

Supplementary Information

An Evaluation of the Pharmacokinetics, Safety, and Tolerability of Aclidinium/Formoterol Fixed-Dose Combination Administered in Chinese Patients with Moderate-to-Severe Chronic Obstructive Pulmonary Disease

Drugs in R&D

Hong Zhang¹, Sami Z. Daoud², Michael S. Gillen², Natalia Calderon³, Maria Heijer³, Eduard Molins⁴, Esther Garcia-Gil⁴, Hong Chen¹, Qianqian Li¹, Chengjiao Liu¹, Yanhua Ding¹

¹Phase I Clinical Trial Unit, The First Hospital of Jilin University, Jilin, China.

²BioPharmaceuticals R&D, AstraZeneca, Gaithersburg, MD, USA.

³BioPharmaceuticals R&D, AstraZeneca, Gothenburg, Sweden.

⁴BioPharmaceuticals R&D, AstraZeneca, Barcelona, Spain.

Corresponding author: Dr. Yanhua Ding, Phase I Clinical Trial Unit, The First Hospital,

Jilin University, No 71, Xinmin Street, Changchun 130021, China; Tel/Fax: +86-431-

88782705; Email: dingyanh@jlu.edu.cn

TABLE S1 Permitted medications

Allowed medication	Restrictions	Stabilization period
ICS ^a	Patients who were following a stable regimen of a LABA/ICS combination for at least 4 weeks could be switched to the same ICS as monotherapy without requiring a stabilization period. If treatment was switched to a different ICS monotherapy, a stabilization period of ≥ 14 days, until the patient was considered stabilized, was required before screening	4 weeks
Continuous oral or parenteral corticosteroids ^a	Dose equivalent of ≤ 10 mg of prednisone per day or 20 mg every other day	4 weeks
Selective β -blocking agents	-	2 weeks
Oxygen therapy ^a	<15 hours a day	4 weeks
Oral sustained-release theophyllines ^a	Theophylline was to be avoided the morning of study visits and begin after visit completion.	4 weeks

^aChange in daily dose, dosing schedule, formulation or treatment was unlikely during the course of the trial (the exception being the treatment of a COPD exacerbation)

COPD chronic obstructive pulmonary disease, ICS inhaled corticosteroid, LABA long-acting β_2 -agonist

TABLE S2 Prohibited medications

Prohibited medication/	Washout
SABAs	6 h
SAMAs or a combination of SABAs+SAMA	12 h
Oral, intra-nasal or parenteral anticholinergic agents	14 days
Once- or twice-daily LAMAs; once- or twice-daily LABAs; oral LABAs	14 days
Combination of LABA+ICS or LABA+LAMA	14 days
Methylxanthines, leukotriene modifiers and PDE IV inhibitors	14 days
Continuous oral or parenteral corticosteroids equivalent to >10 mg of prednisone per day or >20 mg every other day	14 days
Non-selective β -blocking agents ^a	14 days
Herbal/traditional Chinese medicine	30 days

^aCould be switched to selective β_1 -blocking agents, as long as they were at stable dose for ≥ 2 weeks prior to Visit 1

LABA long-acting β_2 -agonist, LAMA long-acting muscarinic antagonist, PDE IV phosphodiesterase type 4 inhibitor, SABA short-acting β_2 -agonist, SAMA short-acting muscarinic antagonist

TABLE S3 PK parameters of inactive metabolites of acridinium (PK analysis set)

Parameter	LAS34850		LAS34823	
	Day 1 (n = 20)	Day 5 (n = 19)	Day 1 (n = 20)	Day 5 (n = 19)
C_{\max} , mean pg/mL (CV%)	3,149 (55.6)	3,691 (56.0)	38.82 (86.6)	81.02 (69.5)
T_{\max} , median h (range)	3.00 (1.50–6.00)	3.00 (0.08–4.00)	1.75 (0.08–4.00)	0.50 (0.08–3.00)
AUC_{τ} , mean h·pg/mL (CV%)	20,330 (54.2)	27,300 (52.3)	252.9 (60.6)	540.9 (55.0)
AUC_{last} mean h·pg/mL (CV%)	20,280 (54.3)		201.1 (106.3)	
$t_{1/2}$, mean h (range)		20.95 (8.77–93.3)		17.34 (6.97–39.6)
MR C_{\max} , mean (CV%)	68.72 (77.2)	60.65 (82.9)	0.85 (39.1)	1.33 (63.1)
MR AUC_{τ} , mean (CV%)	237.90 (71.9)	161.70 (45.0)	2.75 (36.7)	3.20 (35.7)
$R_{\text{ac}}(C_{\max})$, mean (CV%)		1.19 (80.3)		2.07 (113.5)
$R_{\text{ac}}(AUC_{\tau})$, mean (CV%)		1.36 (76.5)		2.16 (82.0)

