

ΠΑΝΕΠΙΣΤΗΜΙΟ ΘΕΣΣΑΛΙΑΣ ΤΜΗΜΑ ΙΑΤΡΙΚΗΣ ΕΡΓΑΣΤΗΡΙΟ ΒΙΟΜΑΘΗΜΑΤΙΚΩΝ



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«Αξιολόγηση της ποιότητας των αναφορών των τυχαιοποιημένων ελεγχόμενων κλινικών μελετών για τη χρήση των εισπνευστήρων ξηράς σκόνης (DPI's) σε ασθενείς με άσθμα που έχουν ανακοινωθεί από το 2010 έως το 2020 χρησιμοποιώντας την δήλωση CONSORT»

«Assess the reporting quality of Randomized-Controlled Trials for Dry Powder Inhalers in Asthma published from 2010 to 2020 using the CONSORT statement»

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A. ABSTRACT

Background: Randomized Controlled Trials (RCTs) are a useful tool to evaluate the effectiveness of clinical interventions. The use of CONSORT (Consolidated Standards of Reporting Trials) statement is an evidence based approach to improve the quality of RCTs.

Objective: Evaluating the reporting quality of published RCTs for Dry Powder Inhalers in Asthma from 2010 to 2020 using the CONSORT statement-checklist.

Methods: We searched PubMed database for English-language RCTs involving patients with Asthma, who used asthma inhalers. Quality of reporting was assessed using a 37–item questionnaire based on the CONSORT checklist. Reporting was evaluated overall and according to journals' Impact Factor (IF).

Results: The search provided 59 eligible articles for evaluation. 16 of the 37-items were reported in a percentage of 43,24%, 25 out of 37- items were reported by 50% or more of the studies (67.57%), 12 out of the 37-items were reported in less than 50% of the total articles (32,43%), 5 out of the 37-items were reported in less than 10% of the studies (13,51%). Comparatively, about the 70% of the articles published both in higher or lower IF journals, reported a percentage of 55% or more of the 37-Items of the CONSORT statement.

Conclusions: The reporting quality of abstracts of RCTs on clinical pathway still should be improved. After the publication of CONSORT for abstracts guideline, the RCT abstracts reporting quality showed improvement to some extent.

Keywords: dry powder inhalers (DPIs), asthma, Randomized Controlled Trials, CONSORT statement

Α. ΠΕΡΙΛΗΨΗ

Εισαγωγή: Οι ΤΚΔ αποτελούν σημαντικό εργαλείο για την εκτίμηση της αποτελεσματικότητας των κλινικών παρεμβάσεων. Η χρήση της δήλωσης CONSORT ειναι μια προσέγγιση βάσει αποδεικτικών στοιχείων, προκειμένου να βελτιωθεί η ποιότητα των ΤΚΔ.

Στόχοι: Στην παρούσα μελέτη, αξιολογήθηκε η ποιότητα αναφοράς των δημοσιευμένων ΤΚΔ για τη χρήση των εισπνευστήρων ξηράς σκόνης (DPI's) σε ασθενείς με άσθμα που έχουν ανακοινωθεί από το 2010 εως το 2020 χρησιμοποιώντας την δήλωση CONSORT.

Μέθοδοι: Πραγματοποιήθηκε αναζήτηση των κατάλληλων ΤΚΔ σε αγγλική γλώσσα, που αφορούσαν σε ασθενείς με άσθμα που χρησιμοποιούσαν εισπνεόμενη αγωγή. Η αναφερόμενη ποιότητα εκτιμήθηκε σύμφωνα με το 37- στοιχείων ερωτηματολόγιο της δήλωσης CONSORT. Επιπλέον, τα άρθρα κατηγοριοποιήθηκαν και εκτιμήθηκαν σε σχέση με το Impact Factor των περιοδικών που τα δημοσίευσαν.

Αποτελέσματα: Στη μελέτη συμπεριελήφθησαν 59 ΤΚΔ που πληρούσαν τα κριτήρια επιλογής για έλεγχο. Τα 16 από τα 37-στοιχεία αναφέρονται σε ποσοστό 43,24%, τα 25 από τα 37-στοιχεία αναφέρονται σε ποσοστό 50% ή περισσότερο (67.57%), τα 12 από τα 37-στοιχεία αναφέρονται σε μικρότερο ποσοστό του 50% (32,43%), ενώ τα 5 από τα 37-στοιχεία αναφέρονται σε ποσοστό μικρότερο του 10% των συνολικών άρθρων (13,51%). Συγκρτικά, περίπου το 70% των άρθρων που δημοσιεύτηκαν σε περιοδικά με χαμηλότερο ή υψηλότερο IF (σε σχέση με το Διάμεσο) ανέφεραν σε ποσοστό 55% ή περισσότερο τα στοιχεία της δήλωσης CONSORT.

Συμπεράσματα: Συμμόρφωση στη δήλωση CONSORT 2010 συνεπάγεται βελτίωση της ποιότητας των αναφορών των ΤΚΔ.

Keywords: εισπνευστήρες ξηράς σκόνης (DPIs), άσθμα, τυχαιοποιημένες κλινικές δοκιμές (TK Δ), δήλωση CONSORT

Συντομογραφίες /Abbreviations:

- •ΤΚΔ: Τυχαιοποιημένη Κλινική Δοκιμές
- •RCT: Randomized Controlled Trial
- •Dry Powder Inhalers (DPIs)
- •CONSORT: CONsolidated Standards Of Reporting Trials

B. INTRODUCTION

Randomized Controlled Trials (RCTs), when properly designed, conducted and reported are a gold standard in clinical medicine and public health, in order to evaluate the efficacy of new clinical interventions, as they minimize bias and provide the basis for valid statistical analysis.

However, in various fields of medicine, RCTs suffer from important methological limitations. In response to this concern, of misleading evaluation and its consequences, an international group of scientists and journals editors developed the CONSORT statement to improve the quality of reporting of RCTs. It was first published in 1996, last revised in 2010 and translated in 13 languages. The 2010 CONSORT statement comprises a checklist of 25 items (37 items/sub-items) that should be included in reports of RCTs and a diagram for documenting the flow of participants through a trial. The CONSORT is not meant to be a quality judgment tool and should not be used to this direction, but rather as evidence based guide for proper reporting of RCTs.

