

The Salford Lung Studies: Demonstrating effectiveness in everyday clinical practice

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Evidence needed for medicines in today's world



From efficacy to effectiveness

Efficacy: The effect of a drug measured in ideal conditions



Narrow, specific patient population



Frequent reviews/
regular hospital/
outpatient visits



Adherence encouraged



Medicine(s) provided as
clinical trial drug
(double blind, double
dummy design)



Efficacy endpoints

Effectiveness: The effect of a drug when provided under usual circumstances of healthcare practice



Broad patient population



Usual care



Few visits



Unsupervised adherence



Drugs prescribed/
dispensed usual way
Open label design



Patient-centred endpoints

What is the Salford Lung Study?



The Salford Lung Study is the world's first effectiveness RCT, initiated on what was, at the time, a pre-licence medicine. The study aims to:

- Compare, in everyday practice, the **safety and effectiveness** of BREQ/Relvar Ellipta, with existing maintenance therapy for COPD and asthma in a general practice setting in the UK
- Provide relevant and important information for clinicians, healthcare providers, payers and patients

Salford Lung Study

Evidence representing medicines in everyday practice

Real-time integrated data

Effectiveness

Broad population – age, comorbidities, disease definition

Close monitoring
Open label Drugs prescribed and collected in usual way

No extra review
Set in normal care

Health Outcome and Utilisation Endpoints i.e. Real life

Unique collaboration Minimal intrusion
One geographical location

RCTs

Efficacy

 Double dummy

Science to answer specific questions

Double blind

 Traditional Efficacy Endpoints

Strict inclusion criteria

Frequent reviews
Exclusions

Adherence encouraged

Study design



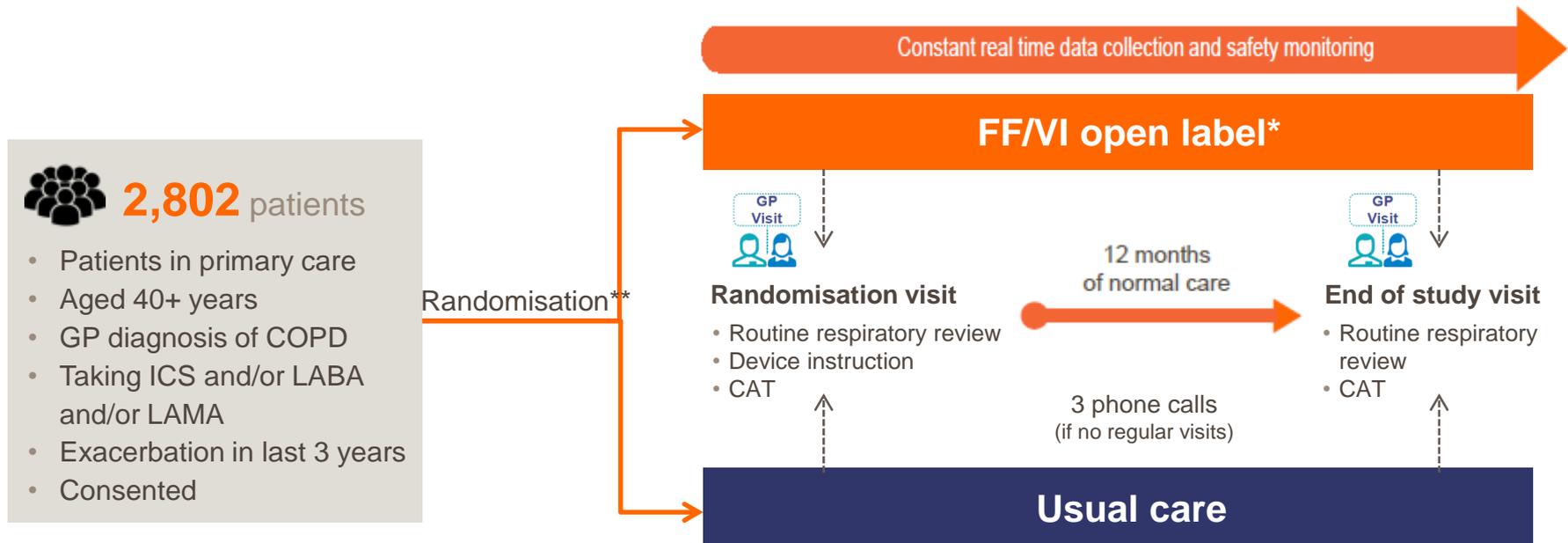
A 12 month open-label prospective RCT: COPD

The question :

How effective is initiating treatment with FF/VI compared to continuing treatment with usual care

Safety Reporting :

