per year) versus 25 pneumonias (rate: 0.039 events per patient per year) with fixed triple and 335 exacerbations (0.565) versus 18 pneumonias (0.029) with Fostair (figure 1A). In TRINITY study, the number of events was 485 exacerbations (0.472) versus 30 pneumonias (0.029) with fixed triple and 369 exacerbations (0.583) versus 20 pneumonias (0.020) with tiotropium (figure 1B). Overall, treatment with fixed triple therapy reduced exacerbations by 65 events compared to Fostair (adjusted rate ratio: 0.773, p=0.005) and by 84 events compared to tiotropium (0.801, p=0.003). No fatal pneumonias occurred in TRILOGY while 5 pneumonias led to death in TRINITY (1 with fixed triple versus 4 with tiotropium). All pneumonias were classified as non-related to treatment.

Conclusions This analysis confirms that, in two independent populations of COPD patients treated with an ICS containing extrafine fixed triple combination, the number of incident pneumonias remains very small compared to that of moderate/severe exacerbations. The benefit observed in reducing the absolute number of exacerbations outweighs the increase observed in absolute number of pneumonias, thus confirming the positive risk benefit balance of extrafine fixed triple combination, the number of incident pneumonias occurred in absolute number of pneumonias, thus confirming the positive risk benefit balance of extrafine fixed triple in severe/severe COPD patients.

Please refer to page A260 for declarations of interest in relation to abstract P273.