This document provides a short summary of this study for a general audience. You can find more information in the scientific summaries of the study. Links to those summaries are provided at the end of this document.

Study names

Short Title: A study to compare single (Ellipta) inhaler triple therapy with multiple (non-Ellipta) inhaler triple therapy in patients with chronic obstructive pulmonary disease (INTREPID study).

Full Scientific Title: The clinical effectiveness of fluticasone furoate/umeclidinium bromide/vilanterol in a single inhaler (Ellipta) when compared with non-Ellipta multiple inhaler triple therapies in patients with chronic obstructive pulmonary disease within a usual care setting.

Study Number: 206854

Who sponsored this study?

GlaxoSmithKline (GSK)
GSK Clinical Support Help Desk
Website: clinicalsupporthd.gsk.com/contact.html
Email: GSKClinicalSupportHD@gsk.com

General information about the clinical study

When was this study done?

The study started in April 2018 and ended in October 2019.

What was the main objective of this study?

Chronic obstructive pulmonary disease (COPD) is a long-term disease of the lungs that makes it hard to breathe and gets worse over time. Symptoms of COPD include cough, phlegm production, shortness of breath, and chest tightness.

Chronic obstructive pulmonary disease affects patients' wellbeing and daily life. The COPD Assessment Test (CAT) assesses the impact of COPD on patients' wellbeing and

daily life. It is a short survey consisting of eight questions, with scores ranging from 0 to 40.

For patients with COPD, inhaled medicines are an important part of treatment. An inhaler is a handheld device that delivers medicine(s) to the lungs. Patients with COPD who need to take three inhaled medicines (triple therapy) may use two or three inhalers (multiple inhaler triple therapy). GSK has developed the Ellipta inhaler that can deliver three medicines via one inhaler (single inhaler triple therapy).

The main objective of this study was to see how single (Ellipta) inhaler triple therapy impacts the wellbeing and daily life of patients with COPD, as assessed by CAT, compared with triple therapy via multiple (non-Ellipta) inhalers (multiple inhaler triple therapy). Researchers also assessed the safety of these medicines.

Which medicines were studied?

Patients were put into one of the two treatment groups by chance (randomisation). The patients knew which treatment they received. This is called an open-label study.

Patients in both the treatment groups received one medicine each from the following class of medicines:

- Inhaled corticosteroids (ICS)
- Inhaled long-acting muscarinic antagonists (LAMA)
- Inhaled long-acting beta-agonists (LABA)

An ICS is a medicine that reduces inflammation in the lungs. LAMA and LABA are different types of bronchodilators (medicines that relax and open the airways in the lungs).

Medicines and inhalers used in the study

Single inhaler triple therapy group	Patients received a combination of three medicines via single (Ellipta) inhaler: • Fluticasone furoate (ICS) 100 micrograms (mcg) • Umeclidinium (LAMA) 62.5 mcg • Vilanterol (LABA) 25 mcg
Multiple inhaler triple therapy group	Patients received three medicines (ICS, LABA, and LAMA) via multiple (non-Ellipta) inhalers.

Which patients were included in this study?

Studies have a list of requirements for patients who can enrol (inclusion criteria) and those who can't (exclusion criteria). For this study, the main inclusion and exclusion criteria are listed below.

Men and women with COPD were included in the study if they:

- Were at least 40 years old.
- Had a CAT score of at least ten at study start.
- Were taking COPD medicines via non-Ellipta inhaler(s) for at least four months before starting the study.
- Had a history of at least one moderate or severe episode of sudden worsening of COPD symptoms (exacerbation), which required treatment and/or hospitalisation within three years before starting the study.