The main objective of this study is to assess the reporting quality of RCTs that explore the efficacy and safety of Dry Powder Inhalers in asthmatic patients, based on CONSORT checklist 2010. There is a number of articles that have assessed the reporting quality o RCTs in asthma, however, no study has evaluates the reporting quality of RCTs focusing on the use of DPIs in asthmatic patients.

Asthma is a serious global health problem affecting all ages of groups. Asthma is a heterogeneous disease, usually characterized by chronic airway inflammation. It is defined by the history of respiratory symptoms, such as wheeze, shortness of breath, chest tightness and cough that vary over time and in intensity, together with a variable expiratory airflow limitation (GINA 2020). The goals of asthma management are to achieve good symptom control and to minimize the risk of asthma- related mortality. The main treatment of asthma includes the administration of medication with inhalers. There are different types of inhalers which suit different people such as pressurized metered dose inhalers (MDIs), breath –activated inhalers (DPIs), inhalers with spacer devices and nebulizers. Poor inhalation is a significant problem in asthma because the individual does not receive an adequate dose of the prescribed drug that leads to reduced therapy and control of asthma. Uncontrolled asthma has a major effect on the quality of life of the patients.

C. METHODS

Selection of studies

PubMed was searched to identify RCTs that investigate the efficacy and safety of Dry Powder Inhalers in Asthma the last decade, from 2010 till 2020. The search criterion was the following term: "DPIs in Asthma". Search was limited to the following criteria: "Randomized Controlled Trial", English language and inclusion of studies on "human" subjects.

Reporting assessment tool

The assessment of reporting were evaluated according to the revised CONSORT 2010 checklist which includes a 37-item questionnaire (http://www.consort-statement.org).

Eligibility criteria

Studies that fulfilled the following criteria were considered eligible: (1) they were classified as RCTs -RCTs (2) they were published from 2010 till 2020 (3) all the studies performed on humans (4) reports published in English language.

Studies were excluded according to the following criteria: • reports not published in English • conference abstracts • studies performed on animals • other study designs (e.g. retrospective study design, prospective not randomized design) • study protocols • retracted papers. We screened all titles and abstracts retrieved, as well as full texts in case of inability to establish if a study met the inclusion criteria.

All Journals were searched and listed according to the Impact Factor for 2019.

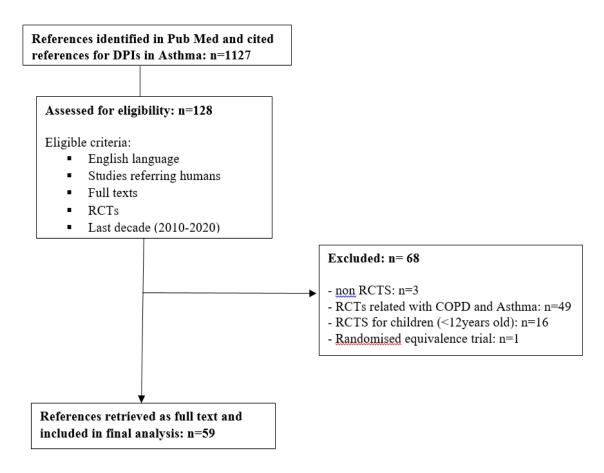


Figure 1: Flow diagram of citations through the retrieval and screening process

Objectives

The primary endpoint of the present study was to assess the reporting quality of RCTs that explore the efficacy and safety of Dry Powder Inhalers in asthmatic patients, based on CONSORT checklist 2010.

Methological evaluation-Statistical analysis

All the articles included were read in-depth. During the evaluation procedure we followed the following steps:

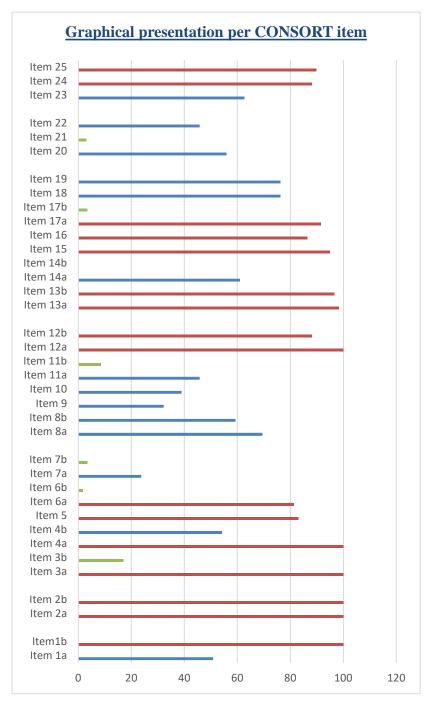
- All items were investigated in terms of whether they were reported. Each item can be characterized as "yes" if it was clearly and adequately reported, and "no" if it was partially reported, or not reported at all.
- When an item was reported in a different section of the trial it was considered as positive response.
- Revised CONSORT version of 2010 was used for all extracted articles.
- There was a comparison among articles that were published in higher and lower rank journals according to the Median Impact Factor of the year 2019 for the specific articles.

Comparison among the items reported and the Median Impact Factor was made by using the Pearson chi-square test. We divided articles into two groups to compare the adherence to the CONSORT statement of the articles in higher rank and lower rank to median Impact Factor of the year 2019 for the included articles. The cut off point for statistical significance was set the 0.05 level.

D. RESULTS

Table 1 shows the overall frequency of reporting of the 37items of the CONSORT statement. The overall reporting of CONSORT checklist items ranges from 1.69% to 100%. In detail, 16 items out of the 37 (43.24%) items/sub-items were reported by 80% or more of the studies (items 1b, 2a 2b, 3a, 4a, 5, 6a, 12a, 12b, 13a, 13b, 15, 16, 24, 25). 6 out of 37 items (16.21%) were reported in all studies (items 1b, 2a, 2b, 3a, 4a, 12a). Furthermore, 25 out of 37 (67.57%) items were reported by 50% or more of the studies (including the 16 items mentioned above).