AUC_{last} area under the plasma concentration–time curve from time zero to the time of last quantifiable concentration, AUC_{τ} area under the concentration–time curve during a dosage interval (τ), C_{max} maximum concentration, $CV\%$ coefficient of variation, MR metabolite ratio, *PK* pharmacokinetics, $Rac(AUC_{\tau})$ accumulation ratio calculated from AUC_{τ} , $Rac(C_{max})$ accumulation ratio calculated from C_{max} , $t_{1/2}$ elimination half-life, T_{max} time to reach maximum concentration

TABLE S4 TEAEs (safety analysis set)

	n (%)	Events
Any TEAE	5 (25%)	9
Proteinuria ^a	3 (15%)	3
Blood pressure increased ^b	1 (5%)	1
Bronchitis ^c	1 (5%)	1
Dermatitis	1 (5%)	1
Hematuria ^a	1 (5%)	1
Headache ^b	1 (5%)	1
Rhinorrhea	1 (5%)	1

Total *N* = 20

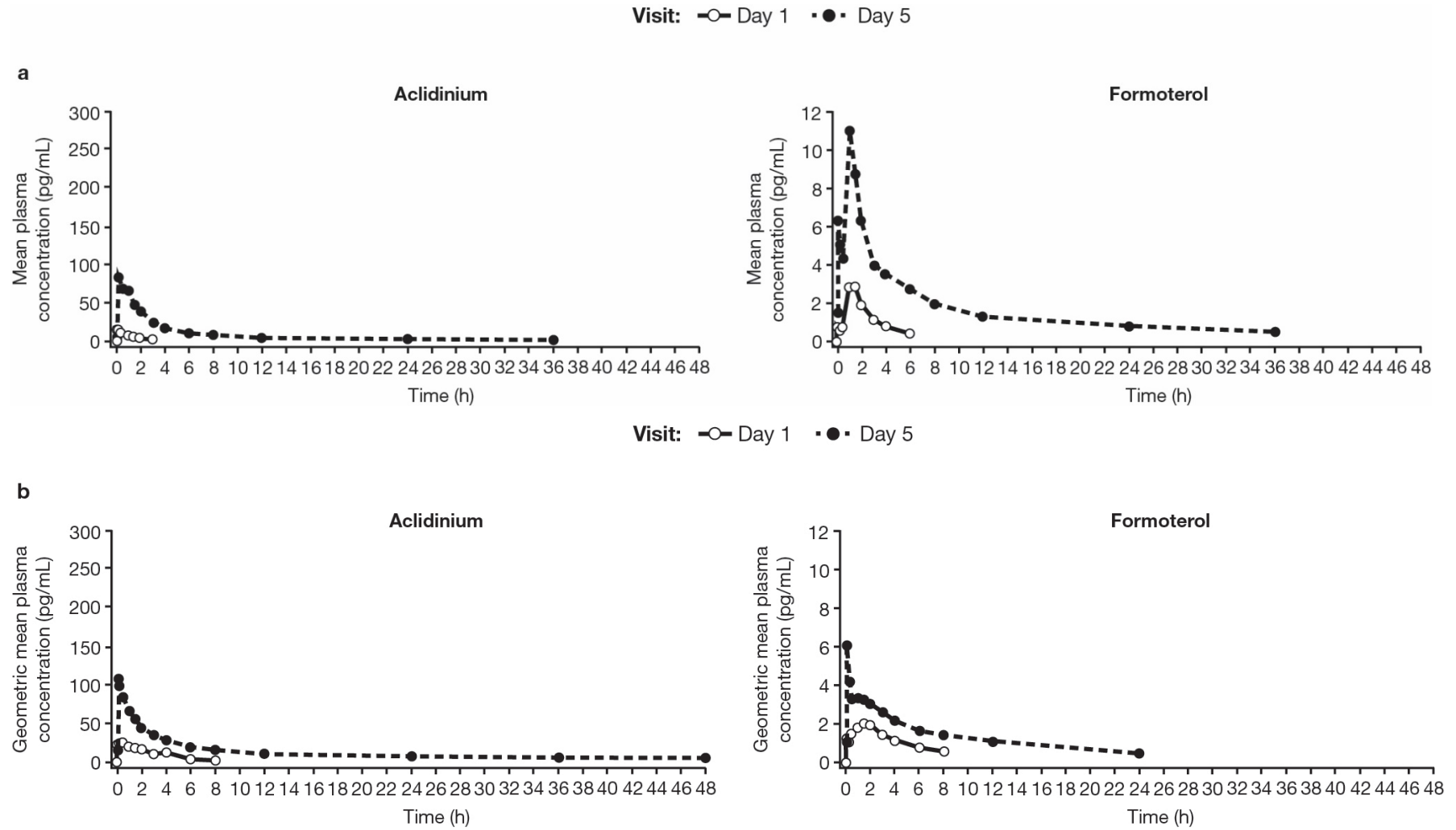
^aAll possibly treatment-related according to investigator's assessment; in two patients, this was already present at baseline