Men and women were excluded from the study if they had:

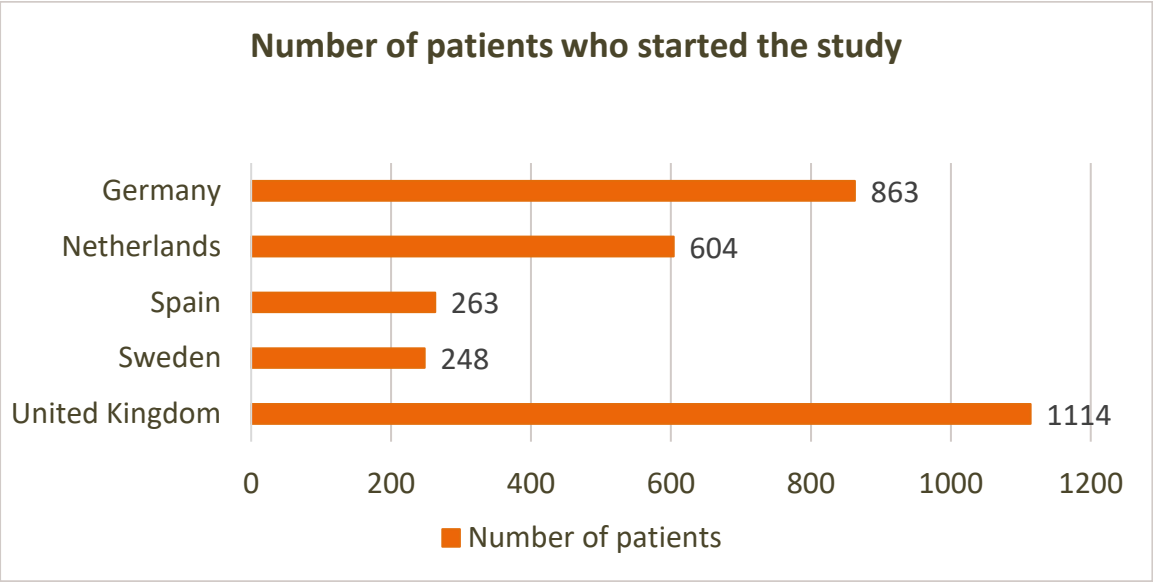
- Unstable COPD.
- A life-threatening condition as determined by the study doctor.
- Taken oral corticosteroids (oral medicines that reduce inflammation) for more than 14 days continuously in the three months before starting the study.
- Any other disease(s) or taken medicine(s) that the study doctor thought would affect the results of the study.

Overall, 3092 patients started the study. The study included 1655 (54%) men and 1437 (46%) women. The average age was 68 years. The youngest patient was 41 years old and the oldest patient was 94 years old.

For more detailed information about the patients included in this study, see the scientific results summaries (links to those summaries are provided at the end of this document).

Where was this study done?

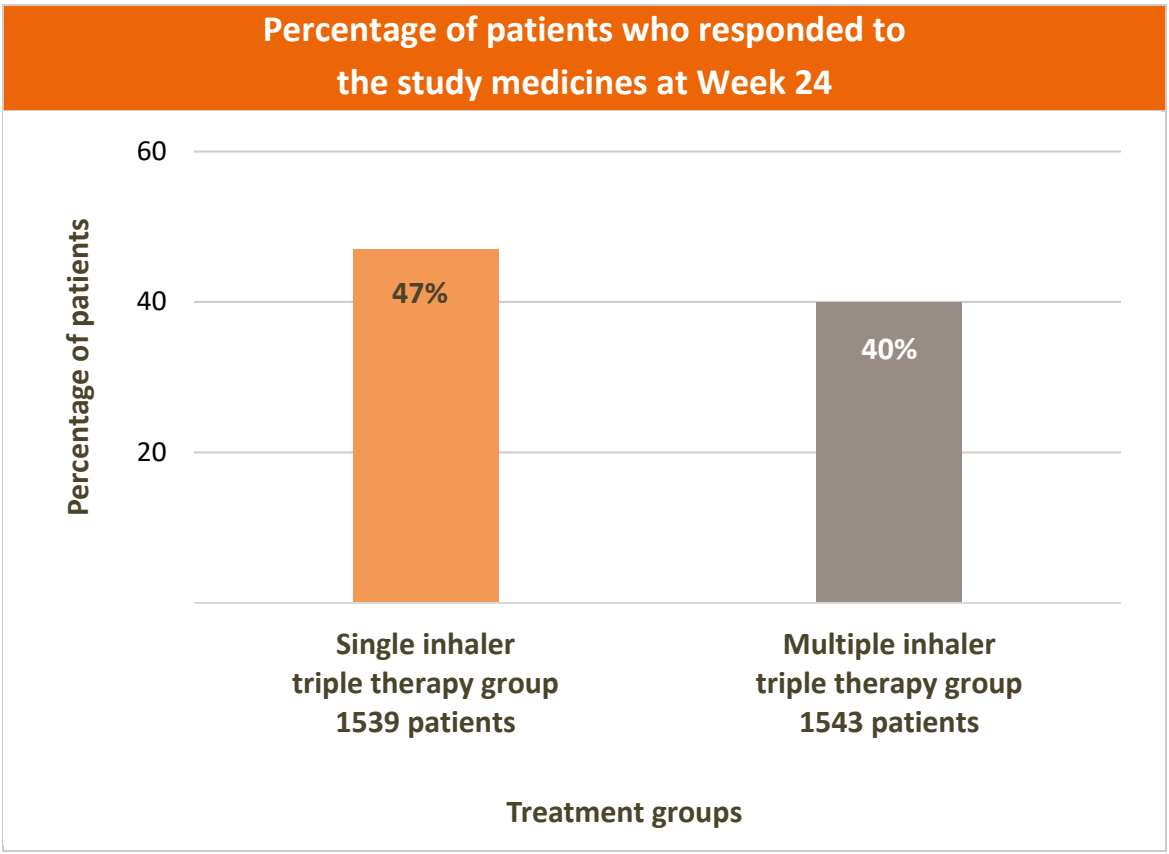
Study sites were in five countries.



