

S1 Table. Selected studies and methodology of the different clinical trials.

	Design	Treatment arms	Duration	Primary endpoint	N
Indacaterol/glycopyrronium					
Bateman ED, et al. ERJ 2013 [1] SHINE	RCT	IND/GLY 110/50 Indacaterol 150 Glycopyrronium 50, Tiotropium 18 (open- label) Placebo	26 weeks	Trough FEV <sub>1</sub>	2144
Dahl R, et al. Respir Med 2013 [2] ENLIGHTEN	RCT	IND/GLY 110/50 Placebo	52 weeks	Safety	339
Mahler D, et al. Eur Respir J 2013 [3] BLAZE	Cross-over	IND/GLY 110/50 Tiotropium (blinded) Placebo	6 weeks	Dyspnea (TDI)	247

	Design	Treatment arms	Duration	Primary endpoint	N
Wedzicha J, et al. Lancet Respir Med 2013 [4] SPARK	RCT	IND/GLY 110/50 Glycopyrronium 50 Tiotropium (open label)	64 weeks	Exacerbations	2224
Beeh K-M, et al. Respir Med 2014 [5] BRIGHT	Cross-over	IND/GLY 110/50 Tiotropium (partial blinded) Placebo	3 weeks	Endurance	85
Larbig M, et al. APRS Congress 2015 [6] RADIATE	RCT	IND/GLY 110/50 Tiotropium 18 Placebo	52 weeks	Trough FEV <sub>1</sub> SGRQ Exacerbations	1216
Watz H, et al. BMC Pulm Med 2016 [7] MOVE	Cross-over	IND/GLY 110/50 Placebo	3 weeks	Peak IC Average daily activity- related energy expenditure.	194

	Design	Treatment arms	Duration	Primary endpoint	N
<b>Acclidinium/formoterol</b>					
D'Urzo D, et al. Respir Res 2014 [8]	RCT	ACLI/FOR 400/12, ACLI/FOR 400/6 Acclidinium 400 Formoterol 12 Placebo	24 weeks	Morning post-dose FEV <sub>1</sub> Trough FEV <sub>1</sub>	1692
Singh D, et al. BMC Pulm Med 2014 [9]	RCT	ACLI/FOR 400/12, ACLI/FOR 400/6 Acclidinium 400 Formoterol 12 Placebo	24 weeks	Morning post-dose FEV <sub>1</sub> Trough FEV <sub>1</sub>	1729

	Design	Treatment arms	Duration	Primary endpoint	N
Bateman ED, et al. Respir Res 2015 [10]	RCT	ACLI/FOR 400/12, ACLI/FOR 400/6	24 weeks	Morning post-dose FEV <sub>1</sub>	3421
AUGMENT COPD + ACLIFORM		Aclidinium 400 Formoterol 12 Placebo		Trough FEV <sub>1</sub>	
Donohue JF, et al. Respir Med 2016 [11]	RCT	ACLI/FOR 400/12 Formoterol 12	52 weeks	Safety	590
D'Urzo D, et al. ATS Poster 2014 [12]	RCT	ACLI/FOR 400/12, ACLI/FOR 400/6 Aclidinium 400 Formoterol 12 Placebo	52 weeks	Not defined	1668

	Design	Treatment arms	Duration	Primary endpoint	N
Umeclidinium/vilanterol					
Donohue JF, et al. Respir Med 2013 [13]	RCT	UMEC/VIL 62.5/25 Umeclidinium 62.5 Vilanterol 25 Placebo	24 weeks	Trough FEV <sub>1</sub>	1532
Decramer M, et al. Lancet Respir Med 2014 (Study 1 and 2) [14]	RCT	UMEC/VIL 125/25, UMEC/VIL 62.5/25 Tiotropium 18 Vilanterol 25	24 weeks	Trough FEV <sub>1</sub>	1718
Maleki-Yazdi MR, et al. Respir Med 2014 [15]	RCT	UMEC/VIL 62.5/25 Tiotropium 18	24 weeks	Trough FEV <sub>1</sub>	905