Some of the items were reported only by a small proportion of articles. 12 out of the 37 items were reported in less than 50% of the total articles (items 3b, 6b, 7a, 7b, 9, 10, 11a, 11b, 14b, 17b, 21, 22). Five of these items were mentioned in less than 10% of the studies (6b, 7b, 11b, 14b, 17b).



- ➤ 16 of the 37-items were reported in a percentage of 43,24%.
- ▶ 25 out of 37- items were reported by 50% or more of the studies (67.57%)
- ➤ 12 out of the 37-items were reported in less than 50% of the total articles (32,43%)
- ▶5 out of the 37-items were reported in less than 10% of the studies (13,51%)

CONSORT Section/topic	Item No	All trials No= 59
Title and abstract	1,0	110 05
	1a	30 (50.85%)
	1b	59 (100%)
Introduction		
Background and objectives	2a	59 (100%)
Background and objectives	2b	59 (100%)
Mala Ja	20	33 (10070)
Methods Trial desires	3a	50 (1000/)
Trial design	3b	59 (100%) 10 (16.95%)
Participants	4a	, ,
Participants	4a 4b	59 (100%) 32 (54.24%)
Interventions	5	49 (83.05%)
Outcomes	6a	48 (81.35%)
Odcomes	6b	1 (1.69%)
Sample size	7a	14 (23.73%)
ompre size	7b	3 (5.08%)
Randomization	, ,	5 (5.0070)
Sequence generation	8a	41 (69.49%)
2442000 80000000	8b	35 (59.32%)
Allocation concealment mechanism	9	19 (32.20%)
Implementation	10	23 (38.98%)
Blinding	11a	27 (45.76%)
	11b	6 (10.17%)
Statistical methods	12a	59 (100%)
	12b	52 (88.14%)
Results		
Participant flow (a diagram is strongly	13a	58 (98.30%)
recommended)		
	13b	57 (96.61%)
Recruitment	14a	36 (61.02%)
	14b	N/A
Baseline data	15	56 (94.91%)
Numbers analysed	16	51 (86.44%)
Outcomes and estimation	17a	54 (91.52%)
	17b	2 (3.39%)
Ancillary analyses	18	45 (76.27%)
Harms	19	45 (76.27%)
Discussion		
Limitations	20	33 (55.93%)
Generalisability	21	18 (30.50%)
Interpretation	22	27 (45.76%)
Other information		
Registration	23	37 (62.71%)
Protocol	24	52 (88.13%)
Funding	25	53 (89.83%)

Table 1: Reporting of CONSORT Items

Table 2 shows the reporting of CONSORT items and differences in compliance among articles published in Journals according the Median Impact Factor for 2019.

The 56.89% of the articles were published in journals with an Impact Factor lower to Median (IF< 2.846). From the articles published in Journals with an IF < Median, only 5 out of 25 reported the items of CONSORT statement in a percentage of 75% or more (20%). Respectively, only 2 out of 33 article that were published in journals with higher IF reported the CONSORT items in a percentage of 75% or more (6.06%). In addition, about the 70% of the articles published in higher or lower IF, reported a percentage of 55% or more of the 37-Items of the CONSORT statement.

Nevertheless, there is no statistically significance between the reported items among the articles published in higher and lower Impact Factor. The only item reported with a p-value <0.05 was item No 5, with a p-value 0.021, which was statistically significant.

Items	IF>2.846	IF<2.846	P-VALUE
No	(MEDIAN)	(MEDIAN)	
	n=25	n=33	
1a	15 (60%)	15 (45.45%)	0.272
1b	25 (100%)	33 (100%)	-
2a	25 (100%)	33 (100%)	-
2ъ	25 (100%)	33 (100%)	ı
3a	25 (100%)	33 (100%)	ı
3ъ	4 (16%)	6 (18.18%)	0.827
4a	25 (100%)	33 (100%)	ı
4b	16 (64%)	16 (48.48%)	0.239
5	23 (92%)	22 (66.67%)	0.021
ба	20 (80%)	27 (81.82%)	0.861
6b	1 (4%)	N/A	-
7a	7 (28%)	7 (21.21%)	0.549
7ь	2 (8%)	1 (3.03%)	0.397
8a	20 (80%)	21 (63.63%)	0.175
8b	14 (56%)	20 (60.60%)	0.742
9	10 (40%)	9 (27.27%)	0.306
10	12 (48%)	11 (33.33%)	0.258
11a	13 (52%)	14 (42.42%)	0.469
11b	6 (24%)	N/A	-
12a	25 (100%)	33 (100%)	-
12b	22 (88%)	29 (87.88%)	0.988
13a	25 (100%)	32 (96.97%)	-
13b	24 (96%)	32 (96.97%)	0.841
14a	16 (64%)	20 (60.60%)	0.791
14b	N/A	N/A	-
15	23 (92%)	32 (96.97%)	0.397
16	23 (92%)	27 (81.82%)	0.265
17a	22 (88%)	31 (93.94%)	0.424
17b	1 (4%)	1 (3.03%)	0.841
18	18 (72%)	27 (81.82%)	0.374
19	18 (72%)	26 (78.79%)	0.549
20	13 (52%)	20 (60.60%)	0.512
21	9 (36%)	9 (27.27%)	0.476
22	12 (48%)	15 (45.45%)	0.847
23	18 (72%)	19 (57.57%)	0.257
24	24 (96%)	27 (81.82%)	0.1
25	23 (92%)	29 (87.88%)	0.609

Table 2: Reporting of CONSORT items in compliance among articles published in journals according to MEDIAN impact factor 2019 (one article out of 59 is excluded due to not having an IF for 2019)

IF	(45-55) (%)	(55-65) (%)	(65-75) (%)	(75-85) (%)	Total (%)
IF> 2,846 MEDIAN)	7 (28)	6 (24)	7 (28)	5 (20)	25 (100)
IF< 2,846 (MEDIAN)	8 (24.24)	15 (45.45)	8 (24.24)	2 (6.06)	33 (100)
Total	15 (25.86)	21 (36.02)	15 (25.86)	7 (12.07)	58 (100)

Table 3: Reporting of CONSORT items among articles published in higher or lower Impact Factor

E. DISCUSSION

The present study explored the reporting quality of RCTs for DPIs in Asthma based on the CONSORT statement.