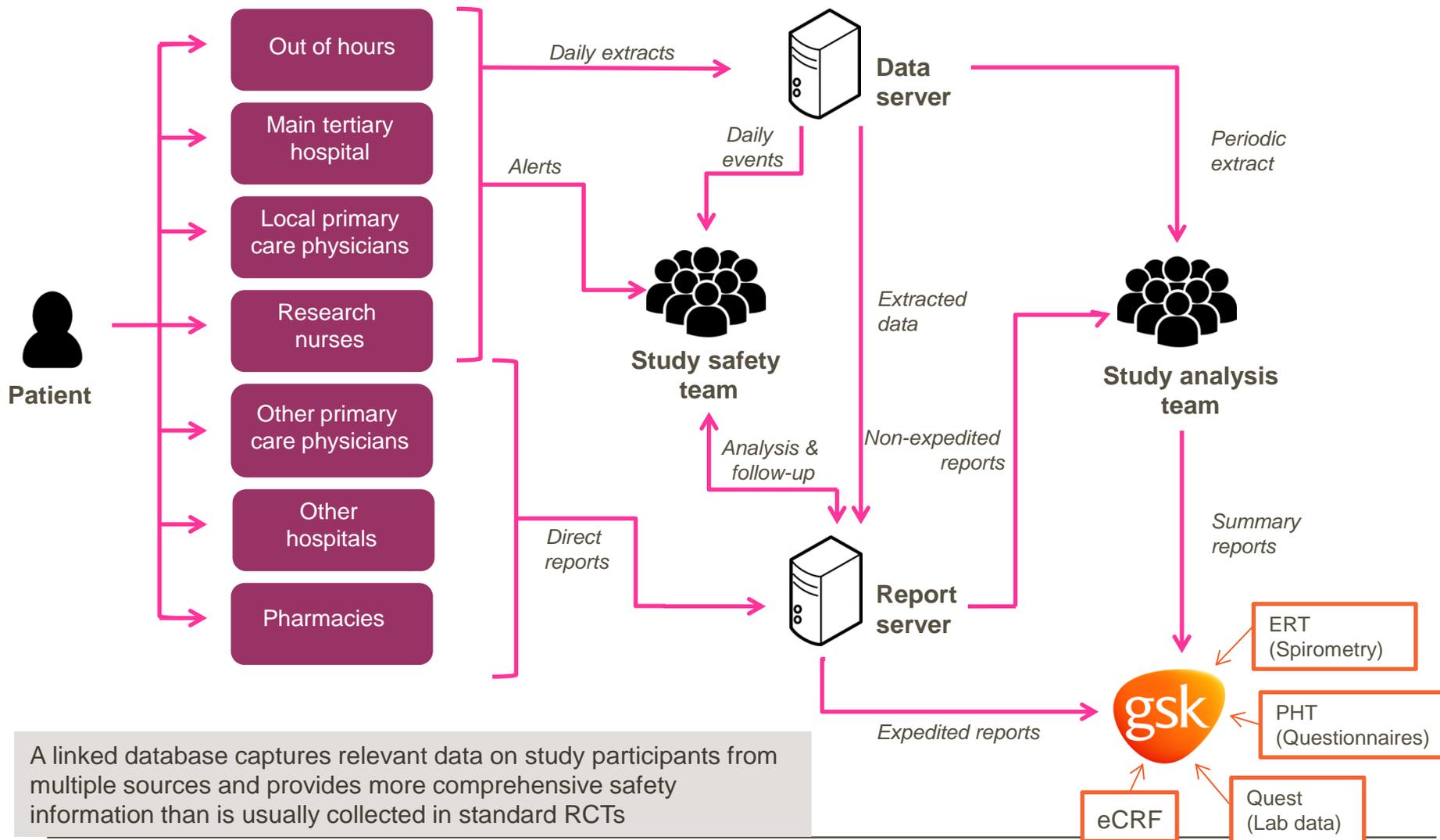
Reporting as randomised and by actual treatment



* Patient allowed to remain on LAMA in addition to FF/VI if already receiving LAMA therapy at randomisation

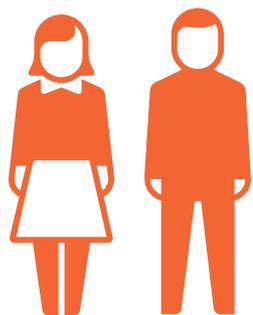
** Randomisation stratified by recent exacerbation status and existing COPD maintenance therapy at baseline

Collecting the data



A linked database captures relevant data on study participants from multiple sources and provides more comprehensive safety information than is usually collected in standard RCTs

The BREO/Relvar Salford Lung Studies are RCTs conducted in everyday clinical practice



2,802

COPD &

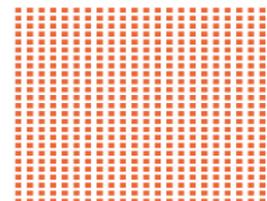
4,237

asthma patients



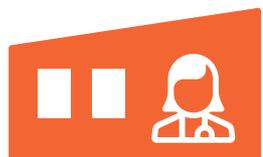
~130

pharmacies involved



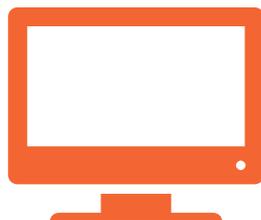
>235 million

rows of data



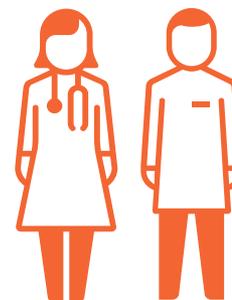
~80

GP practices



1

electronic health medical record system



>3,000

people trained as part of study

Relvar/Breo Salford Lung study in COPD



Headline Results

- The Relvar/Breo SLS met its primary end point and demonstrated superior reduction of 8.41% (CI 1.12, 15.17) in the rate of moderate /severe exacerbations compared to usual care (p=0.025). 86% of the patients were on an ICS-containing regimen as part of their usual care
- Incidence of SAEs were similar between groups (29% FF/VI, 27% usual care) and non-inferiority was confirmed for FF/VI vs usual care on SAEs of pneumonia (7% vs 6%)
- These attributes of FF/VI deliver meaningful patient benefits in everyday clinical practice when compared to other COPD treatments, including BD ICS/LABAs

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- The Salford Lung Study is the first of its type in the world
 - It has generated important information for clinicians, healthcare decision makers and patients
 - Partnership and team working has been critical to success
 - EHRs provide significant opportunity for efficiency but significant challenges remain
 - These type of studies provide a way to address questions about effectiveness in the real world