	Design	Treatment arms	Duration	Primary endpoint	N
Maltais F, et al. Ther Adv Respir Dis 2014 (Study 417 & 418) [16]	Cross-over	UMEC/VIL 125/25, UMEC/VIL 62.5/25 Vilanterol 25 Umeclidinium 125 Umeclidinium 62.5 Placebo	12 weeks	Endurance Trough FEV <sub>1</sub>	655
Zheng J, et al. Int J COPD 2015 [17]	RCT	UMEC/VIL 125/25 UMEC/VIL 62.5/25 Placebo	24 weeks	Trough FEV <sub>1</sub>	580
Siler TN, et al. Int J COPD 2016 [18]	RCT	UMEC/VIL 62.5/25 Placebo	12 weeks	SGRQ	496

	Design	Treatment arms	Duration	Primary endpoint	N
Tiotropium/olodaterol					
Beeh K-M, et al. Pulm Pharmacol Ther 2015 [19]	Cross-over	TIO/OLO 2,5/5; TIO/OLO 5/5 Tiotropium 2,5 or 5 Olodaterol 5 Placebo	6 weeks	FEV <sub>1</sub> AUC <sub>0-24</sub>	219
Buhl R, et al. Eur Respir J 2015 [20]	RCT	TIO/OLO 2,5/5; TIO/OLO 5/5 Tiotropium 2,5 or 5 Olodaterol 5	52 weeks	FEV <sub>1</sub> AUC <sub>0-3</sub> Trough FEV <sub>1</sub> SGRQ	5162
Singh D, et al. Respir Med 2015 [21]	RCT	TIO/OLO 2,5/5; TIO/OLO 5/5 Tiotropium 5 Placebo	12 weeks	FEV <sub>1</sub> AUC <sub>0-3</sub> Trough FEV <sub>1</sub> SGRQ	1621

	Design	Treatment arms	Duration	Primary endpoint	N
Guo L, et al. Can Thorac Soc Congress 2015 [22]	RCT	TIO/OLO 2,5/5; TIO/OLO 5/5	12 weeks	Endurance	404
TORRACTO		Placebo			
O'Donnell D, et al. ATS Congress 2015 [23]	Cross-over	TIO/OLO 2,5/5; TIO/OLO 5/5	6 weeks	IC at rest Endurance	586
MORACTO 1 and 2		Tiotropium 5 Olodaterol 5 Placebo			

Abbreviations: ACLI/FOR, aclidinium/formoterol; AUC, area under the curve; FEV<sub>1</sub>, forced expiratory volume in one second;

IND/GLY, indacaterol/glycopyrronium; SGRQ, St. George's Respiratory Questionnaire; TDI, transitional dyspnea index; TIO/OLO,

tiotropium/olodaterol; UMEC/VIL, umeclidinium/vilanterol



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S2 Table. Patients' characteristics included in the different clinical trials.<sup>a</sup>

	Age (years)	Males (%)	Smokers (%)	ICS (%)	FEV <sub>1</sub> (mL)	FEV <sub>1</sub> (%)	BDT	Reversible (%)	Exacerb $\geq 2$ (%)
Indacaterol/glycopyrronium									
Bateman ED, et al. ERJ 2013 [1] SHINE	64.0	76.4	40.5	56.5	1,500	55.7	20.4%	NA	5.9
Dahl R, et al. Respir Med 2013 [2] ENLIGHTEN	62.5	77.3	45.3	45.8	1,620	56.3	15.7%	NA	6.7
Mahler D, et al. Eur Respir J 2013 [3] BLAZE	62.8	70.3	45.5	54.9	1,600	56.1	20.6%	NA	6.9
Wedzicha J, et al. Lancet Respir Med 2013 [4] SPARK	63.1	76.0	38.0	75.0	1,040	37.0	17.2%	NA	22.0
Beeh K-M, et al. Respir Med 2014 [5] BRIGHT	62.1	63.1	53.6	31.0	1,600	55.9	22.6%	NA	2.4

