipta) compared to Anoro Ellipta.¹

References: 1. Lipson DA, et al. Once-Daily Single Inhaler Triple Versus Dual Therapy in Patients with COPD. New England Journal of Medicine. 2018. 2. Mapel D, et al. New Clinical Insights into Chronic Obstructive Pulmonary Disease and Their Implications for Pharmacoeconomic Analyses. PharmacoEconomics. 2012;30(10):869–885. 3. GSK data on file.

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