The study has some limitations: the research has been restricted in PubMed, which is the most common used database in medicine and did not extent to other databases. In addition, only articles published in English were considered, which may lead to language bias. However, this risk is limited since none of the articles, captured by our search strategy were published in other languages. Another limitation is the selection of a specific age group (adolescents and adults), although asthma is affecting all group of ages.

The study has, also, several strength, because in the study included articles published in medical journals that clinicians can find in the PubMed database, and the methodology of this study is easily reproducible.

In this study 16 of the 37-items were reported in a percentage of 43,24%, 25 out of 37-items were reported by 50% or more of the studies (67.57%), 12 out of the 37-items were reported in less than 50% of the total articles (32,43%), 5 out of the 37-items were reported in less than 10% of the studies (13,51%), as shown from the table 1, and the graphical presentation of CONSORT per item above.

A percentage of more than 27% of the RCTs that were assessed, are presenting the items of Title and abstract- 1b (100%), Background and objectives- items 2a,2b (100%), Trial designitem 3a (100%), Participants- item 4a (100%), Interventions- item 5 (83.05%), Outcomes- item 6a (81.35%), Statistical methods-items 12a (100%), 12b (88.14%), Participant flow- item 13a (98.3%), Baseline data- item 15 (94.91%), Numbers analyzed-item 16 (86.44%), Outcomes and estimation- item 17a (91.52%), Protocol– item 24 (88.13%) and Funding- item 25 (89.83%).

It is important to mention that some of the items were not adequately reported, like the item 6b (reported only in one article, 1,69%), item 7b (reported in a percentage of 5,08%), item 17b (reported in 2 articles, 3,39%).

In terms of analysis the relation between the reported items of CONSORT statement from the articles evaluated and the journals Impact Factor, our study showed no statistical significance. Almost half of the RCTs that published in both high and low rank Impact Factor journals reported a percentage of 55% or more of the 37-Items of the CONSORT statement, while only 5 out of 25 (20%), and 2 out of 33 (6,06%) reported a percentage of 75% or more of the 37-Items of the CONSORT statement.

Our results suggest that the quality of reporting in the contemporary literature on DPIs in asthma remains suboptimal. We have identified deficiencies in reporting specific areas that need to be improved. All of the CONSORT items that we examined were adequately described in at least one article, which indicates that improved reporting is certainly possible. Improved awareness of the CONSORT statement by researchers, reviewers, and journal editors is likely to improve reporting quality, and by extension significant improvement of the patients therapeutic response.

F. CONCLUSION

In conclusion, this study shows that the reporting quality of Randomized-Controlle Trials for Dry Powder Inhalers in Asthma published from 2010 to 2020 using the CONSOR statement is suboptimal.	d T

G. BIBLIOGRAPHY

 Comparison of the effect of beclometasone/formoterol in asthma patients after methacholineinduced bronchoconstriction: A noninferiority study using metered dose vs. dry powder inhaler

Singh D, van den Berg F, Leaker B, Corradi M, Jabbal S, Collarini S, Mongelli V, Santoro L, Piccinno A, Biondaro S, Lipworth B.

Br J Clin Pharmacol. 2019 Apr;85(4):729-736. doi: 10.1111/bcp.13847. Epub 2019 Feb 3. PMID: 30586199 Free PMC article. Clinical Trial.

2. Which inhaled corticosteroid and long-acting β -agonist combination is better in patients with moderate-to-severe asthma, a dry powder inhaler or a pressurized metered-dose inhaler?

Muraki M, Gose K, Hanada S, Sawaguchi H, Tohda Y.

Drug Deliv. 2017 Nov;24(1):1395-1400. doi: 10.1080/10717544.2017.1378937. PMID: 28929816 Clinical Trial.

3. A 6-month safety and efficacy study of fluticasone propionate and fluticasone propionate/salmeterol multidose dry powder inhalers in persistent asthma.

Mansfield L, Yiu G, Sakov A, Liu S, Caracta C.

Allergy Asthma Proc. 2017 Jul 24;38(4):264-276. doi: 10.2500/aap.2017.38.4061. Epub 2017 May 24.

PMID: 28540844 Clinical Trial.

4. Fluticasone propionate and fluticasone propionate/salmeterol multidose dry powder inhalers compared with placebo for persistent asthma.

Sher LD, Yiu G, Sakov A, Liu S, Caracta CF.

Allergy Asthma Proc. 2017 Sep 21;38(5):343-353. doi: 10.2500/aap.2017.38.4069. Epub 2017 Jun 21.

PMID: 28639542 Clinical Trial.

- 5. Evaluation of inhaler technique and achievement and maintenance of mastery of budesonide/formoterol Spiromax® compared with budesonide/formoterol Turbuhaler® in adult patients with asthma: the Easy Low Instruction Over Time (ELIOT) study. Price DB, Thomas V, Richard Dekhuijzen PN, Bosnic-Anticevich S, Roche N, Lavorini F, Raju P, Freeman D, Nicholls C, Small IR, Sims E, Safioti G, Canvin J, Chrystyn H. BMC Pulm Med. 2018 Jun 28;18(1):107. doi: 10.1186/s12890-018-0665-x. PMID: 29954359 Free PMC article. Clinical Trial.
- **6.** Efficacy, safety, and dose response of glycopyrronium administered by metered dose inhaler using co-suspension delivery technology in subjects with intermittent or mild-to-moderate persistent asthma: A randomized controlled trial.

Kerwin E, Wachtel A, Sher L, Nyberg J, Darken P, Siddiqui S, Duncan EA, Reisner C, Dorinsky P.

Respir Med. 2018 Jun;139:39-47. doi: 10.1016/j.rmed.2018.04.013. Epub 2018 Apr 19.PMID: 29858000 Clinical Trial.

