# Clinical trial results:
# A Multicenter, Randomized, Double-Blind, Parallel Group, 52-Week Comparison of Asthma Control and Measures of Airway Inflammation in Subjects of African Descent Receiving Fluticasone Propionate/Salmeterol 100/50mcg DISKUS® BID or Fluticasone Propionate 100mcg DISKUS® BID Alone

## Summary

| | |
|---|---|
| EudraCT number | 2015-004864-12 |
| Trial protocol | Outside EU/EEA |
| Global end of trial date | 12 April 2007 |

**Results information**

| | |
|---|---|
| Result version number | v1 (current) |
| This version publication date | 25 September 2016 |
| First version publication date | 25 September 2016 |

## Trial information

**Trial identification**

| | |
|---|---|
| Sponsor protocol code | SFA103153 |

**Additional study identifiers**

| | |
|---|---|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | - |
| WHO universal trial number (UTN) | - |

Notes:

**Sponsors**

| | |
|---|---|
| Sponsor organisation name | GlaxoSmithKline |
| Sponsor organisation address | 980 Great West Road, Brentford, Middlesex, United Kingdom, |
| Public contact | GSK Response Center, GlaxoSmithKline, 1 866-435-7343, |
| Scientific contact | GSK Response Center, GlaxoSmithKline, 1 866-435-7343, |

Notes:

**Paediatric regulatory details**

| | |
|---|---|
| Is trial part of an agreed paediatric investigation plan (PIP) | No |
| Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial? | No |
| Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial? | No |

Notes:

## Results analysis stage

| | |
|---|---|
| Analysis stage | Final |
| Date of interim/final analysis | 11 July 2007 |
| Is this the analysis of the primary completion data? | No |

| | |
|---|---|
| Global end of trial reached? | Yes |
| Global end of trial date | 12 April 2007 |
| Was the trial ended prematurely? | No |

Notes:

## General information about the trial

Main objective of the trial:

The primary objective of this study was to demonstrate that fluticasone propionate/ salmeterol 100/50mcg DISKUS BID (FSC 100/50) was superior to fluticasone propionate 100mcg DISKUS BID (FP 100) in controlling the asthma exacerbation rate in subjects of African descent with persistent asthma.

Protection of trial subjects:

NA

Background therapy: -

Evidence for comparator: -

| | |
|---|---|
| Actual start date of recruitment | 22 November 2004 |
| Long term follow-up planned | No |
| Independent data monitoring committee (IDMC) involvement? | No |

Notes:

## Population of trial subjects

### Subjects enrolled per country

| | |
|---|---|
| Country: Number of subjects enrolled | United States: 523 |
| Worldwide total number of subjects | 523 |
| EEA total number of subjects | 0 |

Notes:

### Subjects enrolled per age group

| | |
|---|---|
| In utero | 0 |
| Preterm newborn - gestational age < 37 wk | 0 |
| Newborns (0-27 days) | 0 |
| Infants and toddlers (28 days-23 months) | 0 |
| Children (2-11 years) | 0 |
| Adolescents (12-17 years) | 114 |
| Adults (18-64 years) | 409 |
| From 65 to 84 years | 0 |
| 85 years and over | 0 |

## Subject disposition

### Recruitment

Recruitment details:

Participants with persistent asthma, who were symptomatic while taking an inhaled corticosteroid (ICS) were entered a 2-week screening period. Participants completed the open-label Fluticasone propionate (FP) 250 microgram (mcg) run-in period were eligible to enter the double-blind treatment period.

### Pre-assignment

Screening details:

A total of 865 participants were enrolled, of these, 342 were screen failures and 523 entered the Run-in period. Total 48 participants were run-in failures and 475 completed the Run-in period. Total 475 participants who were randomized into the study and received treatment were included in the Intent-to-Treat (ITT) Population.

