Online Supplement

Risk of Exacerbation and Pneumonia with Single Inhaler Triple Versus Dual Therapy in IMPACT

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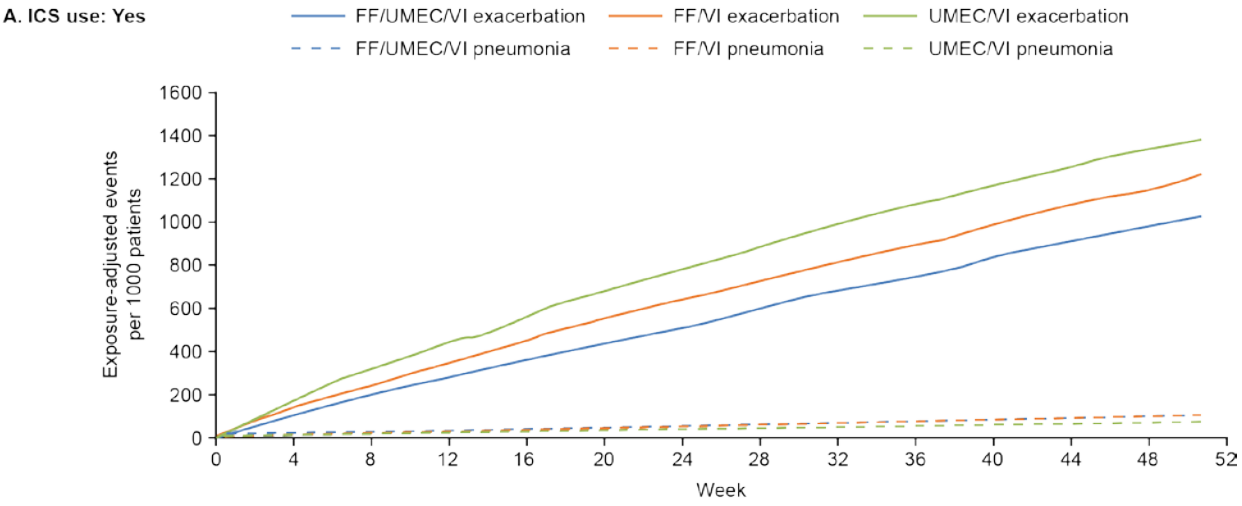
Table E1. Rates and rate ratios for the composite endpoints of exacerbation and pneumonia by ICS use at screening*.

	Model estimated annual rates (95% CI)			Rate ratio (95% CI)	
	FF/UMEC/VI	**FF/VI**	**UMEC/VI**	**FF/UMEC/VI vs FF/VI**	**FF/UMEC/VI vs UMEC/VI**
On-treatment moderate/severe exacerbations and investigator-reported pneumonia					
ICS use: Yes	1.01 (0.96, 1.06)	1.18 (1.13, 1.24)	1.36 (1.28, 1.46)	0.85 (0.80, 0.91)	0.74 (0.68, 0.80)
ICS use: No	0.80 (0.73, 0.89)	0.92 (0.84, 1.01)	0.85 (0.74, 0.98)	0.87 (0.76, 1.00)	0.94 (0.80, 1.12)
On-treatment severe exacerbations and investigator-reported pneumonia resulting in hospitalization/prolonged hospitalization or death					
ICS use: Yes	0.17 (0.15, 0.19)	0.19 (0.17, 0.21)	0.24 (0.20, 0.27)	0.90 (0.78, 1.04)	0.73 (0.61, 0.87)
ICS use: No	0.14 (0.11, 0.17)	0.13 (0.10, 0.16)	0.16 (0.12, 0.21)	1.05 (0.78, 1.42)	0.87 (0.60, 1.24)