7. Randomized, dose-ranging study of a fluticasone propionate multidose dry powder inhaler in adolescents and adults with uncontrolled asthma not previously treated with inhaled corticosteroids.

Kerwin EM, Gillespie M, Song S, Steinfeld J.

J Asthma. 2017 Jan 2;54(1):89-98. doi: 10.1080/02770903.2016.1193870. Epub 2016 Jun 10. PMID: 27285965 Clinical Trial.

8. The pharmacokinetics, safety, and tolerability of single, high-strength doses of fluticasone propionate and fluticasone propionate/salmeterol delivered via a novel multidose dry powder inhaler in adolescents and adults with persistent asthma.

Nugent C, Yiu G, Song S, Caracta C.

J Asthma. 2018 Aug;55(8):898-906. doi: 10.1080/02770903.2017.1373392. Epub 2017 Oct 30

PMID: 28933971 Clinical Trial.

9. Dose-ranging study of salmeterol using a novel fluticasone propionate/salmeterol multidose dry powder inhaler in patients with persistent asthma.

Miller DS, Yiu G, Hellriegel ET, Steinfeld J.

Allergy Asthma Proc. 2016 Jul;37(4):291-301. doi: 10.2500/aap.2016.37.3963. Epub 2016 May 27.

PMID: 27216137 Clinical Trial.

10. Twelve- and 52-week safety of albuterol multidose dry powder inhaler in patients with persistent asthma.

Raphael G, Taveras H, Iverson H, O'Brien C, Miller D.

J Asthma. 2016;53(2):187-93. doi: 10.3109/02770903.2015.1070862. Epub 2015 Sep 15. PMID: 26369589 Free PMC article. Clinical Trial.

11. Fluticasone/formoterol dry powder versus budesonide/formoterol in adults and adolescents with uncontrolled or partly controlled asthma.

Cukier A, Jacob CM, Rosario Filho NA, Fiterman J, Vianna EO, Hetzel JL, Neis MA, Fiss E, Castro FF, Fernandes AL, Stirbulov R, Pizzichini E; AIR Brazilian Study Group. Respir Med. 2013 Sep;107(9):1330-8. doi: 10.1016/j.rmed.2013.06.018. Epub 2013 Jul 9. PMID: 23849625 Clinical Trial.

12. Novel albuterol multidose dry powder inhaler in patients with exercise-induced bronchoconstriction: A single-dose, double-blind, randomized, 2-way crossover study. Ostrom NK. Taveras H. Iverson H. Pearlman DS.

Respir Med. 2015 Nov;109(11):1410-5. doi: 10.1016/j.rmed.2015.09.004. Epub 2015 Sep 8. PMID: 26475054 Clinical Trial.

13. Extrafine beclomethasone/formoterol combination via a dry powder inhaler (NEXThaler(®)) or pMDI and beclomethasone monotherapy for maintenance of asthma control in adult patients: A randomised, double-blind trial.

Kanniess F, Scuri M, Vezzoli S, Francisco C, Petruzzelli S.

Pulm Pharmacol Ther. 2015 Feb;30:121-7. doi: 10.1016/j.pupt.2014.07.006. Epub 2014 Aug 1.

PMID: 25088067 Clinical Trial.

14. Comparing usability of NEXThaler(®) with other inhaled corticosteroid/long-acting β2-agonist fixed combination dry powder inhalers in asthma patients.

Voshaar T, Spinola M, Linnane P, Campanini A, Lock D, Lafratta A, Scuri M, Ronca B, Melani AS.

J Aerosol Med Pulm Drug Deliv. 2014 Oct;27(5):363-70. doi: 10.1089/jamp.2013.1086. Epub 2013 Dec 3.

PMID: 24299501 Free PMC article. Clinical Trial.

15. Efficacy and safety of a 12-week therapy with a new formulation of fluticasone propionate at doses of 125 and 250 μg administered through a new generation cyclohaler twice daily, in comparison to fluticasone propionate 500 μg dry powder inhaler twice daily in patients with moderate asthma.

Kupryś-Lipińska I, Tworek D, Vanderbist F, Bocheńska-Marciniak M, Kuna P. Pneumonol Alergol Pol. 2013;81(6):527-36.

PMID: 24142782 Clinical Trial.

16. Effect of novel inhaler technique reminder labels on the retention of inhaler technique skills in asthma: a single-blind randomized controlled trial.

Basheti IA, Obeidat NM, Reddel HK.

NPJ Prim Care Respir Med. 2017 Feb 9;27(1):9. doi: 10.1038/s41533-017-0011-4. PMID: 28184045 Free PMC article. Clinical Trial.

17. Effects on small airway obstruction of long-term treatments with beclomethasone/formoterol hydrofluoroalkane (metered-dose inhaler) versus fluticasone/salmeterol (dry-powder inhaler) in asthma: a preliminary study.

Corda L, Gardenghi GG, Modina D, Montemurro LT, Novali M, Tantucci C. Allergy Asthma Proc. 2011 Nov-Dec;32(6):29-34. doi: 10.2500/aap.2011.32.3477. PMID: 22221427 Clinical Trial.

18. A Comparison of the Efficacy of Once-Daily Fluticasone Furoate/Vilanterole with Twice-Daily Fluticasone Propionate/Salmeterol in Elderly Asthmatics.

Ishiura Y, Fujimura M, Shiba Y, Ohkura N, Hara J, Abo M, Kasahara K. Drug Res (Stuttg). 2018 Jan;68(1):38-44. doi: 10.1055/s-0043-118536. Epub 2017 Sep 19. PMID: 28926855 Clinical Trial.

19. Clinical equivalence of budesonide dry powder inhaler and pressurized metered dose inhaler. Srichana T, Juthong S, Thawithong E, Supaiboonpipat S, Soorapan S. Clin Respir J. 2016 Jan;10(1):74-82. doi: 10.1111/crj.12188. Epub 2014 Aug 4. PMID: 25043636 Clinical Trial.

20. A randomized, crossover study to investigate the pharmacokinetics and safety of inhaled fluticasone furoate and umeclidinium, administered separately and in combination via dry powder inhaler in healthy adult volunteers.

