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Clinical Expert Summary

Acclidinium bromide (Eklira[®] Genuair[®]▼) as a maintenance bronchodilator treatment to relieve symptoms in patients with chronic obstructive pulmonary disease

1. Existing guidelines

The clinical experts highlighted the following guidelines:

- Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management and prevention of chronic obstructive pulmonary disease (2011)¹.
- National Institute for Health and Clinical Excellence (NICE). Clinical Guideline 101: Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care (partial update) (2010)².

The clinical experts also stated that local guidelines are available; however, these largely follow the advice contained within the documents listed above.

2. Disease prevalence/incidence

Chronic obstructive pulmonary disease (COPD) estimated to affect approximately 1.4% of the Welsh population; this is equivalent to approximately 42,000 people. The clinical experts note that COPD is frequently undiagnosed or even misdiagnosed; therefore, the prevalence can only be based on current diagnoses.

3. Current treatment options

Current treatment options are based on NICE Clinical Guideline 101². Bronchodilator options include long acting beta agonists (LABA), long acting muscarinic agonists (LAMA) and inhaled corticosteroids. In Wales, the LAMA tiotropium is the predominant treatment option, as until recently, this was the only LAMA available in the UK. They note that tiotropium has a long duration of action (hence once daily administration), which is combined with the therapeutic benefits of reduced frequency of exacerbations, decreased breathlessness, improved quality of life and improved overnight arterial oxygen saturations compared to placebo.

4. Unmet needs

One clinical expert noted that, owing to the wide use of tiotropium, there may be limitations in management options and cost implications for prescribers. The clinical experts noted that acclidinium bromide therapy could be beneficial to COPD patients. Under trial conditions, acclidinium bromide demonstrated a reduction in the level of nocturnal morning symptoms of COPD; these symptoms are often disabling and distressing to the patient³. In addition, acclidinium bromide could potentially provide more symptomatic relief towards the end of the day due to its longer lasting bronchodilation. One clinical expert would use acclidinium in patients with moderate to very severe COPD, newly diagnosed patients and in those patients who suffered dry mouth with tiotropium or who had a poor response to tiotropium. One clinical expert commented that, at present, there are no pharmacological agents capable of reducing the progressive decline in lung function and that, the cessation of smoking is the only intervention.

5. Knowledge of product in given indication

The clinical experts state that aclidinium bromide would fit into current treatment options as an additional LAMA alongside tiotropium. The clinical experts note the benefits of aclidinium bromide as being a selective M3 muscarinic receptor agonist, which is administered twice-daily. The experts note that as a result of a more sustained bronchodilation, aclidinium bromide could be suitable for patients who are more breathless in the night. One clinical expert commented that the Genuair[®] device would be easy to use; it gives a clear indication of when the device is primed and when the dose has been inhaled and has a straightforward dose indicator.

One clinical expert stated aclidinium has the disadvantage of being administered twice daily and this is of importance as patient concordance is related to the frequency of drug use.

One clinical expert indicated that there were no adequately powered trials comparing aclidinium to other longer acting bronchodilators. Trials excluded patients with recent exacerbations and included younger and healthier subjects compared to the average COPD population in the UK. Moreover that longer term safety and efficacy data are lacking and the expert noted the importance of this in light of recent evidence suggesting an increased cardiovascular mortality with LAMAs.

One clinical expert had successfully used aclidinium in three patients: Patient 1, in comparison to tiotropium, experienced less breathlessness, reduced their use of salbutamol, had a reduction in evening/night symptoms and the dry mouth they had with tiotropium completely resolved. Patient 2, in comparison to tiotropium, they experienced less breathlessness, reduced their use of salbutamol and had significant improvement with dry mouth symptoms meaning they no longer required mouth washes. Patient 3, in comparison to tiotropium, experienced less breathlessness and had an improvement in taste and reduction in dry mouth.

It should be noted that experts involved in compiling this response declared personal specific interests, personal non-specific interests and non-personal, non-specific interests in relation to aclidinium bromide for the indication under consideration.

- 1 Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management and Prevention of COPD. 2011. Available at: http://www.goldcopd.org/uploads/users/files/GOLD_Report_2011_Feb21.pdf. Accessed Nov 2012.
- 2 National Institute for Health and Clinical Excellence. Clinical Guideline 101. Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care (partial update). Jun 2010. Available at: <http://guidance.nice.org.uk/CG101>. Accessed Nov 2012.
- 3 Kerwin EM, D'Urzo AD, Gelb AF et al. Efficacy and safety of a 12-week treatment with twice-daily aclidinium bromide in COPD patients (ACCORD COPD I). *COPD* 2012; 9 (2): 90-101.