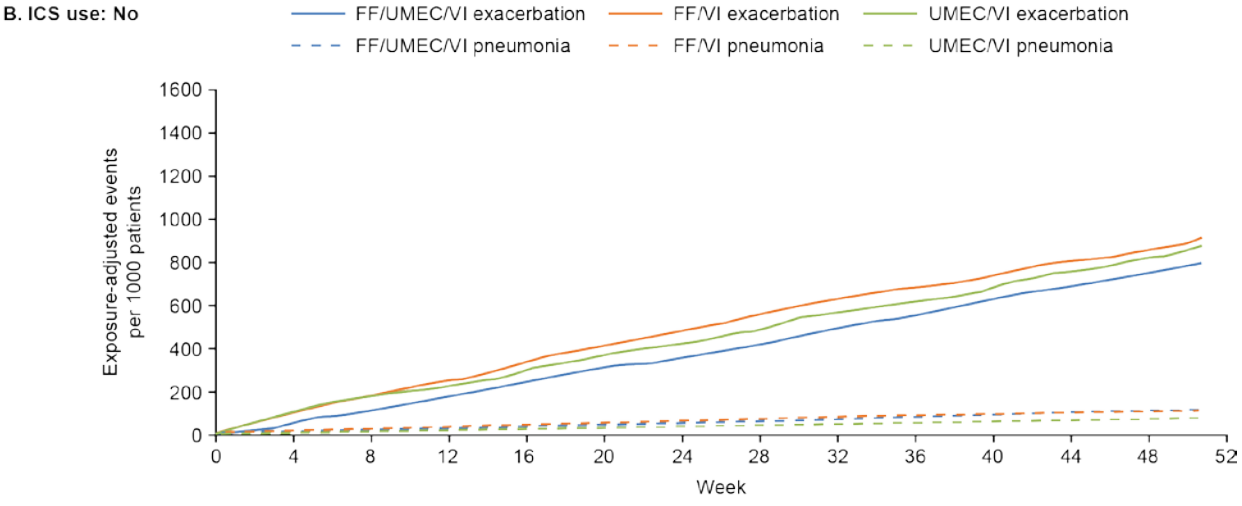
Post hoc analyses. Number of patients in the analyses: ICS use: Yes: FF/UMEC/VI n=3198, FF/VI n=3157, UMEC/VI n=1600; ICS use: No: FF/UMEC/VI n=947, FF/VI n=976, UMEC/VI n=469. *In the 3 days prior to and including the screening date. CI, confidence interval; FF, fluticasone furoate; ICS, inhaled corticosteroid; UMEC, umeclidinium; VI, vilanterol.

Figure E1. Cumulative plots of moderate/severe exacerbation and investigator-reported pneumonia by ICS use at screening*.



Proportion of patients on-treatment

FF/UMEC/VI	1.00	0.98	0.95	0.93	0.91	0.90	0.89	0.88	0.86	0.85	0.84	0.83	0.83
FF/VI	1.00	0.95	0.91	0.88	0.86	0.84	0.82	0.81	0.79	0.78	0.77	0.76	0.75
UMEC/VI	1.00	0.95	0.89	0.86	0.84	0.81	0.79	0.77	0.75	0.74	0.74	0.72	0.72