^b β_2 -adrenergic event

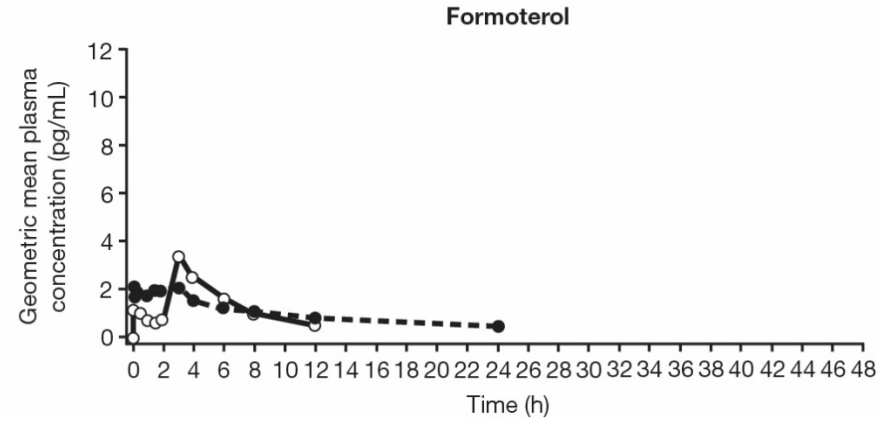
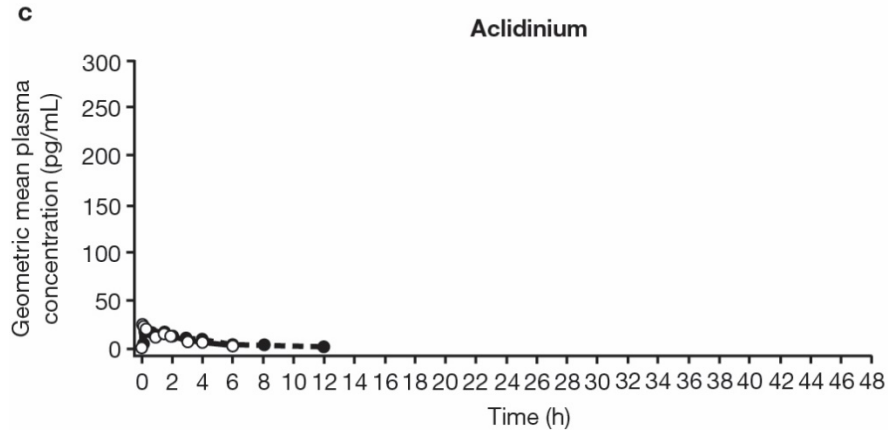
^cSAE leading to discontinuation; possibly not treatment-related according to investigator's assessment