Yang S, Lee L, Mallett S, Ayer J, Wolstenholme A, Pascoe S.

Adv Ther. 2015 Feb;32(2):157-71. doi: 10.1007/s12325-015-0184-6. Epub 2015 Feb 21. PMID: 25700806 Clinical Trial.

21. Video education versus face-to-face education on inhaler technique for patients with well-controlled or partly-controlled asthma: A phase IV, open-label, non-inferiority, multicenter, randomized, controlled trial.

Park HJ, Byun MK, Kwon JW, Kim WK, Nahm DH, Lee MG, Lee SP, Lee SY, Lee JH, Jeong YY, Cho YS, Choi JH, Choi BW.

PLoS One. 2018 Aug 1;13(8):e0197358. doi: 10.1371/journal.pone.0197358. eCollection 2018.

PMID: 30067737 Free PMC article. Clinical Trial.

22. Pharmacokinetics, Pharmacodynamics, Efficacy, and Safety of Albuterol (Salbuterol) Multi-dose Dry-Powder Inhaler and ProAir(®) Hydrofluoroalkane for the Treatment of Persistent Asthma: Results of Two Randomized Double-Blind Studies.

Kerwin EM, Taveras H, Iverson H, Wayne D, Shah T, Lepore MS, Miller DS.

Clin Drug Investig. 2016 Jan;36(1):55-65. doi: 10.1007/s40261-015-0346-y.

PMID: 26541599 Clinical Trial.

23. Pharmacokinetics of fluticasone propionate multidose, inhalation-driven, novel, dry powder inhaler versus a prevailing dry powder inhaler and a metered-dose inhaler.

Gillespie M, Song S, Steinfeld J.

Allergy Asthma Proc. 2015 Sep-Oct;36(5):365-71. doi: 10.2500/aap.2015.36.3889. PMID: 26314817 Clinical Trial.

24. The Salford Lung Study protocol: a pragmatic, randomised phase III real-world effectiveness trial in asthma.

Woodcock A, Bakerly ND, New JP, Gibson JM, Wu W, Vestbo J, Leather D.

BMC Pulm Med. 2015 Dec 10;15:160. doi: 10.1186/s12890-015-0150-8.

PMID: 26651333 Free PMC article. Clinical Trial.

25. Comparison of the clinical effects of combined salmeterol/fluticasone delivered by dry powder or pressurized metered dose inhaler.

Hojo M, Shirai T, Hirashima J, Iikura M, Sugiyama H.

Pulm Pharmacol Ther. 2016 Apr;37:43-8. doi: 10.1016/j.pupt.2016.02.004. Epub 2016 Feb 17.

PMID: 26898348 Clinical Trial.

26. Budesonide/formoterol pressurized metered-dose inhaler versus budesonide: a randomized controlled trial in black patients with asthma.

Spector SL, Martin UJ, Uryniak T, O'Brien CD.

J Asthma. 2012 Feb;49(1):70-7. doi: 10.3109/02770903.2011.633788. Epub 2011 Dec 1. PMID: 22133208 Clinical Trial.

27. Comparison of serious inhaler technique errors made by device-naïve patients using three different dry powder inhalers: a randomised, crossover, open-label study.

Chrystyn H, Price DB, Molimard M, Haughney J, Bosnic-Anticevich S, Lavorini F, Efthimiou J, Shan D, Sims E, Burden A, Hutton C, Roche N.

BMC Pulm Med. 2016 Jan 14;16:12. doi: 10.1186/s12890-016-0169-5.

PMID: 26769482 Free PMC article. Clinical Trial.

28. Pharmacokinetics, Safety, and Tolerability of a New Fluticasone Propionate Multidose Dry Powder Inhaler Compared With Fluticasone Propionate Diskus(®) in Healthy Adults.

Vutikullird AB, Gillespie M, Song S, Steinfeld J.

J Aerosol Med Pulm Drug Deliv. 2016 Apr;29(2):207-14. doi: 10.1089/jamp.2015.1226. Epub 2015 Dec 1.

PMID: 26624976 Clinical Trial.

29. Safety, efficacy, and dose response of fluticasone propionate delivered via the novel MDPI in patients with severe asthma: A randomized, controlled, dose-ranging study.

Bernstein DI, Gillespie M, Song S, Steinfeld J.

J Asthma. 2017 Aug;54(6):559-569. doi: 10.1080/02770903.2016.1242137. Epub 2016 Oct 24.

PMID: 27937064 Clinical Trial.

30. The effect of budesonide/formoterol pressurized metered-dose inhaler on predefined criteria for worsening asthma in four different patient populations with asthma.

Murphy KR, Uryniak T, Martin UJ, Zangrilli J.

Drugs R D. 2012 Mar 1;12(1):9-14. doi: 10.2165/11630600-0000000000-00000.

PMID: 22329608 Free PMC article. Clinical Trial.

31. Non-inferiority trial between two dry-powder inhalers containing fluticasone/salmeterol in asthmatic patients.

Serra HA, Klapouszko FP, De Salvo MC, Bavasso EC, Rey L, Downey D, Lopez D, Roganovich JM, Rizzo LF.

Drug Res (Stuttg). 2013 Jun;63(6):305-10. doi: 10.1055/s-0033-1341433. Epub 2013 Apr 4. PMID: 23558603 Clinical Trial.

32. Randomised, double-blind, placebo-controlled, cross-over single dose study of the bronchodilator duration of action of combination fluticasone furoate/vilanterol inhaler in adult asthma

Braithwaite I, Williams M, Power S, Pilcher J, Weatherall M, Baines A, Moynihan J, Kempsford R, Beasley R; FF/VI Study Team.

Respir Med. 2016 Oct;119:115-121. doi: 10.1016/j.rmed.2016.09.006. Epub 2016 Sep 4. PMID: 27692131 Clinical Trial.

33. A randomized, double-blinded, double-dummy efficacy and safety study of budesonide-formoterol Spiromax® compared to budesonide-formoterol Turbuhaler® in adults and adolescents with persistent asthma.

Virchow JC, Rodriguez-Roisin R, Papi A, Shah TP, Gopalan G.