### Period 1

| | |
|---|---|
| Period 1 title | Overall Study (overall period) |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Double blind |
| Roles blinded | Subject, Investigator |

### Arms

| | |
|---|---|
| Are arms mutually exclusive? | Yes |
| **Arm title** | Fluticasone propionate/salmeterol 100/50 mcg |

Arm description:

Participants self administered one inhalation of Fluticasone propionate/salmeterol 100/50 mcg via dry powder inhaler (DPI) twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms.

| | |
|---|---|
| Arm type | Experimental |
| Investigational medicinal product name | FSC 100/50 mcg |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Inhalation powder |
| Routes of administration | Inhalation use |

Dosage and administration details:

Participants self administered one inhalation twice daily, approximately 12 hours apart, in morning and evening via dry powder inhaler for the treatment duration of 52 weeks.

| | |
|---|---|
| **Arm title** | Fluticasone propionate 100 mcg |

Arm description:

Participants self administered one inhalation of Fluticasone propionate (FP) 100 mcg via DPI twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms.

| | |
|---|---|
| Arm type | Experimental |
| Investigational medicinal product name | FP 100 mcg |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Inhalation powder |
| Routes of administration | Inhalation use |

Dosage and administration details:

Participants self administered one inhalation twice daily, approximately 12 hours apart, in morning and evening via dry powder inhaler for the treatment duration of 52 weeks.

| **Number of subjects in period 1[1]** | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg |
|---|---|---|
| Started | 239 | 236 |
| Completed | 169 | 151 |
| Not completed | 70 | 85 |
| Lack of Efficacy | 1 | 1 |
| Dropped by GSK | - | 1 |
| Consent withdrawn by subject | 16 | 18 |
| Too many days between visits | - | 1 |
| Adverse event, non-fatal | 5 | 6 |
| Exacerbation | 6 | 9 |
| No Medicines taken | 1 | - |
| Non-compliance | 10 | 19 |
| Moving out of the Area | 1 | - |
| Lost to follow-up | 19 | 13 |
| Subject Withdrew Consent Due to Moving | - | 1 |
| Elective Surgery | 1 | - |
| Pregnancy | 6 | 5 |
| Moved out of the state | 1 | 1 |
| Protocol deviation | 3 | 10 |

Notes:

[1] - The number of subjects reported to be in the baseline period are not the same as the worldwide number enrolled in the trial. It is expected that these numbers will be the same.
Justification: A total of 523 participants entered the Run-in period; however, 48 participants were run-in failures so only 475 participants completed the Run-in period and were randomized into the study.

## Baseline characteristics

| Reporting groups | |
|---|---|
| Reporting group title | Fluticasone propionate/salmeterol 100/50 mcg |
| Reporting group description: | |
| Participants self administered one inhalation of Fluticasone propionate/salmeterol 100/50 mcg via dry powder inhaler (DPI) twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms. | |
| Reporting group title | Fluticasone propionate 100 mcg |
| Reporting group description: | |
| Participants self administered one inhalation of Fluticasone propionate (FP) 100 mcg via DPI twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms. | |

| Reporting group values | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | Total |
|---|---|---|---|
| Number of subjects | 239 | 236 | 475 |
| Age categorical | | | |
| Units: Subjects | | | |
| Age continuous | | | |
| Units: years | | | |
| arithmetic mean | 31.5 | 32.2 | |
| standard deviation | ± 13.48 | ± 13.57 | - |
| Gender categorical | | | |
| Units: Subjects | | | |
| Female | 143 | 150 | 293 |
| Male | 96 | 86 | 182 |
| Race, Customized | | | |
| Units: Subjects | | | |
| African American/African Heritage | 233 | 231 | 464 |
| Mixed race | 6 | 5 | 11 |

## End points

### End points reporting groups

| Reporting group title | Fluticasone propionate/salmeterol 100/50 mcg |
|---|---|

Reporting group description:

Participants self administered one inhalation of Fluticasone propionate/salmeterol 100/50 mcg via dry powder inhaler (DPI) twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms.

| Reporting group title | Fluticasone propionate 100 mcg |
|---|---|

Reporting group description:

Participants self administered one inhalation of Fluticasone propionate (FP) 100 mcg via DPI twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms.