SAE serious adverse event, TEAE treatment-emergent adverse event

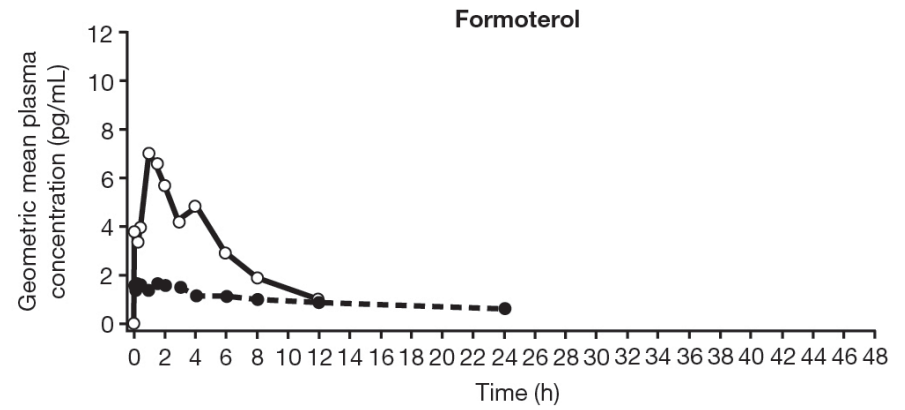
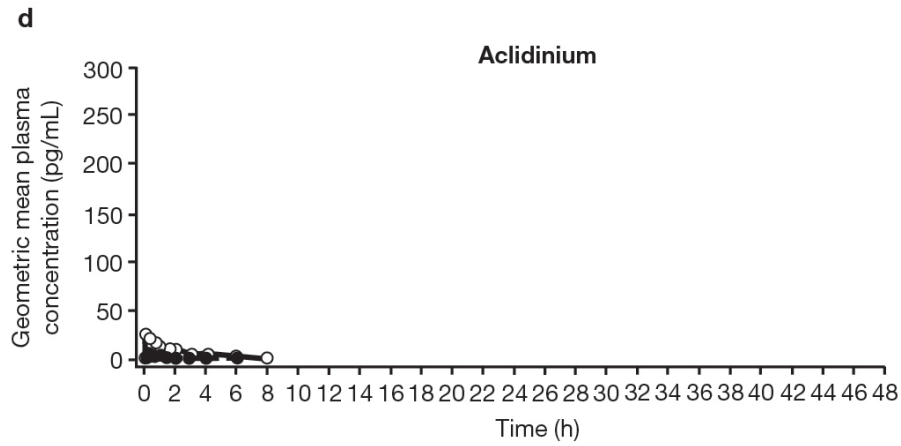
Fig. S1 Patients with poor inhalation technique: **a** Patient 1, **b** Patient 2, **c** Patient 3, **d** Patient 4, and **e** Patient 5



