

OREGON DUR BOARD NEWSLETTER[®]

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Errata: Oregon DUR Board Newsletter, July 2010 Volume 12, Issue 5

Combination Long-Acting Beta-Agonist and Inhaled Corticosteroid Therapy for Asthma: New Safety Concerns, Summary of Clinical Evidence and Drug Utilization Evaluation

By Dan Hartung, Pharm.D., M.P.H and Kathy Sentena, Pharm.D. both from OSU College of Pharmacy-Drug Use Research & Management

Dear Colleagues,

There is an error on page 1, paragraph 2 of the Newsletter. The SMART study was inaccurately described. We regret the error. Please see the correction below:

Inaccurate:

Controversy over the safety of treating asthma patients with LABAs has been on ongoing discussion for 20 years. The 2007 Salmeterol Multicenter Asthma Research Trial (SMART) study included 6,112 patients over 3 years. Salmeterol plus fluticasone propionate was compared to placebo, salmeterol alone or fluticasone propionate alone. Patients taking salmeterol were noted to have a fourfold increase risk of mortality.¹ Additional analysis suggests that the risk may be mitigated by the use of inhaled corticosteroids.

Replace with:

Controversy over the safety of treating asthma patients with LABAs has been on ongoing discussion for 20 years. The 2007 Salmeterol Multicenter Asthma Research Trial (SMART) study included 26,355 patients with asthma who were randomized to either salmeterol or placebo in addition to existing asthma treatment for up to 28 weeks. While the primary outcome, respiratory deaths or life-threatening experiences, did not reach statistical significance, subjects receiving salmeterol had a higher risk of respiratory-related deaths (RR=2.16), Asthma-related deaths (RR=4.37), and the combined outcome of asthma-related deaths or life threatening experiences (RR=1.71). While SMART was not prescriptive with respect to concurrent ICS, additional analyses suggest that the risk may be mitigated by the use of ICS.

1. Nelson HS, Weiss ST, Bleecker ER, Yancey SW, Dorinsky PM. The Salmeterol Multicenter Asthma Research Trial: a comparison of usual pharmacotherapy for asthma or usual pharmacotherapy plus salmeterol. *Chest*. 2006;129:15-26.

We hope that you find this service useful and thought-provoking and we welcome your questions, concerns, comments or ideas regarding the newsletter or list.

Sincerely,

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