BMC Pulm Med. 2016 Mar 17;16:42. doi: 10.1186/s12890-016-0200-x.

PMID: 26987997 Free PMC article. Clinical Trial.

34. The effect of beclometasone dipropionate/formoterol extra-fine fixed combination on the peripheral airway inflammation in controlled asthma.

Bulac S, Cimrin A, Ellidokuz H.

J Aerosol Med Pulm Drug Deliv. 2015 Apr;28(2):82-7. doi: 10.1089/jamp.2013.1062. Epub 2014 Jul 22.

PMID: 25050594 Clinical Trial.

35. A Dose-Response Study Examining the Use of Methacholine Challenge to Demonstrate Local Therapeutic Equivalence of the Salmeterol Component of Generic Inhaled Fluticasone Propionate/Salmeterol Combination Products.

Allan R, Haughie S, Ahrens R, Singh S, Ward J.

J Aerosol Med Pulm Drug Deliv. 2019 Dec;32(6):352-363. doi: 10.1089/jamp.2018.1519. Epub 2019 Jun 28.

PMID: 31259673 Clinical Trial.

36. Inhaler technique mastery and maintenance in healthcare professionals trained on different devices.

Bosnic-Anticevich S, Callan C, Chrystyn H, Lavorini F, Nikolaou V, Kritikos V, Dekhuijzen PNR, Roche N, Bjermer L, Rand C, Zwar N, Price DB.

J Asthma. 2018 Jan;55(1):79-88. doi: 10.1080/02770903.2017.1310227. Epub 2017 Apr 28. PMID: 28332886 Clinical Trial.

37. A Method to Calculate Adherence to Inhaled Therapy that Reflects the Changes in Clinical Features of Asthma.

Sulaiman I, Seheult J, MacHale E, Boland F, O'Dwyer SM, Rapcan V, D'Arcy S, Cushen B, Mokoka M, Killane I, Ryder SA, Reilly RB, Costello RW.

Ann Am Thorac Soc. 2016 Nov;13(11):1894-1903. doi: 10.1513/AnnalsATS.201603-222OC. PMID: 27467125 Clinical Trial.

38. Efficacy and safety of the single-capsule combination of fluticasone/formoterol in patients with persistent asthma: a non-inferiority trial.

Antilla M, Castro F, Cruz Á, Rubin A, Rosário N, Stelmach R.

J Bras Pneumol. 2014 Nov-Dec;40(6):599-608. doi: 10.1590/S1806-37132014000600003. PMID: 25610500 Free PMC article. Clinical Trial.

39. The efficacy of fluticasone furoate administered in the morning or evening is comparable in patients with persistent asthma.

Kempsford RD, Bal J, Baines A, Renaux J, Ravindranath R, Thomas PS.

Respir Med. 2016 Mar;112:18-24. doi: 10.1016/j.rmed.2015.12.011. Epub 2016 Jan 12. PMID: 26823210 Clinical Trial.

40. Exploring the role of quantitative feedback in inhaler technique education: a cluster-randomised, two-arm, parallel-group, repeated-measures study.

Toumas-Shehata M, Price D, Basheti IA, Bosnic-Anticevich S.

NPJ Prim Care Respir Med. 2014 Nov 13;24:14071. doi: 10.1038/npjpcrm.2014.71. PMID: 25393603 Free PMC article. Clinical Trial.

41. Comparative pulmonary function and pharmacokinetics of fluticasone propionate and salmeterol xinafoate delivered by two dry powder inhalers to patients with asthma.

Harrison LI, Novak CC, Needham MJ, Ratner P.

J Aerosol Med Pulm Drug Deliv. 2011 Oct;24(5):245-52. doi: 10.1089/jamp.2011.0884. Epub 2011 Jun 14.

PMID: 21671752 Clinical Trial.

42. Dose-dependent anti-inflammatory effect of inhaled mometasone furoate/formoterol in subjects with asthma.

Nolte H, Pavord I, Backer V, Spector S, Shekar T, Gates D, Nair P, Hargreave F. Respir Med. 2013 May;107(5):656-64. doi: 10.1016/j.rmed.2013.02.010. Epub 2013 Mar 13. PMID: 23490226 Clinical Trial.

43. 24-h duration of the novel LABA vilanterol trifenatate in asthma patients treated with inhaled corticosteroids.

Lötvall J, Bateman ED, Bleecker ER, Busse WW, Woodcock A, Follows R, Lim J, Stone S, Jacques L, Haumann B.

Eur Respir J. 2012 Sep;40(3):570-9. doi: 10.1183/09031936.00121411. Epub 2012 Feb 23. PMID: 22362859 Clinical Trial.

44. A novel inhaled phosphodiesterase 4 inhibitor (CHF6001) reduces the allergen challenge response in asthmatic patients.

Singh D, Leaker B, Boyce M, Nandeuil MA, Collarini S, Mariotti F, Santoro D, Barnes PJ. Pulm Pharmacol Ther. 2016 Oct;40:1-6. doi: 10.1016/j.pupt.2016.06.011. Epub 2016 Jun 29. PMID: 27373438 Clinical Trial.

45. The efficacy and tolerability of inhaled montelukast plus inhaled mometasone compared with mometasone alone in patients with chronic asthma.

Philip G, Villarán C, Shah SR, Vandormael K, Smugar SS, Reiss TF.

J Asthma. 2011 Jun;48(5):495-502. doi: 10.3109/02770903.2011.573042. Epub 2011 May 5. PMID: 21545249 Clinical Trial.

46. Efficacy and safety of once-daily fluticasone furoate 50 mcg in adults with persistent asthma: a 12-week randomized trial.

O'Byrne PM, Woodcock A, Bleecker ER, Bateman ED, Lötvall J, Forth R, Medley H, Jacques L, Busse WW.

Respir Res. 2014 Aug 11;15(1):88. doi: 10.1186/s12931-014-0088-z.

PMID: 25108545 Free PMC article. Clinical Trial.

