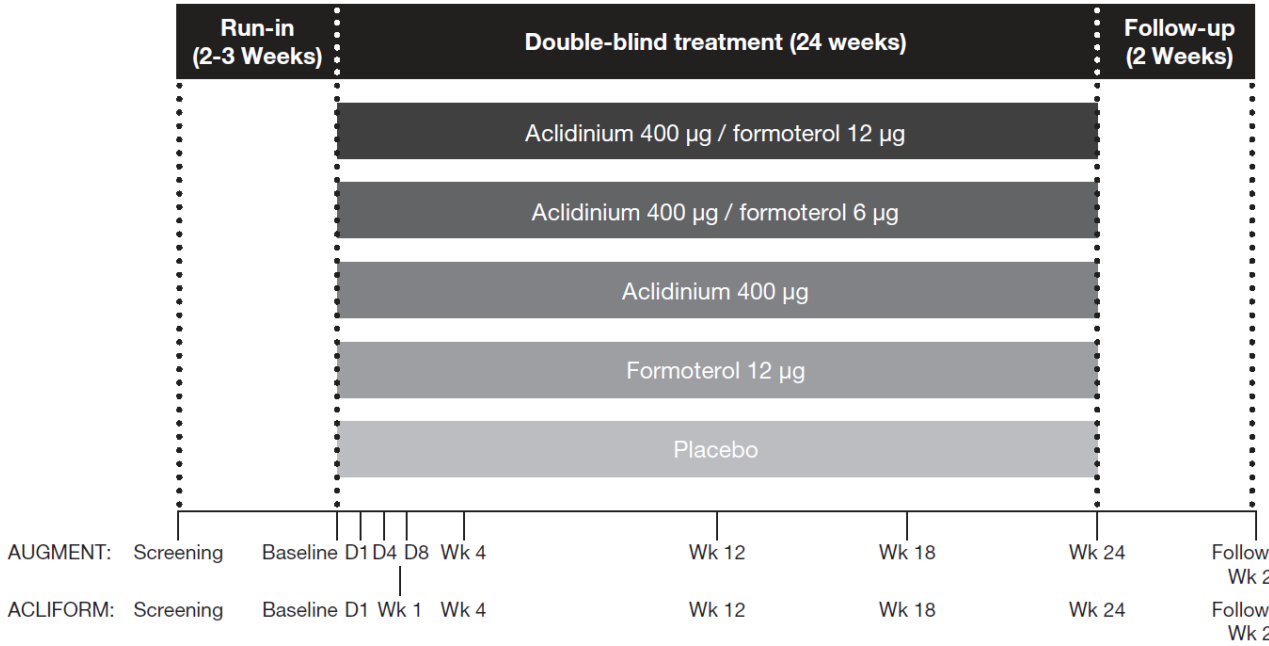
Figure S1 Study design of ACLIFORM and AUGMENT