### Primary: Asthma exacerbation rate per patient per year

| End point title | Asthma exacerbation rate per patient per year |
|---|---|

End point description:

| End point type | Primary |
|---|---|

End point timeframe:

From Baseline (Week 0) up to Week 52

| End point values | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 239[1] | 236[2] | | |
| Units: Rate of exacerbations per year | | | | |
| arithmetic mean (standard error) | 0.449 (± 0.0926) | 0.529 (± 0.0916) | | |

Notes:

[1] - ITT Population comprised of all participants randomized to study drug

[2] - ITT Population comprised of all participants randomized to study drug

### Statistical analyses

| Statistical analysis title | Statistical Analysis 1 |
|---|---|
| Comparison groups | Fluticasone propionate/salmeterol 100/50 mcg v Fluticasone propionate 100 mcg |
| Number of subjects included in analysis | 475 |
| Analysis specification | Pre-specified |
| Analysis type | superiority |
| P-value | = 0.169 |
| Method | Poisson regression |

## Secondary: Mean change from baseline morning (AM) peak expiratory flow (PEF)

| End point title | Mean change from baseline morning (AM) peak expiratory flow (PEF) |
|---|---|

End point description:

PEF is defined as the maximum airflow during a forced expiration beginning with the lungs fully inflated. PEF was measured by the participants using a hand-held electronic peak flow meter each morning prior to the dose of study medication. The best of three measurements was recorded. Change from Baseline was calculated as the value of the averaged daily AM PEF over the 52-week Treatment Period minus the Baseline value. Baseline values (Week 0) were derived from pre-treatment measurements. Baseline was defined as the mean value over the day of randomization plus the six preceeding days. Statistical analysis was performed using an analysis of covariance (ANCOVA) model. Participants analyzed included those who have PEF data.

| End point type | Secondary |
|---|---|

End point timeframe:

From Baseline (Week 0) up to Week 52

| **End point values** | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 221[3] | 216[4] | | |
| Units: Liter/minute | | | | |
| arithmetic mean (standard error) | 15.6 (± 3.48) | 1.4 (± 3.42) | | |

Notes:

[3] - ITT Population. Participants analyzed included those who have PEF data.

[4] - ITT Population. Participants analyzed included those who have PEF data.

### Statistical analyses

| **Statistical analysis title** | Statistical Analysis 1 |
|---|---|
| Comparison groups | Fluticasone propionate/salmeterol 100/50 mcg v Fluticasone propionate 100 mcg |
| Number of subjects included in analysis | 437 |
| Analysis specification | Pre-specified |
| Analysis type | other |
| P-value | = 0.002 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 15.1 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 5.5 |
| upper limit | 24.7 |
| Variability estimate | Standard error of the mean |
| Dispersion value | 4.89 |

## Secondary: Mean change from baseline in morning pre-dose clinic forced expiratory volume in one second (FEV1)

| End point title | Mean change from baseline in morning pre-dose clinic forced expiratory volume in one second (FEV1) |
|---|---|

End point description:

FEV1 is defined as the volume of air forcefully expelled from the lungs in 1 second. FEV1 was measured each morning prior to the dose of study medication by spirometry. Change from Baseline was calculated as the value of the averaged daily FEV1 over the 52-week Treatment Period minus the Baseline value. Baseline values (Week 0) were derived from pre-treatment measurements. Statistical analysis was performed using ANCOVA model. Participants analyzed included those who have FEV1 data.

| End point type | Secondary |
|---|---|

End point timeframe:

From Baseline (Week 0) up to Week 52

| **End point values** | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 233[5] | 226[6] | | |
| Units: Liter | | | | |
| arithmetic mean (standard error) | 0.045 (± 0.0234) | -0.061 (± 0.0211) | | |

Notes:

[5] - ITT Population. Participants analyzed included those who have FEV1 data.