What were the main results of the study?

The study compared the percentage of patients who responded to the study medicines at Week 24. Patients were considered to have responded if their CAT score at Week 24 was at least two points lower compared with their CAT score at the start of the study. A lower CAT score indicates reduced impact of COPD on patient's wellbeing and daily life.

The percentage of patients who responded to the study medicines was calculated for 3082 patients. Results are shown in the figure below.



The percentage of patients who responded to study medicines was higher in the single inhaler triple therapy group compared with the multiple inhaler triple therapy group.

More information about the study results is available in the scientific results summaries (links to those summaries are provided at the end of this document).

What were the side effects?

Unwanted medical events (adverse events) can happen to people when they receive a medicine. Study doctors record these events. A summary of these events can be found in the scientific results summaries (links to those summaries are provided at the end of this document).

If the study doctor thinks that the event was caused by the study medicine, they record this as a possible side effect (adverse reaction).

In this summary, side effects refer to those events that the study doctor thinks may have been caused by the study medicines. The side effects in this summary may be different to those in the Informed Consent or other documents related to the study medicines.

No serious side effects were reported by 1% or more of patients in any treatment group.

The only non-serious side effect reported in 1% or more of patients in any treatment group was shortness of breath. This happened in 29 patients (2%) in the single inhaler triple therapy group and in three patients (less than 1%) in the multiple inhaler triple therapy group.

How has this study helped patients and researchers?

The study showed that more patients with COPD taking single (Ellipta) inhaler triple therapy had improvement in wellbeing and daily life compared with patients taking multiple (non-Ellipta) inhaler triple therapy. The side effects reported in this study were low in number and as expected.

Are there plans for further studies?

Other studies of fluticasone furoate, umeclidinium, and vilanterol in patients with COPD have been conducted and more are underway.

Where can I find more information about this study?

Clinical studies have unique study numbers that are included in publications and other information about the study. The unique study numbers associated with this study are shown below with internet links to scientific summaries.

The scientific summaries include more details about the requirements for study enrolment, the study visit schedule, results from other endpoints, and more detailed information about adverse events.

Organisation and Website	Study Number
European Medicines Agency (www.clinicaltrialsregister.eu)	2017-004369-29[1]
United States National Institutes of Health (NIH) (www.clinicaltrials.gov)	NCT03467425[2]

Your doctor can help you understand more about this study and the results. Speak to your doctor about the treatment options available in your country. You should not make changes to your care based on the results of this or any single study. Keep taking your current treatment unless instructed by your doctor.

We would like to thank the patients who contributed to this study. The results of this study will help answer scientific questions about treating patients with COPD.

The content for this document was finalised by GSK on the 11th of September 2020. The information in this summary does not include additional information available after this date.

[1] https://www.clinicaltrialsregister.eu/ctr-search/search?query=2017-004369-29

[2] https://clinicaltrials.gov/ct2/show/NCT03467425?term=NCT03467425&rank=1