A 24-week treatment, multi-center, randomized, double-blind, double-dummy, parallel group study to compare Umeclidinium/Vilanterol, Umeclidinium, and Salmeterol in subjects with chronic obstructive pulmonary disease (COPD)

Published: 05-04-2017
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Primary:To compare the effect of UMEC/VI (62.5/25 mcg once daily) with UMEC (62.5 mcg once daily) on lung functionSecondary:To compare UMEC/VI, UMEC with salmeterol (50 mcg twice daily) on patient reported outcomes and on other COPD efficacy...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Bronchial disorders (excl neoplasms)
Study type	Interventional

Summary

ID

NL-OMON45687

Source
ToetsingOnline

Brief title
201749

Condition

- Bronchial disorders (excl neoplasms)

Synonym
chronic obstructive airways disease (COPD)

Research involving

Human

Sponsors and support

Primary sponsor: GlaxoSmithKline
Source(s) of monetary or material Support: GlaxoSmithKline BV

Intervention

Keyword: COPD, Salmeterol, Umeclidinium, Vilanterol

Outcome measures

Primary outcome

Change from baseline in FEV1 at week 24.

Secondary outcome

Change in transient dyspnea index (TDI) over 24 weeks. Respiratory daily symptoms over 24 weeks using Evaluating Respiratory Symptoms- COPD (E-RS). Change from baseline for the St. George*s Respiratory Questionnaire (SGRQ-C). Change from baseline in COPD assessment test (CAT). COPD exacerbations. Clinically important deterioration (CID, composite endpoint). Rescue medication use. Lung function parameters. Global impression disease severity. Adverse events.

Study description

Background summary

Drug therapy of chronic obstructive airway disease (COPD) is used to improve lung function, reduce symptoms, reduce the frequency and severity of exacerbations, and also to improve health status and exercise tolerance. Maintenance treatment is recommended primarily through the use of longacting beta antagonists (LABAs) or longacting muscarinic receptor antagonists (LAMAs). COPD treatment guidelines recommend an incremental approach to pharmacological treatment as the disease state worsens, involving the use of combinations of

drug classes with different or complementary mechanisms.
UMEC/VI inhalation powder is a combination of the LAMA UMEC (umeclidinium bromide) and the LABA VI (vilanterol), delivered via the ELLIPTA dry powder inhaler. UMEC/VI at a dose of 62.5/25mcg once-daily and UMEC (62.5mcg) are marketed in the European Union under the trade names Anoro and Incruse respectively as a maintenance bronchodilator treatment for adults with COPD. Salmeterol (50 mcg) is a LABA that has long been used for the maintenance treatment of COPD.
The primary purpose of this study is to demonstrate improvements in lung function in subjects treated with UMEC/VI compared with UMEC for 24 weeks. A further important aspect of the study is to evaluate the effect of UMC/VI, UMEC, and salmeterol with respect to quality of life, and lung function. Clinically important deterioration is a novel, exploratory composite endpoint which assesses individual deteriorations in lung function and in patient reported outcomes defined by the accepted minimal clinically important difference, as well as the incidence of moderate to severe exacerbations. Clinically important deterioration will be analyzed to determine whether UMEC/VI therapy provides greater clinical stability as compared with UMEC and salmeterol monotherapies.

Study objective

Primary:
To compare the effect of UMEC/VI (62.5/25 mcg once daily) with UMEC (62.5 mcg once daily) on lung function
Secondary:
To compare UMEC/VI, UMEC with salmeterol (50 mcg twice daily) on patient reported outcomes and on other COPD efficacy measures. Safety and tolerability.

Study design

Randomized, double blind, double dummy, 3-arm study. Screening max. 6 weeks. Run-in period (4 weeks) on current medication (excluding inhaled steroids) plus salbutamol if needed. Subjects with a moderate or severe COPD exacerbation during the run-in period will be deemed run-in failures. Randomization (after discontinuation of current treatment) 1:1:1:
* UMEC/VI (62.5/25 mcg) once-daily in the ELLIPTA dry powder inhaler (DPI)
* UMEC (62.5mcg) once daily in the ELLIPTA DPI
* Salmeterol (50 mg) twice daily in the DISKUS DPI.
for 24 weeks. Follow-up 1 week.
Approx. 3200 subjects screened, 2400 included and 2200 completed.

Intervention

Treatment with UMEC/VI, UMEC or salmeterol.

Study burden and risks

Risk: Adverse events of UMEC/VI, UMEC or salmeterol. Worsening of COPD due to discontinuation of current medication.
Burden:
5 visits and 9 phone calls in 35 weeks.
Pregnancy test: 3 times.
Pulmonary function tests: 4 times.
ECG: 1 time.
Chest X-ray: once.
Entire study period: 1. Daily diary use of rescue medication, adverse events 2. Daily symptoms questionnaire.
Questionnaires: performance capacity, symptoms and quality of life.
Optional: genetics blood sample (6 ml), activity monitoring.

Contacts

Public
GlaxoSmithKline

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Scientific
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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

* Males and females 40 years and above.
* COPD based on ATS/ERS current guidelines.
* Current and former smokers with a cigarette smoking history of *10 pack years. See protocol page 27 for details.
* Female participants of childbearing potential who agrees to follow the contraceptive guidance page 27-28 of the protocol.

Exclusion criteria

* Asthma, alpha-1-antitrypsin deficiency or other relevant respiratory disorder, see protocol page 28 for details.
* Unstable liver disease or unstable or life threatening cardiac disease, see protocol page 28-29 for details.
* Subjects with medical conditions such as narrow-angle glaucoma, urinary retention, prostatic hypertrophy, or bladder neck obstruction, unless, in the opinion of the study physician, the benefit outweighs the risk.
* Hospitalization for COPD or pneumonia within 12 weeks prior to screening.
* Had received ICS or ICS/LABA for COPD in the 6 weeks prior to screening.
* Had >1 moderate exacerbation in the 12 months prior to screening, or 1 severe exacerbation requiring hospitalisation in the 12 months prior screening.
* Respiratory tract infection <7 days prior to screening.
* Use of the medications mentioned on page 30 of the protocol according to the defined time intervals prior to screening.
* Unable to read and/or not able to complete questionnaires on the electronic diary.

Study design

Design

Study phase:	4
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Active

Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	16-06-2017
Enrollment:	80
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Anoro
Generic name:	Umeclidinium/Vilanterol
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Incruse
Generic name:	Umeclidinium
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Serevent
Generic name:	Salmeterol
Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	05-04-2017
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	01-06-2017
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Approved WMO Date:	27-06-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	29-06-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	06-07-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	25-07-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	31-07-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	18-08-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	28-08-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	12-10-2017
Application type:	Amendment

Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	21-11-2017
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
EudraCT	EUCTR2016-002513-22-NL
CCMO	NL61284.100.17
Other	www.gskclinicalstudyregister.com (201749)