Visit: —○— Day 1 ●● Day 5



Visit: —○— Day 1 ●● Day 5



Visit: ○ Day 1 ● Day 5

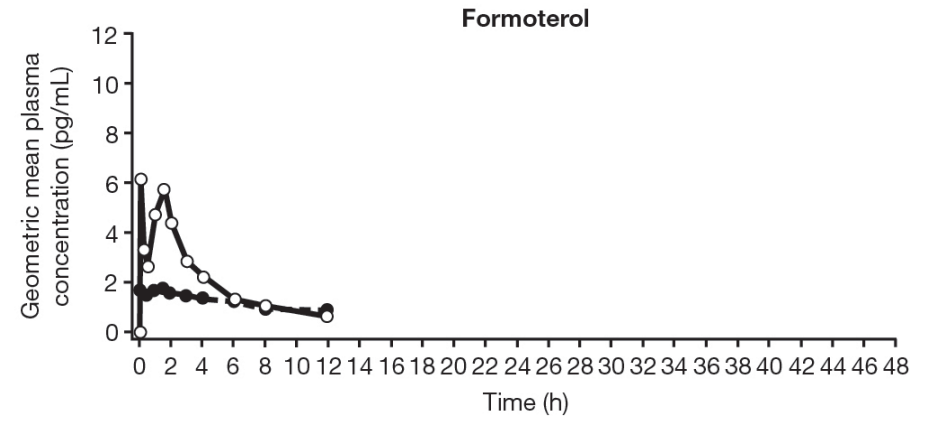
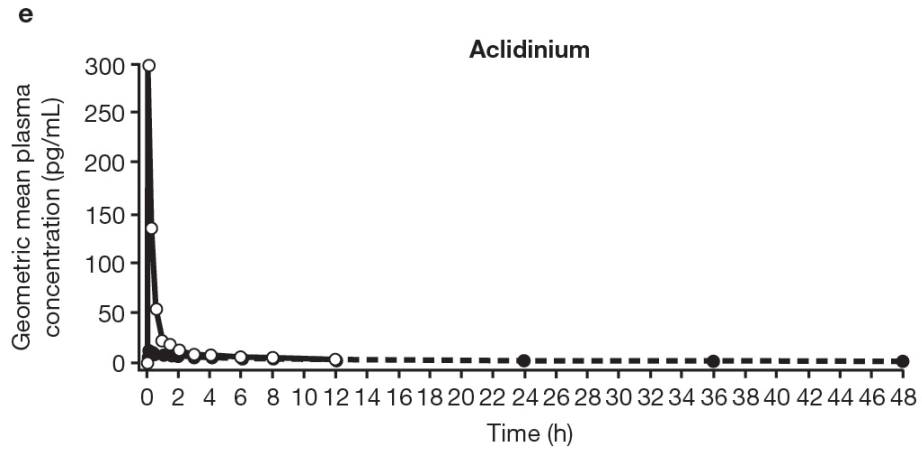
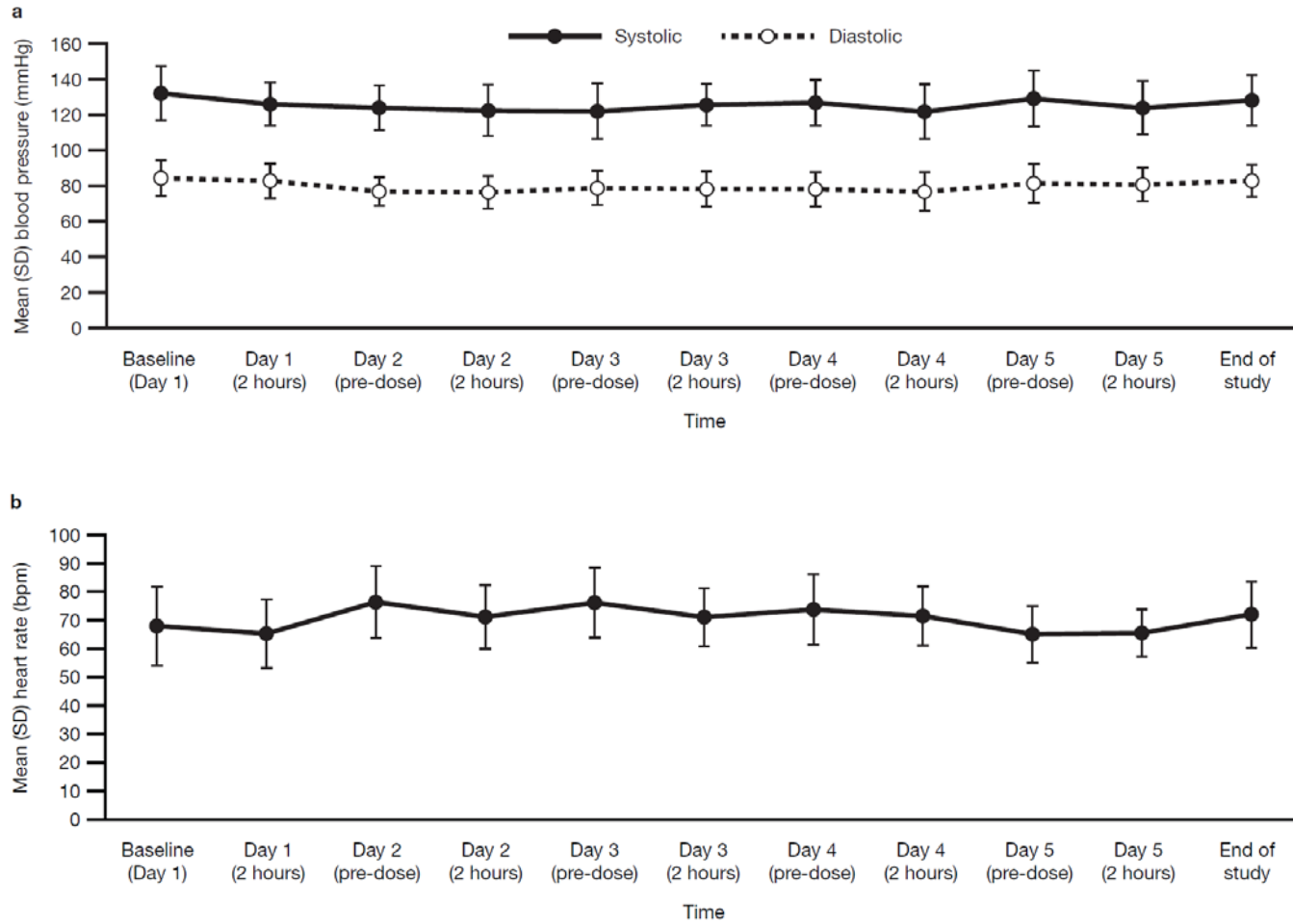


Fig. S2 Mean patient **a** blood pressure and **b** heart rate (safety population)



SD, standard deviation