[6] - ITT Population. Participants analyzed included those who have FEV1 data.

**Statistical analyses**

| **Statistical analysis title** | Statistical Analysis 1 |
|---|---|
| Comparison groups | Fluticasone propionate 100 mcg v Fluticasone propionate/salmeterol 100/50 mcg |
| Number of subjects included in analysis | 459 |
| Analysis specification | Pre-specified |
| Analysis type | other |
| P-value | = 0.001 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 0.103 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | 0.041 |
| upper limit | 0.165 |
| Variability estimate | Standard error of the mean |
| Dispersion value | 0.0317 |

**Secondary: Mean change from baseline in symptom-free days**

| End point title | Mean change from baseline in symptom-free days |
|---|---|

End point description:

Symptom-free days are number of days that a participant goes without asthma symptoms over the 52-week Treatment Period. Percent change from Baseline was calculated as the value of the averaged daily

Symptom-free days over the 52-week Treatment Period minus the Baseline value multiplied by 100. Baseline values (Week 0) were derived from pre-treatment measurements. Statistical analysis was performed using ANCOVA model. Participants analyzed included those who have Symptom-free days data.

| End point type | Secondary |
|---|---|

End point timeframe:

From Baseline (Week 0) up to Week 52

| **End point values** | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 218[7] | 214[8] | | |
| Units: Days | | | | |
| arithmetic mean (standard error) | 10.8 (± 2.46) | 8.9 (± 2.21) | | |

Notes:

[7] - ITT Population. Participants analyzed included those who have Symptom-free days data.

[8] - ITT Population. Participants analyzed included those who have Symptom-free days data.

### Statistical analyses

| **Statistical analysis title** | Statistical Analysis 1 |
|---|---|
| Comparison groups | Fluticasone propionate/salmeterol 100/50 mcg v Fluticasone propionate 100 mcg |
| Number of subjects included in analysis | 432 |
| Analysis specification | Pre-specified |
| Analysis type | other |
| P-value | = 0.296 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 3.3 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -2.9 |
| upper limit | 9.6 |
| Variability estimate | Standard error of the mean |
| Dispersion value | 3.2 |

## Secondary: Mean change from baseline in albuterol-free days

| End point title | Mean change from baseline in albuterol-free days |
|---|---|

End point description:

Albuterol-free days were days when Albuterol use was unnecessary based on daily record and symptom free days. Percent change from Baseline was calculated as the value of the averaged daily albuterol-free days over the 52-week Treatment Period minus the Baseline value multiplied by 100. Baseline values (Week 0) were derived from pre-treatment measurements. Statistical analysis was performed using ANCOVA model. Participants analyzed included those who have albuterol-free days data.

| End point type | Secondary |
|---|---|

End point timeframe:
From Baseline (Week 0) up to Week 52

| **End point values** | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | | |
|---|---|---|---|---|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 216[9] | 211[10] | | |
| Units: Days | | | | |
| arithmetic mean (standard error) | 10.8 (± 2.5) | 5.6 (± 2.54) | | |

Notes:
[9] - ITT Population. Participants analyzed included those who have albuterol-free days data.
[10] - ITT Population. Participants analyzed included those who have albuterol-free days data.

## Statistical analyses

| **Statistical analysis title** | Statistical Analysis 1 |
|---|---|
| Comparison groups | Fluticasone propionate/salmeterol 100/50 mcg v Fluticasone propionate 100 mcg |
| Number of subjects included in analysis | 427 |
| Analysis specification | Pre-specified |
| Analysis type | other |
| P-value | = 0.159 |
| Method | ANCOVA |
| Parameter estimate | Mean difference (final values) |
| Point estimate | 4.5 |
| Confidence interval | |
| level | 95 % |
| sides | 2-sided |
| lower limit | -1.8 |
| upper limit | 10.9 |
| Variability estimate | Standard error of the mean |
| Dispersion value | 3.22 |

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

On-treatment serious adverse events (SAEs) and non-serious adverse events (AEs) were collected from start of IP (Week 0) until Week 52 for double blind treatment period.