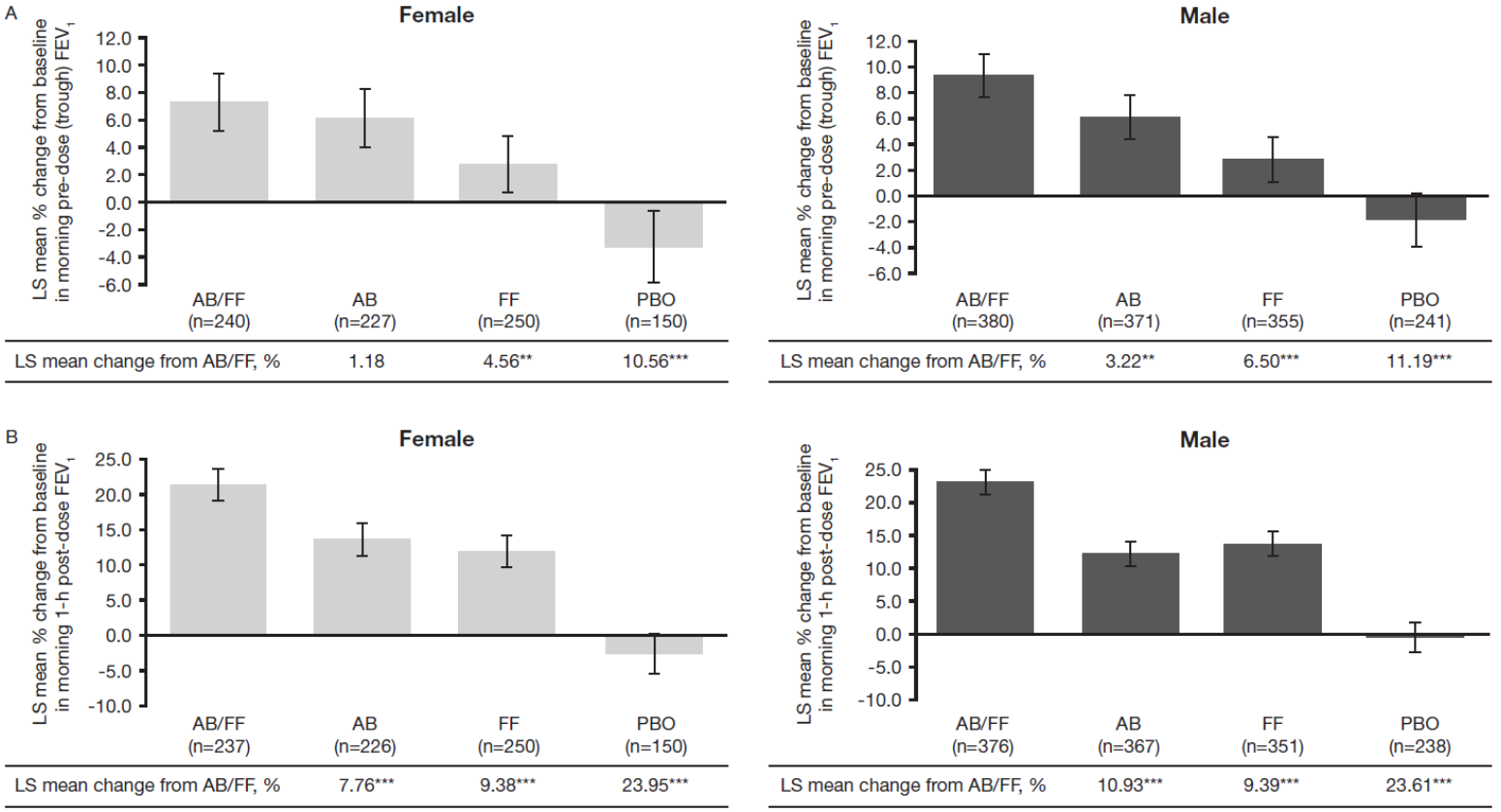


Notes: Patients were randomized 2:2:2:2:1 (ACLIFORM) or 1:1:1:1:1 (AUGMENT) to receive aclidinium/formoterol 400/12 µg, aclidinium/formoterol 400/6 µg, aclidinium 400 µg, formoterol 12 µg, or placebo twice daily via a multidose dry powder inhaler (DPI) (Genuair™/Pressair®[a]). Of the two doses of aclidinium/formoterol, only the therapeutic dose (400/12 µg) was assessed in this pooled post-hoc analysis.

Adapted from D'Urzo AD, Rennard SI, Kerwin EM, et al. Efficacy and safety of fixed-dose combinations of aclidinium bromide/formoterol fumarate: the 24-week, randomized, placebo-controlled AUGMENT COPD study. *Respir Res* 2014 15(1):123. Creative Commons license and disclaimer available from: http://creativecommons.org/licenses/by/4.0/legalcode"http://creativecommons.org/licenses/by/4.0/legalcode.[1]

[a]Registered trademarks of the AstraZeneca group of companies; for use within the USA as Pressair® and Genuair™ within all other licensed territories.

Figure S2 Efficacy endpoints at Week 24 analyzed by patient sex: (A) percentage change from baseline in morning pre-dose (trough) FEV_1 and (B) percentage change from baseline in morning 1-hour post-dose FEV_1 (pooled ITT population)



Notes: **p<0.01; ***p<0.001. Analysis based on the mixed model for repeated measures in pooled ITT population. Error bars represent 95% confidence intervals.

Abbreviations: AB, aclidinium bromide; FEV_1, forced expiratory volume in 1 second; FF, formoterol fumarate; ITT, intent-to-treat; LS, least squares; PBO, placebo.

Reference

1. D'Urzo AD, Rennard SI, Kerwin EM, et al. Efficacy and safety of fixed-dose combinations of aclidinium bromide/formoterol fumarate: the 24-week, randomized, placebo-controlled AUGMENT COPD study. *Respir Res*. 2014;15(1):123.