	Age (years)	Males (%)	Smokers (%)	ICS (%)	FEV <sub>1</sub> (mL)	FEV <sub>1</sub> (%)	BDT	Reversible (%)	Exacerb $\geq 2$ (%)
Larbig M, et al. APRS Congress 2015 <sup>6</sup> RADIATE	64.6	70.8	42.8	57.5	1,500	56.4	18.4%	NA	NA
Watz H, et al. BMC Pulm Med 2016 [6] MOVE	62.8	65.5	56.7	NA	NA	61.6	NA	NA	NA
Aclidinium/formoterol									
D'Urzo D, et al. Respir Res 2014 [7] AUGMENT COPD	64.2	50.1	51.6	NA	NA	53.2	17.2%	NA	NA
Singh D, et al. BMC Pulm Med 2014 [8] ACLIFORM	62.7	67.8	47.0	22.1	1,420	54.6	NA	34.8	NA
Bateman ED, et al. Respir Res 2015 [9] AUGMENT COPD + ACLIFORM	63.4	59.6	49.2	15.8	1400	53.9	NA	NA	NA
Donohue JF, et al. Respir Med 2016 [10]	63.9	55.1	46.9	35.2	NA	51.8	NA	NA	NA
D'Urzo D, et al. ATS Poster 2014 <sup>9</sup>	64.2	20.1	51.6	NA	1340	53.2	NA	43.3	NA

	Age (years)	Males (%)	Smokers (%)	ICS (%)	FEV <sub>1</sub> (mL)	FEV <sub>1</sub> (%)	BDT	Reversible (%)	Exacerb $\geq 2$ (%)
Umeclidinium/vilanterol									
Donohue JF, et al. Respir Med 2013 [11]	63.1	74	49.0	51.0	NA	47.8	13.9%	31.0	NA
Decramer M, et al. Lancet Respir Med 2014 (Study 1)	63.0	70	46	44	NA	48	12.4%	NA	NA
Decramer M, et al. Lancet Respir Med 2014 (Study 2)	65.0	65	42	47	NA	47.7	14.9%	NA	NA
Maleki-Yazdi MR, et al. Respir Med 2014 [12]	61.9	68	59	54	1,410	46.2	150 mL	27	NA
Maltais F, et al. Ther Adv Respir Dis 2014 (Study 417)	61.6	56.1	63.2	28.2	NA	51.3	12.6%	34.5	NA
Maltais F, et al. Ther Adv Respir Dis 2014 (Study 418)	62.6	54.7	60.6	39.4	NA	51.3	16.2%	38.9	NA
Zheng J, et al. Int J COPD 2015	64.0	94.0	29.0	56.0	1,131	NA	NA	44	NA
Siler TN, et al. Int J COPD 2016	64.1	58.0	55.0	45.0	NA	46.5	11.5%	22	NA



	Age	Males	Smokers	ICS	FEV <sub>1</sub>	FEV <sub>1</sub>	BDT	Reversible	Exacerb $\geq 2$
	(years)	(%)	(%)	(%)	(mL)	(%)		(%)	(%)
O'Donnell D, et al. ATS Congress 2015	61.2	70.0	NA	NA	1,728	57.7	168 mL	NA	NA
MORACTO 2									

Abbreviations: APRS, Asian-Pacific Respiratory Society; BDT, bronchodilator response to one short-acting  $\beta$ -agonist; FEV<sub>1</sub>, forced expiratory volume in the first second; ICS, inhaled steroids use at baseline; NA, not available.

<sup>a</sup>Data referred to the active treatment arm with the commercialized dose in Europe of the double bronchodilator arm, except for the studies with a cross-over design that is referred to the complete cohort.



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