Adverse event reporting additional description:

On-treatment SAEs and non-serious AEs are reported for ITT Population, comprised of all participants who were randomized to treatment and who received at least one dose of study medication.

| | |
|---|---|
| Assessment type | Systematic |

### Dictionary used

| | |
|---|---|
| Dictionary name | MedDRA |
| Dictionary version | 10.0 |

### Reporting groups

| | |
|---|---|
| Reporting group title | Fluticasone propionate/salmeterol 100/50 mcg |

Reporting group description:

Participants self administered one inhalation of Fluticasone propionate/salmeterol 100/50 mcg via dry powder inhaler (DPI) twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms.

| | |
|---|---|
| Reporting group title | Fluticasone propionate 100 mcg |

Reporting group description:

Participants self administered one inhalation of Fluticasone propionate (FP) 100 mcg via DPI twice daily, morning and evening 12 hours apart for 52 weeks treatment period. Participants were provided albuterol inhalation aerosol for relief of asthma symptoms.

| Serious adverse events | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | |
|---|---|---|---|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 6 / 239 (2.51%) | 11 / 236 (4.66%) | |
| number of deaths (all causes) | 0 | 0 | |
| number of deaths resulting from adverse events | | | |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | | | |
| Uterine leiomyoma | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Injury, poisoning and procedural complications | | | |
| Ligament rupture | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Vascular disorders | | | |

| | | | |
|---|---|---|---|
| Deep vein thrombosis | | | |
| subjects affected / exposed | 1 / 239 (0.42%) | 0 / 236 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Hypertension | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Cardiac disorders | | | |
| Arteriospasm coronary | | | |
| subjects affected / exposed | 1 / 239 (0.42%) | 0 / 236 (0.00%) | |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Atrial fibrillation | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Cardiomyopathy | | | |
| subjects affected / exposed | 1 / 239 (0.42%) | 0 / 236 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Palpitations | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Nervous system disorders | | | |
| Migraine | | | |
| subjects affected / exposed | 1 / 239 (0.42%) | 0 / 236 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Pregnancy, puerperium and perinatal conditions | | | |
| Abortion spontaneous | | | |

| | | | |
|---|---|---|---|
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Immune system disorders | | | |
| Sarcoidosis | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Respiratory, thoracic and mediastinal disorders | | | |
| Respiratory distress | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Asthma | | | |
| subjects affected / exposed | 2 / 239 (0.84%) | 2 / 236 (0.85%) | |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 2 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Skin and subcutaneous tissue disorders | | | |
| Angioedema | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Infections and infestations | | | |
| Arthritis infective | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Bronchitis | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Influenza | | | |

| | | | |
|---|---|---|---|
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Subcutaneous abscess | | | |
| subjects affected / exposed | 1 / 239 (0.42%) | 0 / 236 (0.00%) | |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |
| Metabolism and nutrition disorders | | | |
| Diabetes mellitus non-insulin-dependent | | | |
| subjects affected / exposed | 0 / 239 (0.00%) | 1 / 236 (0.42%) | |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | |

Frequency threshold for reporting non-serious adverse events: 3 %

| **Non-serious adverse events** | Fluticasone propionate/salmeterol 100/50 mcg | Fluticasone propionate 100 mcg | |
|---|---|---|---|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 118 / 239 (49.37%) | 130 / 236 (55.08%) | |
| Nervous system disorders | | | |
| Headache | | | |
| subjects affected / exposed | 34 / 239 (14.23%) | 41 / 236 (17.37%) | |
| occurrences (all) | 192 | 144 | |
| Sinus headache | | | |
| subjects affected / exposed | 5 / 239 (2.09%) | 8 / 236 (3.39%) | |
| occurrences (all) | 6 | 14 | |
| General disorders and administration site conditions | | | |
| Pain | | | |
| subjects affected / exposed | 4 / 239 (1.67%) | 9 / 236 (3.81%) | |
| occurrences (all) | 7 | 9 | |
| Gastrointestinal disorders | | | |
| Toothache | | | |
| subjects affected / exposed | 13 / 239 (5.44%) | 8 / 236 (3.39%) | |
| occurrences (all) | 20 | 11 | |
| Abdominal pain upper | | | |

