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MEETING ABSTRACT



Mometasone furoate/formoterol combination therapy increases frequency of days/nights free of short-acting β_2 -agonist use

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Objective

An important asthma therapy goal is to limit short-acting β_2 -agonist (SABA) rescue medication use. We evaluated the effect of mometasone furoate/formoterol (MF/F) combination therapy on SABA use with data from 3 phase III studies.

Methods

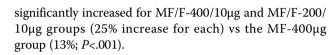
All studies enrolled subjects ($\geq 12y$) with persistent asthma not well controlled on inhaled corticosteroids (ICS): study 1 (n=746 subjects with moderate persistent asthma randomized to 26wk MF/F-100/10µg, MF-100µg, F-10µg, or placebo twice daily [BID]); study 2 (n=781 subjects with moderate persistent asthma randomized to 26wk MF/F-200/10µg, MF-200µg, F-10µg, or placebo BID); study 3 (n=728 subjects with severe persistent asthma randomized to 12wk MF/F-400/10µg, MF/F-200/ 10µg, or MF-400µg BID). All studies included a 2-3wk MF BID run-in: P04073 (100µg), P04334(200µg), P04431 (400µg). Percentage of SABA-free days/nights was a predefined secondary endpoint in all studies.

Results

In study 1, mean change in the percentage of SABA-free days/ nights from baseline period (day -7 to 1) to overall treatment period was significantly increased for MF/F-100/10µg (18%) vs F-10µg (10%) and placebo (0% $P \le .003$), and numerically increased for MF/F-100/10µg vs MF-100µg (14%). In study 2, change in SABA-free days/nights was significantly increased for MF/F-200/10µg (21%) vs MF-200µg (15%), F-10µg (11%), and placebo (5%; $P \le .033$). In study 3, change in SABA-free days/nights was

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Conclusion

MF/F treatment resulted in significant improvement in the frequency of SABA-free days/nights vs individual MF and/or F monotherapies in subjects with persistent asthma not well controlled on ICS therapy.

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