entry. Taking into account airflow limitation, COPD symptoms and exacerbation history, 41.5% of patients were categorised as GOLD D. Prior to study entry 1271 patients did not receive COPD maintenance treatment and ICS was withdrawn from 1307 patients. 86.9% of patients with an exacerbation history in daily practice in patients with or without an exacerbation will provide valuable real-life data on the use LABA/LAMA FDCs lyased in relation to the received maintenance medication, which gesting a relatively high degree of symptoms. COPD progression ease severity, with a baseline CAT and mMRC mean score sug-

### Results

Mean annual rates of moderate/severe exacerbations were directly obtained from SLS (1.50 FF/VI and 1.64 usual care; ITT population). Serious adverse events were excluded from the analysis. Patients included in the analysis were diagnosed COPD patients >40 years old, being treated with a maintenance treatment and having a history of exacerbations (N = 232,730, estimated from Spanish prevalence data). Costs were estimated from Spanish public sources and encompassed annual retail drug costs (FF/VI: 627.26 €; usual care: 782.24 €) and COPD exacerbation management costs (344€: moderate event; 903 €: severe event). It was assumed that within one year the use of FF/VI would increase from 3% to 10%.

### Costs

Substituting usual care with FF/VI is likely to be associated with reduced COPD medication and exacerbation management costs. Total annual savings of 3,236,647 € were obtained for this population.

### Conclusion

The decreased rate of exacerbations with FF/VI com-
pared with usual care observed in SLS trial could be transferable, translating into potential healthcare savings for the Spanish NHS. SLS results may support informed healthcare decisions across different settings.

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**REFERENCE**


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**P286**  
**COST-CONSEQUENCE OF FLUTICASONE FUROATE/ VILANTEROL 100/25MCG FOR THE MANAGEMENT OF COPD IN THE SPANISH NHS: AN ANALYSIS BASED ON THE COPD SALFORD LUNG STUDY**

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**Introduction**

The Salford Lung Study (SLS) is an open label prospective randomised controlled effectiveness trial. The study was conducted in the UK between 2012 and 2015 in a population intended to be representative of everyday clinical practice and was intended to provide relevant evidence to support healthcare decisions in the management of Chronic Obstructive Pulmonary Disease (COPD) for clinicians, providers and policy makers. SLS investigated the effectiveness and safety of initiating treatment with fluticasone furoate/vilanterol (FF/VI) 100/25 mcg compared with continuing with usual COPD maintenance treatment (usual care). Compared with usual care, FF/VI statistically significantly reduced the annual rate of moderate and severe exacerbations by 8.41% (NNT = 7) in the intention to treat (ITT) population (>1 exacerbation in the previous 3 y; n = 2799) and in patients with >1 exacerbation in the previous 1 y; n = 2269). The objective of the present analysis is to estimate the economic impact of these results when applied to a Spanish setting.

**Methods**

An Excel based 1-year cost-consequence model was developed based on SLS results and from the Spanish National Health System (NHS) perspective. Mean annual rates of moderate/severe exacerbations were directly obtained from SLS (1.50 FF/VI and 1.64 usual care; ITT population). Serious adverse events were excluded from the analysis. Patients included in the analysis were diagnosed COPD patients >40 years old, being treated with a maintenance treatment and having a history of exacerbations (N = 232,730, estimated from Spanish prevalence data). Costs were estimated from Spanish public sources and encompassed annual retail drug costs (FF/VI: 627.26 €, usual care: 782.24 €) and COPD exacerbation management costs (344€: moderate event; 903 €: severe event). It was assumed that within one year the use of FF/VI would increase from 3% to 10%.

**Results**

Substituting usual care with FF/VI is likely to be associated with reduced COPD medication and exacerbation management costs. Total annual savings of 3,236,647 € were obtained for this population.

**Conclusion**

The decreased rate of exacerbations with FF/VI com-
pared with usual care observed in SLS trial could be transferable, translating into potential healthcare savings for the Spanish NHS. SLS results may support informed healthcare decisions across different settings.

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**P287**  
**PATIENT PREFERENCE FOR INHALATION DEVICES IN COPD: A COMPARISON OF THE BREEZHALER AND RESPIMAT DEVICES**

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**Background and aims**

Difficulties and errors in the use of maintenance inhalation devices in COPD are common and can result in loss of control and an increased risk of exacerbations, hospitalisation and death. In this research, participants handled the
Breezhaler® (BH) device (Novartis) and the Respimat® (RM) device (Boehringer Ingelheim) assessing each against a number of handling-related device attributes and against each other, to reveal their preferred device.

**Method** 240 maintenance device-naive respondents across Australia, Brazil, Germany and Japan handled each device in a randomised order. Prior to handling the devices, participants ranked 22 handling-related device attributes according to their perception of importance for use. Participants familiarised themselves with the correct handling procedure for each device by consulting relevant ‘Instructions for Use’ and short training videos.

After device-handling, participants indicated their level of agreement with pre-defined handling attributes on a 7-point scale from ‘I do not agree at all’ to ‘I completely agree’. In addition and after having handled both devices, participants expressed...