| | | | |
|---|---|---|---|
| subjects affected / exposed | 12 / 239 (5.02%) | 7 / 236 (2.97%) | |
| occurrences (all) | 16 | 14 | |
| Nausea | | | |
| subjects affected / exposed | 9 / 239 (3.77%) | 7 / 236 (2.97%) | |
| occurrences (all) | 10 | 7 | |
| Respiratory, thoracic and mediastinal disorders | | | |
| Pharyngolaryngeal pain | | | |
| subjects affected / exposed | 20 / 239 (8.37%) | 17 / 236 (7.20%) | |
| occurrences (all) | 25 | 28 | |
| Cough | | | |
| subjects affected / exposed | 15 / 239 (6.28%) | 17 / 236 (7.20%) | |
| occurrences (all) | 19 | 27 | |
| Rhinitis allergic | | | |
| subjects affected / exposed | 10 / 239 (4.18%) | 2 / 236 (0.85%) | |
| occurrences (all) | 32 | 3 | |
| Sinus congestion | | | |
| subjects affected / exposed | 7 / 239 (2.93%) | 9 / 236 (3.81%) | |
| occurrences (all) | 13 | 14 | |
| Nasal congestion | | | |
| subjects affected / exposed | 9 / 239 (3.77%) | 6 / 236 (2.54%) | |
| occurrences (all) | 11 | 6 | |
| Musculoskeletal and connective tissue disorders | | | |
| Back pain | | | |
| subjects affected / exposed | 11 / 239 (4.60%) | 21 / 236 (8.90%) | |
| occurrences (all) | 20 | 25 | |
| Arthralgia | | | |
| subjects affected / exposed | 10 / 239 (4.18%) | 6 / 236 (2.54%) | |
| occurrences (all) | 12 | 8 | |
| Neck pain | | | |
| subjects affected / exposed | 3 / 239 (1.26%) | 8 / 236 (3.39%) | |
| occurrences (all) | 3 | 10 | |
| Myalgia | | | |
| subjects affected / exposed | 9 / 239 (3.77%) | 3 / 236 (1.27%) | |
| occurrences (all) | 9 | 3 | |
| Infections and infestations | | | |

| | | | |
|---|---|---|---|
| Nasopharyngitis | | | |
| subjects affected / exposed | 18 / 239 (7.53%) | 41 / 236 (17.37%) | |
| occurrences (all) | 33 | 53 | |
| Upper respiratory tract infection | | | |
| subjects affected / exposed | 32 / 239 (13.39%) | 32 / 236 (13.56%) | |
| occurrences (all) | 42 | 44 | |
| Sinusitis | | | |
| subjects affected / exposed | 17 / 239 (7.11%) | 27 / 236 (11.44%) | |
| occurrences (all) | 22 | 32 | |
| Bronchitis | | | |
| subjects affected / exposed | 6 / 239 (2.51%) | 12 / 236 (5.08%) | |
| occurrences (all) | 7 | 12 | |
| Influenza | | | |
| subjects affected / exposed | 9 / 239 (3.77%) | 4 / 236 (1.69%) | |
| occurrences (all) | 12 | 4 | |
| Gastroenteritis viral | | | |
| subjects affected / exposed | 6 / 239 (2.51%) | 9 / 236 (3.81%) | |
| occurrences (all) | 6 | 9 | |

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? No

### Interruptions (globally)

Were there any global interruptions to the trial? No

### Limitations and caveats

None reported