significant number of avoidable exacerbations and hospitalisations. There is evidence that face to face inhaler technique counselling can reduce treatment failure rates, with a repeat instruction after a period of time being the most effective intervention. This suggests that a robust clinical management strategy will be required to support the transition and minimise (or possibly reduce) exacerbation rates; this is likely to have significant resource implications and opportunity costs.

REFERENCES

1. Asthma: diagnosis and monitoring of asthma in adults, children and young people. Appendices A-P. National Clinical Guideline Centre, 2015.
2. Chronic obstructive disease in over 16s: diagnosis and management. Economic model report. NICE, 2018.

P229 A RETROSPECTIVE DATABASE STUDY OF PERSISTENCE AND ADHERENCE IN PATIENTS WITH ASTHMA IN THE UK (UK-THIN): FLUTICASONE FUROATE/VILANTEROL (FF/VI) VERSUS BECLOMETASONE DIPROPIONATE/FORMOTEROL (BDP/FM)

[1]H Svedsater, [2]M Parimi, [2]Q Ann, [2]CM Gray, [2]M Nixon, [2]N Boxall. [1]*Value Evidence and Outcomes, GlaxoSmithKline, Brentford, UK*; [2]*Real World Evidence Solutions, IQVIA, London, UK*

10.1136/thorax-2019-BTSabstracts2019.372

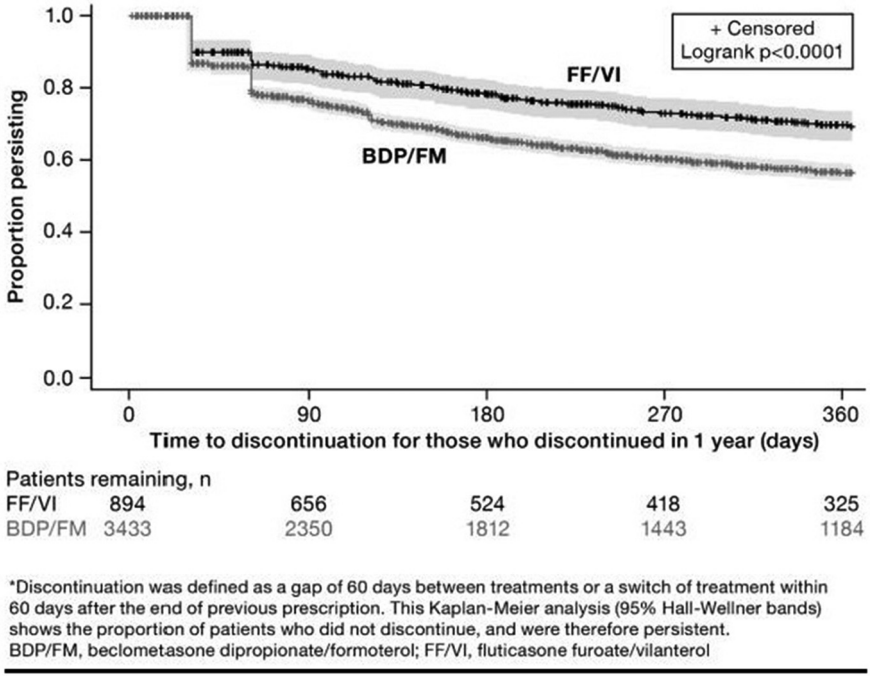
Introduction and objectives A retrospective cohort analysis was conducted comparing persistence with, and adherence to, different inhaled corticosteroid/long-acting-β_2-agonist (ICS/LABA) treatments by asthma patients. Here we report findings from patients initiating treatment with either FF/VI or BDP/FM, the latter administered either as flexible or fixed-dose.

Methods Patients in the UK with data registered in The Health Improvement Network (THIN) database, who had a first prescription (index date) for any ICS/LABA between 1 January 2013–17 January 2018 (study period) and a prior asthma diagnosis, were included if they had ≥12 months medical history prior to index date plus ≥1 post-index ICS/LABA prescription. Patients were excluded if aged <18 years or if there were records for either COPD diagnosis or previous non–study ICS/LABA treatment prior to index date. Study cohorts were matched by propensity score (1:up to 4; greedy method). Primary objective was to compare persistence of comparator ICS/LABAs up to 12 months post-index treatment (time to discontinuation* including switch). Secondary objectives were: proportion of days covered (PDC) and proportion of patients with ≥50% and ≥80% PDC at 12 months post-index; and rescue use (annualised number of short-acting bronchodilator prescriptions/patient) within 12 months after treatment initiation.

Results A total of 894 patients initiating FF/VI were matched to 3433 patients initiating BDP/FM. A higher proportion of patients persisted with FF/VI versus BDP/FM over 12 months (Kaplan-Meier analysis; figure 1). The likelihood of discontinuing treatment within 12 months after initiation was 31% lower for FF/VI than BDP/FM (index year-adjusted, hazard ratio=0.69; 95% CI 0.60–0.80; p<0.001). Mean (standard deviation) PDC was 78.2 (25.1) for FF/VI and 71.0 (26.0) for BDP/FM (p<0.0001), with median 89.2 versus 75.9 and significantly higher odds of achieving ≥50% and ≥80% PDC for FF/VI versus BDP/FM (747/893 [83.7%] vs 2600/3433 [75.7%]; odds ratio=1.50; 95% CI 1.23–1.83; p<0.001 and 526/893 [58.9%] vs 1571/3433 [45.8%]; odds ratio=1.57; 95% CI 1.35–1.83; p<0.001, respectively; per-protocol analyses). Annualised rescue use was numerically similar for FF/VI (4.6) versus BDP/FM (4.7).