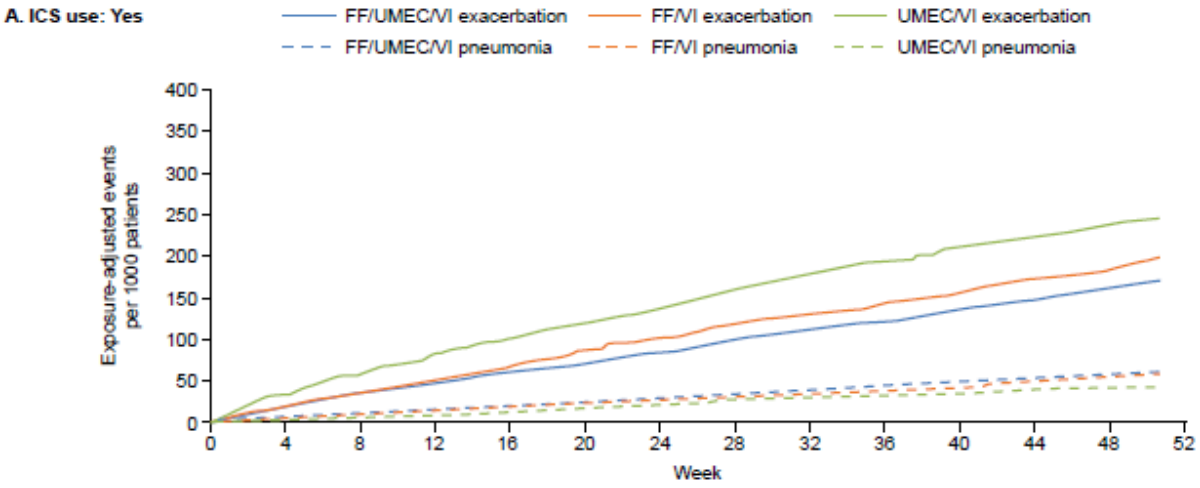


Proportion of patients on-treatment

FF/UMEC/VI	1.00	0.98	0.96	0.95	0.94	0.93	0.92	0.91	0.90	0.89	0.88	0.86	0.85
FF/VI	1.00	0.97	0.93	0.91	0.89	0.86	0.85	0.84	0.82	0.81	0.81	0.80	0.79
UMEC/VI	1.00	0.97	0.93	0.92	0.91	0.89	0.88	0.87	0.86	0.86	0.84	0.82	0.82

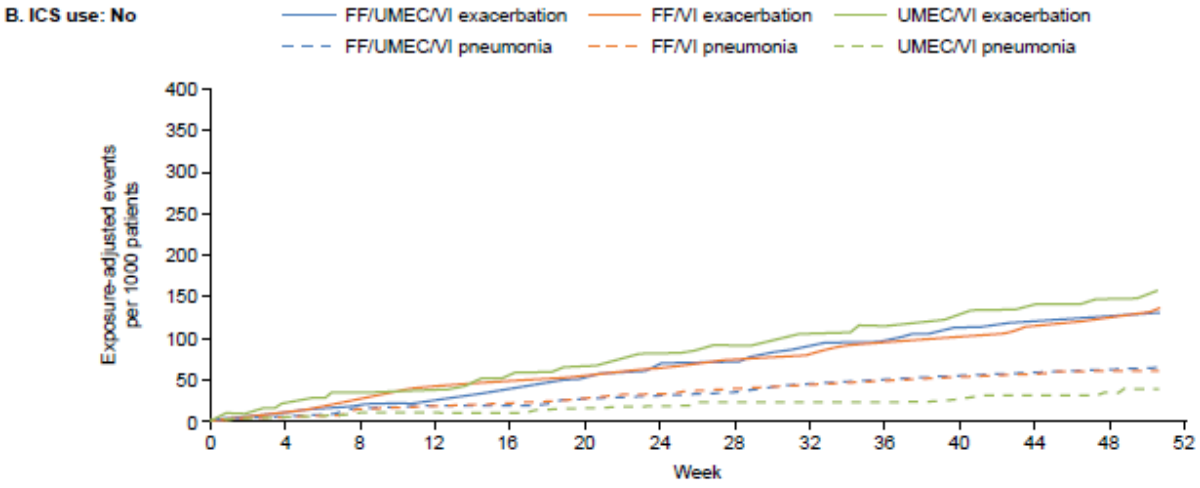
*In the 3 days prior to and including the screening date. FF, fluticasone furoate; ICS, inhaled corticosteroid; UMEC, umeclidinium; VI, vilanterol.

Figure E2. Cumulative plots of severe exacerbation and investigator-reported pneumonia resulting in hospitalization/prolonged hospitalization or death by ICS use at screening*.



Proportion of patients on-treatment

FF/UMEC/VI	1.00	0.98	0.95	0.93	0.91	0.90	0.89	0.88	0.86	0.85	0.84	0.83	0.83
FF/VI	1.00	0.95	0.91	0.88	0.86	0.84	0.82	0.81	0.79	0.78	0.77	0.76	0.75
UMEC/VI	1.00	0.95	0.89	0.86	0.84	0.81	0.79	0.77	0.75	0.74	0.74	0.72	0.72



Proportion of patients on-treatment

FF/UMEC/VI	1.00	0.98	0.96	0.95	0.94	0.93	0.92	0.91	0.90	0.89	0.88	0.86	0.85
FF/VI	1.00	0.97	0.93	0.91	0.89	0.86	0.85	0.84	0.82	0.81	0.81	0.80	0.79
UMEC/VI	1.00	0.97	0.93	0.92	0.91	0.89	0.88	0.87	0.86	0.86	0.84	0.82	0.82

*In the 3 days prior to and including the screening date. FF, fluticasone furoate; ICS, inhaled corticosteroid; UMEC, umeclidinium; VI, vilanterol.