47. Fluticasone furoate/vilanterol 200/25 mcg in Asian asthma patients: a randomized trial. Lin J, Kang J, Lee SH, Wang C, Zhou X, Crawford J, Jacques L, Stone S. Respir Med. 2015 Jan;109(1):44-53. doi: 10.1016/j.rmed.2014.10.012. Epub 2014 Oct 31. PMID: 25524507 Clinical Trial.

48. Effects of beclomethason/formoterol and budesonide/formoterol fixed combinations on lung function and airway inflammation in patients with mild to moderate asthma--an exploratory study.

Kirsten AM, Watz H, Brindicci C, Piccinno A, Magnussen H.

Pulm Pharmacol Ther. 2015 Apr;31:79-84. doi: 10.1016/j.pupt.2014.08.007. Epub 2014 Sep 4.

PMID: 25194884 Clinical Trial.

49. Systemic exposure to inhaled beclometasone/formoterol DPI is age and body size dependent. Chawes BL, Govoni M, Kreiner-Møller E, Vissing NH, Poorisrisak P, Mortensen L, Nilsson E, Bisgaard A, Dossing A, Deleuran M, Skytt NL, Samandari N, Piccinno A, Sergio F, Ciurlia G, Poli G, Acerbi D, Singh D, Bisgaard H.

Respir Med. 2014 Aug;108(8):1108-16. doi: 10.1016/j.rmed.2014.05.007. Epub 2014 Jun 17. PMID: 24993817 Clinical Trial.

50. The efficacy of once-daily fluticasone furoate/vilanterol in asthma is comparable with morning or evening dosing.

Kempsford RD, Oliver A, Bal J, Tombs L, Quinn D.

Respir Med. 2013 Dec;107(12):1873-80. doi: 10.1016/j.rmed.2013.07.002. Epub 2013 Nov 5. PMID: 24200619 Clinical Trial.

51. Fluticasone furoate demonstrates efficacy in patients with asthma symptomatic on medium doses of inhaled corticosteroid therapy: an 8-week, randomised, placebo-controlled trial.

Busse WW, Bleecker ER, Bateman ED, Lötvall J, Forth R, Davis AM, Jacques L, Haumann B, Woodcock A.

Thorax. 2012 Jan;67(1):35-41. doi: 10.1136/thoraxjnl-2011-200308. Epub 2011 Aug 9. PMID: 21828231 Clinical Trial.

52. A Dose-Response Study to Examine the Methodology for Demonstrating the Local Therapeutic Equivalence of the Fluticasone Propionate Component of an Orally Inhaled Combination Therapy of Fluticasone Propionate/Salmeterol Dry Powder.

Allan R, Haughie S, Kerwin E, Ward J.

J Aerosol Med Pulm Drug Deliv. 2019 Dec;32(6):364-373. doi: 10.1089/jamp.2018.1520. Epub 2019 Jun 28.

PMID: 31259655 Clinical Trial.

53. Evaluation of the efficacy and safety of a fixed-dose, single-capsule budesonide-formoterol combination in uncontrolled asthma: a randomized, double-blind, multicenter, controlled clinical trial.

Stirbulov R, Fritscher CC, Pizzichini E, Pizzichini MM.

J Bras Pneumol. 2012 Jul-Aug;38(4):431-7. doi: 10.1590/s1806-37132012000400004. PMID: 22964926 Clinical Trial. English, Portuguese.

54. A phase I randomized, placebo-controlled, dose-exploration study of single-dose inhaled montelukast in patients with chronic asthma.

Philip G, Pedinoff A, Vandormael K, Tymofyeyev Y, Smugar SS, Reiss TF, Korenblat PE. J Asthma. 2010 Dec;47(10):1078-84. doi: 10.3109/02770903.2010.520100. Epub 2010 Nov 3.

PMID: 20936994 Clinical Trial.

55. Efficacy and safety of fluticasone furoate/vilanterol compared with fluticasone propionate/salmeterol combination in adult and adolescent patients with persistent asthma: a randomized trial.

Woodcock A, Bleecker ER, Lötvall J, O'Byrne PM, Bateman ED, Medley H, Ellsworth A, Jacques L, Busse WW.

Chest. 2013 Oct;144(4):1222-1229. doi: 10.1378/chest.13-0178.

PMID: 23846316 Free PMC article. Clinical Trial.

56. Efficacy and safety of fluticasone furoate 100 μg once-daily in patients with persistent asthma: a 24-week placebo and active-controlled randomised trial.

Lötvall J, Bleecker ER, Busse WW, O'Byrne PM, Woodcock A, Kerwin EM, Stone S, Forth R, Jacques L, Bateman ED.

Respir Med. 2014 Jan;108(1):41-9. doi: 10.1016/j.rmed.2013.11.009. Epub 2013 Nov 19. PMID: 24295556 Clinical Trial.

57. Pharmacodynamics and pharmacokinetics of fluticasone furoate/vilanterol in healthy Chinese subjects.

Chen X, Zheng X, Jiang J, Hu P, Wu K, Zhuang L, Liu L, Du X, Kempsford R, Allen A. Pharmacotherapy. 2015 Jun;35(6):586-99. doi: 10.1002/phar.1598. Epub 2015 Jun 9. PMID: 26059225 Free PMC article. Clinical Trial.

58. Pharmacokinetic study for the establishment of bioequivalence of two inhalation treatments containing budesonide plus formoterol.

Grekas N, Athanassiou K, Papataxiarchou K, Rizea Savu S, Silvestro L. J Pharm Pharmacol. 2014 Dec;66(12):1677-85. doi: 10.1111/jphp.12303. Epub 2014 Aug 11. PMID: 25109416 Clinical Trial.

59. Methacholine challenge as a clinical bioassay of pulmonary delivery of a long-acting β_2 -adrenergic agonist.

Prabhakaran S, Shuster J, Ahrens R, Hendeles L. Pharmacotherapy. 2011 May;31(5):449-57. doi: 10.1592/phco.31.5.449. PMID: 21923426 Free PMC article. Clinical Trial

- 60. Global Strategy for Asthma Management and Prevention, Global Initiative for Asthma (GINA) 2020. Available from: http://www.ginasthma.org/
- 61. http://www.consort-statement.org