Conclusion UK asthma patients initiating FF/VI were more likely to have higher persistence and better adherence to treatment than those initiating BDP/FM.

GlaxoSmithKline plc. -funded study (209967/HO-18–19688).



*Discontinuation was defined as a gap of 60 days between treatments or a switch of treatment within 60 days after the end of previous prescription. This Kaplan-Meier analysis (95% Hall-Wellner bands) shows the proportion of patients who did not discontinue, and were therefore persistent.
BDP/FM, beclometasone dipropionate/formoterol; FF/VI, fluticasone furoate/vilanterol

Abstract P229 Figure 1 Primary objective: Treatment persistence with FF/VI vs BDP/FM – time to discontinuation* at 1 year

Correction: *British Thoracic Society Winter Meeting 2019*

British Thoracic Society Winter Meeting 2019.*Thorax* 2019;74(Suppl 2):A1–A249. https://thorax.bmj.com/content/74/Suppl_2

Since initial publication of these abstracts there are some changes and additions required as follows:

10.1136/thorax-2019-BTSabstracts2019.46
Abstract withdrawn — not presented at the meeting

10.1136/thorax-2019-BTSabstracts2019.213
Abstract withdrawn — not presented at the meeting

10.1136/thorax-2019-BTSabstracts2019.387
Abstract withdrawn — not presented at the meeting

10.1136/thorax-2019-BTSabstracts2019.425
Abstract withdrawn — not presented at the meeting

10.1136/thorax-2019-BTSabstracts2019.433
Abstract withdrawn — not presented at the meeting

10.1136/thorax-2019-BTSabstracts2019.421
The incorrect version of the conclusion was published and the reference was omitted. See updates below:

Over a twelve-month period, one-third of referrals were diagnosed with IPF by the NILDS MDT consensus. One-third of patients with IPF were started on AFM. A disparity in the choice of AFM is evident with the majority of patients receiving Nintedanib for treatment of their IPF.

The majority of patients are above the therapeutic threshold at the time of MDT review. Monitoring FVC at regular follow-up is therefore vital to ensure treatment initiation at earliest opportunity.

Reference:

1. National Institute for Health and Care Excellence (2013). Idiopathic pulmonary fibrosis in adults: diagnosis and management. (NICE Clinical Guideline 163)

10.1136/thorax-2019-BTSabstracts2019.372
There was an amendment to the Results paragraph. See corrected version below:

Results: A total of 894 patients initiating FF/VI were matched to 3433 patients initiating BDP/FM. A higher proportion of patients persisted with FF/VI vs BDP/FM over 12 months (Kaplan-Meier analysis; **Figure**). The likelihood of discontinuing treatment within 12 months after initiation was 31% lower for FF/VI than BDP/FM (index year-adjusted, HR=0.69; 95% CI 0.60 to 0.80; p<0.001). Mean (SD) PDC was 78.2 (25.1) for FF/VI and 71.0 (26.0) for BDP/FM (p<0.0001), with median 89.2 vs 75.9 and significantly higher odds of achieving ≥50% and ≥80% PDC for FF/VI vs BDP/FM (747/893 [83.7%] vs 2600/3433 [75.7%]; OR=1.50; 95% CI 1.23 to 1.83; p<0.001 and 526/893 [58.9%] vs 1571/3433 [45.8%]; OR=1.57; 95% CI 1.35 to 1.83; p<0.001, respectively; per-protocol analyses). Annualised rescue use was numerically similar for FF/VI (4.6) vs BDP/FM (4.7).

10.1136/thorax-2019-BTSabstracts2019.373
There was an amendment to the Results paragraph. See corrected version below:

Results: A total of 937 patients initiating FF/VI were matched to 3232 patients initiating BUD/FM. A higher proportion of patients persisted with FF/VI vs BUD/FM over 12 months (Kaplan-Meier analysis; **Figure**). The likelihood of discontinuing treatment within 12 months after initiation was 35% lower for FF/VI than BUD/FM (index year-adjusted, HR=0.65; 95% CI 0.56 to 0.75; p<0.001). Mean (SD) PDC was 77.7 (25.3) for FF/VI and 72.4 (26.1) for BUD/FM (p<0.0001), with median 88.2 vs 77.7 and significantly higher odds of achieving ≥50% and ≥80% PDC for FF/VI vs BUD/FM (779/936 [83.2%] vs 2447/3232 [75.7%];

OR=1.35; 95% CI 1.09 to 1.67; p=0.006 and 544/936 [58.1%] vs 1562/3232 [48.3%]; OR=1.28; 95% CI 1.08 to 1.52; p=0.004, respectively; per-protocol analyses). Annualised rescue use was numerically similar for FF/VI (4.7) vs BUD/FM (4.2).

10.1136/thorax-2019-BTSabstracts2019.186
The author list has been changed to include LA Boast:
LA Boast, CA Peal, AD Moriarty, J Wyatt, AW Molyneux, DP Smith. Sherwood Forest Hospitals, Sutton in Ashfield, UK

10.1136/thorax-2019-BTSabstracts2019.208
The author list has been changed to include PS McNamara:
PB Bhatia, PS McNamara. University of Liverpool – School of Medicine, Liverpool, UK

10.1136/thorax-2019-BTSabstracts2019.97
The author list has been changed to include L Organ:
L Organ, J Porte, A John, RG Jenkins. The University of Nottingham, Nottingham, UK

Thorax 2020;**75**:e2. doi:10.1136/thorax-2019-BTSabstracts-corr